

mentarium. Practitioners now had a new treatment for headaches, respiratory failure, colds, hernias, and abdominal cramps (if administered concurrently with feeding chicken broth by mouth). Soon tobacco smoke enemas were used for treating typhoid fever and even cholera outbreaks, during the “stage of collapse” and death.

Before bellows were included in the resuscitation kit, the results could be disastrous to the tobacco smoke blower. If the practitioner or medic inadvertently inhaled (instead of blew) during a coughing spell, some rice water stools of the cholera flagellates could be aspirated and swallowed. The practitioner’s demise would be due to a cough, dehydration, and diarrhea. The introduction of bellows and a variety of rectal tubes to the process

spared practitioners from this horrible fate, and for a time tobacco enemas were regarded as a mainstream treatment for a wide variety of maladies,

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along with leeches, turpentine stoops for hemorrhoids, and carbuncles.

In 1811, English scientist Ben Brodie discovered that nicotine was

toxic to the heart, and it soon became unfashionable to prescribe tobacco smoke enemas. These kits, along with lancets and phlebotomes, were soon easily purchased in London’s second-hand stores.

Further reading

Davis A, Dreyfuss MS. The finest instruments ever made: A bibliography of medical, dental, optical and pharmaceutical company trade literature, 1700–1939. Arlington, Mass: Medical History Publishing Associates, 1986.

Lawrence G. Tools of the trade: Tobacco smoke enemas. *Lancet* 2002;359(9315): 1442.

Wikipedia. Tobacco smoke enema. Accessed 8 Nov 2012. http://en.wikipedia.org/wiki/Tobacco_smoke_enema.

college library

Hedges, limits, and filters: The keys to efficient searching

In searching the medical literature, one of the dilemmas most frequently encountered is that of being overwhelmed by too much information. For example, in looking for high-quality references in Medline on the best treatment protocol for Crohn’s disease, optimizing the search process begins with logging in to the database through one of the interfaces available through the College Library. Accessing PubMed, Ovid Medline, or EBSCO in this way links the search to the full text of articles available through the library’s online subscriptions. Entering the term “Crohn dis-

ease,” then clicking on therapy sub-headings further defines the search. Retrieval at this step is in the thousands, so using hedges, limits, and filters helps the user to zero in on the most evidence-based information. The easiest way to determine which limits to use, and in what order, is to consider their importance to the search. For example, if it is crucial that articles are in English, discuss human subjects, and are recently published, begin with those limits. Next, a number of quality hedges can be employed to narrow the still large number to the very best references. Selecting the limit “evidence-based medicine reviews” limits results to Cochrane topic reviews, the articles used in those reviews, and some other evidence-based resources. Choosing “clinical queries” allows the

searcher to filter diagnosis and treatment results with a balance of sensitivity and specificity. The subject subset “systematic reviews” and the publication type “meta-analysis” are also useful tools to limit retrieval to the highest quality articles.

Before laboriously browsing through hundreds of references, try some of Medline’s limit functions to select the articles that are best for you. Using hedges, limits, and filters for best treatment of Crohn’s disease narrowed the original list of over 10 000 citations to a more easily browsed 50—a much better use of the busy physician’s time.

—Karen MacDonell

—Robert Melrose

—Judy Neill

This article is the opinion of the Library of the College of Physicians and Surgeons of BC and has not been peer reviewed by the BCMJ Editorial Board.