

Tobacco smoke enemas

Inspired by an American First Nations custom, tobacco smoke enemas were administered by medical practitioners in the 18th century to treat everything from colds to cholera.

Sterling Haynes, MD

Drs William Hawes and Thomas Cogan, who practised medicine in London, England, around 1774, formed The Institution for affording immediate Relief to Persons apparently dead, from drowning. This group later became the Royal Humane Society, and presently is sponsored by Her Majesty the Queen of England. In the 18th century, the society promoted the rescue of drowning people, and paid 4 guineas (about \$160 today) to anyone who successfully brought a drowning victim back to life. To that end, Drs Hawes and Cogan began the practice of a unique type of holistic medicine.

At around this same point in history, tobacco had been imported to England from Virginia to be inhaled, chewed, smoked (usually in a clay pipe), or smoldered as “bum cigars.” American First Nations people used tobacco as a medicine and pioneered the use of tobacco smoke enemas. Word of this treatment crossed the water to England, and volunteer medical assistants with the society began to use the procedure to treat half-drowned London citizens who were

pulled from the Thames River. Initially the “pipe smoker London Medic” inserted an enema tube with rubber tubing attachments into the victim and blew smoke into the rectum. This was erroneously thought by the practitioners to accomplish two things; first, warming the drowned person, and sec-

ond, stimulating respiration. Artificial respiration was used if the tobacco smoke enema failed.

Soon the use of tobacco smoke enemas was the fashion—along with bloodletting—by European doctors. The gimmick was thought to be a life-saving tool in their therapeutic arma-



Resuscitator kit, English, 1774. Made by Evans & Co. of London, this apparatus was used to revive people who were “apparently dead,” by making use of tobacco’s stimulant qualities. The bellows were used to blow tobacco smoke up the rectum, or into the lungs through the nose or mouth.

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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

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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

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