

MEDICAL



COLLECTORS



ASSOCIATION

NEWSLETTER NO. 8

December 1986

Dear Colleagues:

This Newsletter is the third and final one for 1986. It marks the completion of the third year of the existence of the Medical Collectors Association. During that time the group has continued to enlarge in number and has grown now to approximately 150 members. Included with this Newsletter are two items of special note.

First, there is the annual request for renewal of membership. I have been able to keep the membership dues stable for the last three years and hope to keep it at the same level in the foreseeable future. However, in order to help me keep costs down, I would appreciate it if you would return the enclosed Renewal of Membership form with payment if you wish to continue to be a member of the group. As in past years, this notice will be the only notification which you will receive for renewal of membership. If we do not receive a renewal request, you will not receive future issues of the Newsletter. So please, if you enjoy belonging to the group, fill out the enclosed renewal form and mail it to me at your earliest convenience.

The second important item is the announcement of the Second Annual Meeting of the Medical Collectors Association. Only members who have paid-up their dues are eligible to attend this meeting. It is scheduled to take place during the morning and part of the afternoon of May 8th, 1987 at the New York Academy of Medicine, and the tentative program is enclosed. Please note that we have at the present time three speakers lined up and I have left a fourth place vacant in the hope that someone in the membership would volunteer. If any of you are interested in making a presentation to the group, please notify me as soon as possible. This need not be a formal lecture and can consist of anything which you think might interest the membership. Also please note that we are planning to have a session devoted to discussion of interesting items for identification or informational purposes at the end of the formal didactic sessions. No specific time has been set aside for this, we will play it "by ear" depending upon the interest of the individuals at the meeting.

In the interest of stimulating a better exchange between the members, I am planning also to have a dinner the evening of the meeting. Since the antique markets at Brimfield will open on Thursday, May 7th, and some of the members may be planning to attend, I have scheduled the dinner for the evening of the meeting day, Friday, May 8th. We are currently planning to have a Chinese banquet which should be great fun and relatively inexpensive by New York standards.

I have not included any information about housing, nor are we making any formal arrangements with a hotel. Instead, when you register for the meeting you will receive a list of hotels which are convenient to the New York Academy of Medicine.

Founder: M. Donald Blaufox, M.D., Ph.D.

Since most people coming to New York have a wide diversity of interests and since the Academy is providing us with a meeting room, it seemed most efficient to simply let everyone make their own arrangements. Judy Flamenbaum, the Coffeens, and the Wiedenkeller's are putting together plans for a dealer session in association with the meeting. All of the arrangements are being made by this Dealers Committee and I expect that they will be distributing information to the dealer members in the near future. Anybody wishing information about a special Dealer session in association with the meeting should contact either the Wiedenkellers (telephone 617-267-9313), or the Coffeen's (telephone 914-478-2594).

I hope that we have as successful a meeting as we did during our session at the Smithsonian. Remember we still have a space for one more speaker, if anyone is interested.

Plans are already in progress for the next meeting, which will be run by Larry Vincent. Please note that Larry's new address is 26326 SE 31st Street, Issaquah, Washington 98027, Telephone Number (206) 391-5557. Larry is putting together plans for the meeting and has not yet chosen a final date. We expect that it will be in 1988 sometime during April or May. Could anyone please let me know if there are any conflicts during the following dates: April 15th, 22nd, 29th, May 13th, 20th. We will choose one of these dates for the meeting and if I hear of no conflicts from anyone the choice will be somewhat arbitrary. The most likely date, as things now stand, will be either April 15th, April 29th, May 13th or May 20th. Please let me know if any of these dates present a problem which is likely to involve a number of the membership.

We have some wonderful news concerning the contributions of Professor Pengelley. Although we will continue to publish segments of his Guide to Medical Museums, I am delighted to announce on his behalf that "A Travelers Guide to the History of Biology and Medicine" is available at \$12.50 from: The Trevor Hill Press, P.O. Box 1851, Davis, California 95617-1851 U.S.A. Residents of the United States, except California, should remit \$14.00 which includes packing and postage. Residents of California should remit \$14.75 which includes a 6% California sales tax. Residents of Canada should remit \$14.00 in U.S. currency by World Money Order and I assume that residents outside the United States should similarly pay in U.S. dollars. Professor Pengelley was kind enough to let me have an early volume of the book and it is excellent. It contains all of the material which has so far appeared in the Newsletter and much more. In addition, it has been thoughtfully published in a small compact size which easily fits into the pocket and can be carried about. I recommend it highly to anyone in the membership who travels at all. I think it will be of great value in seeking out places of interest as you move about.

Another item which has been brought to my attention by Brian Altonen is the opening of the American Advertising museum in Portland. People seeking further information about the American Advertising Museum can contact Sarah Paulson, Executive Director, 9 NW Second Avenue, Portland, Oregon 97209, Telephone (503) AAM-0000, or alternatively, I assume you can write directly to Brian at 1604 SE 41st Street, Portland, Oregon 97214. Brian is planning to put together something related to medical history for the Advertising Museum.

There are a few other specific items of interest concerning this Newsletter. Douglas A. Arbittier, who has been a student member of the group, has just been accepted to medical school and is planning to pursue his interest with further

enthusiasm. In this regard, he has recently acquired a surgical set which appears to be in a homemade box with ivory handled instruments and the date 1881 written on the box. The instruments are stamped "Helmold". Douglas has tried to seek out information about this manufacturer and has been unsuccessful. He wonders if any of the membership have ever heard of such a manufacturer and, if so, could they please let us know more about it. Also with respect to manufacturers, Terry Hambrecht has carried out a nice research project on George Tiemann and Company. Since all of the American collectors are quite interested in Tiemann instruments, his little history of the Tiemann Company should be of value to all and is included in this Newsletter.

For the first time since we began the Newsletters, I have not included any items in the "Can You Identify" column. This simply is a result of the fact that I have not received any submissions from the membership. In order for this column to be useful, I need to receive both inquiries and answers from members of the group. A number of the items which have been in the "Can You Identify" column have been mine and I am running out of such items. Please, if you have something which would be interesting for the group to identify, submit it to me. The best format for the submission is a black and white photo, preferably 3" x 5", or 4" x 6", with good contrast and good resolution; two or three views generally are helpful. Also in this regard, although I have included in the Patent column an instrument submitted by David Coffeen, he represents the only contributor to this column except for Audrey Davis. I am running out of patent models and if any of you have patent models please send me black and white photos and photocopies of the patents so that we can keep this column going.

Another new contributor to the Newsletter is Mery Girard, who has sent us some information about the sphygmograph. Once again Alex Peck has submitted an interesting article on medical history and we have a section from Professor Pengelley. I have also included a description of a collector which I encountered while browsing through the Mayo Alumnus publication this summer. The Foundation has been kind enough to grant me permission to reproduce the article, which is quite interesting.

Another event which probably will have already taken place by the time most of the members receive this Newsletter, is an auction at Christie's this month which will contain a number of lots of medical and medical-related items. I am delighted to see one of the major auction houses in the United States finally taking some interest in the needs of medical collectors.

Once again, if any of you have anything of interest to the membership please write to me. Although it may be impossible for me to answer all the letters immediately, I try to answer them all sooner or later and I certainly get the material into the Newsletter as promptly as possible. We need your support for this group to be a real success. I am looking forward to a good turnout at the meeting in New York and look forward to any suggestions that any of you may have in improving the usefulness of this group.

Please remember to submit your renewal dues as soon as possible in order to maintain the continuity of membership. In the meantime, best wishes for a happy holiday to everyone and I look forward to seeing many of you at the meeting at the New York Academy of Medicine on May 8th.

Sincerely,
M. Donald Blaufox, M.D., Ph.D.

MEDICAL COLLECTORS ASSOCIATION

New York Academy of Medicine
2 East 103rd Street, New York, N.Y.
May 8, 1987

SCIENTIFIC PROGRAM

9:30 AM - 9:45 AM	<u>WELCOME</u> M. Donald Blaufox, M.D., Ph.D. Mr. Brett Kirkpatrick, Librarian, New York Academy of Medicine
9:45 AM - 10:30 AM	Highlights of the History of Ophthalmology N. Medow, M.D.
10:30 AM - 11:15 AM	Masterpiece and Medical Photography Stanley Burns, M.D.
11:15 AM - 11:45 AM	COFFEE BREAK
11:45 AM - 12:30 PM	Gout in Caricature Richard Wedeen, M.D.
12:30 PM - 1:00 PM	TO BE ANNOUNCED

BRING ITEMS FOR SHOW AND TELL

CAN YOU IDENTIFY THIS

Material:

Maker:

Presumed Use:

Date:

NO ONE HAS SUBMITTED TO THIS COLUMN

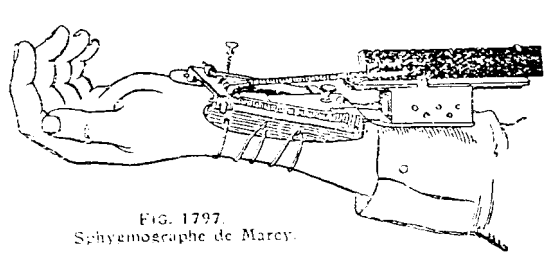
DO YOU HAVE ANYTHING?

I think this is a:

From:

Please return to M. Donald Blaufox, M.D., Ph.D.

THE MAREY SPHYGMOGRAPH



Records the pulse waves variations from the from the radial artery.

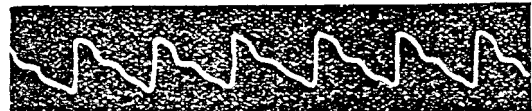
It consists of a spring on one side resting securely on the artery, and on the other side activating a sensitive lever connected to a writing tip.

Smoke darkened paper strips were used for recording

Ref: Larrousse Medical Illustrate 1925, p.981.

A Davis, Medicine and its Technology, Greenwood press, 1981, p 125-127.

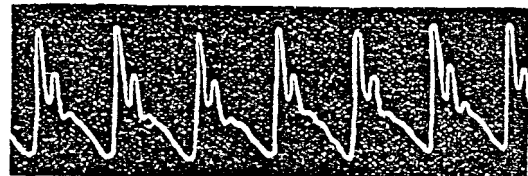
Normal adult pulse
sphygmographic tracing



Geriatric pulse



Aortic insufficiency



Aortic stenosis



Mitral insufficiency.

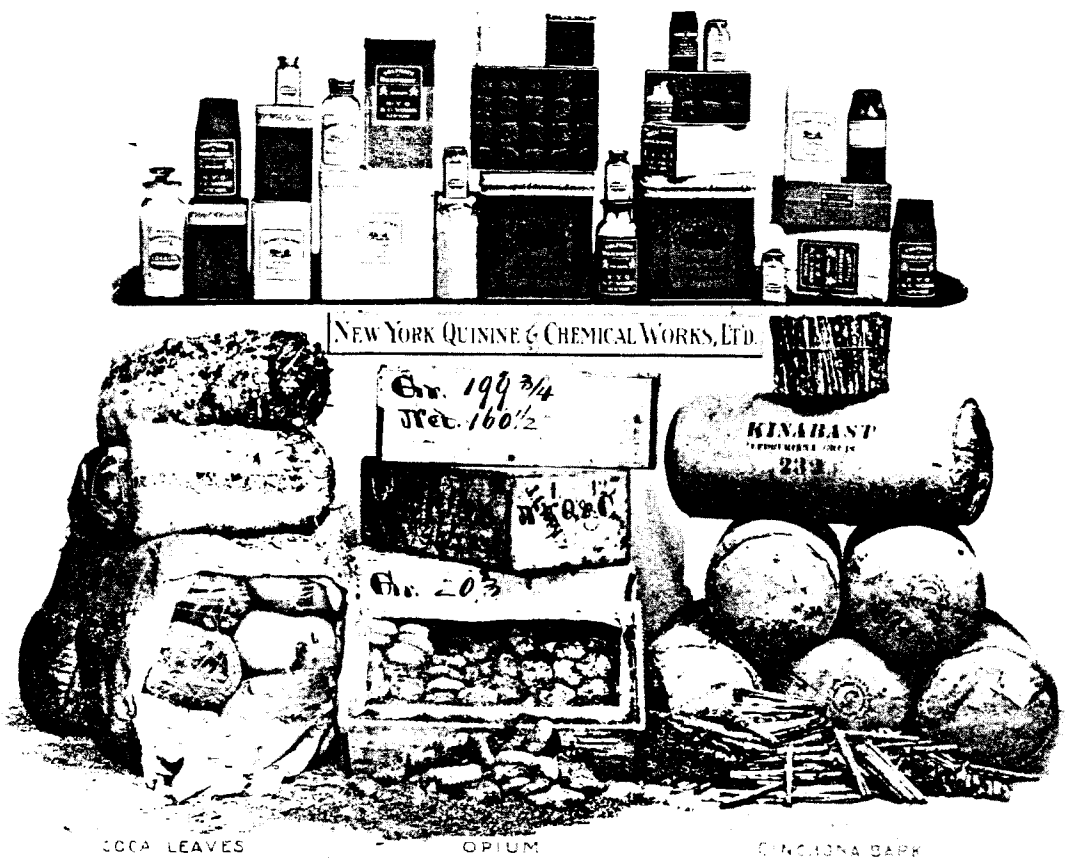


Historical Images of the Drug Market—VI

by William H. Helfand

THE New York Quinine and Chemical Works Ltd. illustrated examples of their major products in an insert published in several pharmaceutical journals in 1896. The advertisement pictured not only raw materials that had been imported in bulk—coca leaves, raw opium, and cinchona bark—but also the alkaloids that were prepared from them and available for sale. At the top of the illustration are various sized packages of cocaine hydrochloride, morphine sulfate, and quinine sulfate. The company became part of the

S. B. Penick Co. in the 1940s, and today only morphine sulfate is currently in the firm's catalog. The advertisement is of more than routine interest because it illustrates the manner in which raw materials were received from their country of origin, probably Latin America for coca leaves and cinchona bark, and the Near East for opium. While the opium was shipped in wooden crates, the other two items arrived in New York in crude burlap. (Size of advertisement, $7\frac{3}{4} \times 10\frac{3}{4}$ inches. Original in W. H. Helfand Collection.)



To the Public.

I can refrain no longer from noticing the unremitting hostility, which I have had to encounter ever since my removal to Hampshire, by a combination of invidious and malicious individuals, who are harrassing me in every way, and insidiously trying to injure my practice as a **PHYSICIAN**, by their nefarious calumniations, in endeavoring, both directly and indirectly, to make the people of this community, and out of this neighborhood believe that I am but a common quack, and the reverse of a Physician, by circulating among them such miserable reports, that are perversions of the most authentic facts; and misrepresenting, especially, such cases as are calculated to give me the best credit—cases of such decided success, that I rejoice to have earned them, and which, solely as a tribute to the *Æsculapio* of our modern science, I am certain, would have adorned any theoretical and practical Physician.

Were it not that I am a stranger in a foreign country, I would not have condescended to notice such vulgarities; but, as I am destitute of friends, and one of my antagonists, especially, is daily exercising his influence among the people to my prejudice and detriment, I have thought it due to myself to request the intelligent and impartial to pause before they lend their ear to them, and to reflect that all my calumniators are actuated by disgraceful and selfish motives, as I am sensible of my full ability to vindicate my professional character to every scientific physician:

To any one I am prepared to show my Diplomas from Berlin, in Prussia, and from the University of Maryland. I have been a practitioner in Europe, and am now, and have been, for nearly seven years, practising on this continent, and at all times have been sustained by the most scientific and impartial Physicians. I refer to the authors of the annexed certificates, and to Professor **POTTER**, in Baltimore, Pro. **GEDDINGS**, in Charleston, S. C., and Pro. **DUNGLISON**, in Philadelphia, from all of whom I have in possession the best certificates. They all had ample opportunity to know my attainments, and whose veracity none will be so audacious as to dispute. I have selected the following certificates (they being the shortest) for publication.

M. AHLENFELD.

Cold Stream, Hampshire Co., Va., March, 1840.

CERTIFICATES.

BALTIMORE, July 13th, 1833.

Doctor Ahlenfeld, the bearer of this, has recently arrived from Germany, for the purpose of seeking his fortune in the United States, as a practitioner of medicine. He has brought with him credentials highly respectable—Dr. Bankhausen, of Bremen, with whom I am personally acquainted, has given him a strong letter of recommendation, directed to me. I have had several conversations on medical subjects with Dr. Ahlenfeld, and find him a well-informed Physician, and one whose knowledge has a full share of modern improvement in the treatment of diseases. I feel assured he will be found a worthy citizen, and a successful practitioner.

HORATIO J. JAMIESON, M. D., Prof., &c.

UNIVERSITY OF MARYLAND, March 9th, 1835.

Doctor Ahlenfeld being about to leave Baltimore for the purpose of locating himself in the practice of his profession, I take pleasure in expressing the unreserved confidence which I repose in his qualifications. Dr. A. was educated in Germany, where he enjoyed every opportunity for the acquisition of medical science. He has also graduated in the University of Maryland. His attainments are of the first order. He is also a gentleman of unblemished character. I therefore recommend him to the good offices of all with whom my name may have influence, as a gentleman worthy in every way of respect and confidence.

N. R. SMITH, M. D.,
Prof. of Surgery in the University of Md.

TESSERACTION

Box 151
Hastings-on-Hudson
New York 10706
(914) 478-2594

Early Scientific Instruments

David Coffeen, Ph.D.
Yola Coffeen, Ph.D.

7 August 1986

Don Blaufox
1300 Morris Park Avenue
Bronx NY 10461

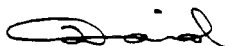
Dear Don,

Enclosed is a photo and papers for a fine medical patent model presently in our stock.

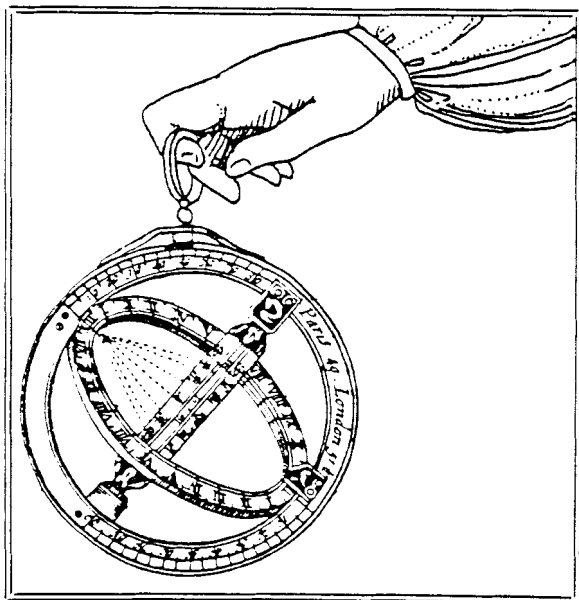
The invalid bed is made of mahogany with brass hardware, and measures $10\frac{1}{2}$ "x $7\frac{1}{2}$ "x $5\frac{1}{2}$ ". It is designed with transverse slats, cords, hinges, and locking, crankable roller mechanism. The movements thus permitted allow for four sections of the bed to move independently to provide the greatest degree of comfort for the patient. This early example of medical furniture is in very fine condition with all the original slats, hardware, and string intact, a good example of American ingenuity.

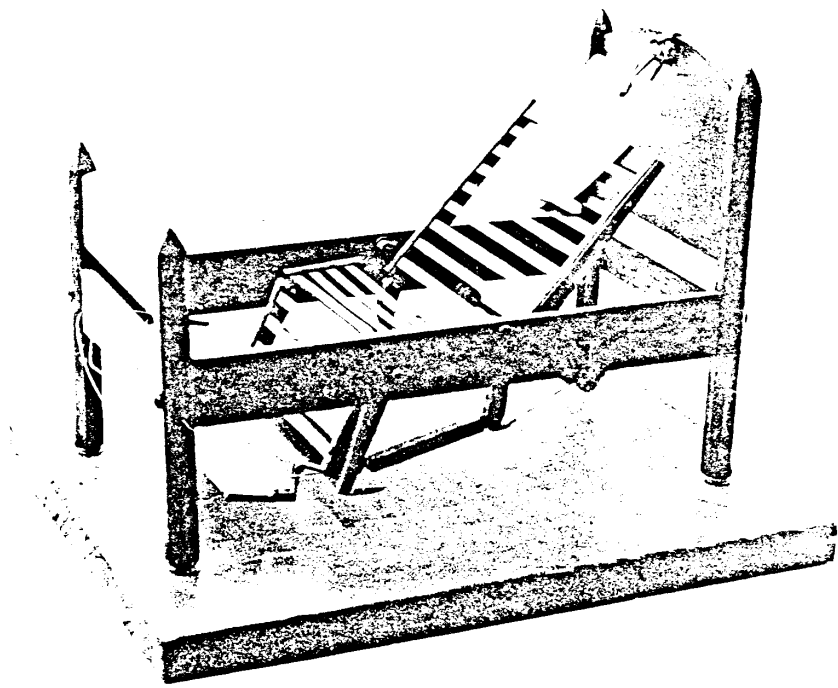
We enjoyed the Bulletin -- the articles are interesting and the information is useful.

Best regards,



David





UNITED STATES PATENT OFFICE

CHARLES T. MOORE, OF RENOVO, PENNSYLVANIA.

IMPROVEMENT IN INVALID-BEDSTEADS.

Specification forming part of Letters Patent No. 191,068, dated May 22, 1877; application filed March 12, 1877.

To all whom it may concern:

Be it known that I, CHARLES THOMAS MOORE, of Renovo, in the county of Clinton and State of Pennsylvania, have invented a new and Improved Invalid-Bedstead, of which the following is a specification:

Figure 1 is a plan view. Fig. 2 is a longitudinal section on line *x x* in Fig. 1.

Similar letters of reference indicate corresponding parts.

The object of this invention is to provide a bedstead for invalids, which can be adjusted in various positions for the convenience and comfort of the occupant.

In the drawing, A is the frame of the bedstead, which is provided with a narrow section, B, of stationary slats, and in which is placed at the head end a frame, C, having transverse slats *a*. The ends of the side pieces of the said frame are curved downward, forming arms *b*, and ears *c* are attached to the said side pieces, which are pivoted to the side pieces of the bedstead-frame.

Frames D and E are pivoted to the sides of the bedstead frame near the edge of the section B. The frame E is connected with the arms *b* of the frame C by rods *d*. The frame D is provided with slats *e*, and with long hinges *f*, to which a foot-board, F, is attached.

A shaft, G, extends across the frame of the bedstead, in the sides of which it is journaled. Upon this shaft drums *g* are placed, around which cords *h* pass. The ends of these cords are attached to opposite ends of the frame C.

The ends of the shaft G are squared to receive a crank, H, and the wheels *i*, the notches of which are engaged by bolts *j*, that slide in guards attached to the sides of the bedstead.

Brackets *k* are hinged to the foot of the bedstead-frame, and are of sufficient length to support the edge of the frame D when it is in a horizontal position, and the brackets are thrown out at right angles to the foot of the bedstead.

A cord, *l*, runs through holes in the foot of the bedstead, and is attached to the outer side of the brackets for turning the brack-

ets outward, and a cord, *m*, runs through holes in the foot of the bedstead, and is attached to the inner side of the brackets, which, being pulled, fold the brackets.

The mattress used upon this bedstead is made up of four sections, which are hinged together.

By turning the shaft G, the frame C is raised at any desired angle, and the frame E, being connected with the arms *b* of the frame C by the rod *d*, is moved downward, permitting the frame D and foot-board F to take the position shown in Fig. 2.

If it is required to raise the frame C without lowering the frame D and the board F, the brackets *k* are thrown out under the board F, so as to engage the edge of the frame D, which sustains the said frame and the foot-board in a horizontal position, while the frame E is free to move downward as before.

The bolt *j*, by engaging the notched wheel *i*, retains the frame C in the desired position.

The design of the long hinges attached to the board F, and the ears *c*, attached to the frame C, is to permit the mattress to work on its hinges, the pivots of the said ears and hinges being in line with the hinges of the mattress.

Having thus described my invention, I claim as new and desire to secure by Letters Patent—

1. The combination, in an invalid-bedstead, of the pivoted frame C, having slats *a*, shaft G, drums *g*, notched wheels, and retaining-bolt *j*, substantially as herein shown and described.

2. The combination of the bedstead-frame A, fixed section B, pivoted frame D, step F, frame E, rods *d*, and frame C, substantially as herein shown and described.

3. The combination of the brackets *k*, cords *l m*, frame D, and bedstead-frame A, substantially as herein shown and described.

CHARLES T. MOORE.

Witnesses:

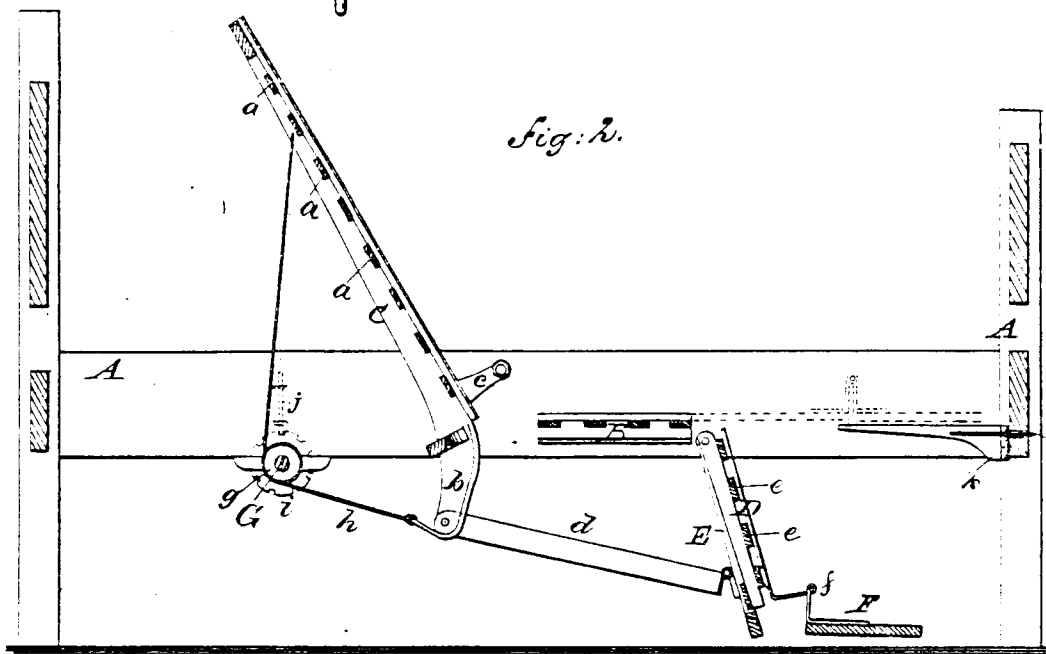
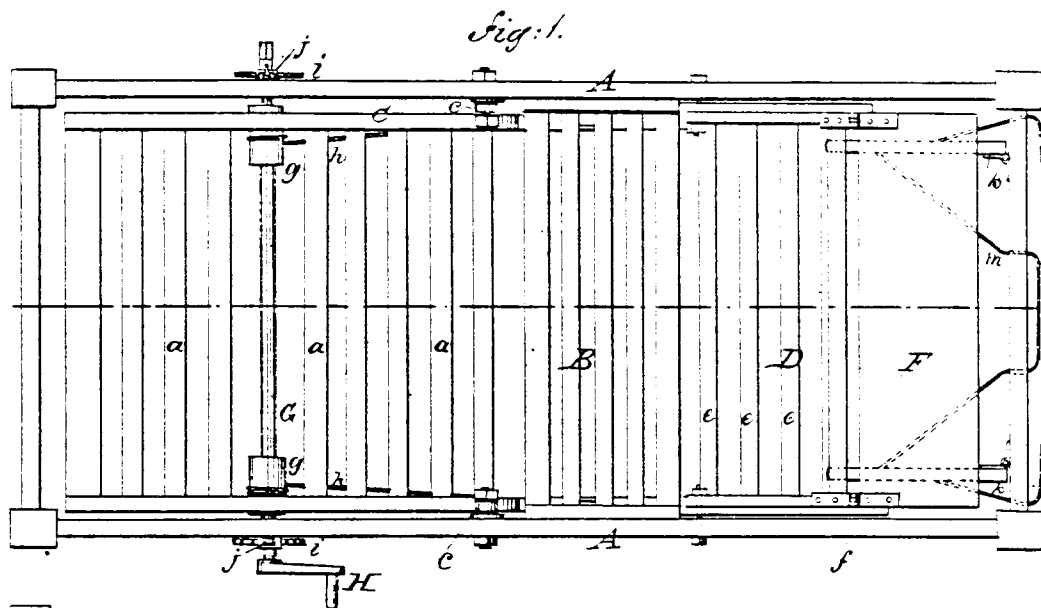
H. R. JACOBS,

WM. EDMONDSON.

C. T. MOORE.
INVALID-BEDSTEAD.

No. 191,068.

Patented May 22, 1877.



WITNESSES:

Chas. Nida
J. H. Scarborough.

INVENTOR:

C. T. Moore.
BY *Mumford*
ATTORNEYS.

THE HISTORY OF GEORGE TIEMANN & CO.

1826-1986

F. Terry Hambrecht, M.D.

Of the current American surgical instrument makers one of the most innovative and resilient has been George Tiemann & Company. The founder, George Tiemann, was born in 1795 and started a cutlery business at 35 Chatham Street, New York City in 1826. It was located in the back of a store and specialized in making knives, forks, and scissors.(1)

His business was first listed in the 1827 edition of Longworth's New York City directory as Tieman George, cutler, 35 Chatham (2). This listing continued until 1830 when the spelling of his name was changed to Tiemann. In 1831 the listing included a residence at 259 William. In 1833 the address changed to 63 Chatham. It should be noted that in 1835 a "color manufacturer" was listed by the name of Tiemann & Co which was separate from George Tiemann's cutlery listing.

Before Mr. Tiemann began making surgical instruments, American surgeons had to import most of their instruments from Europe. It is not clear when he first started making surgical instruments, but it appears that his primary emphasis changed in 1841 when his listing was changed to Tiemann George, surgical inst, 63 Chatham. Doctors could visit the shop, talk to the workers, and have instruments made to their specifications.(3)

The 1842 edition of Longworth's directory includes an advertisement for "George Tiemann, cutler and surgical instrument maker" in the front part of the book.

In 1843 the city directory was published by John Doggett, Jr, but Tiemann's listing remained the same.(4) The 1846 edition listed both his business and his home as 63 Chatham and included his ad in the appendix for "surgical and dental instruments and cutlery"

The publisher of the directory again changed in 1852 to John Trow.(5) Tiemann's listing remained unchanged until 1855 when it became Tiemann George & Co surg. inst, 63 Chatham & 44 Eldridge. This was the first time he used "& Co" at the end of his name. He also appeared to have become more affluent as his home address changed to 252 Adelphi, Brooklyn.

Apparently the business boomed during the Civil War (1861-1865) as George Tiemann & Company had a Federal contract to supply surgeon's field cases.(6) The company also furnished sets to the Confederate States of America, indirectly, through captured supplies. Dr. Ferdinand Daniel, a Confederate surgeon, tells of his unit capturing

Munfordsville, Kentucky and of his striking up a friendship with a detained Union surgeon from Indiana by the name of Dr. Flack. Dr. Flack presented Dr. Daniel with his Tiemann case and asked him to "please accept it with my compliments". Before handing it to Dr. Daniel he scratched Dr. Flack on the brass plate with his knife-blade.(7)

In 1863 the company's address is listed as 63 Chatham, but the listing changed to 67 Chatham & 44 Eldridge in the 1864 edition of Wilson's business directory of New York City.(8) The next change did not occur until 1886 when the street name was altered due to the construction of the Brooklyn Bridge. Although Tiemann's location was the same the new address was 107 Park Row.(9). One can therefore conclude that instrument kits labelled 35, 63 or 67 Chatham could have been used during the Civil War, but instruments with 107 Park Row markings could not have been.

Sometime before 1868 Tiemann took his nephew, Edward Pfarre, into the business. Pfarre was first an apprentice and later an associate. Frederick Stohlmann, also joined the firm and the three men formed a partnership. Stohlmann was married to the daughter of Julia Pfarre, Tiemann's cousin. George Tiemann died in 1868 and the two remaining partners continued to run a growing business. The 67 Chatham Street location was too small for both manufacturing and selling so a factory was established at 81 and 83 Boerum Street in Brooklyn. This occurred shortly after George's death. They also opened a branch store at 107 East 28th Street which was called "The Uptown Store" and was closer to the offices and residences of the New York City physicians. (3)

One of the innovations that the Tiemann company introduced to American medicine was illustrated catalogues with articles by famous physicians describing how to use the instruments. For example the 1872 surgical instrument catalog has a paper by Austin Flint, M.D. entitled On Auscultation, Percussion, &c.(10) The 1874 catalog has a paper on the use of the ophthalmoscope by Jonathan Hutchinson, Surgeon to the London Hospital. An article with the history and construction of lithotrites appeared in the 1875 urethral instrument catalog.

The zenith of Tiemann catalogs was The American Armamentarium Chirurgicum which was issued in 1879 with an enlarged edition in 1889. (11,12) The latter has 846 pages and 4414 illustrations. Greatly expanded articles are included on the use of many of the several thousand instruments which are offered.

The company met with hard times in the 1920's and during the depression in the 1930's. In 1921 the 107 Park Row store was closed and only the 107 E 28th Street store was maintained. In 1932 the company hit rock bottom and most of the historical records were lost when a pipe broke in the basement of the store.(1)

Richard Beyer, an employee of the company from 1935 until 1982 states that "World War II might have helped bring the company back, but the remaining descendents of the Pfarre family, Edgar Pfarre and

J. Halsted Brown, did not provide the proper management. An outside party, Allan Doyle, was brought into the company to provide needed managerial assistance. He gained control of the company but later sold his stock to J. Halsted Brown. Under Brown's control the company began to grow." (3)

In 1968 Brown sold his controlling interest to two long term employees, Carl Hofstrom and Beyer. After 142 years no descendant of George Tiemann was involved in the ownership or management of the company.

The company again changed hands in 1982 when Hofstrom and Beyer sold their stock holdings to the Grimm & Norton Co., a family corporation owned by Cornelius Moriarty Sr. and his four sons, Neal, Steve, Kenny and Richard. The family members continue to provide complete sales and service as I can personally attest. I sent them a badly damaged nineteenth century Tiemann bone forceps which they expertly repaired to near original appearance. They display their instruments at medical and scientific meetings and are always willing to share their knowledge. Their current catalog still shows a few instruments which have changed little since the Civil War such as Satterlee's amputation saw, but many of their instruments are designed for state-of-the-art precision microsurgery.

Although the company presently imports most of its instruments, it still makes a few of them. George Tiemann & Co. appears to be healthy and growing at its new address: 84 Newtown Plaza, Plainview, N.Y. 11803. I wish them the best.

Acknowledgements

The author would like to express his appreciation to Richard Beyer, Richard Moriarty, and Kenneth Moriarty of George Tiemann & Co. and Paul Cohen of the New-York Historical Society for their assistance in preparing this history.

Bibliography

- 1.) Beyer, Richard, Personal Communication
- 2.) Longworth's American Almanac, New York Register and City Directory (for the years 1826-1842).
- 3.) Beyer, Richard, "George Tiemann & Co., A Slight History" (unpublished).
- 4.) The New York City and Co-partnership Directory, John Doggett, Jr. (for the years 1843-1849).
- 5.) The Directory of the City of New York, Compiled by Henry Wilson, John Trow Publisher, New York City (for the years 1852-1859)
- 6.) Lord, Francis A., Civil War Collector's Encyclopedia, Castle, Secaucus, N.J. 1982, p.342.

7.) Daniel, Ferdinand E., Recollections of A Rebel Surgeon, Clinic Publishing Co., Chicago, 1901, p.74

8.) Wilson's Business Directory of New York City, John F. Trow, Printer and Publisher. (for the years 1860-1865)

9.) The Directory of the City of New York, Compiled by Henry Wilson, John Trow Publisher, New York City (for the years 1866-1887).

10.) Catalogue of Surgical Instruments, Geo. Tiemann & Co. 67 Chatham Street, New York, 1872.

11.) The American Armamentarium Chirurgicum, George Tiemann & Co. 67 Chatham Street, New York, 1879.

12.) The American Armamentarium Chirurgicum, George Tiemann & Co. 107 Park Row, New York, 1883

ALEX PECK, ANTIQUÉ SCIENTIFICA

Fine Quality
Artifacts from
the History of
Medicine and Science

P.O. BOX 710
CHARLESTON, IL
61920 USA
217/348-1009

MEDICAL PRESENTATION PIECES (Copyright 1986 Alex Peck)

Philadelphia, 15th Feb., 1863
[Jefferson Medical College]

Dear Wife:

Did I say anything about my instruments when I last wrote-I have forgotten. I have ordered a set worth \$75 in all & I know they are far better than anything in central Michigan-at least they are far better than anything I have seen there...

Affectionately your husband,

Charlie

Dr. Mrs. Sackrider
Mason, Michigan

It is clear in the above excerpt from Dr. Sackrider's letter, and from the many other surviving letters written to his wife, that he placed great importance on having instruments which were "far better than anything" he was familiar with in the area of Michigan to which he would return and resume his practice. What in his mind, and in the eyes of his patients, meant superior instruments? Both doctor and patient alike would have been concerned that the doctor have a comprehensive set at hand, incorporating the latest innovations. Whether consciously or unconsciously, each would have also counted important the 'look' of the set.

The proper 'look' of a selection of instruments could depend upon many factors, including the materials and craftsmanship employed to make the outfit. Not surprisingly, the cost of a set played a role in creating the correct 'look'. Note that Sackrider's main point is that his amputating, trephining, and minor surgery kit ordered was "worth \$75." This relatively high price would impress his wife, the daughter of a doctor, and, undoubtedly, the friends and patients back in Michigan that she would tell. Sackrider's thinking is, in part, that having instruments "far better than anything [he had] ever seen [in central Michigan]" would enhance his reputation and practice, hence allowing for a greater income, a point of seemingly paramount importance throughout his numerous letters. In short, the 'presentation' that his instruments would make would pay great dividends.

We do not know exactly what Sackrider's new set of instruments

would have looked like, but another letter provides a second clue when he mentions ordering "a full set of instruments of the finest quality." For the \$75 he spent one could have purchased at the time a large general operating kit with ivory handles. A similar group, but with ebony handles, was advertised at a price of \$50 by the New York firm of Wade & Ford. While ebony-handled instruments were *de rigueur* in this pre-sterilization period, ivory handles were more exotic, arguably more handsome, and certainly more expensive. If the 'presentation' of the instruments was of importance to the customer, ivory was an appealing alternative to ebony. The same point can be made regarding cases. Mahogany was the norm, while rosewood represented the expensive option. Instrument makers, too, were aware of the divisions of quality and the dual nature of the instruments they sold. The "finest quality" sets and cases must have been priced just high enough to maintain the image of exclusivity and to maximize profit.

Very fine antique medical equipment today is often times referred to as being of 'presentation' quality. The title acknowledges that the overriding reason that exceptional care was given to the making of the piece was so that it would result in a strong and positive statement about the owner and, possibly, the giver. Having set the tone of this essay, the discussion will continue by examining several items which exhibit 'presentation' quality, and then move on to objects of medical association which demonstrate another side of the theme. Each item mentioned, by definition, represents the very best and rarest of medical artifacts.

The surgical set in Figure 1. is exactly the sort that would have impressed Dr. Sackrider and his patients. This example dates from the 1860s, the same period that Sackrider was building his *armamentaria*, and it still displays a very high standard of materials and craftsmanship yet a century and more later. The firm of Goulding & Co., New York, brokered a fine marriage of polished steel and beautifully-worked ivory. And, of course, the brass-bound case is rosewood.

General operating kits of the Goulding type appear to us to be too fine and rarified to have been used for the business of amputating, trephining, etc. Indeed, under certain circumstances their *raison d'être* was forgotten. A similar Goulding set is in the collection of the Hartford Medical Society, and it is stated to have been used by a surgeon in the American Civil War (1861-1865). If so, it is likely that the additional cost of the set, as opposed to an ebony-handled set, would have been money wasted on the non-discriminating and non-paying military wounded.

The concept of 'presentation' quality is not limited to surgical instruments. Nearly every area of health care can share a portion of the claim. A good example to make the point is the turned-ivory Stokes' model monaural stethoscope illustrated in Figure 2. Here, again, we see the use of exotic ivory to denote exclusivity and expense. There is

another important aspect of the stethoscope which sets it apart and suggests 'presentation.' The bell of the stethoscope has been carved with a portrait of Laennec (1781-1826), the inventor of the stethoscope and a legend in the field of auscultation.

The Laennec-portrait stethoscope is certainly no ordinary piece, but must have been custom-ordered and given as a symbol of recognition and esteem to a deserving college or hospital cohort. Here the concept of 'presentation' has been reversed from the earlier comments, as it is the giver of the item who is wishing to make an impression on the doctor.

For whom was the extraordinary Stokes model stethoscope made? Could it have been the eponym, William Stokes (1804-1878) himself? The stethoscope is contemporary with Dr. Stokes, and he is recognized as one of Laennec's most accomplished followers, so this type of stethoscope, with a bust of Laennec, is especially appropriate to a William Stokes connection. One can only dream in a cloud of speculation and coincidence, though, no doubt, Stokes would have appreciated the gift of such a fine piece.

With some medical artifacts the designation as a presentation piece stands on evidence more firm than matters of materials, craftsmanship, and iconography. The magnificent H.G. Kern and S.S. White dental chest in Figure 3. is such an instance. Three aspects of this remarkable chest suggest 'presentation.' The first is the nature of the materials used to make the ensemble. Here we not only have instruments with ivory handles, but even more exotic materials are represented. The makers added handles of coral, onyx, walrus tusk (?), and mother-of-pearl. The latter was carved with intricate details (a spread-wing eagle is at the neck of the large mirror), and set with gold-mounted jewels. Some parts of the steel were covered with gilt, and the rosewood case was further embellished with inlaid fruitwood. The resulting visual display would have sent the owner's colleagues and patients alike to their Colmar calculators to estimate the value. (Coincidentally, Dr. Sackrider appreciated Kern instruments, and comments on dealing with Mr. Kern in person.) A set of this quality sold in the neighborhood of \$400 to \$500 in the 1860s, well over the yearly income of the average person.

The second feature of the dental chest which suggests 'presentation' is the gold plaque attached to the lip of the lid. The plate is inscribed with the owner's name, **Lloyd Quinby** [Figure 4.]. It is not uncommon to find an owner's name engraved on the ubiquitous brass strip set into the lid of cased-instruments of the 19th century. It can generally be assumed, other evidence notwithstanding, that the owner, himself, directed that his name be inscribed at the time that he purchased the case. However, there are important differences encountered with the Quinby chest. The cartouche

set into the lid is as blank as a cartouche in a temple of Amenhotep IV. Whoever purchased the set thought that the common brass insert was not suitable, and, rather than ruin the lid by removing the insert, chose to attach elsewhere a more desirable gold plaque. This was probably not the work of Lloyd Quinby.

The final clue to suggest that the dental chest is a presentation piece is a tradition handed-down by the Quinby family, which continued to own the chest until 1985. According to the family, the set of dental instruments was given to Dr. Quinby in 1859 as a wedding present from Fanny Ringgold, his Texan bride. Born in Maine in 1828, educated in the late 1840s at the Baltimore College of Dental Surgery, and practicing in Texas by 1850, a Quinby marriage to Ringgold in 1859 is quite plausible. A pending investigation by a genealogist should establish the wedding date and the financial position of the bride's family, thus helping to shed light on the contention of the Quinby descendants.

With argument strong that the Quinby dental chest was presented to honor the owner, the proof for the next three items to be discussed is irrefutable. One can abandon caution since they each possess not only quality material and workmanship and carry the name of the owner, but also because each is inscribed with a dedication.

Figure 5. illustrates an exceedingly fine silver spring lancet. Engraved on its slide-plate is: Drs. Keeler & Groff/to/Dr. D.S. Shade,/A testimony of merit/and respect. What a wonderful sentiment. The Annual Announcement of the Medical Department of the Pennsylvania College, Session of 1855-1856, lists Daniel S. Shade as a student, and Drs. Keeler and Groff are included as faculty members and Shade's preceptors. Given at a time when bloodletting was still considered sound medical practice in America (a Sackrider letter of 1863 mentions that he had just purchased a valved-cupping set), the spring lancet would have made a fitting and useful token of regard to a worthy pupil. No other silver presentation lancet is known to me or my colleagues.

The great American medical event of the mid-19th century was the tragic Civil War. The care of the countless casualties of the bloody rebellion proved an important training ground for a generation of physicians and surgeons. It also provided many opportunities for expressions of appreciation from patients and colleagues to doctors of accomplishment.

Many surgeons received presents of surgical kits inscribed with grateful dedications. Not so well-known are the other, non-medical, forms of presentation gifts. One such presentation gift which falls outside of what one would normally consider as typical of a medical person, though fitting during the Civil war, is the dress sword. The enthusiasm for inscribed swords among the 'fighting' officers was also found in the ranks of the Medical Staff.

The surgeons of the U.S. Army had their own regulation sword, the Model 1840 Medical Staff sword. Most surgeons, such as Major P.H. Flood of Elmira, New York, carried this model. Not content to have a sword with only the Medical Staff markings on the grip and blade, Major Flood had inscribed his name, rank, and unit, the 107th New York Volunteers. Nor did this seem to satisfy this surgeon's interest in setting his sword apart with commentary on his Civil War career. Flood's sword goes further than any other medical sword known to me, for engraved in two lines down the length of one side of the scabbard are 15 battle honors. Starting with the 1862 battle of Antietam, then to the '63 campaigns of Chancellorsville and Gettysburg, the telling inscriptions march along with Sherman's action through Georgia in the following year, and end by listing the battles of the spring 1865 wind down of the War in the Carolinas. One gets the idea that Flood was just in full stride, the War concluding before he could turn to the other side of the scabbard. Flood remained in the Army through 1866, and would have had ample opportunity to broadcast his admirable service record with his trusty 'text' by his side.

A fine example of a non-regulation sword with a medical presentation is the sword in Figure 6. Engraved across the scabbard in many rows is the following dedication: To/the brave and/fearless/JAMES M. MORRISON/Asst. Surgeon/U.S.A. Pa. Vols./1862./From your/Graduating/class/University of Maryland/1859./"WE ARE PROUD OF/YOU/JIMMY." At the time Morrison was Assistant Surgeon to the 48th Regiment of the Pennsylvania Volunteers, but what he accomplished to make his graduating class "PROUD" is a mystery at the moment. Irony abounds in the Civil War; in 1863 Morrison was court-martialed. So much for sentiment.

As a sword was a part of the required dress of all medical officers during the Civil War, there is a logic behind its use as a presentation piece. But what about a presentation silver tray? The last item to be discussed is the tea tray illustrated in Figure 7. The tray was given to Major Alex B. Mott, a Union surgeon and the son of Dr. Valentine Mott, an eminent New York physician. Alex Mott has a rich Civil War connection, including being present at Lee's surrender to Grant at Appomattox on 9 April 1865, which ended the conflict.

At another point in Mott's military career he had been in charge of a U.S. Army hospital in New York City known as the "Ladies Home." First organized by a group of society ladies, including Mott's mother, the control of the hospital was removed from the founders and went to Dr. Mott, then a medical officer. This probably delighted Mott's mother, but it caused an uproar among a faction of the disenfranchised. Appealing to the Secretary of War, they sought to have Mott dismissed for alleged "financial irregularities." Their list of complaints runs many pages, and the original copy is still in the National Archives. The petition was passed

on to Surgeon General Hammond to adjudicate. Apparently deciding that spite was the motive, and wishing to have the Medical Department in firm control, Hammond backed Mott.

Complications aside, Mott appears to have administered the hospital in a competent manner. He does look capable and hardworking in a portrait made of him late in the War [Figure 8.], and it was at about this time that the tea tray was given to him as a token of appreciation. The center of the tray is inscribed: Presented/to/Surgeon Alex B. Mott, U.S.V./ by the non-commissioned Officers and Privates/Patients in the U.S. General Hospital/"Ladies Home"/under his charge./ New York, February 17th, 1865. The donors must have thought a tea tray an appropriate gift to the socially prominent Mott.

This discussion ends here, having begun with Dr. Sackrider's pride in his new Kern surgical set, and following a path from medical instruments to swords and tea trays. Should any reader know of good additions to the essay, please do contact the author.

All items discussed are from the recent and current inventory of the author. Inquiries on the remaining items for sale and the many other fine medical antiques in stock are most welcome.

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NOTES ON SOURCES

Most of the text has been derived from the materials themselves and from the experiences of the author in handling similar examples. Assistance with genealogical and archival questions came from Marie Melchiori, a professional genealogist. Dr. Terry Hambrecht was kind enough to help identify Daniel S. Shade and his preceptors.

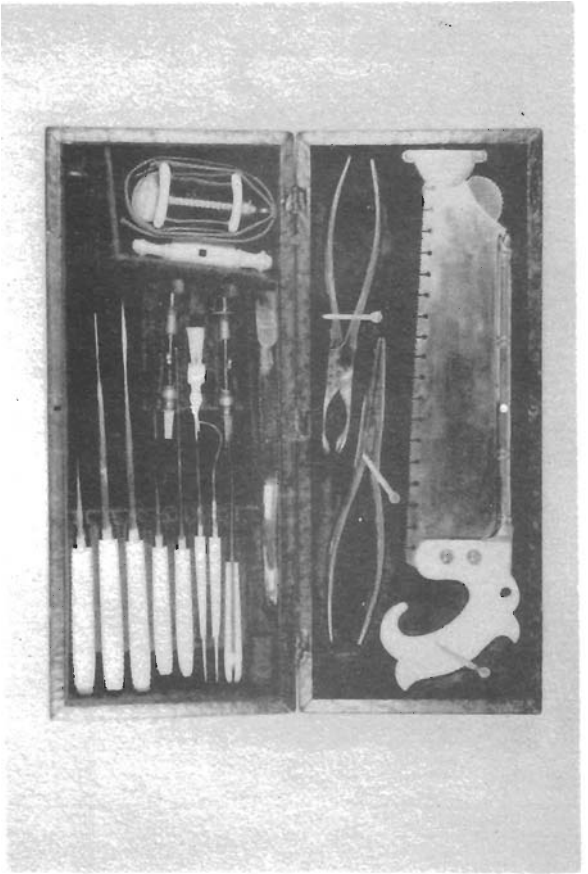


Figure 1

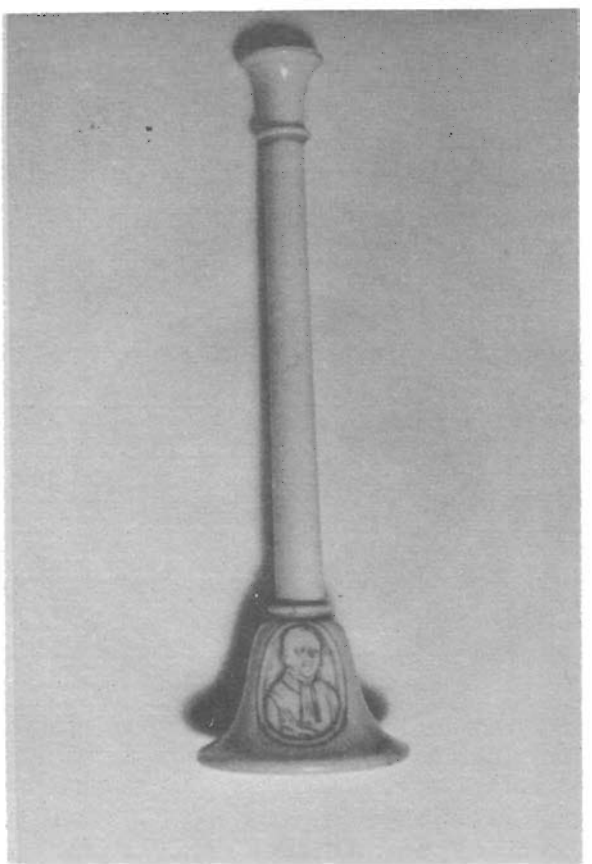


Figure 2

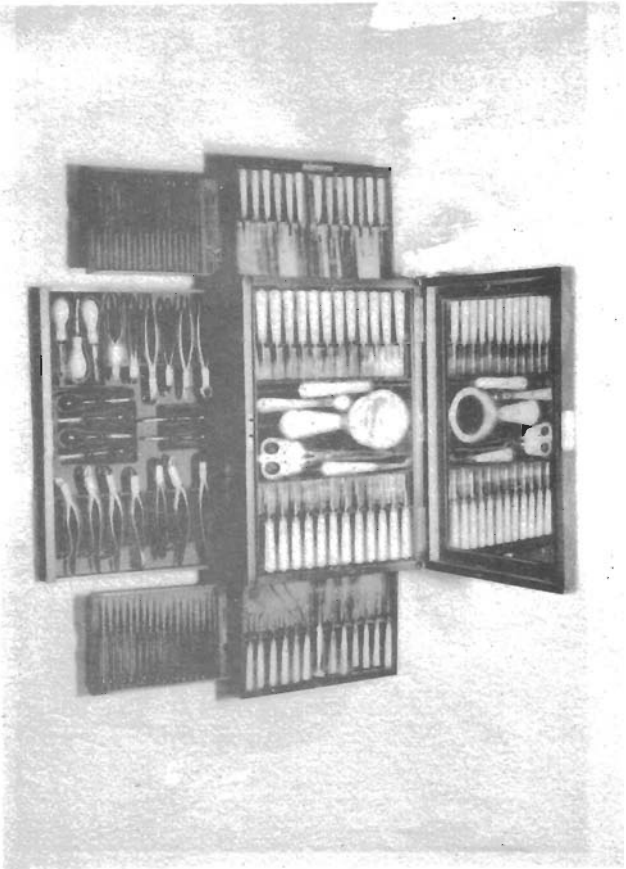


Figure 3

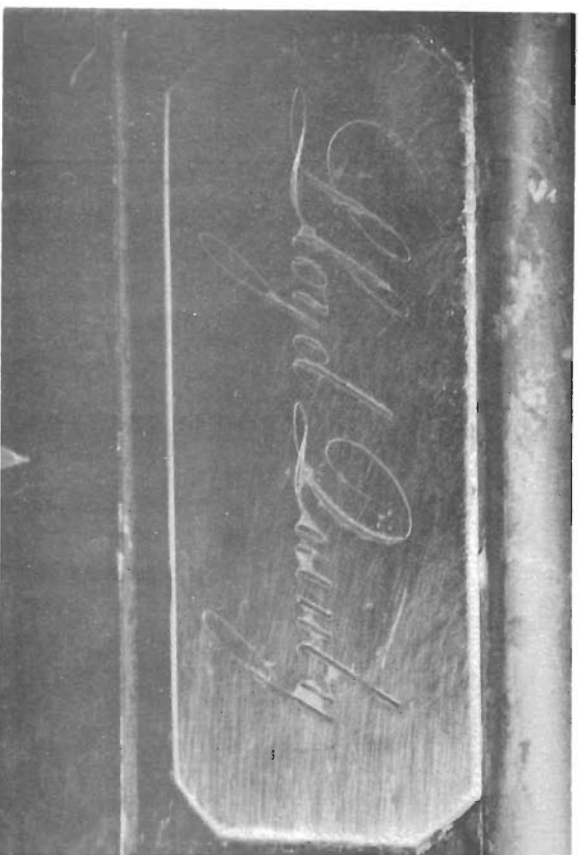


Figure 4

MEDICAL MUSEUMS OF THE WORLD

PART VII

SWITZERLAND

BY

PROFESSOR E. T. PENGELLEY

SWITZERLAND

As early as 1499 there was a confederation of the peoples in what is now Switzerland, and this can be considered the origins of the modern Swiss state. Despite the wars that have surrounded it, and been aimed at it, Switzerland has remained remarkably independent, with the exception of the French conquest by Napoleon Bonaparte in the early 19th century. This did not last long however.

Switzerland has always been a country where various nationalities and cultures have met, and its contributions and achievements have been great. However, it would be hypocritical to regard it as a leading country in scientific development, nevertheless there are some things there of great historical interest in biology and medicine. The capital of the confederation is Bern, but there are other important cities from which visitors may more easily orientate themselves.

BASEL

Location - 90 kilometers north of Bern

Train - From Bern and other cities direct.

Road - Take the N2 Autobahn north from Bern.

Basel is at the point where Switzerland, Germany, and France meet, and is at the head of the Valley of the Rhine. Because of its location, Basel has for a long time been a crossroad of commerce. From our point of view, however, it is of great interest that in the 16th century Basel became the foremost printing centre in the world, and it was here in 1543 that Andreas Vesalius (see under Padua, Italy) came to have printed his great anatomical work, "De Humani Corporis Fabrica". Basel has since been superceeded by other printing centres, but fortunately Vesalius left his mark.

**Anatomisches Museum
Anatomisches Institut
Universität Basel
Pestalozzistrasse 20
Basel**

Opening Hours: Weekdays 10.00 - 16.00

This is a teaching museum of anatomy, and can be seen only by permission of the director of the institute. However, this is usually granted, if it is not in use. Of special interest in this museum is a human skeleton, which Andreas Vesalius dissected as a demonstration for medical students when he visited Basel in 1543, and then presented it to the university. It is perhaps the oldest surviving human dissection in the world. It has been somewhat "beaten up" through the centuries, but there is no doubt it is the original. It is marked as follows:

"Männliches Skelett das der Meister der Anatomie Andreas Vesal aus Brüssel der hiesigen Universität schenkte als er 1543 sich in Basel auf hielt, um den Druck seines grossen anatomischen Werkes zu besorgen."

In translation this reads:

"This skeleton was given, by the master of anatomy, Andreas Vesalius of Brussels, to this University, when he stayed in Basel in 1543 in order to attend to the publication of his great anatomical work."

**Medizinhistorische Bibliothek
Institut für Pathologie
Schönbeinstrasse 40
Universität Basel
Basel**

This is a magnificent medical historical library, and may be seen by permission of the librarian. It would be a pity to miss it while in Basel.

GENEVA

Location - 170 kilometers south west of Bern

Train - From Bern and other cities direct

Road - From Bern take the N12, N9 and N1 Autobahns via Lausanne to Geneva.

Geneva is situated at the west end of Lake Geneva and is said to have one of the most beautiful locations of any city. It has a long cultural history, and is a very pleasant place to visit.

**Musée d'Histoire des Sciences
Villa Bartholoni
128 rue de Lausanne
1202 Genève**

Opening Hours: Daily 14.00 - 18.00 from April - October only. There is no admission charge.

This is a small but excellent museum of the history of science, set in beautiful grounds on the shores of Lake Geneva. -- Of its many exhibits two are of great interest in the history of medicine and biology.

1. A very complete and comprehensive collection of microscopes and other optical instruments going back to the 17th century. There are also other physical instruments as well.

2. A good collection of medical instruments going back to the 18th century. Also particularly fine collections of medical apparatus related to high altitudes, early barometers, thermometers, hygrometers, etc.

There are also many other scientific exhibits.

ZÜRICH

Location - 120 kilometers northeast of Bern

Train - From Bern direct

Road - Take the N2 Autobahn north from Bern, and then branch on to the N1 to Zürich.

The origins of Zürich go back to Roman times, but more recently it has become the major commercial centre of Switzerland, with a culture to match it.

**Medizinhistorisches Museum
Universität Zürich
Rämistrasse 71
Zürich**

Opening Hours: Mondays and Thursdays 14.00 - 17.00
Saturdays 10.00 - 12.00

There is a small charge for admission. Guide books and other literature is available, some in English. Rämistrasse 71 is the main building of the University of Zürich, and the historical medical museum (also called "Oeffnungszeit Museum") is on the 4th floor.

It is really remarkable how few good historical medical museums there are, but this is certainly one of them! It is large, rich in its collections, and the exhibits have been displayed by experts with a "loving hand". Virtually everything is in glass cases, easily seen and carefully labeled, so that even a person with no medical knowledge can get a great deal from the displays. I think it important to give an idea of the comprehensiveness of this museum, so I will list some of the displays.

1. Early medicine in Africa.
2. Early Christian medicine.
3. Ancient Egyptian medicine, with copies of the Ebers papyrus and other medical treatises.
4. Ancient Peruvian medicine.
5. Ancient Roman medicine.
6. Skeletal models showing tremendous progress around 1550.
7. Comparison of teaching models from 16th, 17th, and 18th centuries.
8. The switch of emphasis from anatomy to physiology in the 19th century.
9. Collections showing the development of stethoscopes, sphygmomanometers, thermometers and many other instruments.

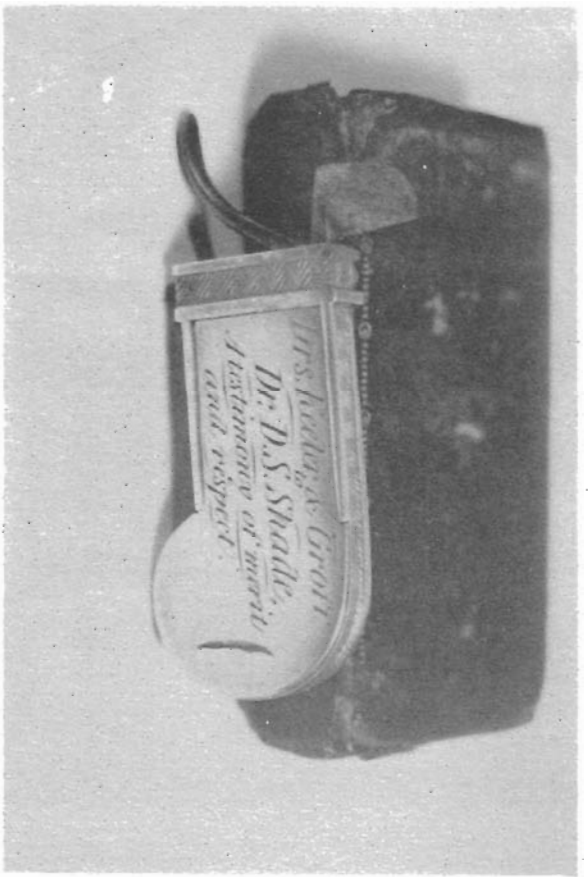


Figure 5

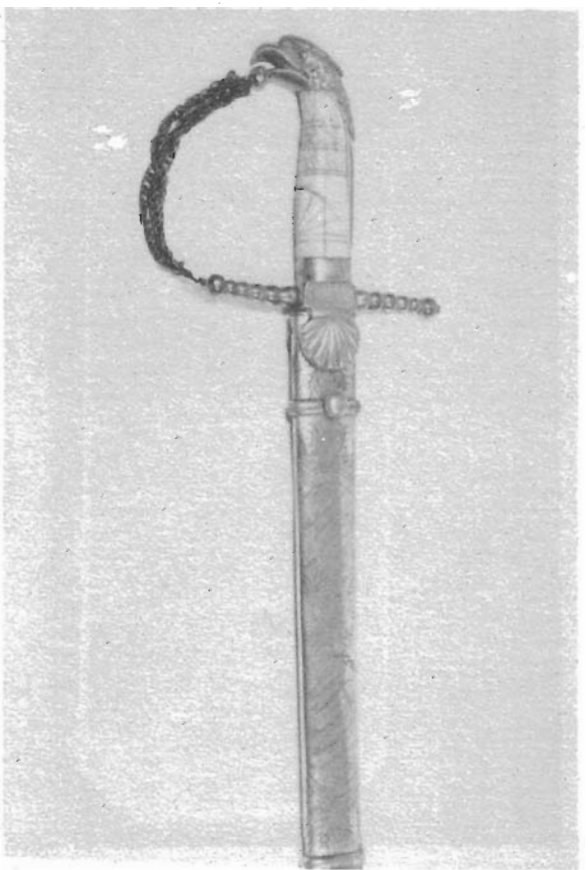


Figure 6



Figure 7



Figure 8

10. Collections of stomach pumps, syringes and instruments used for tapping in pleurisy.
11. Apparatus from psychiatrists' clinics of the 19th century.
12. Superb collections of old medical books going back to the middle ages, which are displayed.
13. Comparison of the anatomy of Vesalius (1514-1564) (see under Padua, Italy) and Eustachius (1524-1574) with skeletons of the 15th century. This demonstrates a marked and sudden change for the better in the 16th century.
14. Surgical instruments of all types from many centuries.
15. Instruments for treating wounds.
16. The development of crutches, artificial limbs, etc.
17. History of anaesthesia apparatus.
18. Displays devoted to Louis Pasteur (see also under Arbois, Dole and Paris, France) and Joseph Lord Lister (see also under Glasgow, Scotland).
19. Early x-ray apparatus and photographs.
20. Instruments and illustrations for cataract operations.
21. Development of spectacles in the 18th and 19th centuries.
22. Early Iron Lungs.
23. Extensive collections of dental instruments.
24. Displays illustrating the development of obstetrics, including lying-in-rooms and child-birth chairs.
25. History of goiter.
26. History of syphilologie.
27. History of tuberculosis.
28. Complete display of an apothecary's shop.
29. An original coffin of the 14th century with a hinged bottom. This has a grim history. At the time of the great plague, deaths were so frequent and coffins in such short supply that they were made with hinged bases. The dead person was put in the coffin, which was then transported to the cemetery and placed over the grave. The bottom was opened, the body fell into the grave and the coffin simply used again.
30. Portraits and short accounts of famous doctors.

There are many more displays in this superb museum, and I cannot recommend it too highly.

Medizinhistorisches Institut der Universität Zürich
Rämistrasse 71
Zürich

In the same building as the medical museum is an Institute for the History of Medicine, and is well worth a visit in conjunction with the museum. There is a superb library on the history of medicine, as well as some very rare and old medical works. It can only be used by qualified scholars, but visitors can ask permission of the librarian to see it.

Dr. Pastore's collection of medical instruments grew initially from instruments he acquired during his Mayo residency in otolaryngology in the '30s. The collection now includes tools used by country doctors and a few instruments that survived the Civil War. (Photographs by John Maziarz)

KEEPING UP WITH PETER PASTORE

A popular story-teller and collector of antique medical instruments, Peter Pastore teaches classes in the Elderhostel program on surgery in the early 20th century. His sessions sell out a year in advance.

THE THERMOMETER OUTSIDE THE WINDOW registers just above 90°, and inside Memorial Hospital, the temperature is the same with humidity to match. In the top floor operating amphitheater, the surgeon begins yet another procedure — a tonsillectomy on a young girl.

The gallery is filled with medical students, earnest young men appropriately attired in stiff white collars and dark wool suits.

The year is 1913, the place, Memorial Hospital at the Medical College of Virginia, Richmond.

The operating rooms have windows to let in whatever moving cool air can be captured from outside. Through those windows come the sounds and smells of daily living in one of the oldest cities in the United States. Horses' hooves clatter against cobblestone streets as they pull their loads up the hill past the hospital. The smell of leather and sweat mingle with the heavy fragrance of magnolias in bloom, and the sickly sweet smell of ether.

But inside the amphitheater no air stirs until an orderly opens the door to the hall, brings in a large slab of ice, and sets an electric fan to blow across it.

The scene changes. It is 1985 and the amphitheater is no longer filled with medical students. The crowd watching intently over the railings is now a group of men and women in their 60s and 70s. The surgeon they are watching is Peter Pastore, scholar-in-residence at Virginia

Commonwealth University's Tompkins-McCaw Library, as he and the staff of the Special Collections and Archives Department reenact an early surgical procedure for the benefit of Elderhostel participants.

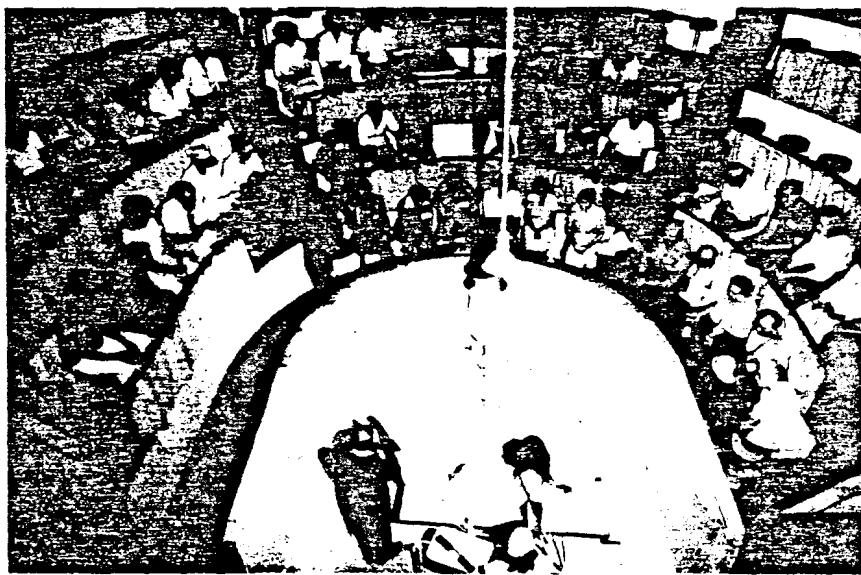
The patient in the reenactment is a farmer brought directly from the field. He appears to have broken his leg, and lies on the operating table in rough clothing, dirty boots and all. Dr. Pastore is attired in a black wool frock coat. His nurse is dressed in the uniform of the early 1900s — long-sleeved blue dress with a full-skirted white apron.

The audience is entranced as they listen to his description of surgery

and see his demonstration of instruments used in this earlier time. Through his story-telling they can imagine themselves as the medical students in this place on a hot summer day more than three-quarters of a century earlier.

This is Peter Pastore, surgeon, teacher, and collector of medical instruments. It's no coincidence that he also has become a skillful story-teller with the almost magical ability to transport his audience backward in time.

But story-telling is not his first love. Since he retired from his active practice in 1976 as professor and chairman of the Department of Otolaryngology,



Dr. Pastore reenacts an early surgical procedure for Elderhostel participants at Virginia Commonwealth University. The surgery amphitheater is the same one used for medical school training in Richmond in 1913.



Rhinology and Laryngology at the Medical College of Virginia, he has devoted much of his energy to development of the Medical Artifacts Collection area at Tompkins-McCaw Library.

At age 78, Peter Pastore is going strong. In his own words, "I'm a surgeon who never retired, just realigned" — an apt description of a man whose persistence, energy and enthusiasm are largely responsible for renewing interest in the collection of antique medical and surgical instruments currently housed in the library.

Dr. Pastore says he's been a collector of things as long as he can remember. But he didn't get into collecting medical and surgical instruments until he was in medical

school. His collection grew initially from instruments he acquired shortly after he began his Mayo residency in otolaryngology in 1936. At that time he was purchasing instruments because of his personal interest, not for a collection. Shortly after arriving at Mayo, Dr. Pastore bought more instruments from a resident whose father had amassed a substantial collection of otolaryngological instruments during his years in practice. "That was my first real start with collecting medical instruments in otolaryngology, and from then on the collection grew."

Dr. Pastore returned to Richmond in December of 1941 to chair the Ear, Nose and Throat Department at MCV. For six months he had two EENT residents, then the war took

them. "Those were trying days," he says.

Through the war years Dr. Pastore's collection continued to grow. "While it was quite secondary to everything else that was happening at the time, physicians would bring their out-of-date instruments to me, and that kept the collection going," he says. Most of the gifts were from people who knew the college didn't have many otolaryngological instruments, so this collection was used daily, not merely in storage.

"Although I made no special effort to contact people during that time, word of mouth was turning it into quite a collection."

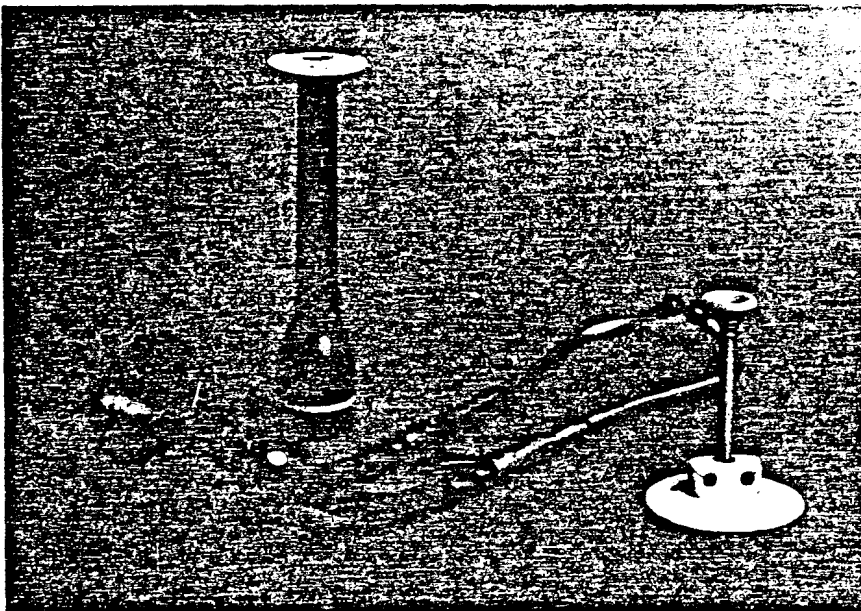
Establishing the Pastore Fund

The solution to any problem must be found in the light of the times in which it occurs, and it was no different as Dr. Pastore sought to establish a department of otolaryngology and a speech and hearing center. The university was only able to provide space for the center, and a minimal budget of \$250 per year for the first five years. Beyond this, it was expected that the department and center would be self-supporting.

To help keep both afloat, Dr. Pastore and his wife started a private fund in 1942 known as the Peter N. and Julia R. Pastore Fund into which they channeled every bit of money they could manage to pay salaries and buy equipment.

Fire!

By the late '40s, storage for the collection had become a problem. Retiring physicians donated instruments, knowing that as department

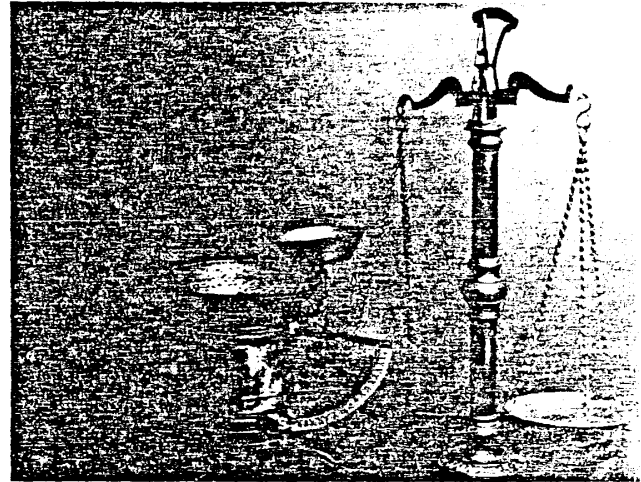


Stethoscopes have taken an assortment of twisted shapes during the years of their development. The components of the instrument itself, however, have remained essentially unchanged.



Dr. Pastore holds a scarifier, once used to make multiple incisions in the skin of a patient in preparation for "bleeding." Several antique microscopes are also part of this collection.

Pharmaceutical scales helped the local druggist come up with the proper amount of medication for ailing patients in the late 19th century.



chairman, Dr. Pastore could find a use or a place for them. In the late 1940s the president of the school and the superintendent of the hospital building offered storage in a Quonset hut of World War II vintage. The materials could be kept under lock and key there.

"I put two large boxes of very important instruments of my collection in that building. I intended to bring more in a few at a time.

"But as fate would have it, a fire destroyed everything in the building, and all the stored instruments were lost.

"One of the instruments lost in the fire was one that I'd developed. It was a hearing screen tester to be used with the armed forces. There were only two made. I had one and the other was in Washington, D.C. I was never able to recover the one from Washington.

"After that I kept the collection at home and brought a few pieces to my office from time to time chiefly as conversation pieces."

Archives section established

"When the Archives Department was established in 1975, I became even more active in developing the medical artifacts collection. I had talked to all the librarians from the time I was a medical student until then, so my involvement came about quite naturally."

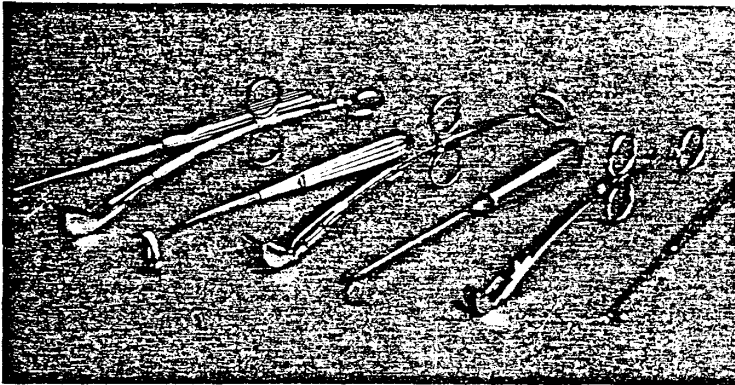
In 1977 Dr. Pastore was appointed Scholar-in-Residence, officially sanctioning the work he had been doing unofficially for so many years. He then began systematically moving his collection from home to the library. "Since then we've collected through many of my friends and other doctors that we've known, and from estates. There are many good

things that we are collecting because of their interest to the school."

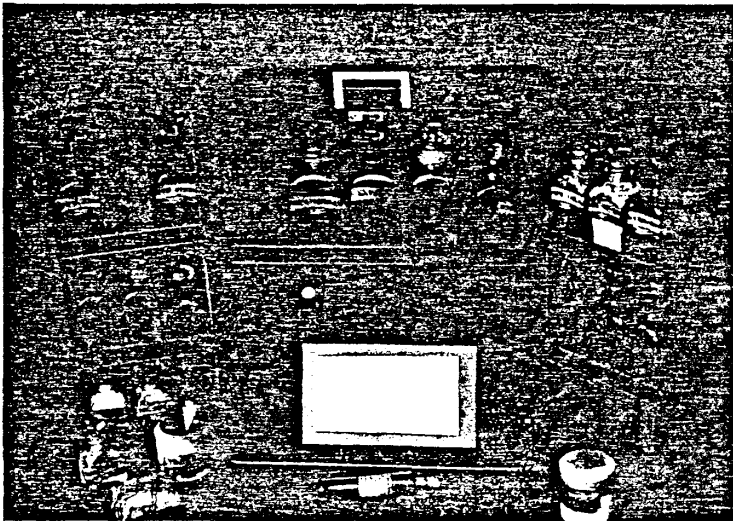
Over the years, the scope of the collection has broadened from the initial group of otolaryngological instruments, and now includes tools and instruments from country doctors, a few instruments that survived the Civil War, a mortar and pestle collection, a brass balance that was salvaged from the pharmacy building, plus handsome collections of scalpels, and scarifiers.

Exhibits

Dr. Pastore views the collection as a living entity from which materials can be drawn to further knowledge of the profession. The collection is open to scholars for research. Supporting material such as medical texts and manuscripts are available in that area as well. Special exhibits are developed around landmark



In his practice, Dr. Pastore used these otolaryngological instruments, which are now part of the Virginia Commonwealth University collection.



This medicine chest was used from 1802-1832 by Dr. James Watson of Louisa County, Virginia. It contains assorted jars of period medications including powdered aloe and powdered rhubarb. The country doctor also acted as pharmacist and measured prescribed amounts of medication.

events in the college's history or on request from the various schools on campus. Campus displays can be related to any of the health sciences. "It is a form of education, passive education I call it," says Dr. Pastore. "Everybody who comes in the library also has the opportunity to look at the exhibits that are strategically placed near the elevators and the doors."

Elderhostel — another opportunity for teaching

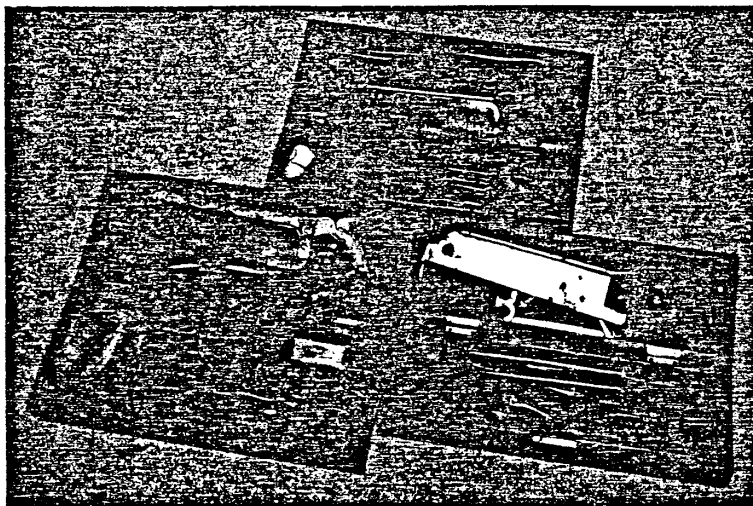
Not only a consummate collector, Dr. Pastore also is a quick witted, lively teacher, ever seeking new avenues for sharing his love of medical history.

Elderhostel, a program for those 60 and beyond, has presented him with just such an opportunity.

MCV has the distinction of being the only medical campus in the country to offer an Elderhostel program on the history of medicine. Taking advantage of the rich resources available in its retired faculty, MCV offers a week-long program of medical history and recent developments in medical practice. Dr. Pastore is responsible for three 1½ hour sessions of the program. In the surgical amphitheater of Memorial Hospital, built in 1903, Dr. Pastore presents one of the most popular parts of the program when he and his staff reenact an old surgical procedure.

(Right) Ambulance drivers in the early 20th century wore tidy black suits, much like the one displayed in this collection.

(Below) Amputation kits, in use from the Civil War to the 1880s, contain crude tools for handling emergency surgery behind the front lines.



Students are seated in the gallery looking down into the surgery area that is lighted by a single bulb suspended over the operating table. Elderhostel is held in June and to spare the participants a totally authentic experience with the heat, the reenactment portion is done in the early morning.

For three years, the program, which is limited to 49 participants, has consistently been sold out a year in advance. Dr. Pastore attributes the program's popularity to the fact that it deals with details of a life the Elderhostelers remember well.

For much of his adult life, Peter Pastore has been a vital part of the MCV scene. Today as he traverses the campus buildings selecting new locations for displays of medical artifacts, he is greeted warmly. A man held in high esteem by his colleagues, medical students and others who are part of the MCV community — Peter Pastore follows his own advice: "Know the past, enjoy the present, and dream the future."

—Conni R. Resler

Peter Pastore completed his Mayo residency in 1939 and was first assistant to Dr. H. I. Lillie in clinical otolaryngology and rhinology from 1939-1941. He was professor and chairman of the Department of Otolaryngology, Rhinology, Laryngology, Audiology and Speech Pathology at the Medical College of Virginia, Virginia Commonwealth University, from 1942-76. He is now professor emeritus, Otolaryngology, Head and Neck Surgery, and director for Continuing Medical Education, Otolaryngology, McGuire Veterans Administration Medical Center, Richmond.