

MEDICAL



COLLECTORS



ASSOCIATION

NEWSLETTER NO. 18

NOVEMBER 1990

Dear Colleagues:

It is my pleasure to forward to you at this time the final Newsletter for 1990. It is remarkable to contemplate that we have already reached the 18th issue. The most important item of business to bring to everyone's attention is the great need for a member of the group to step forward as the host for the 1991 meeting. As of this point in time, several members have potentially volunteered to host the 1992 and 1993 meetings, but no one has shown interest in the meeting for next summer. **PLEASE CONTACT ME AS SOON AS POSSIBLE IF YOU HAVE ANY INTEREST IN BEING THE HOST OF THE NEXT MEETING. PLEASE BE ASSURED THAT THE WORK IS MODEST AND THAT THERE WILL BE CONSIDERABLE SUPPORT FROM MY OFFICE.**

Also preceding this letter you will find the membership renewal form. I have decided, in spite of increasing costs to maintain the dues at the same level for one more year. Please return this form with your membership dues so that I can continue to hold down costs and avoid the necessity for an increased fee. If we do not receive this form, your membership will be interrupted and you will not receive the next Newsletter.

There continues to be a need for the members of the organization to take a more active interest in the Newsletter. Only a few members repeatedly respond with material while the vast majority send very little to me. Please if you have anything of interest to the membership let me have it so that I can distribute it with future Newsletters.

Enclosed with this letter is a note which I received from Gretchen Worden who ran the meeting in Philadelphia last year. Her letter is quite modest. All the people at the meeting found it extraordinarily well planned and enjoyed it. In addition, we are grateful that there was a small unexpended balance which could be donated to the Mutter Museum. Gretchen's letter and



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

the balance she supplied are self explanatory.

While reading the Smithsonian magazine I encountered an article by Jim Lehrer of the McNeil/Lehrer News Hour. Mr. Lehrer has been gracious enough to consent to my reproducing it for the Newsletter. It is a most charming discussion of the disease which all of us suffer from as collectors or otherwise known as "Pack Rats".

Once again Alex Peck has made a useful contribution to the Newsletter. If Alex keeps this up, I'm probably going to end up having to call him a Co-Editor. He has sent along some photographs of a Whittemore vaccinator which he has obtained along with the patent. He has asked me to acknowledge that Terry Hambrecht helped him to find the patent. I am sorry that it is a little difficult to read. We have done our best to try to make the print more clear, but I think you can get the gist of the description and the photographs are pretty much self-explanatory. Some of you may recall that early-on in the Newsletters, a very similar vaccinator was reproduced. That vaccinator was in fact in the very first issue and it was designed by W.W. Gordon. Those of you who still have the first issue of the Newsletter may find it interesting to compare the two.

The biggest news of the collecting year was the recent auction at Christie's in September. Christie's has upgraded its medical instrument auctions and I believe this last auction was one of the best in many years. Included in the auction was a late model of a Laennec stethoscope, that is the version which was introduced about 1825-1830. This stethoscope sold for an astounding 5,800 pounds. That means that with commissions and everything, it was close to \$15,000. Any of you who are lucky enough to have Laennecs in your collection may bask in the pleasure that the value of your collections has risen considerably.

Dr. Joel Montague has been kind

enough to give me permission to reproduce and distribute his brochure "Public Health and Pharmacy: Fifty years of French Poster Art: Boston 1990". It is reproduced in its entirety in this newsletter and I hope all of you find it of interest.

Also reproduced in the Newsletter are a few of the plates from Velpeau's book "New Elements of Operative Surgery 1832". This book is in French and those of you who can appreciate French will enjoy the descriptions of the plates, but if not, the plates themselves are extremely enjoyable.

I received a letter from Catherine Comar which is reproduced for the collectorship. She is looking for some material for an exhibit at the South Street Seaport and if any of you can help her, please do so.

Once again, we are indebted to Bill Helfand for providing us with tear pages from his "Pharmacy in History" series. The materials which we frequently receive from Bob Kravetz will have to suffer a brief interruption, that is the "Vim & Vigor" series, however, I expect that we will be able to resume publishing his articles in the next Newsletter.

One other note from the collectors point of view is an offering that I have recently received. An individual has offered to make available through my office a limited number of reproductions of the Laennec stethoscope. These reproductions are faithful in terms of the measurements and the way in which the stethoscope is manufactured and they correspond to the earliest Laennec, which was pictured in the first edition of his book. It was later modified to the type sold at Christie's. The early version joins the two halves by a screw joint, while the later one plugs together. They are obviously reproductions made of relatively inexpensive wood with an inexpensive stain, but they make a nice enhancement to a collection. The owner is asking for \$75 for each one, which includes shipping. If you are interested in obtaining a reproduction of a Laennec stethoscope, please drop me a note with a check for \$75 and I will forward a model to you.

We have a few enclosures for the Newsletter this issue. Dr. Gerardy has sent me some brochures concerning a new offering of historic medical medals. These are reproductions which will be available in limited editions. I believe that the brochure is self-explanatory. Also enclosed is an announcement of a new volume on the medical and surgical history of the Civil War from Bradford Publishing. The Pharmacy Museum in New Orleans was kind enough to send me some brochures after I visited them recently. These brochures are included and I recommend anyone who has the opportunity to visit the old quarter in New Orleans to stop by and see this most interesting exhibit.

Finally, there has been a recent publication, "To Your Health" from the National Library of Medicine. The catalogue of the exhibit was prepared by Bill Helfand with the assistance of Lucinda Keister and they have been kind enough to send me a supply of catalogues for membership.

I believe that this pretty well reviews most of the pertinent items with respect to what's going on in our areas of interest. Once again I hope that all of you will contribute. I urge someone to step forward and be a host of the next meeting which, although it involves work, is a most rewarding experience.

Finally, I wish everyone happy holidays and please don't forget to send in your renewal form if you wish to continue as a member.

Sincerely,
M. Donald Blaufox, M.D.,PhD.

By Jim Lehrer

And now, a word of praise for the pack rats among us

*Whether born or bred, possessed or persevering,
collectors of just about anything you can
think of are combing the country for The Find*

For years I have been searching for an enameled metal bus depot sign from the defunct American Buslines. American was a delightfully unique company that provided free pillows and meals, and a by-the-minute refund system for late arrivals on its main line between New York and Los Angeles. It disappeared into Trailways without much of a trace in the 1950s, but I am certain somebody somewhere has one of its old signs. I must have one and I will not rest until I do.

Why? Because I am a world-class collector of depot signs and other bus memorabilia.

So? So think kindly about the nine people whose photographs and collections you are about to peruse. I am one of them. They—we—are not odd. We are merely possessed with a need to collect certain things that some people might consider odd. And while you are thinking kindly, also envy us. Envy us because all of our car trips down country lanes and “blue” highways are treasure hunts. What we collect could be hanging from an old building, gathering dust on the shelf of an antique shop, or being ignored and (with luck) underpriced on the table at a courthouse-square flea market.

Envy us because every mail delivery has the potential for having the note about or Polaroid shot of an item we have been looking for desperately. The same Christmas Eve anticipation is there when reading the classified section of any newspaper. There is always the possibility of a “For Sale” notice for a just-what-we-always-wanted item.

Envy the adventures we have while on The Hunt.

Envy us the characters we meet in the course of finding, trading, selling, buying, touching, oohing, aahing. But mostly envy us for the thrill of The Find. That is the delicious moment when, across a shop or a room or a yard or a courthouse square or a page, we see It. It, a most-wanted item for our collection, something no collector of (fill in the blank) could ever do without. I have experienced The Find many times. It usually is marked by an overwhelming feeling of well-being. But it can also involve shortness of breath, a sweaty upper lip and uncontrollable laughter. I have also heard of people crying or throwing up upon seeing an It.

I have no idea where the passion to collect comes from. I do not know why some of us are this way about collecting and others are not. I do not know if collectors are born or bred, if it is more heredity than environment, or vice versa. In my case, the bus interest grew naturally out of having grown up in the bus business because my father worked in it all of his adult life. I also worked as a Trailways ticket agent myself while going to junior college in South Texas. I am sure it would not be hard to find an expert who would argue that each item of bus memorabilia is actually my trying to re-create a part of my childhood. But I know of other bus collectors who have had no connection to buses. Some got interested only because they were looking for something to collect, and not many people were on to buses. On the other hand, our nation is also awash with men and women who spent decades working in the bus industry and could not care less about collecting anything at all having to do with buses.

So? So, I can't explain it. I am just delighted to be one of Them, one of the possessed who cannot keep from collecting.

At the risk of overdoing it, I think a case can even be made for a serious purpose to what we are up to. I believe it is not farfetched to claim that what we do for strange reasons is good for society. Remember, please, that it has been the collectors and the pack rats among our ancestors who have preserved the little things of our history. They are the ones who stuck away old kitchen utensils and postcards and children's toys and diaries and dresses and the other items of personal life that now hold positions of honor in the Smithsonian and other museums of American life. There are important people and organizations at work preserving the big things of life, like buildings and battlefields, but it is left to the rest of us to preserve items such as . . . well, bus depot signs.

Which reminds me. If you should come across an American Buslines depot sign, call me. Collect.

*Associate Editor of the MacNeil/Lehrer NewsHour,
Jim Lehrer wrote about his collection of bus
memorabilia in the May 1981 issue of SMITHSONIAN.*



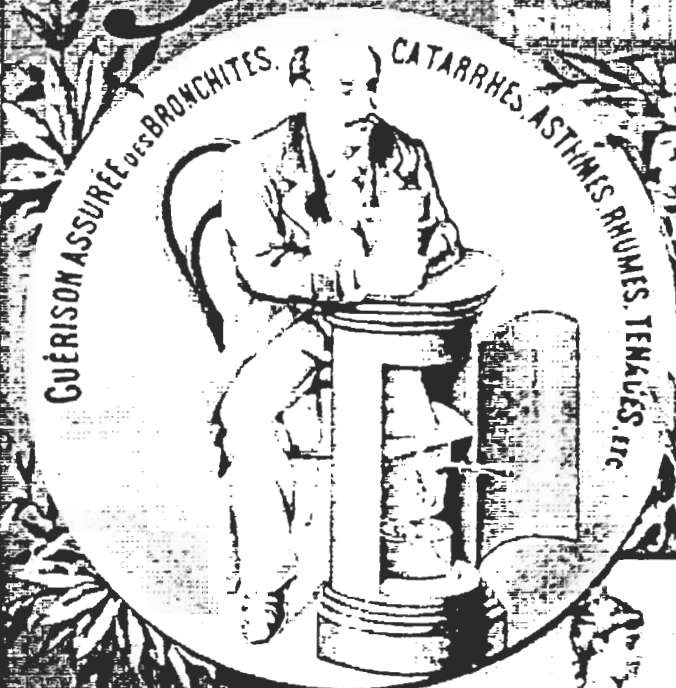
Historical Images of the Drug Market--XIII by William H. Helfand

In 1886 the manufacturers of Hood's Sarsaparilla moved into a new plant in Lowell, Mass. It was their fifth location since Charles I. Hood, a second generation pharmacist, developed the formula from a prescription written by a Boston physician. The plant occupied four floors, contained 62,000 square feet and was, as the owners proudly proclaimed in a pamphlet issued shortly after they moved in, the "largest building in the United States, and probably in the world, devoted exclusively to the medicine business."

Hood's was but one of several popular sarsaparillas, making use of a native American botanical that had enjoyed a vogue in Europe early in the nineteenth century; it had been reputed to be effective in the treatment of venereal disease. Illustrations of Hood's manufacturing facilities were published on post cards, trade cards, pamphlets, and even a jig-saw puzzle. Their bottling and packing room pictured here was rather labor intensive, with little automation. Note that in the illustration only the women workers are sitting.

SOCIÉTÉ ANONYME DU HUMATEUR - INHALATEUR UNIVERSEL

BAINS MÉDICAMENTEUX CHEZ SOI



Humateur & Appareil
160 F
100 F
100 F

Humateur & Appareil & bain
100 F & 100 F

**PUBLIC HEALTH
AND PHARMACY:
FIFTY YEARS
OF FRENCH
POSTER ART**

M. LÉON BÉGIN, Directeur de la SOCIÉTÉ DU HUMATEUR
35, Rue Laffitte -

Boston 1990

The Poster in France

The history of medicine and pharmacy, like other scholarly disciplines, has matured over the years by expanding its boundaries to include new and innovative ways of looking at its subject matter. For example, the study of the imagery and associations of the French lithographic colored poster not only reveals changing standards of aesthetics and graphic design but also, more importantly, teaches us a good deal about French social and cultural life. This generalization is particularly true of French pharmaceutical advertising ephemera as well as public health and hygiene posters produced between 1890 and the 1930's. French poster art blossomed early and was of remarkably high quality. Indeed, it is now generally accepted that the French poster artists of the late 19th (and early 20th) century were more artistically innovative and certainly more prolific than their counterparts elsewhere in the world at that time. The sudden flourishing of poster art in France (and its simultaneous use for pharmaceutical advertising and then for public health purposes) in the late 19th and early 20th century was due to a number of happily converging circumstances. Some of the



No. 2

most important were the Industrial Revolution and the growth of advertising, the artistic work of Jules Charet (1836-1932), the 1881 law on freedom of the press which allowed unrestricted posting of posters, and lastly, the urban renewal of Paris in the last half of the 19th century.

It should be noted, however, that the colored poster was not invented at the turn of the century. Broadside were in common use in Europe and elsewhere for many centuries. However, the early commercially printed documents were rarely illustrated, and only occasionally in color. Quite naturally, some of the oldest broadsides concerned themselves with health and disease, pharmaceutical products or the services of medical practitioners. A French broadside — from 1836 — is typical of later advertising in that it notes the many wondrous cures guaranteed by a physician for a small charge. (See illustration No. 1.)

The Pharmaceutical Products Poster

France has a long and particularly distinguished medical and pharmaceu-

tical history. However, the origins of the pharmaceutical industry in France were essentially artisan-based. Individual chemists often worked behind local pharmacies, developed patent and other medicines, which they then marketed locally. Some of these items ultimately became enormous commercial successes partly as the result of creative advertising for the various nostrums and elixirs. To be sure, at the annual pharmaceutical congresses held in the middle and late 19th century, resolution after resolution was passed opposing the many secret and proprietary remedies developed by these laboratories — to little avail.

One of the small posters for "Eau des Carmes" is of historical interest. (See No. 2.) While it dates from 1900, it is quite "traditional" in its format. It extols the virtues of a tried and true formula (invented by monks as an anti-spasmodic) from the leaves of *Melissa Offinalis* for curing cholera and other diseases greatly feared in France.

Poster No. 3, for an elixir, is by an anonymous artist from the 1890's. It shows a stylish lady mountain climber beating her tired guide to the top — no doubt the result of having used the blood purifier Elixir Mondet. A poster for Pastilles au Miel from the 1890's elevates the image of a rather ordinary product to the exotic by having a dirigible drop these gum drops to elegantly dressed strollers in a park. (See No. 4.)

PROSPECTUS MEDICAL

Mairie

MALADIES DES YEUX, etc.

GARANTIE OFFERTE AUX MALADES.

EXTRAIT D'ATTESTATIONS.

MALADIES CHRONIQUES.
CONSULTATIONS MÉDICALES ET OPÉRATIONS.

No. 1



No. 3



No. 4

Among the many items sold by pharmacies was "Cachou Lajaunie." At the turn of the century, health professionals denounced the inordinate use of tobacco. In this poster by Tamagno (circa 1900), a young woman holds out the familiar yellow box whose contents were so useful for "Smoker's breath." (See No. 5.)



No. 5

Armand Jean-Baptiste Segoud's "Le Solitaire" from the 1890's is not only remarkable art but also good advertising at a time when the public was fascinated by the medical potential of electricity. Here a lady holds "Le Solitaire" from which small amounts of electricity are generated. The item purports to maintain the purchaser's health by combating all maladies of the blood and nerves and certainly driving away sym-

bolic little devils. (See No. 6.) The table top or portable inhaler and nebulizer was commonly used in France and elsewhere for hundreds of years to alleviate the symptoms of colds, coughs, etc. The large humeteur-inhalateur depicted by an anonymous artist around 1900 was no doubt a technological breakthrough in that it also provided "medicated baths" at home. (Cover poster)

Leonetto Capiello's "Thermogene" from 1909 (Poster No. 7) is of considerable importance in advertising history as the product — a type of absorbent cotton wadding — became, and still is, associated with a striking fire breathing clown. Capiello, like his predecessors: Charet, Mucha, Steinlen, and Toulouse-Lautrec — is felt to be one of the finest poster artists of his age.



No. 6

A number of the earlier posters testify to the gullibility of the public — and perhaps even the guile of the pharmaceutical manufacturers. As time passed there was a greater sophistication among both the trade and the public — though not necessarily better poster art-work.

Public Health

Starting in the 19th century, the great pandemics of infection which had periodically ravaged France slowly disappeared. However, well before a period when the degenerative diseases could replace them, the nation had to



No. 7

face and conquer a new set of infectious diseases which arose in epidemic fashion. From cholera to diphtheria through the medical alphabet to syphilis, typhoid, tuberculosis and typhus, a host of diseases and hygiene problems faced French health authorities. As a result, during the second half of the 19th century, the "hygienists" attempted to reorganize the nation's health services so that they could meet the new challenges. Their efforts culminated in the passage of legislation, in 1902, which required reporting of contagious disease, mandated small pox vaccination, and took a number of other dramatic steps. Whatever its deficiencies, the law provided the legal basis for some timid efforts at health education by the government and private interest groups.

Le Matin

AUX MERES DE FAMILLE

LA MERE DE FAMILLE PEUT SAUVEGARDER SA SANTE, CELLE DE SON MARI, CELLE DE SES ENFANTS EN OBSERVANT LES REGLES SUIVANTES:



APRES LA MALADIE

No. 8

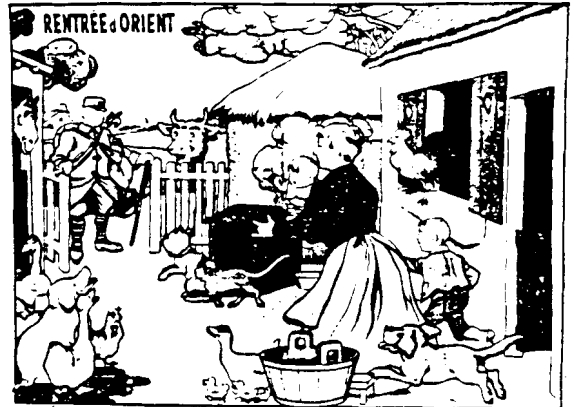
However, it should be noted that the images and texts found on the first French health education posters, from these early decades of the 20th century, are rarely as eye catching or artistically vibrant and interesting as those found on the posters extolling the sale of pharmaceutical or medical items from the same and earlier periods. Many of the themes found in the public health and advertising posters, whatever the disease, have had surprisingly long lives. The skull, skeleton, devil, or serpent is often the symbol of evil. The disease, often symbolically presented, is usually attacked by swords, daggers, and beautiful women – often partly undressed.

An early poster by Eugene Carriere from 1904 (See No. 8) is particularly interesting to epidemiologists. It provides a snapshot in time of the issues and diseases said to be of greatest concern to parents in France at that time. Mothers are exhorted to cleanliness, as well as avoidance by various means, of typhoid, scarlet fever, diarrhea, small pox, diphtheria (no vaccine yet invented) and tuberculosis. Also unusual is the format – an oversize magazine cover – historically one of the commonest poster forms inherited from the 19th century.

As the century ended, France led the world in alcohol consumption and in the number of alcoholics. Shortly before the First World War, there was one "dram shop" for every 82 of France's men, women and children. One of the major problems



No. 9

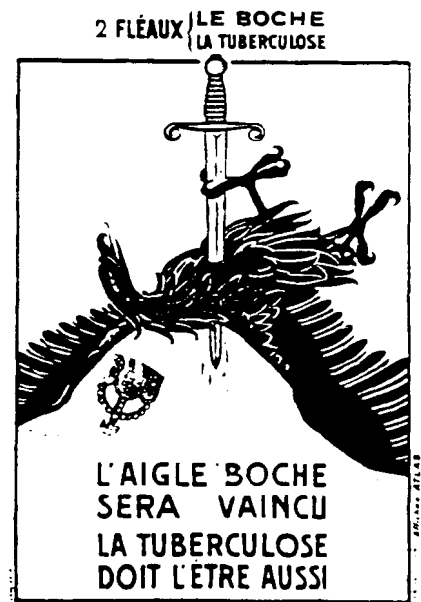


No. 10

– and one which produced some extraordinarily dramatic and effective public health poster art – was the war on absinthe, a drink made of the extract of wormwood which produced terrifying hallucinations. The drink was banned in 1915. This little known poster is by Chavannaz and appears to predate World War I. (See No. 9.)

World War I led to some of the very best health education posters ever produced, by some of France's greatest lithographers. The illustration shows a poster produced by Benjamin Roubier in 1917 for a French Government campaign combating malaria. It shows a veteran returning home from the Orient with a little ditty exhorting the prevention of the disease as the text. (See No. 10.)

In 1889, public hygiene services were transferred from the Ministry of Agriculture and Commerce to the Department of the Interior in late acknowledgment that infectious disease was a major domestic problem and combating it could no longer be seen as part of the government's quarantine of diseases originating in foreign countries. Tuberculosis was a prime example. By 1917 there were estimated to be 70,000 French soldiers suffering from T.B., with potentially serious consequences for the war effort and for what was often called the French "race." This dramatic poster by Georges Capon and Georges Dorival speaks of two scourges: "the Germans and Tuberculosis." (See No. 11.)



No. 11



LA VISITEUSE D'HYGIENE VOUS MONTRERA
LE CHEMIN DE LA SANTE
ELLE MENE UNE CROISADE CONTRE LA
TUBERCULOSE ET LA MORTALITE INFANTILE
SOUTENEZ LA

No. 12

properties of hot springs and thermal waters. (Even now, one in every two hundred medical visits in France results in a prescription for the "cure.") This poster by V. Lorent Heilbrun for the spa "Salies de Bearn" which shows a tired but happy lady prob-

A legacy of the Rockefeller Foundation which assisted the French government in its effort to combat tuberculosis was the establishment of health visiting which became a regular part of France's effort in public hygiene. This poster by Auguste Leroux dates from 1920. It exhorts the public to support the health visitor as she is the auxiliary to the doctor. (See No. 12.)

Some of the very best French poster art was commissioned by the French travel and resort industry. Although thermalism exists in the U.S. and elsewhere, "taking the waters" has a long and particularly vigorous history in France — which still has 1200 such springs to choose from. Starting in the late 19th century, there was an enormous growth of interest in the curative



No. 13

ably dates from the turn of the century. It advertises "health by salt" and notes that its waters, which contain 10 times more salt than sea water, will certainly cure a wide variety of illnesses ranging from T.B. to anemia. (See No. 13.)



No. 14

An Art Deco poster extols the many happy duties which make up Nursing. Signed Hozan but undated, it presents an idealized image of the nurse — strongly influenced by early French norms and values toward women and their role in society. (See No. 14.)

Starting in the 1930's, a new era of public health poster art was commissioned by the French government and private public health groups. While tuberculosis posters remained common, cancer became an obvious issue (see No. 15) as did proper nutrition and occupa-



No. 15

tional health and hygiene. For a good many obvious reasons — not the least of which was the extensive use of photography — the quality of public health poster art generally declined at that time.

Acknowledgments

It is customary when presenting works of this kind to quote Montaigne: "I have gathered here an offering of other people's flowers, bringing to them of my own only a thread to bind them with." This brochure is entirely a catalogue of other people's help and "offerings." Besides the artists whose posters are illustrated, special thanks are due to the Sandoz Pharmaceutical Corporation of East Hanover, New Jersey. Their interest in health and pharmaceutical education and generous support facilitated printing this brochure and, more importantly, contributed substantially to defraying the costs of these exhibitions of French lithographic posters. Besides expressing my appreciation to Dr. David L. Winter, Vice President, Scientific and External Affairs of Sandoz Pharmaceuticals, I should like also to thank William Helfand, scholar and collector, whose encouragement to a novice in his field is much appreciated. In France, Vincent Sagau of Bompas: historian, wise adviser, poster enthusiast, is due extraordinary gratitude as are friends Mary Boss, Lionel Quillet, and Josianne Marti. My wife Shahnaz, as well as our children Maryam and Jahan, have contributed to the editing and preparation of this brochure. In addition, for much of the text of this brochure and poster identification labels, we have also borrowed freely from the works of Alex Berman, "Drug Control in Nineteenth Century France: Antecedents and Directions" in John B. Blake, editor, *Safeguarding the Public*, Johns Hopkins Press, Baltimore, 1970; Patricia Boyer, *In Sickness and Health*, Rutgers, New Jersey, 1984; Phillip Dennis Cate, *The Color Revolution: Color Lithography in France 1890-1900*, Peregrine Smith Inc., Salt Lake City, 1978; William H. Helfand and Pierre Julien, *La Pharmacie par L'image*, Paris 1973; Remy Paillard's *Affiches 14-18*, Reims, France, 1986, with its brilliant illustrations belongs in every library specializing in health education; George Rosen, *A History of Public Health*, M.D. Publications, New York, 1958; Ann-Louise Shapiro, "Private Rights, Public Interest, and Professional Jurisdiction: The French Public Health Laws of 1902," *Bulletin of the History of Medicine*, vol. 54, pp. 4-22, 1980; Eugene Weber, *France: Fin de Siecle*, Belknap Press, Cambridge, 1986; David Wilsford, "The Political Economy of the Pharmaceutical Industry in France," Papers presented at APSA, 1989, Mimeo, Norman, Oklahoma.

UNITED STATES PATENT OFFICE.

AMOS WHITTEMORE, OF CAMBRIDGEPORT, MASSACHUSETTS.

IMPROVEMENT IN VACCINATORS.

Specification forming part of Letters Patent No. 52,911, dated February 27, 1894; antedated February 21, 1890.

To all whom it may concern:

Be it known that I, AMOS WHITTEMORE, of Cambridgeport, in the county of Middlesex and State of Massachusetts, have invented a new and useful Vaccinator; and I do hereby declare that the following is a full, clear, and exact description thereof, reference being had to the accompanying drawings, making a part of this specification, in which—

Figure 1 is a view of one side of the instrument. Fig. 2 shows the interior construction of the instrument, as seen by removing one of the side plates. Fig. 3 is a similar view, showing the parts in position ready for striking. Fig. 4 shows the tripping-bar, which carries the injecting point. Fig. 5 is a cross-section through the instrument, taken at the point indicated by red lines *x x*, Fig. 2. Figs. 6 and 7 represent the injecting-points.

Similar letters of reference indicate corresponding parts in the several figures.

The object of my invention is to effect the operation of vaccination instantaneously, by means of an instrument which will penetrate the skin and introduce the vaccine-matter at one and the same time, as will be hereinafter described.

To enable others skilled in the art to make and use my invention, I will describe its construction and operation.

In the accompanying drawings, A represents the case of the instrument, which may be constructed of any form that can be conveniently grasped in the hand. This case is made hollow to receive the contrivances for actuating the injecting-point *a*, which projects from a beak, *b*, that forms a part of the case. This point *a* is suitably secured to a bar, *c*, which is pivoted at *i* to the case, and which has a notched projection, *e*, formed on its free end, and on the opposite edge to the point *a*, as shown in Figs. 2 and 3.

The bar *c* is acted upon by a spring, *d*, to hold it in the position represented in Fig. 2, and also by a lever, *e*, to elevate its free end to the position represented in Fig. 3.

The lever *e* has a knife-edge projection, *e'*, formed on the end of its short arm, and also a projection, *e''*, the former of which is intended to catch into the notch of the bar *c*

when the long arm of said lever is thrown up by the spring *d*, and when this arm is depressed the required distance the projection *e'* will move the lever *e* backward and release the bar *c*, thus allowing the spring *d* to throw this bar down in its place with considerable force.

The pivot *i* of the lever *e* passes through an oblong slot formed through this lever, which slot admits of the latter being moved back and forward in a direction with its length. This movement takes place when the knife-edge *e'* enters the notch in the projection *e''*, and also when it leaves this notch.

The spring *d* is so formed and applied to the instrument that it will operate to force the lever *e* forward and engage its end *e'* with the bar *c*, and this forward end of the lever is so formed that it will force the lever backward at the proper time to release the bar *c*.

The point *a* is formed of a round or square steel wire, with a depression in its outer end to receive the vaccine-matter, as shown in Figs. 6 and 7. This point has a semicircular or angular cutting-edge on its end, which when it penetrates the skin forms a complete valve of the punctured skin to close over and retain the vaccine-matter beneath it.

If desirable, the injecting-point *a* may be so applied to the bar *c* that it can be adjusted and made to project more or less from the point of the beak *b*, as circumstances require.

The injecting-points may have cutting edges of different forms, always preserving, however, the feature herein described of leaving the cuticle so that it will form a valve or cover for the injected matter.

If desirable, a block of india-rubber may be introduced beneath the bar *c*, as shown at *j*, Figs. 2 and 3, for the purpose of deadening the blow of this bar *c* and preventing an unpleasant noise.

By means of an instrument constructed substantially as described, the operation of vaccination will require but an instant of time and will not be accompanied with much pain.

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

1. The pivoted slotted lever *e*, the notched bar *c* *c'*, and spring *d*, in combination with the inclosing case *A*, substantially as described.

2. Applying a spring, *d*, to the instrument in such manner that it will operate upon the bar *c* and lever *e*, substantially as described.

3. Constructing the pivoted and slotted lever ;

e, with a tooth, *c'*, and a nose, *e'*, upon one end, in combination with the notched end *c'* of the bar *c*, substantially as described.

AMOS WHITTEMORE.

Witnesses:

HENRY THAYER,
JOHN LIVERMORE.

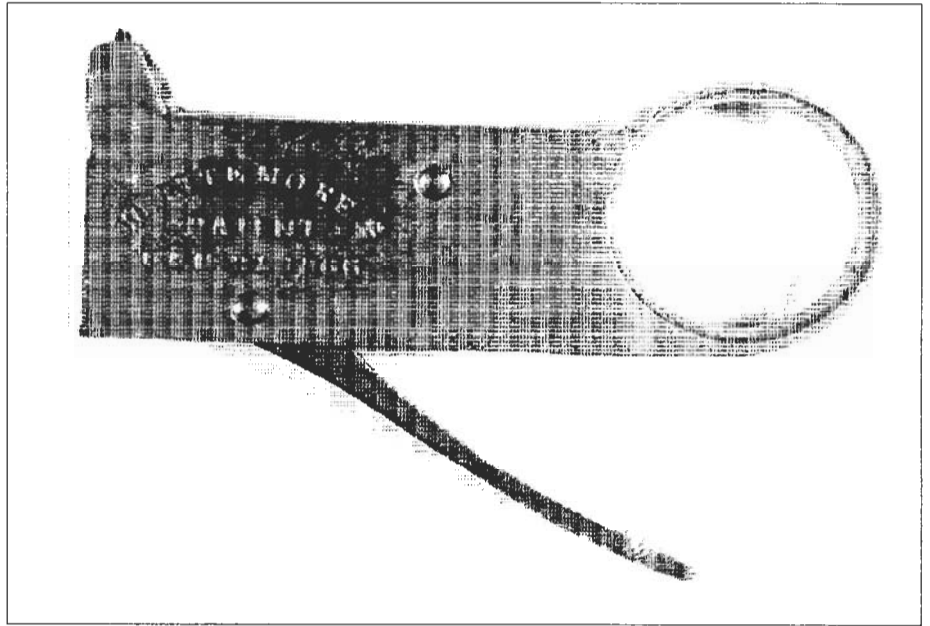


Figure #1: Whittemore's Vaccinator
"WHITTEMORE S PATENT FEB 21 1866"

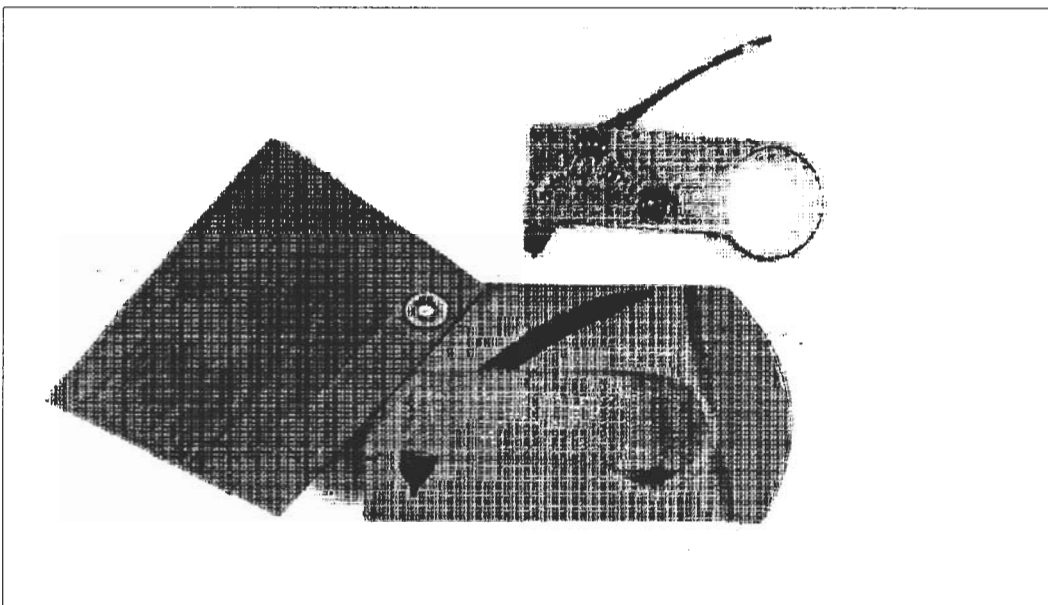


Figure #2: Whittemore's Vaccinator
"CODMAN & SHURTLEFF BOSTON"

A. Whittemore.

Vaccinator.

No. 52,921.

Patented Feb. 27, 1866.

Fig. 1

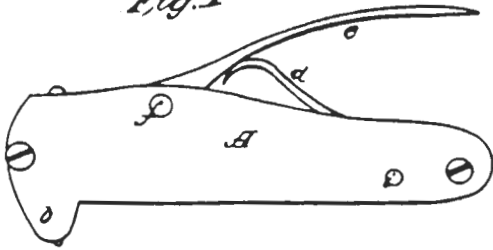


Fig. 2

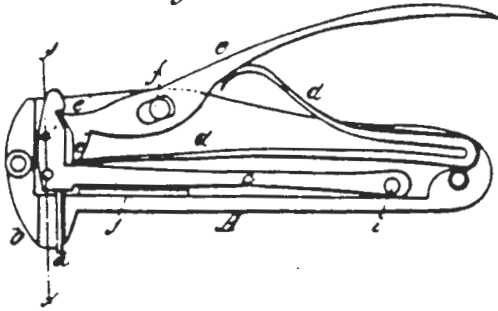


Fig. 3

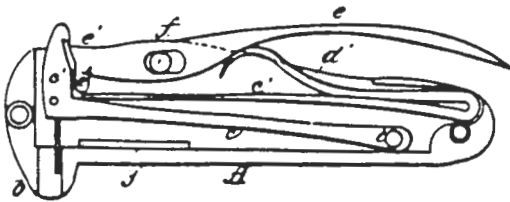


Fig. 4

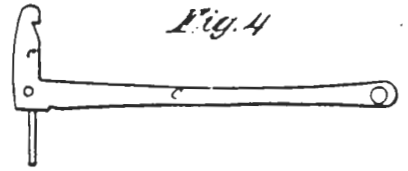


Fig. 5

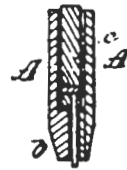


Fig. 6



Fig. 7



Witnesses

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NOUVEAUX ÉLÉMENTS

DE

MÉDECINE OPÉRATOIRE,

ACCOMPAGNÉS

D'UN ATLAS DE 20 PLANCHES IN-4^o GRAVÉES,

REPRÉSENTANT

LES PRINCIPAUX PROCÉDÉS OPÉRATOIRES ET UN GRAND NOMBRE
D'INSTRUMENTS DE CHIRURGIE ;

PAR ALF. A. L. M. VELPEAU ,

CHIRURGIEN DE L'HOPITAL DE LA PITIÉ, AGRÉGÉ A LA FACULTÉ DE MÉDECINE DE PARIS,
CHIRURGIEN DES DISPENSAIRES DE LA SOCIÉTÉ PHILANTHROPIQUE PROFESSEUR D'ACCOUCHEMENTS, D'ANATOMIE,
DE PATHOLOGIE CHIRURGICALE ET DE MÉDECINE OPÉRATOIRE,
MEMBRE DE LA SOCIÉTÉ MÉDICALE D'ÉMULATION DE PARIS, CORRESPONDANT DES SOCIÉTÉS MÉDICALES
DE TOURS, LOUVAIN, RIO-JANEIRO, ETC.. ETC.

ATLAS.

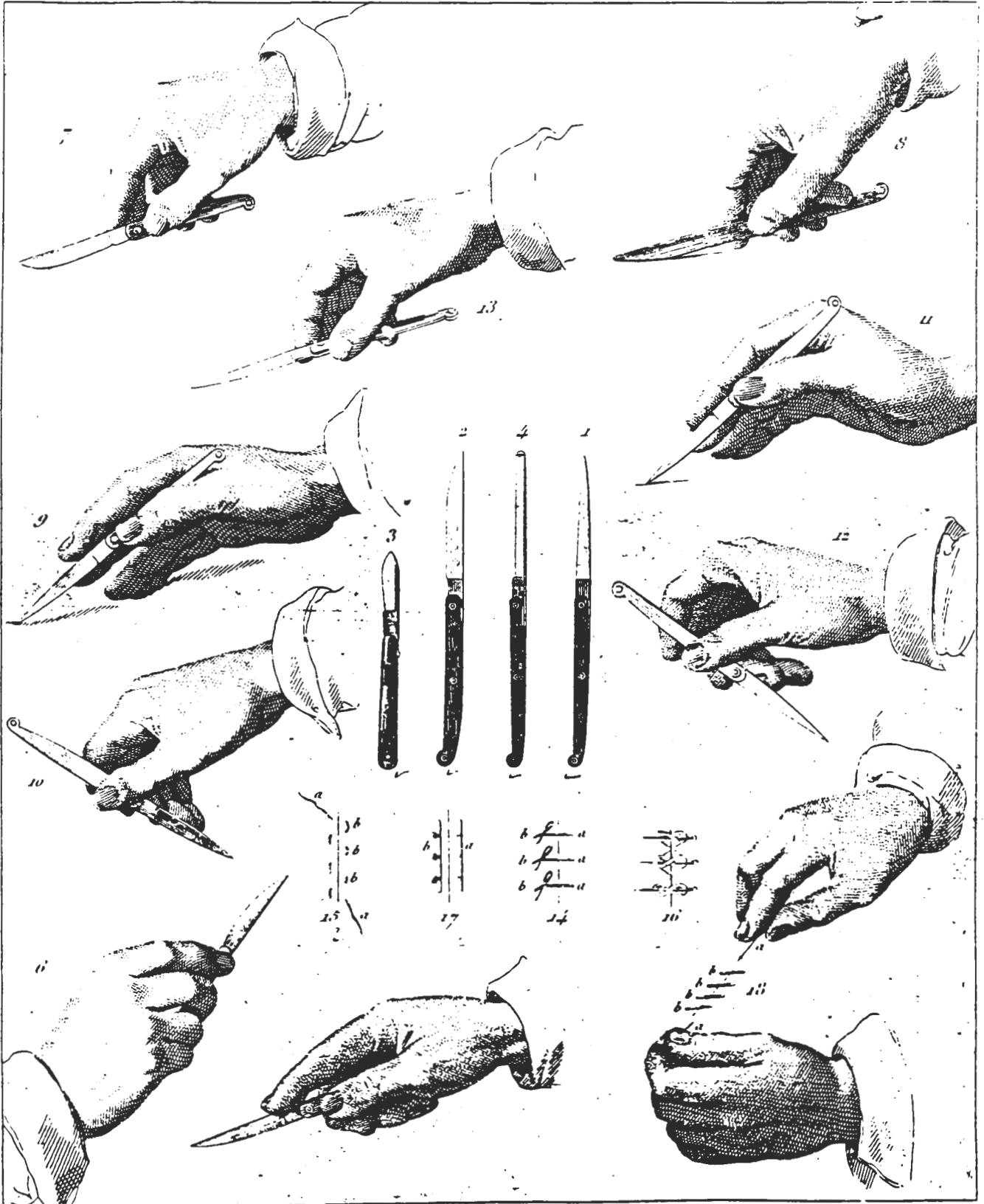
PARIS,

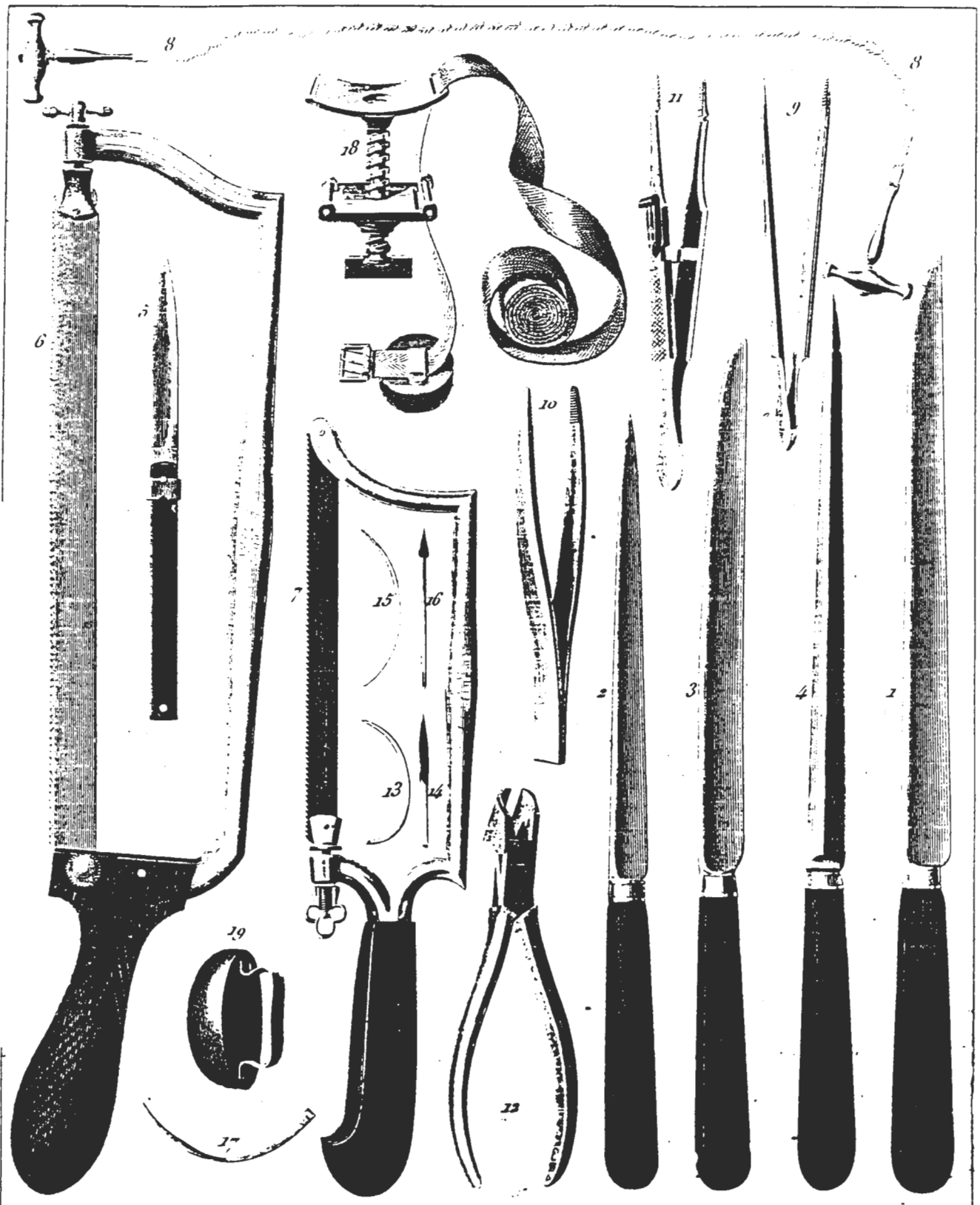
J. B. BAILLIERE, LIBRAIRE DE L'ACADÉMIE ROYALE DE MÉDECINE,
RUE DE L'ÉCOLE DE MÉDECINE, N° 13 BIS.

LONDRES, MÊME MAISON, N° 219, REGENT STREET.

BRUXELLES, TIRCHER. — LIEGE, DESOER. — GAND DUWARDIN.

1852





EXPLICATION DES PLANCHES

PLANCHE V.

INSTRUMENTS A AMPUTATION.

TOME I^{er}, p. 297.

- FIG. 1^{re}. Couteau ordinaire, de grandeur moyenne, à tranchant exactement droit.
- FIG. 2. Couteau droit, sans talon, et un peu convexe en approchant de la pointe, tel que je le préfère, et qu'on le trouve chez M. Sirhenry.
- FIG. 3. Couteau droit, également dépourvu de talon, et dont la pointe est émoussée.
- FIG. 4. Couteau à double tranchant ou interosseux ordinaire.
- FIG. 5. Bistouri à coulisse, que quelques personnes font placer dans les boîtes à amputation, mais qui n'a pas d'avantages réels sur le bistouri ordinaire.
- FIG. 6. Scie nouvellement modifiée, telle qu'on la trouve chez M. Charrière.
- FIG. 7. Scie ordinaire, réduite ici moitié plus que la précédente.
- FIG. 8. Scie articulée ou à chaînons du docteur Jeffrey.
- FIG. 9. Pince à ligatures, dont la forme m'a toujours paru fort commode.
- FIG. 10. Pince ordinaire.
- FIG. 11. Pince à torsion.
- FIG. 12. Tenaille incisive.
- FIG. 13. Aiguille de forme nouvelle, vue de côté.
- FIG. 14. Aiguille vue de face.
- FIG. 15 et 16. Anciennes aiguilles,
- FIG. 17. Autre aiguille ancienne, dont le talon est aplati latéralement, et qui a le chas de côté.
- FIG. 18. Tourniquet de J.-L. Petit, modifié.
- FIG. 19. Pelotte de rechange du tourniquet.

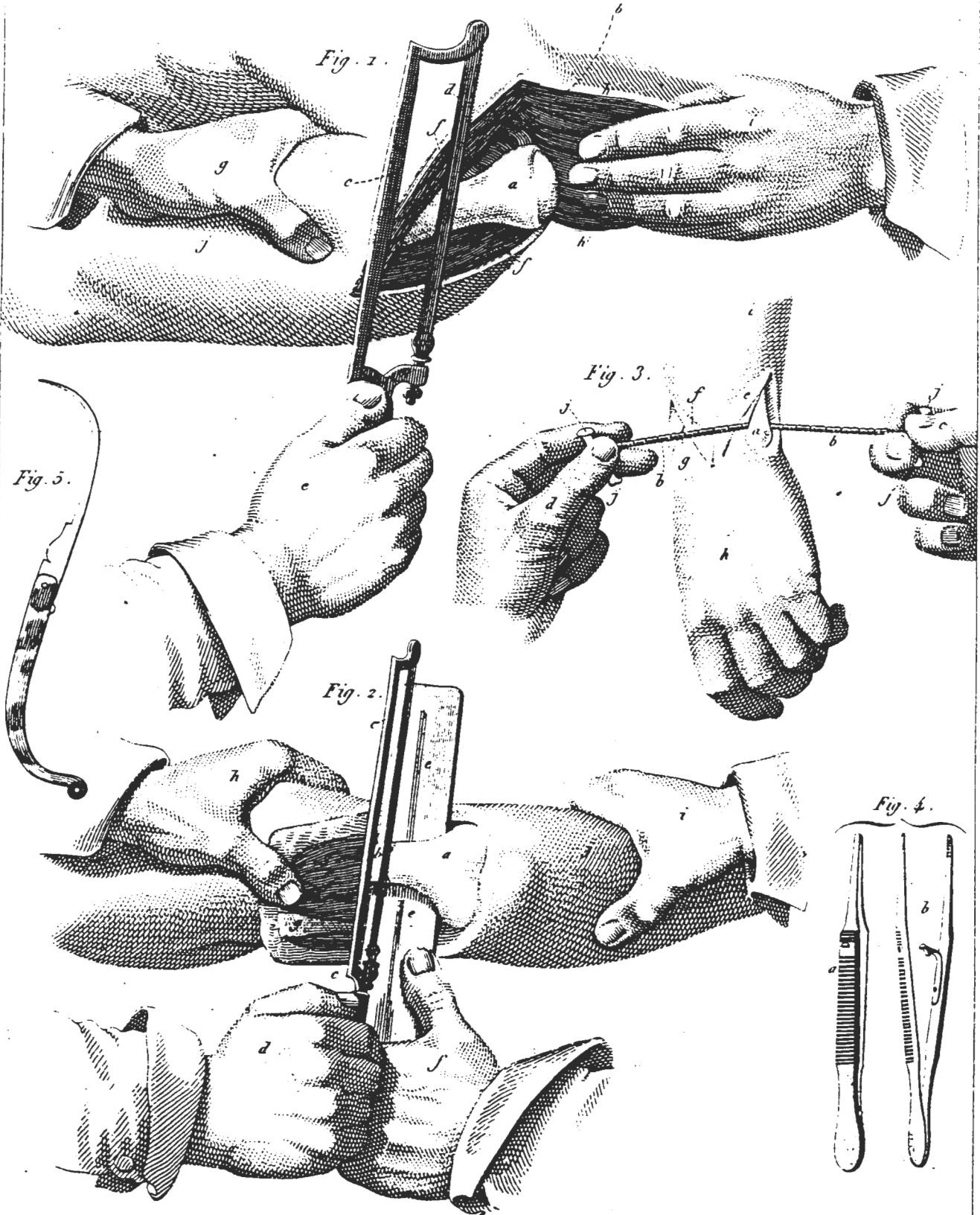


PLANCHE VI.

RÉSECTION DES OS.

TOME I^{er}, p. 552 à 585.

FIG. 1^{re}. Résection de la tête de l'humérus. — Bras gauche. — Procédé adopté par l'auteur. —

On fait, en le suivant, un large lambeau triangulaire, H, H, à base supérieure, aux dépens du deltoïde, et que relève ensuite la main, I, d'un aide placé derrière. — De sa main gauche, G, le chirurgien s'empare du bras malade, J; divise la capsule et les tendons qui la fortifient, sur la tête de l'os, A, comme s'il s'agissait de l'amputation du membre; luxe l'humérus, et met la cavité glénoïde, B, à nu; fait écarter ou déprimer les bords, F, F, de la plaie; saisit enfin la scie, C, de sa main droite, E, pour en appliquer la lame, D, sur le corps de l'os, aussi bas que le mal l'exige, et la faire marcher un peu obliquement de bas en haut.

FIG. 2. Résection de la poulie articulaire de l'humérus. — Procédé ordinaire. — C'est le membre gauche. Le malade est couché sur le ventre. Après avoir taillé un lambeau quadrilatère, G, G, aux dépens du muscle triceps, lambeau que la main gauche, H, relève en même temps qu'elle soutient le bras, on détache les chairs antérieures de manière à pouvoir glisser entre elles et l'os une plaque, E, E, de bois mince ou de carton, ou même une simple compresse languette, pliée en plusieurs doubles, et que la main, F, est chargée de fixer. La scie, C, C, est conduite de telle sorte par la main, D, que sa lame, B, tombe à peu près perpendiculairement sur le corps de l'humérus, pendant que la main, I, agissant sur l'avant-bras, J, se tient prête à en favoriser les mouvements. En supposant qu'il fallût exciser aussi l'extrémité du cubitus et du radius, il n'y aurait qu'à prolonger par en bas les premières incisions latérales, à en pratiquer une troisième de A, en J, pour avoir deux lambeaux inférieurs au lieu d'un seul, et à répéter sur les os de l'avant-bras ce qu'on vient de faire sur l'humérus.

FIG. 3. Résection des têtes carpiennes de l'avant-bras. — Procédé de Moreau. — A l'aide d'une incision en L, on taille d'abord sur le dos du membre, I, un lambeau triangulaire, E, ou F. Le contour du cubitus, A, étant dégagé des parties molles, on glisse sur sa face profonde l'extrémité démontée de la scie, B, B, soit sur une sonde cannelée, soit avec un stylet flexible, soit avec une aiguille courbe. Pour faire marcher ensuite cette scie, il faut que la main, C, du chirurgien et celle de l'aide, D, qui en tiennent les manches, J, J, J, J, n'aillent point l'une sans l'autre, et que la main du malade, H, soit portée en dehors et en avant par l'aide qui doit la soutenir. On procède en dernier lieu, mais de la même manière, à l'extraction de la tête, G, du radius.

PINCES ET TÊNACULUM.

FIG. 4. Cette pince, qui, à l'aide du crochet ou ressort qu'on voit en B, se ferme très bien, ainsi que le montre la Fig. A, est en même temps très facile à ouvrir, et vaut mieux que la plupart des pinces à coulisse, à cliquet, destinées au même but. Elle vient des ateliers de M. Charrière.

FIG. 5. Ténaculum, tel qu'on l'emploie parmi nous.

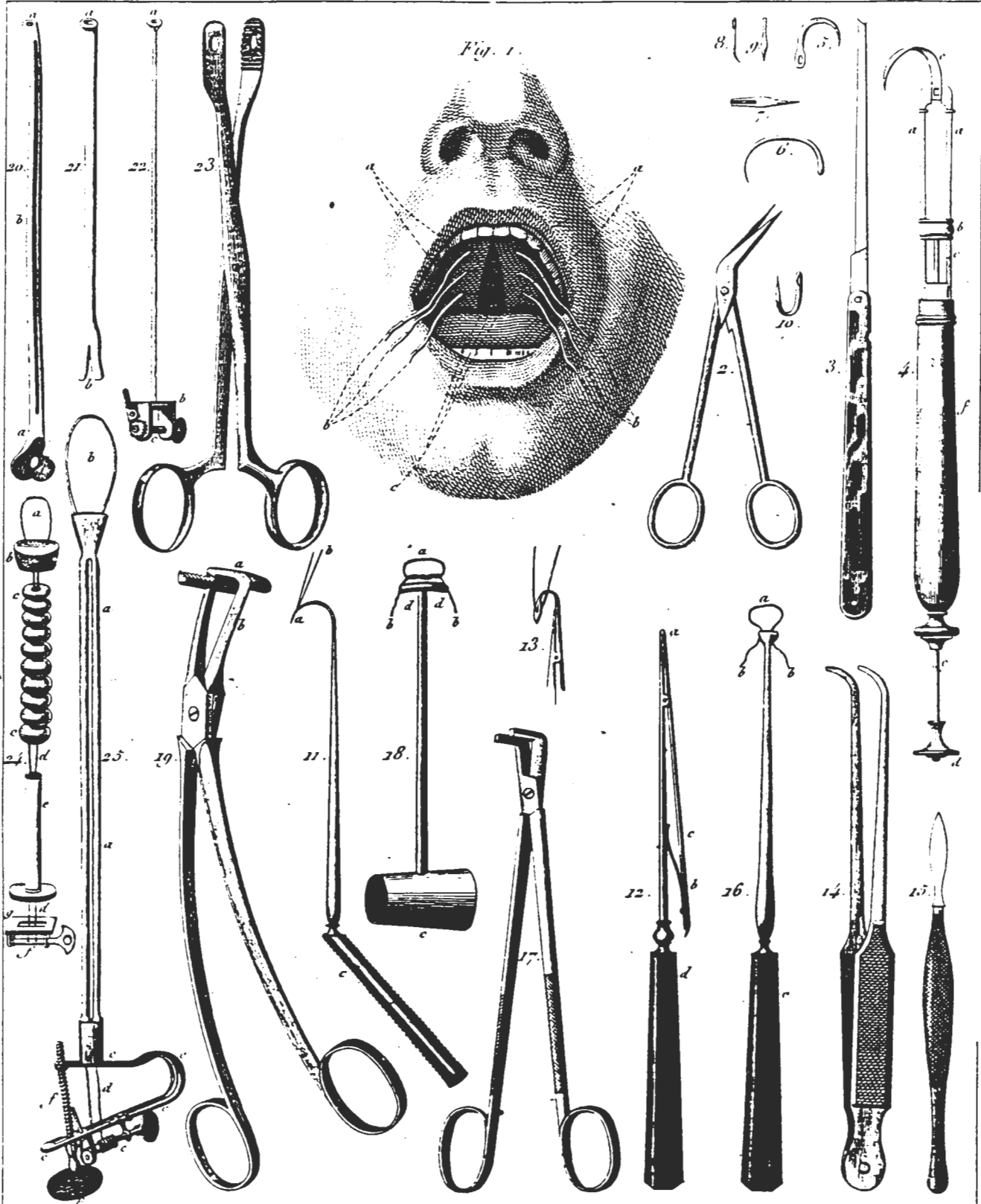


PLANCHE X.

1° STAPHYLORAPHIE.

TOME II, p. 92.

- FIG. 1°. Les lèvres de la division, A, A, ont été avivées. Les trois fils ou rubans sont passés. Leurs extrémités, B, B, pendent hors de la bouche, et leurs anses, C, sont un peu déprimées vers le pharynx. Il n'y a plus qu'à les nouer pour fermer la plaie.
- FIG. 2. Ciseaux coudés de M. Roux, pour commencer l'avivement de la bifurcation.
- FIG. 3. Bistouri boutonné, propre à continuer, de bas en haut, l'incision commencée près de la luette avec les ciseaux.
- FIG. 4. Porte-aiguille préféré par M. Roux. Ses branches, A, A, se relâchent en tirant sur l'anneau, B, par l'intermède de la tige, C, C, qui traverse le manche, F, et du bouton, D. Elles compriment, au contraire, et fixent solidement l'aiguille, E, quand on agit en sens opposé.
- FIG. 5. Même aiguille isolée.
- FIG. 6. Aiguille employée par M. Alcock, à Londres, en 1822.
- FIG. 7. Aiguille de M. Ebel.
- FIG. 8. — de M. Græfe, vue de côté.
- FIG. 9. — — — — — vue de face.
- FIG. 10. Autre aiguille du même auteur.
- FIG. 11. Aiguille de M. Donigès, courbe, percée en A, et armée d'un fil, B. Elle est fortement coudée sur son manche, C.
- FIG. 12. Aiguille de M. Schwerdt, coudée comme la précédente. Elle est d'ailleurs disposée de telle sorte, qu'en pressant sur la bascule latérale, B, on en ouvre la pointe, A, par suite de la flexion du ressort, C, qu'on rapproche ainsi du manche, D.
- FIG. 13. Même instrument vu de côté.
- FIG. 14. Pince de Græfe ou d'Ebel.
- FIG. 15. Uranotome de Dieffenbach.
- FIG. 16. Serre-nœud de Græfe. Pendant que, d'une main, on tire l'anse, A, par ses deux branches, B, B, on pousse l'instrument tenu par son manche.
- FIG. 17. Pince porte-aiguille de Dieffenbach.
- FIG. 18. Serre-nœud de Donigès. Les deux bouts, B, B, du nœud de chirurgien qui forme l'anse, A, sont engagés dans chacun une échancrure de la traverse, D, D. La pièce, C, est destinée à recevoir le pouce.
- FIG. 19. Ténaculum palatin de Hruby. Les traverses de cette pince sont coudées, presque à angle droit, sur ses branches, B.

2° POLYPES.

TOME II, p. 107, et TOME III, p. 595.

- FIG. 20. Serre-nœud dont la gouttière, B, se transforme en canal aux deux extrémités, A, A.

- FIG. 21. Serre-nœud ordinaire de Desault, avec sa tête, A, coudée, et sa plaque fendue, B.
- FIG. 22. Autre serre-nœud, qui reçoit la ligature par son orifice, A, et la fixe à l'aide du treuil, B.
- FIG. 23. Pincés à polypes de M. Charrière. Elles sont minces, élastiques, très fortes, à cause de leur trempe particulière, et croisées de manière à n'occuper que très peu d'espace dans l'ouverture des narines.
- FIG. 24. Serre-nœud en chapelet de M. Mayor. — A, Anse de fil passée dans la pièce, B, dans les boulettes, C, C, et dont les deux branches, D, D, réunies dans le cylindre, E, sont fixées sur le treuil, F, G.
- FIG. 25. Serre-nœud de M. G. Pelletan. — Engagée dans la double canule, A, A, l'anse, B, traverse ensuite un ressort élastique, C, C, C, C, que la vis, F, resserre ou relâche à volonté. Le petit treuil, E, agit aussi, à l'occasion, sur le double fil, D.

Fig. 1.

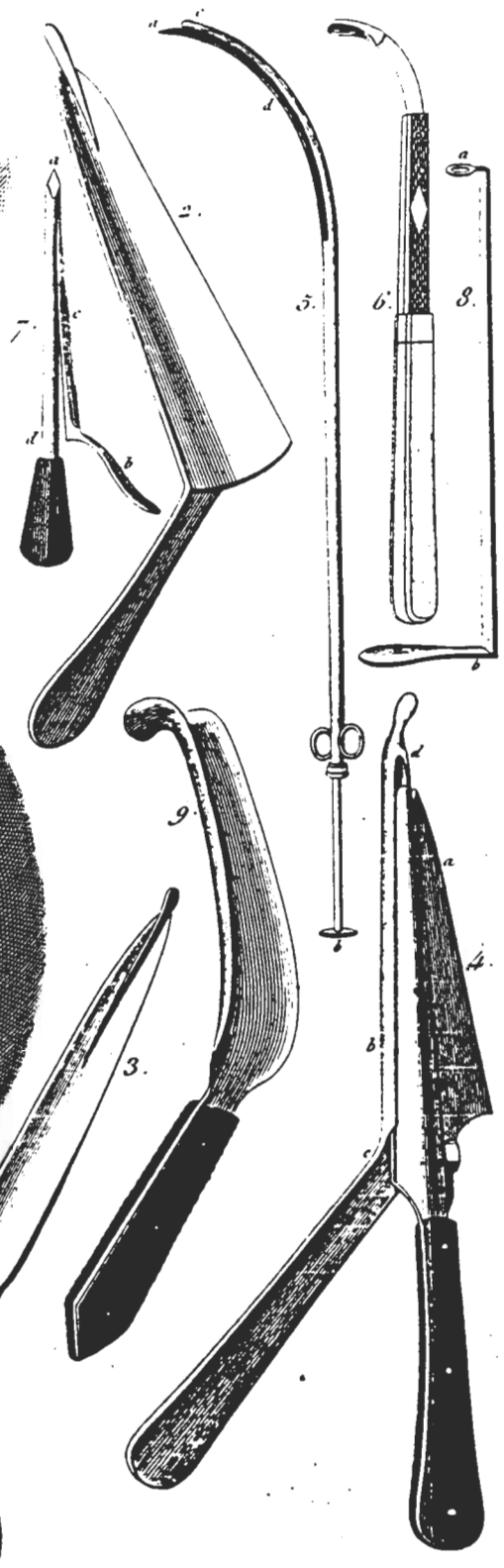
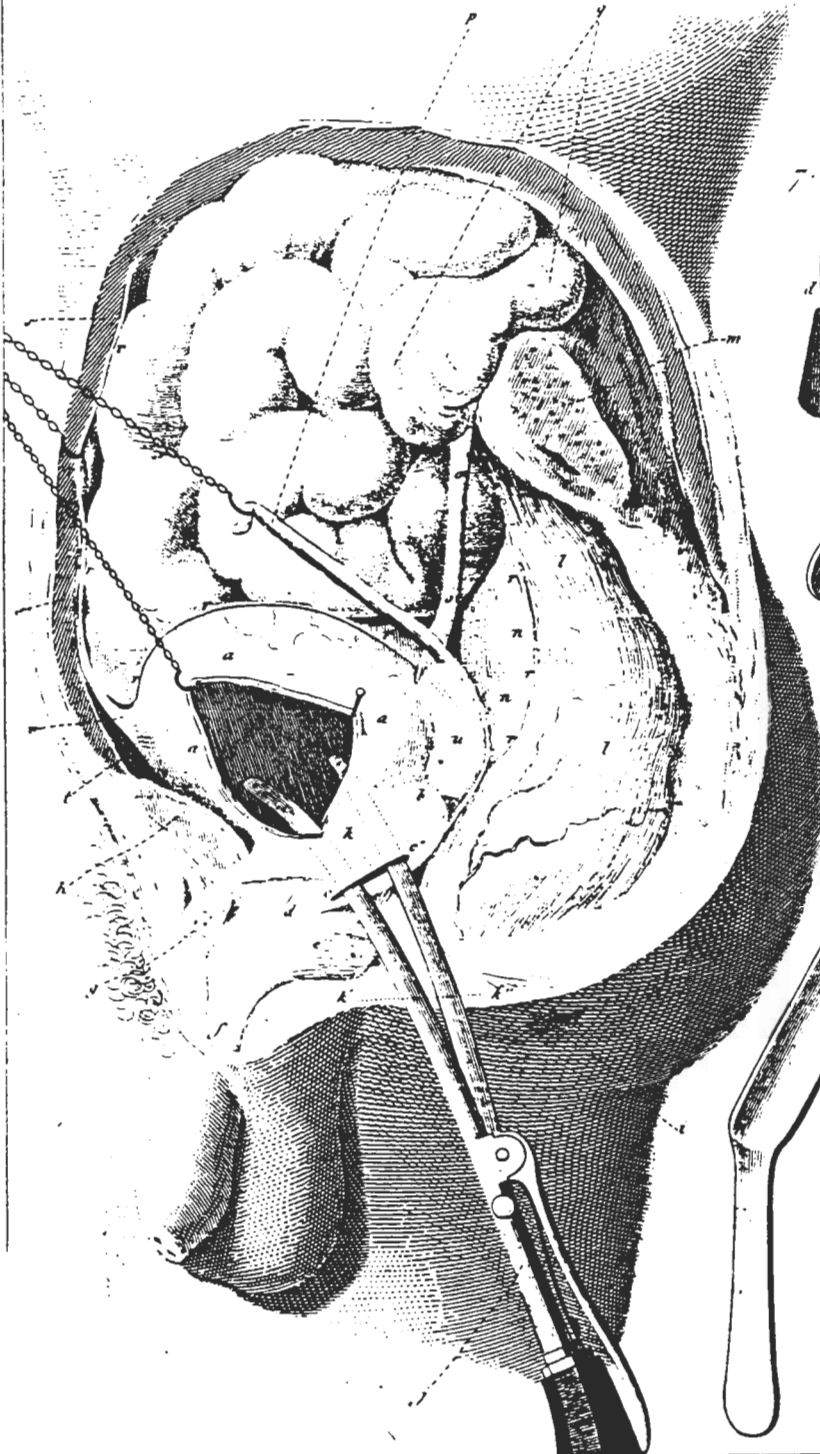


PLANCHE XV.

TAILLE.

ANATOMIE CHIRURGICALE. — INSTRUMENTS.

TOME III, p. 707.

FIG. 1^{re}. Cette figure a pour but de mettre en vue la disposition des parties qu'on blesse ou qu'on peut blesser en pratiquant la lithotomie. Le sujet est placé sur le côté droit. Toute la partie gauche de l'abdomen, y compris la hanche et la fesse, est enlevée, de façon toutefois que la coupe se trouve en dehors de la ligne médiane. Tel qu'il est placé, le lithotome, J, de F. Côme blesserait la fin du rectum, L, L, L, presque infailliblement, si on ne prenait soin d'en relever le manche en le retirant. — Le triangle uréthro-anal, K, K', K'', représente par son bord supérieur, K, K', la ligne d'entrée, et par son bord inférieur, K, K'', la ligne de sortie du bistouri chargé de préparer les voies au lithotome caché. Son angle inférieur, K'' tombe sur l'anus, I; son angle profond, K, sur le col de la vessie, et son angle antérieur, K' sur le devant du périnée. — L'instrument relevé en K', C, K, incise sans danger la prostate jusqu'en B; tandis que dans la position où on le voit, il léserait à peu près inévitablement l'intestin, si on voulait porter la plaie, C, C', au-delà de, C. — Commencée sur la portion membraneuse, D, de l'urètre, l'incision offrirait quelque avantage pour l'extraction du calcul: mais il serait difficile de ménager le bulbe, E, que le reste de l'urètre, F, laissé pendant, et le corps caverneux gauche relevé, font paraître fortement courbé.

La vésicule séminale, A, ne court réellement de risques que dans la taille recto-vésicale. Alors, en effet, l'incision, limitée entre l'excavation péritonéale, N, N, et la prostate, B, quand on suit le procédé primitif de M. Sanson, exposerait à la blessure du canal déférent, P, ou de la poche qui en longe le côté externe. — Le péritoine, R, R, R, R, R, R, R, R, qui du devant du rectum, L, L, remonte derrière la vessie, A, A, A', pour venir tapisser la face postérieure des muscles abdominaux, S, S, laisse l'urètre, O, O, et le conduit séminal sur sa face externe dans le tissu cellulaire sous-jacent. — Ils ont été relevés ici pour mettre mieux en vue les autres parties. — Dans la taille hypogastrique, on pénètre d'abord jusqu'à l'espace celluleux, T, et la vessie peut être ouverte ensuite depuis la racine de l'ouraque, V, jusqu'à la gaine, A, du lithotome vis-à-vis de la coupe du pubis, H.

FIG. 2. Gorgeret de Hawkins. La languette en occupe presque la partie moyenne. Il est régulièrement concave et tranchant dans une grande étendue.

FIG. 3. Gorgeret de Desault. Moins concave et beaucoup plus étroit.

FIG. 4. Gorgeret lithotome de Bromfield. L'arête de la lame, A, permet de le faire glisser sur la rainure du conducteur, B, de C en D, avec la plus grande facilité.

FIG. 5. Sonde à dard de F. Côme. Pendant qu'à l'aide du bouton, B, on fait avancer la pointe, A, du stylet, D, le bec, E, de la sonde soutient la vessie.

FIG. 6. Bistouri cystitome de M. Belmas.

FIG. 7. Trois-quarts lithotome de F. Côme. Lorsque la pointe, A, est arrivée par ponction dans l'espace, T, de la fig. 1^{re}, le chirurgien en tient solidement le corps, D, contre les pubis, H, pendant que de l'autre main il en porte avec force la bascule, B, et le tranchant, C, du côté de l'ombilic jusques en S.

FIG. 8. Crochet suspenseur de F. Côme. — Une fois son extrémité, A, dans la vessie, on en confie le manche, B, à un aide chargé de soulever l'organe pendant qu'on l'incise de haut en bas.

FIG. 9. Gorgeret suspenseur de M. Belmas, destiné au même usage que le crochet précédent.