

Honour for Holmes

I note with some interest that Sherlock Holmes was recently awarded the honorary fellowship of the Royal Society of Chemistry on account of his love of chemistry and the way in which he used his chemical knowledge for the public good. A specially struck medal was presented to the statue of Holmes in the vicinity of Baker Street in the presence of a mastiff hound to represent the notorious hound of the Baskervilles.

Readers of the Holmes-Watson saga will be aware that on New Year's Day 1881 the two came together in the chemical laboratory at Bart's ('A study in scarlet') which was "a lofty chamber, lined and littered with countless bottles. Broad, low tables were scattered about, which bristled with retorts, test-tubes, and little Bunsen lamps with their blue flickering flames." As for Holmes: "His hands were invariably blotted with ink and stained with chemicals".



In his assessment of Holmes's attainments ('The five orange pips'), Watson recorded "chemistry eccentric". He once found his companion curled up in his armchair. "A formidable array of bottles and test-tubes, with the pungent cleanly smell of hydrochloric acid, told me that he had spent his day in the chemical work which was so dear to him." He had in fact diagnosed "the bisulphate of baryta." Holmes would settle down to an all-night session, "when I would leave him stooping over a retort and a test-tube at night, and find him in the same position when I came down to breakfast in the morning". Holmes remarked that he had better postpone his "analysis of the acetones", by which he meant ketones ('The adventure of the copper beeches').

On his return from the Reichenbach affair, Holmes explained to Watson ('The adventure of the empty house'): "Returning to France, I spent some months in a

research into the coal-tar derivatives, which I conducted at a laboratory at Montpellier, in the south of France." Such research certainly offered almost unlimited scope for his curiosity. Despite his highly unsystematic approach to chemistry, and his unprofessional method of working in a dressing gown — a fire hazard, if nothing worse — Sherlock showed an enthusiasm for the science that justifies his being gathered into the Royal Society of Chemistry's company.

Slack and grow fat

Much has appeared in print recently on the thorny subject of obesity, a serious health threat in an increasing number of countries where more food and leisure time than ever before have become available. The problem must be taken seriously. It is not appropriate to look upon overweight as a music-hall joke, since it carries enormous adverse consequences for society, in the shape of both chronic sickness and economic disability.

A series of letters published in *The Lancet* for 19 October makes clear the close connection between nutritional habits, physical activity and obesity. It has been shown that breast-feeding in infancy appears to reduce the risk of childhood obesity. Then the worldwide fast-food industry makes a heavy impact. Advertising has been used to persuade children to consume unhealthy soft drinks and fatty foods, with the result that height and weight measurements of schoolchildren aged 7 to 11 are indicating that 16 per cent of boys and 23 per cent of girls are overweight. Clinical obesity in a proportion of them indicates the risk of impaired glucose tolerance, insulin resistance and the same hazards as are faced by many adults.

It is recognised that soft drinks promoted to children bring not only obesity but other complications. In addition, such drinks contain substantial amounts of caffeine, which promotes undesirable dependence and tolerance. Despite these facts, opposition to their marketing is singularly lacking.

It is suggested that more propaganda is needed towards children and those authorities that supervise their nutrition to explain the issues for future health. Certainly, junk food should not be offered in school canteens. At the same time the enormous value of activity, both physical and mental, should be stressed.

In the place of emphasis on technical advances in labour-saving devices and ways of static employment of leisure, schools should be organising more routine physical activity and cities should be building attractive facilities for people of all ages to indulge in walking, jogging, bicycling and playing tennis and basketball.

Them and us

The ups and downs of the relationship between pharmacists and doctors make an interesting study. In *Pharmaceutical Historian* for September there is an account of a paper outlining the essential conditions for a successful co-operation between physicians and pharmacists in the 21st century, presented by Axel Helmstädter and Christiane Staiger at this year's British Society for the History of Pharmacy conference at Cardiff. The authors point out that both physicians and pharmacists work on patients' care, with well defined mutual responsibilities that connect and overlap when drug-related questions arise. The physician is the diagnostic expert, the pharmacist the drug expert. Yet the decisions of the physician may be greatly assisted by the professional expertise of the pharmacist, and a closer relationship between these health care professions could clearly benefit the patient — who is at the mercy of both.

In the early centuries of pharmacy, doctors visited the pharmacist when they sought to prescribe, but in those days medicine was always seen as an academic discipline whereas pharmacists regarded themselves rather as educated craftsmen. When the two disciplines worked closely together there arose disputes regarding respective qualifications. The education of doctors has never covered a great section of scientific knowledge of drugs, and communication with a pharmacist is valuable in determining the success of a therapeutic programme. When medical prescriptions came to be transmitted on paper, much direct contact was lost. Nevertheless, when those in the two professions tended to enter into conflict, co-operation rather than hostility was often the outcome. Obviously, mutual respect and willingness to recognise one another's competence in certain aspects of the patient's challenge, together with good communication, became essential to achieve the goal.

Certain traditional working areas for pharmacists have expanded — for example, clinical chemistry and toxicological analysis in hospitals in particular. Then there has been the production of literature in respect of drug therapy, originally left to physicians, but then admitting pharmacists as co-authors.

It must not be forgotten that that great pharmaceutical text *The Extra Pharmacopoeia* was not just the work of William Martindale the pharmacist, but had its sections on the therapeutic use of drugs composed by the physician Wynn Westcott. "There is no doubt that the tremendous success of this book was based on the synergy of a medical and a pharmaceutical writer" remark Helmstädter and Staiger. Today we see pharmacists and physicians in hospitals working together to discuss and decide the therapeutic and economic considerations which result in hospital formularies that may well be widely consulted beyond their place of origin.