

MEDICAL



COLLECTORS



ASSOCIATION

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Newsletter 34 December, 1998

Dear Colleges,

This is the last Newsletter of 1998 and the 34th Newsletter since the organization was founded. We had a small but very interested group of people attend the 13th Annual Meeting in London in October. The site of the meeting at The Royal College of Medicine provided in itself a very historic venue. Several of the attendees had a fascinating tour of the Wellcome Library in the morning preceding the meeting. Several very interesting and informative talks were given covering a wide range of medical history related to artifacts. The formal meeting was followed by a most enjoyable cocktail reception and dinner. A notable highlight of this particular meeting was its timing in conjunction with the Scientific and Medical Instrument Fair, which was held at the Portman Hotel the Sunday following the meeting (October 25th). Many of the attendees were able to visit the show and pick up interesting and sought after items.

The visit to the Scientific Instrument Show was particularly rewarding for me. One of the dealers had a Hill & Barnard sphygmomanometer with the certificate of authenticity dating it to January 23, 1897. A copy of this certificate is included with the Newsletter. This is a particularly historic device since it is very likely that the Hill & Barnard sphygmomanometer was invented independently and concurrently with the Riva-Rocci device, which is generally regarded as the first truly modern sphygmomanometer. This invention is discussed in some detail in the book which Dr. Naqvi and I have published recently on blood pressure measurement.

As is customary with this issue of the Newsletter, I am also announcing the site of our

next conference. The fourteenth MCA Meeting will be held in Charleston, South Carolina. We have not yet determined the exact meeting site, but it is likely to be one of three hotels which I will be inspecting in the next couple of weeks. The hotels in Charleston are located in the historic district so that there is an easy opportunity to visit the historic buildings of the area, as well as several antique shops. I am trying also to coordinate the meeting with a monthly antique show which is held in the city and am setting up some associated visits. One of these will be to the Leech Museum. An announcement of the Leech Museum and its facility is included in this Newsletter.

During our visit in Frederick, Maryland, several of us had the good fortune to stay at the Tyler Spite House. Norm Medow enjoyed it so much that he researched Dr. Tyler and wrote a brief article about the place. It is a most interesting story and I have included it with this Newsletter.

Although no one has submitted a new "Can you Identify" object this year, I am including a picture of a very interesting medical cane, which converts into a stethoscope. It was kindly supplied to me by Alex Peck and I thought people would find it of interest. It is a unique device. Although its

historic significance may not be very great, it certainly is interesting from the point of view of the wide range of medical artifacts which are potentially available and of interest to the collector.

There were several responses to the "Can You Identify" column from last issue and these include one from Dr. Charles Benedict and one from Dr. Alfred Schett. Both of these replies provide a good deal of useful information, especially for those of you interested in ophthalmology and their detailed responses are included in this Newsletter.



In view of the increasing utilization of the Internet as a source of information and correspondence, I have included with this Newsletter, once again, a number of Web pages of related sites. Although I included some Web sites in an earlier Newsletter, this is a much more extensive source. I have not visited all of these sites, nor have I edited them. They are here for your exploration if you are interested.

A couple of other items worth mentioning. Of course, we have the contribution by Bill Helfand on Pharmacy in History, which is always fascinating. Also, I am including an announcement from the Society of Civil War Surgeons, this is an extremely active and impressive group.

Finally, Dr. Erwin Rugendorff who hosted our meeting in Frankfurt a little over two years ago, has given us some monographs on the history of lithotomy. This is a very well written, comprehensive and informative survey and it is included with this Newsletter for your interest.

Once again, please send me any items that may be of interest to the membership. This could include items to identify, patents, and I would be particularly interested in seeing any articles which you may think are worth reproducing for the membership at large.

Please renew promptly for next year and also keep in mind that we will be having our next meeting in Charleston, South Carolina in November. This is a great historic city and should provide a wonderful environment for the meeting. In that regard, I would like to hear from any of you who would be interested in giving a lecture or participating in some other type of activity in Charleston.

Best Wishes to all and a most Happy Holiday and Happy New Year.

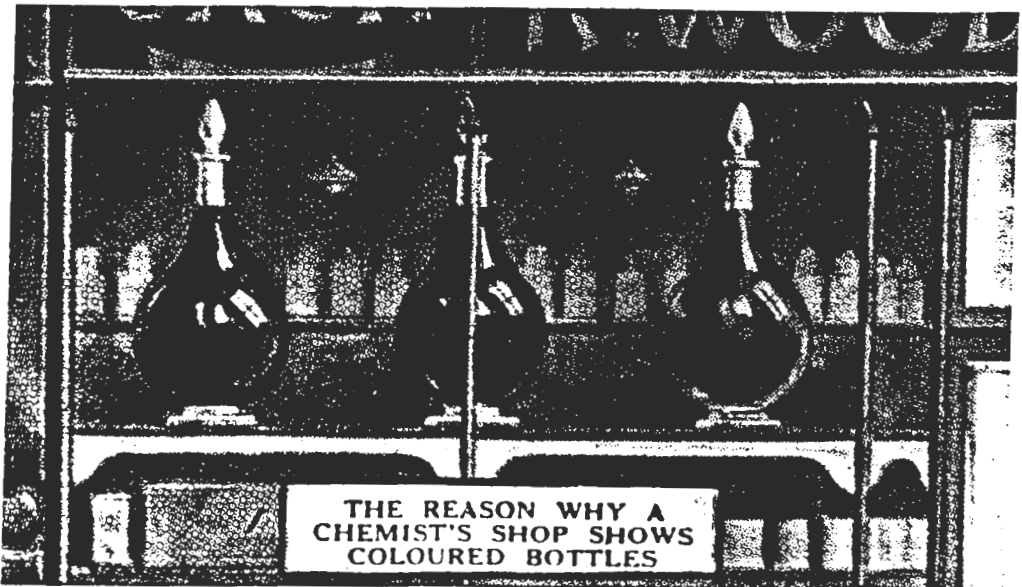
M. Donald Blaufox, M.D., Ph.D.

Historical Images of the Drug Market—XXV

by William H. Helfand

CIGARETTE cards, normally less than seven by four cm. in size, were given as premiums with packages; they were widely collected from their inception in the United States in the 1870s. Hundreds of series were published on both sides of the Atlantic, the most popular subjects being royalty, women, sports heroes, military figures, history, politics, actors, and actresses. Other than several sets illustrating first aid measures, few have pharmaceutical or medical interest. In two different series, however, "Do You Know," published by Wills Cigarettes around 1920, and "The Reason Why," issued by The Imperial Tobacco Company of Canada around 1925, cards of show globes in pharmacy windows were used along with the question of why they were there. The Wills answer states that the bottles "owe their origin to the custom that prevailed in the

days of the old alchemists and apothecaries. Many of these were quacks and frauds, who used to display a wonderful assortment of large retorts, curiously shaped bottles, jars, etc. in order to impress their importance upon the ignorant customers." The Imperial card, horizontal in shape, comments on the colors in the showglobes, noting that "the blue and red colors represent venous and arterial blood, and the exhibition of these colors was to let the public know that the person displaying these signs was capable of bloodletting, which was then considered a cure for almost every known disease." Both answers are wide of the mark, for colors could be other than red or blue, and the essential purpose of showglobes was to act as symbols for the pharmacy in a period of less than universal literacy.

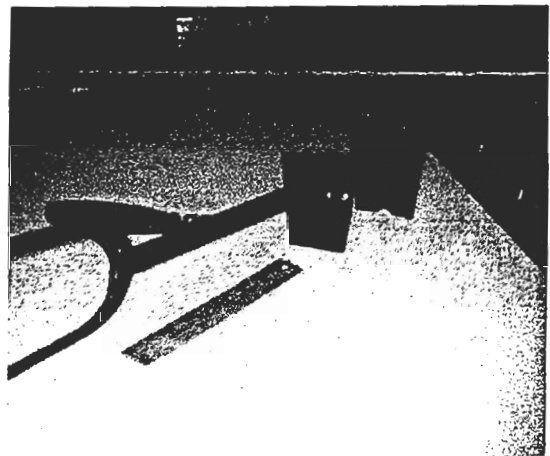
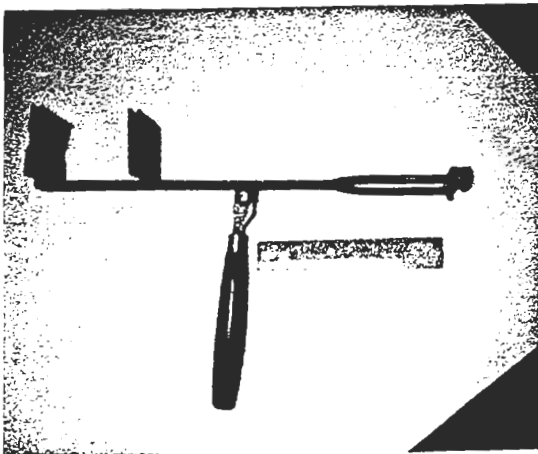
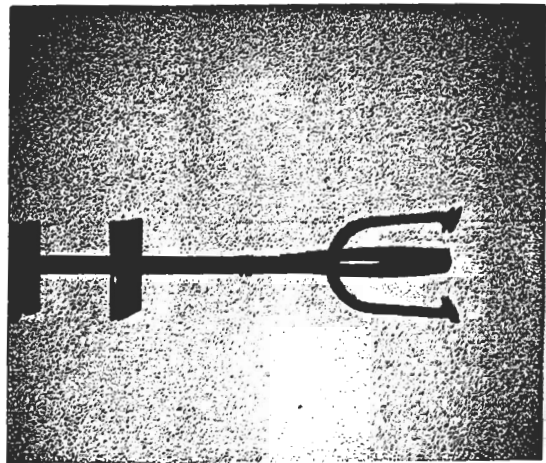
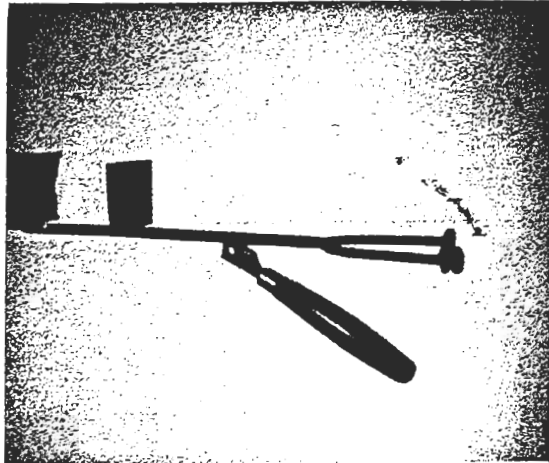


CAN YOU IDENTIFY THIS?

Submitted By: Sydney Malitz, M.D.

Description: The device is 14 inches long, made of cast iron, painted black, except for the handle which is ebony with a brass collar. The ends look as if they were placed against the head. The two rectangles on the other end are fixed. The one nearest the handle has 4 circular holes $\frac{3}{4}$ mm in radius. It looks like the back one is the same size ($2\frac{3}{4} \times 2\frac{1}{4}$). It has no perforations but has an upper and lower lip, as if to hold cards in place. It has two indentations - one on each side. These show up best in picture #4. There are no identifying markings. It was purchased in England about 7 or 8 years ago.

I think this is a: A type of optometer to measure visual acuity, similar to the one in Bennis's Antique Medical Instruments (p. 150), but instead of sliding the endpiece, the examiner might have placed various cards in the fixed endpiece, with figures of different sizes for different acuities.



#1

#2

#3

#4

From:

**CHARLES BENEDICT, M.D.
1730 MORGAN TERRACE
BELOIT, WISCONSIN 53511**

8/4/98

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

Telegraphic Address: "Orthopedic Wesdo-London" *Telephone Nos.:* Welbeck 3983 (4 lines)

Cable Address: "Allenburys London."

Codes: A.B.C. 5th and 6th Edit., LIEBER'S, BENTLEY, MARCONI and PRIVATE.

A Reference List

OF

Surgical Instruments and Medical
Appliances

Orthopædic and Deformity
Apparatus

Hospital Furniture and Equipment

Electro-Medical and Surgical
Apparatus, etc.

Allen & Hanburys Ltd.

Depôt for Surgical Instruments and Appliances, etc.

48 Wigmore Street, London, W. 1

Manufactories:

SURGICAL INSTRUMENT FACTORY: BETHNAL GREEN, LONDON, E.2

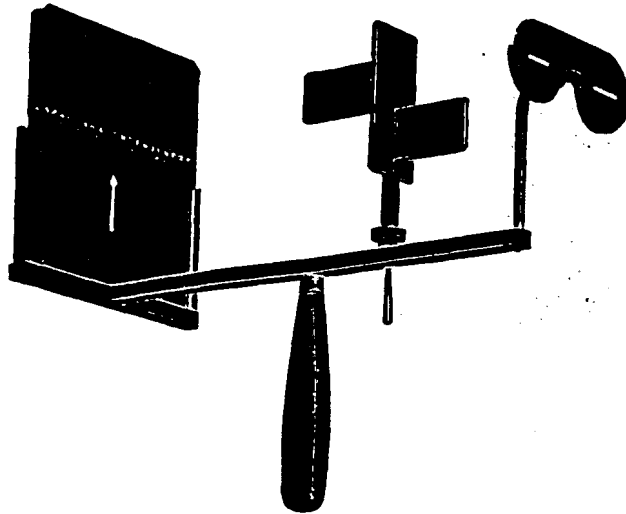
PHARMACEUTICAL LABORATORIES: BETHNAL GREEN, LONDON, E.2

INFANTS' & INVALIDS' FOODS, MALT EXTRACT & PASTILLE MANUFACTORY:
WARE MILLS, HERTFORDSHIRE

COD-LIVER OIL FACTORIES: LOFOTEN, Norway & ABERDEEN, Scotland

1930

Ophthalmic Instruments and Appliances—*continued*



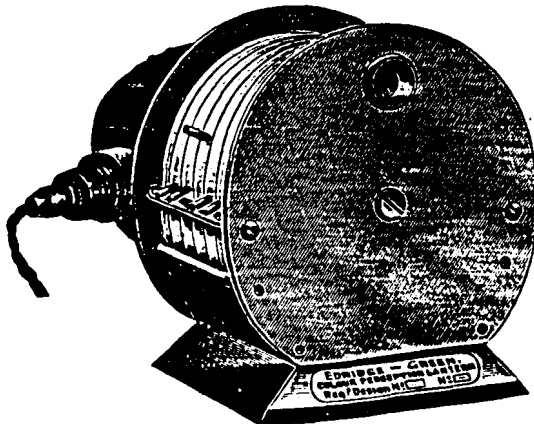
No.	6337		£ - s
6337—“Wing Test” for Strabismus, Maddox’s	each	2 10 0
6338—Ditto hospital model	each	2 0 0

This instrument is designed to indicate the muscle balance when subjected to reading conditions. It contains neither lenses nor prisms and should be held at the usual reading angle.

The two visual fields are separated horizontally or vertically as required, by wing screens.

It measures esophoria and exophoria (with either eye accommodating), hyperphoria and cyclophoria, with specially designed charts for each.

By using it in conjunction with the trial frame or patient’s spectacles, any want of co-ordination between accommodation and convergence is easily detected and measured.



6341

6341—Colour Perception Lantern, Edridge-Green’s, latest regd. design No. 67960 (without lamp)	each	10 0 0
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Each Lantern is supplied with a certificate signed by Dr. Edridge-Green.

This Lantern is now adapted for use with a standard bayonet-fitting, clear, 60-watt, vacuum-type household lamp, which can be purchased locally.

**FABRIQUE D'INSTRUMENTS DE CHIRURGIE
ET D'APPAREILS DE MÉDECINE**

CHIRURGIE, MÉDECINE, HYGIÈNE & SCIENCES

Maison LUER

Fondée en 1837

WULFING-LUER

Fournisseur titulaire de la Faculté de Médecine et des Hôpitaux de Paris, de l'Institut Pasteur,
des Ministères, des Chemins de fer, des Hôpitaux et des Universités françaises et étrangères.

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1844 Médaille de Bronze | 1849 Médaille d'Or | 1855 Première Médaille | 1889 Médaille d'Or | 1900 Grand Prix

Faculté de Médecine de Paris : Prix Barbier 1898

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*Mention unique de supériorité pour invention et exécution remarquables de divers instruments
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1888. 1^{re} Médaille d'Or à BARCELONE. — 1893. Hors Concours à CHICAGO (États-Unis)

1904. Grand Prix à SAINT-LOUIS (États-Unis)

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COMMISSION * EXPORTATION

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Anciennement : 6, RUE ANTOINE-DUBOIS

Adresse télégraphique :
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Téléphone 813-90

1909

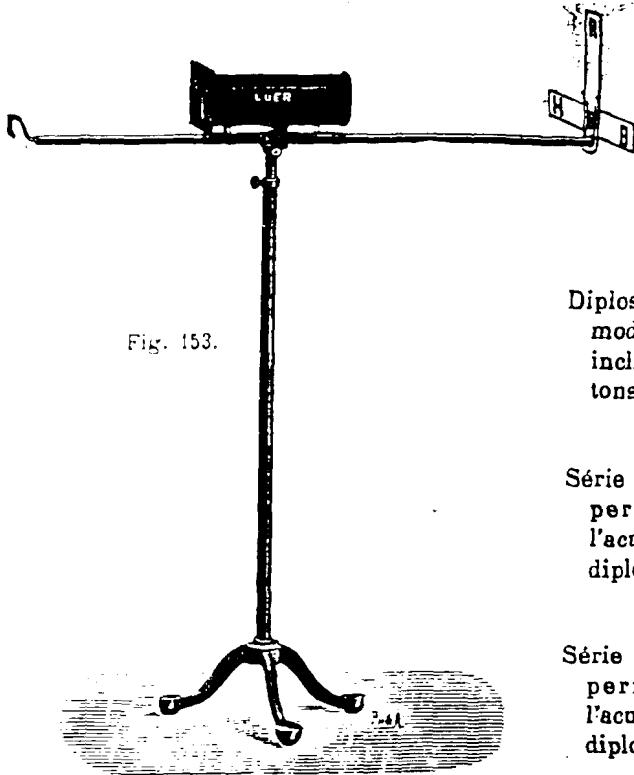


Fig. 153.

Diploscopes

Diploscope du D^r Remy, grand modèle, sur pied, à hauteur et inclinaison variables, avec cartons (fig. 153)..... 85 »

Série de cartons typographiques permettant de déterminer l'acuité visuelle au moyen du diploscope (en feuille)..... 2 »

Série de cartons typographiques permettant de déterminer l'acuité visuelle au moyen du diploscope (en carton)..... 3 50

Ce diploscope présente le double avantage de dépister la simulation chez les accidentés du travail et d'être très utile dans le traitement du strabisme et des troubles de la vision binoculaire. Suivant la situation des trous et des lettres, on peut réaliser toutes les expériences inattaquables par l'incerteur et que nous indiquons spécialement pour ceux de nos clients qui ne possèdent pas l'ouvrage du D^r Remy.

1^{re} Expérience. — Employer les deux trous rapprochés horizontaux et les trois lettres K O L. O étant sur la ligne médiane, l'œil droit lit KO; l'œil gauche OL. Le simulateur que l'on aura soin de surveiller pour l'empêcher de cligner sera incapable de dire ce qu'il lit de l'œil droit ou de l'œil gauche.

2^e Expérience. — Employer les trous éloignés horizontaux et les quatre lettres K O L A. L'œil droit lit les consonnes K L; l'œil gauche les voyelles O A.

3^e Expérience (cercicale). — Employer les trous en diagonale en situation oblique gauche (1 heure-7 heures), ou bien en situation oblique droite (11 heures-5 heures), et les lettres H et B. Un œil voit H, l'autre voit B.

4^e Expérience. — Avec 8 trous permet de lire 11 lettres. Complique l'épreuve pour les simulateurs incertains.

Les expériences peuvent être multipliées en imposant au sujet observé des prismes à base nasale ou temporale, en lui affaiblissant l'acuité de l'œil meilleur avec des verres concaves, etc.

Utilisation. — Dans le cas de strabisme avec neutralisation, le sujet ne perçoit que les lettres vues de l'œil non neutralisant, bien que les 2 yeux soit ouverts. Dans l'épreuve KOL, le sujet qui touche et neutralise de l'œil droit verra seulement les lettres O L. Remplacer K par une couleur rouge ou verte qui tend à faire disparaître cette neutralisation: la lettre apparaîtra à la place de la couleur après quelques exercices. Dans l'expérience cercicale une seule lettre H ou B sera perçue; même subterfuge.

Utilisation. — Dans les cas de trouble à vision binoculaire, ou bien (ce qui revient au même) au stade d'un strabisme guéri de sa neutralisation, l'appareil fera apprécier les diplopies curieuses homonymes ou hétéronymes par le dédoublement des lettres (KOOL dans l'expérience à 3 lettres) ou bien leurs déplacements dans l'expérience à 4 lettres (au lieu de KOLA, KLOA, OKAL, OAKL).

Utilisation. — Pour le traitement de ces divers états — à l'aide de prismes à base interne ou externe qu'on diminuera graduellement — à l'aide de verres concaves qui tiendront à inciter à une moindre convergence — ou bien à l'aide de simples incitations faites au sujet de faire des efforts de convergence, ou au contraire à chercher d'obtenir le relâchement de cette convergence.

Les expériences varient suivant l'initiative des observateurs. Rien ne fait mieux comprendre le diploscope, que de s'y mettre soi-même en observation et de s'offrir toutes variantes avec prismes, verres concaves, verres colorés, etc.

TRAITÉ THÉORIQUE ET PRATIQUE DU DIPLOSCOPE

PAR ALFRED SCHETT

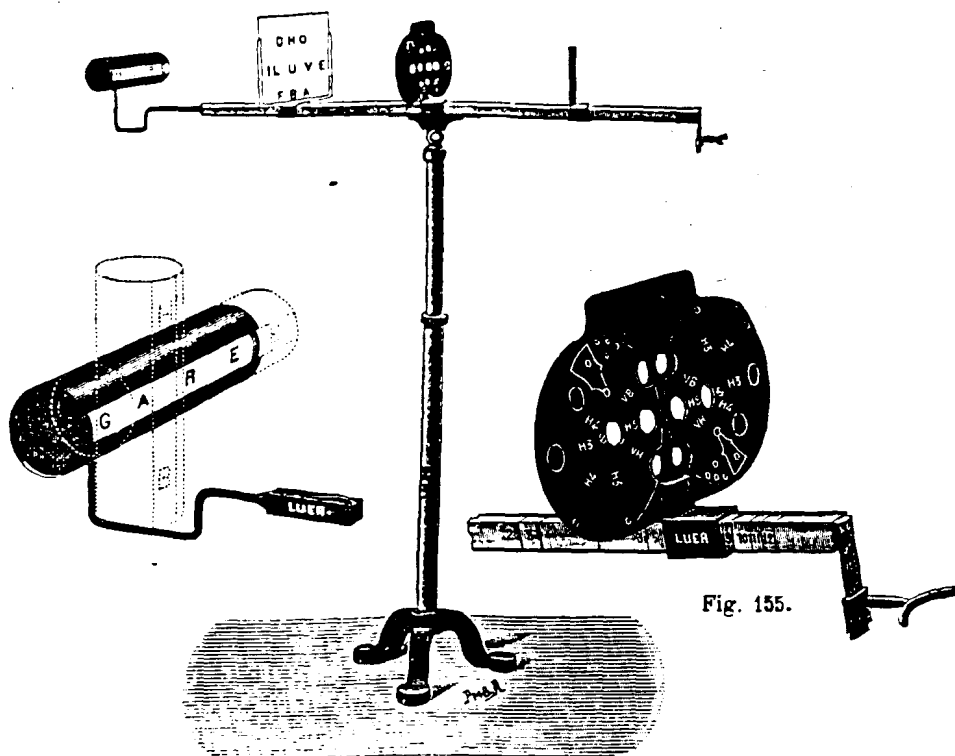


Fig. 154.

Fig. 155.

Manuel théorique et pratique sur le diploscope par le D ^r Bourdeaux.....	7 »
Diploscope dynamométrique du D ^r Bourdeaux avec test mesureur, (fig. 154 et 155).....	175 »

Ce diploscope permet toutes les expériences de l'autre modèle, avec une précision et une commodité plus grande. Il donne lieu à des expériences nouvelles, utilisées dans la cure du strabisme convergent et permet de réaliser toutes les expériences comprises entre 12 et 0,75 dioptries; d'où son emploi comme dynamomètre oculaire. Cet appareil est une modification du diploscope primitif, permettant de réaliser des expériences à des distances variées. Il est composé d'une règle de cuivre graduée sur sa face supérieure et sur sa face latérale. Les graduations 1, 2, 3... 12 de la face supérieure expriment les distances : 1 mètre, 1/2, 1/3, 1/4... 1/12 mètre, distances auxquelles on peut placer le carton de lettres. Les chiffres 1, 2, 3... 12 de la face latérale indiquent les distances où l'on doit placer la plaque de trous. On peut réaliser toutes les expériences du diploscope ordinaire, mais pour des distances de 1 mètre, 0 m. 50, 0 m. 33, 0 m. 25, etc. La plaque de trous comporte des trous de grande dimension, horizontaux, rapprochés ou écartés, obliques gauche ou droit, dont la signification est indiquée par les abréviations suivantes : H 3 = horizontale 3 lettres; H 4 = horizontale 4 lettres, VH V_B ou bien V_B VH indiquent les positions des expériences verticales.

A partir du chiffre 2, indique par la règle de cuivre on devra employer les petits trous et le carton de petites lettres pour continuer les expériences aux distances de 3 à 12. Le D^r Bourdeaux utilise cette disposition dans le traitement du strabisme convergent, surtout du strabisme myopique. Il fait travailler un myope de 12 D par exemple, aux situations indiquées par le chiffre 12 de l'appareil sans verres, puis au chiffre 11, avec correction de - 1 D, puis à 10 avec correction - 2 D, etc.

Cet appareil constitue en réalité 12 diploscopes de différentes longueurs avec lesquels peuvent être répétées les expériences du diploscope ordinaire. La combinaison de trous indiqués à la figure 155 fait réaliser l'épreuve à 11 lettres que l'on peut répéter avec les petits trous et les petites lettres aux distances rapprochées.

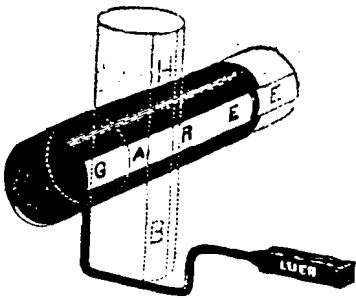


Fig. 156.

Pupitre à combinaisons multiples, changement de lettres accouplées ou isolées et couleurs, avec crémaillère permettant l'expérience à 3 lettres (modèle déposé) pouvant s'adapter au diploscope (fig. 157)..... 78 50

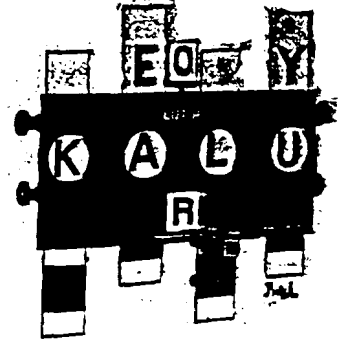


Fig. 157.

Diploscope du D^r Remy, avec test mesurateur diploscopique du D^r Bourdeaux, (fig. 156) pour les examens de la vision binoculaire, de ses anomalies et de la simulation..... 145 »

Le test mesurateur (breveté S.G.D.G.), qui se prête à toutes les applications du diploscope et les rend plus aisées, a été établi surtout au point de vue des expériences médico-légales. Il s'adapte à tous les diploscopes; permet de réaliser toutes les épreuves destinées à dévoiler les simulateurs, et grâce à un cylindre fait apparaître les lettres avec des acuités variant de l'unité à 1/8. Un déplacement horizontal fait présenter l'expérience à 3 lettres (mettre les 2 trous rapprochés) ou à 4 lettres (mettre les 2 trous éloignés). Un mouvement de bascule permet de placer le cylindre verticalement pour la réalisation des expériences verticales.

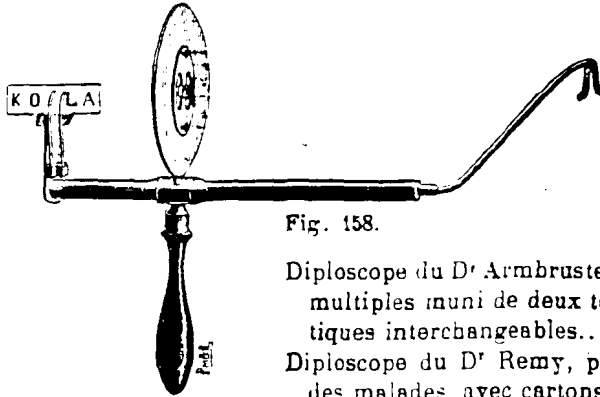


Fig. 158.

Echelle optométrique diploscopique pour test mesurateur..... 2 »
 Test mesurateur du D^r Bourdeaux, pouvant s'adapter au diploscope (fig. 156)..... 60 »
 Anti-neutralisateur du D^r Grelault..... 50 »

Diploscope du D^r Armbruster, avec pupitre à combinaisons multiples muni de deux tests optométriques et chromatiques interchangeables.....

Diploscope du D^r Remy, petit modèle, à main, à l'usage des malades, avec cartons (fig. 158)..... 30 »

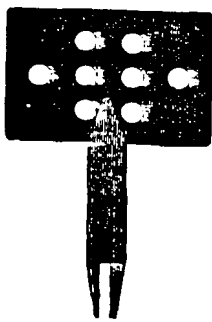


Fig. 159.

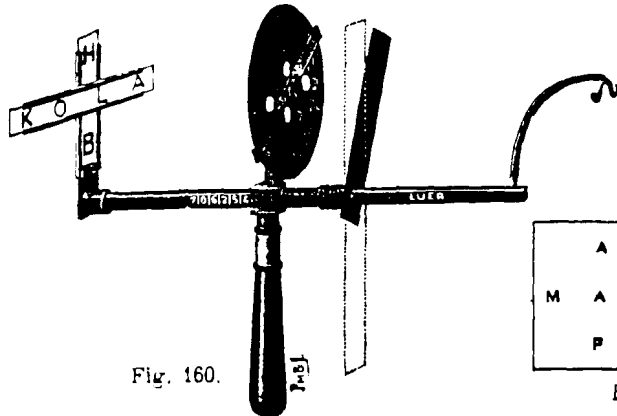


Fig. 160.



Fig. 161.

Diploscope, petit modèle, à main et à écartement variable, permettant également l'expérience à 11 lettres (fig. 159, 160, 161)..... 40 »
Pour l'expérience à 11 lettres, on place la fourche contre le menton au lieu de la mettre à la naissance du nez.

Medical Cane

An exceedingly rare c. 1880 medical cane made of hard rubber with removal metal assembly that holds all the original fourteen cork-stopped medicine vials. The vials have their original labels and contents. By removing the lower tube of the cane and attaching a bell and earpiece taken from the handle, a seventeen-inch monaural stethoscope is formed. A brass ring just below the handle is engraved: *From Dr. Parsons to Dr. Hallock Aug. 1882*. Dr. Robert Parsons is listed in the 1880 census of Salida, Colorado. Dr. Richard Sanford Hallock, also in the 1880 Salida census, was born in Orange County, New York, in 1829, and died at Salida on 25 March 1891. Dr. Hallock moved to Colorado in 1879 from Oakfield, Iowa. He served late in the Civil War as an assistant surgeon with the 67th U.S. Infantry of Colored Troops. The wear to the brass tip of the cane shows that Dr. Hallock clearly used this cane. The cane has remained in the Hallock family until now, and I am selling it on behalf of Dr. Hallock's great-grand daughter. More details to the purchaser. American medical canes are very scarce; this dealer knows of no other cane that incorporates a stethoscope.

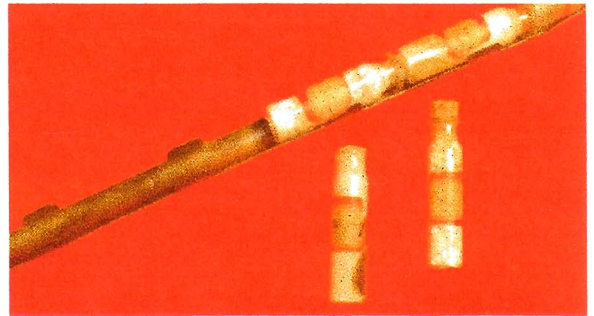
Cane, Dr. Hallock's, Full View



Half View, Bottle Assembly Removed



Close Up View of Bottle Assembly Removed



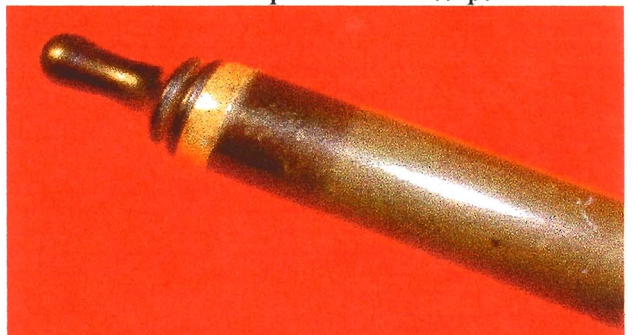
Full View Disassembled



Full View of Stethoscope



Earpiece of Stethoscope



Records help chronicle historic events

Without proper documentation, claims elicit skepticism



Our OPHTHALMIC heritage

By Norman B. Medow, MD

Seminal events in history are recorded in a variety of ways. An event may have been viewed by a number of people: many were invited press who recorded their observations in writing or by word of mouth to others. A person who accomplished this event may have reported it to peers in a journal or in public at a scientific meeting.

Jacques Daviel (Figure 1) was the first person credited with performing a planned cataract extraction. This was performed on April 8, 1747. Following this event, Daviel recorded it in a scientific re-

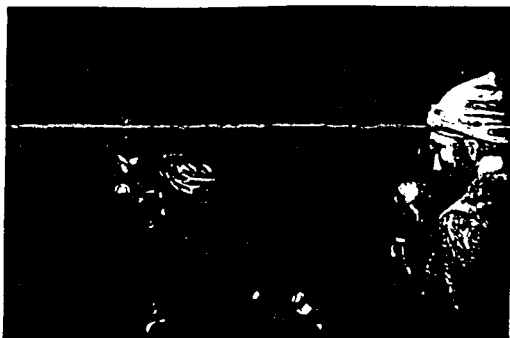


Figure 1 (Left): Jacques Daviel performed the first planned cataract extraction on April 8, 1747.

Figure 2 (Above): Diorama representing Sustruta couching a cataract (London Museum).

Figure 3 (Below): Sign of Tyler-Spite House, Frederick, MD.



port and presented his findings in 1753 at the Royal Academy of Surgery in France, where he reported on 206 cases that he had performed.

Many of these had been observed by others who also reported their observations.

Couching, the surgical dislocation of the lens from the visual axis into the vitreous cavity, is first said to have been performed by Sustruta somewhere in the third to fifth century B.C. (Figure 2).

Norman B. Medow, MD, FACS, is director of pediatric ophthalmology at Manhattan Eye, Ear & Throat Hospital.

This allegation is shrouded in conjecture and controversy, since there are no documented records of this period nor did any observer of the period record an observation. In order for one to claim priority, it must be documented.

An interesting claim recently came to my attention. During the summer of 1997, I visited the National Museum of Civil War Medicine in historic Frederick, MD, home of Francis Scott Key, author of our national anthem; Chief Jus-

tick. Little did I know of its ophthalmic connection.

This lovely historical three-story mansion (Figure 3) is publicized as having been built by John Tyler, MD, in 1814, a Frederick physician who (so the owners' brochure states) is "famous for performing the first cataract surgery in the United States." The home boasts a beautiful sitting room said to have been where Dr. Tyler performed his surgery. The current owners of the mansion have no documentation as to the actual performance of surgery by Dr. Tyler in this building.

The building itself has an interesting background. In 1814, Dr. Tyler lived on Church Street in a small house, adjacent to the present house, that had lovely gardens next to it. Record Street ended at Church Street just in front of his gardens. The city of Frederick planned to extend Record Street through his property and across the gardens by using a public use property law that was in effect at that time.

Dr. Tyler knew that seizing of private property for public use was not permitted if a structure was present on this foundation for his new house (Figure 4) on his garden and, as the story goes, sat in his rocking chair as the city fathers came to start the extension the following morning. This event has given the property the justified name of the Tyler-Spite House.

John Tyler (1763-1841) is recorded as a physician and ophthalmologist who studied at St. Bartholomew's Hospital in London with John Hunter, Percival Pott, and others. Dr. Tyler began practicing in Frederick City, MD, in 1786.

He is said to have had great skill in couching. He was one of the co-founders of the medical and surgical faculty of Maryland, which subsequently became the University of Maryland College of Medicine.

No mention of Dr. Tyler is to be found in Hubbell, Gorin, or Albert. A biography of Dr. Tyler is found in Kelly and Burrage.

Spiteful and testy? Yes.

The first person to perform cataract surgery in the United States?

Perhaps. ♠

tice Roger Taney, who administered the oath of office to Abraham Lincoln; as well as numerous federal-style mansions, many on the list of the National Register of Historic Places.

One of these historic mansions is now a bed and breakfast establishment known as The Tyler-Spite House. I chose to stay in this house while visiting Frederick because of its proximity to the museum and its location in the heart of the historic district of Freder-



Figure 4: Tyler-Spite House (1814) on Church Street and end of Record Street. (Photos courtesy of Norman B. Medow, MD)

Suggested reading

Hubbell, Alvin. *Ophthalmology America 1800-1870*. W.T. Keener & Co., 1908.

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