

Report of Dr. Joseph H. Warren, of Massachusetts, chairman of Committee on Foreign Delegates : also essay on new surgical instruments.

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REPORT OF

DR. JOSEPH H. WARREN,
OF MASSACHUSETTS.

CHAIRMAN OF COMMITTEE OF FOREIGN DELEGATES.

ALSO

ESSAY ON

NEW SURGICAL INSTRUMENTS.

*Reprint from Transactions of Thirty-Second Annual Meeting of American Medical Association,
held at Richmond, Va., May, 1881.*

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REPORT.

MR. PRESIDENT AND FELLOWS OF AMERICAN MEDICAL ASSOCIATION:—

As one of the delegates to foreign countries for 1880-81, from this grand and noble Association, I have the honor to report that I was well received in Europe, that every attention was given me, and that I feel especially proud in being your honored servant.

I was treated both in public and in private in a most princely manner in Great Britain, France, and Germany. I found that gentlemen of the profession abroad not only take great interest in this highly respectable Association, but that they delight to hear the progress of scientific interest and improvement in the American profession generally. I found not a few of the members of our Association well known and appreciated as honored sons of a noble profession; and since all line of distinction by country or place of birth had been abolished, that they had been exalted to be fathers, and brightly shining lights in medicine and surgery, and were quoted and honored as great originators and leaders in medical science.

Did time allow, I might mention many of these names; but, by your permission, I will mention only a few. I found high in renown J. C. Warren, the father of New England surgery, the hero of etherization, and an early President of this Association; Henry J. Bigelow, the graceful surgeon and successful operator in litholapaxy; Nathan Smith and E. R. Peaslee, highly honored sons of the "Old Granite State;" S. D. Gross, at the present, one of the fathers of American Surgery; Pancoast and Mitchell of the "City of Brotherly Love;" McDowell, the originator of ovariectomy, and thrice-honored son of Kentucky; J. Marion Sims and Robert Battey, sons of the fair South, and honored and original investigators and operators in the surgical diseases of women, to say nothing of others, as highly esteemed in the wide world of scientific attainments as those I have mentioned by

name. What a rich feast it would be to recall all their wonderful developments in scientific medicine! How our mouth waters with the words of worthy praise we could bestow upon them, but alas how the emotions of heaviness fill our souls, and choke our utterances as we recall, with tears of sadness, that many of them have ceased their labors, and have long been gathered to their fathers.

Of the duties I performed while in Europe the past summer, one of the most important and pleasing was my attendance upon the Forty-eighth Annual Meeting of the British Medical Association held on August 10, 11, 12, and 13, in that fine old classic town and honorable seat of learning, Cambridge. The meeting was very fully attended by the most noted and renowned men in the English profession, and some from other countries, and was said to be one of the largest and best gatherings of the kind held since the foundation of the organization. The opening address by the President, George Murray Humphrey, was a most cordial welcome, replete with words of love and wisdom.

The Address in Medicine by John Buckley Bradbury, M.D., was a complete *résumé* and epitome of medicine in the nineteenth century. This distinguished gentleman also gave a dinner in the evening, at Caius College, to some forty or fifty of the most noted men in the profession. It was here my pleasure, while sitting opposite my host, to remark that it was very seldom that one man gave two such repasts in one day as he was giving us. It was, moreover, delightful to see how his worthy peers, who had listened with marked attention to his feast of "Modern Scientific Medicine," were eager to do him honor by other references even more complimentary.

The Address in Surgery by Timothy Holmes on "Fergusson and Conservative Surgery—Excision of the Knee and of the Hip," was most masterly, embracing all the surgical bearings of these operations, and recalling pleasant memories of that genius in science, Sir William Fergusson.

The Address in Physiology by Michael Foster, M.D., F.R.S., on "Relations of Physiology and Pathology—The Professional Aspects of Physiology," was remarkable, and might well be considered a *multum in parvo*, for it went so deeply and thoroughly into all the various branches of the subject, and gave so minutely the most recent anatomical and physiological experiments, as to weld and melt them into the life-work of every member who practises the art of medicine.

The next public Address was on "Elementary Pathology," by Sir James Paget, and was one of the very best papers read before the assembled Association. To hear this eminent pathologist as he discussed, in the most majestic and masterly manner, a subject in which few living men can possibly be considered his equal, was to be charmed. I wish that all here present could have enjoyed with me the privilege of listening to his liquid eloquence, flowing like a mighty river, and with a soft cadence of voice like a sweet-toned distant bell. You would, then, I know, all agree with me in calling him the silver-tongued orator, and the greatest in the profession in all the British Isles. As he charmed me, so he charmed others, many of them the solid and matured men of the profession, and I can readily see why his eloquence should attract the better students of England to listen to his teachings.

The various Sections were also all most fully attended. The Chairmen were patterns for any Association to follow, as every paper was received in its order, and everything was managed in the most exemplary manner. I cannot dwell upon, or even so much as mention all of the many acceptable papers presented before the sections, but must content myself by mentioning some of the most worthy. For a more detailed account, I must refer you to the *British Medical Journal*, a weekly and influential journal published by the Association, and considered by far the best journal of its kind in the English language. As such, it is a journal worthy for us as an Association to pattern after, both in management, and much of its detail. The editor, Mr. Earnest Hart, by his great push and enterprise, has caused the journal to outrank any other journal published by any other Medical Association. But to him is due the credit, not only of developing this journal, but also of leading the British Medical Association into the highly successful and honored position it occupies before the profession throughout the world to-day. Previous to his editorship, it was hard to get the better men of the profession and of the Association in England to attend, much less take an active part in, the meetings. All were willing to play a passive and inert part, but few were eager to perform labor to develop the highest interests of the profession at large. At the present day this journal has succeeded in rallying the profession up to a sense of their true responsibility, and the proper performance of their duties as members of a National Association.

I would, Mr. President and Fellows, that the American Medical Association had, in place of its ponderous annual publication, a weekly journal published under its own immediate auspices; and I would that at its head we had an editor with a vigor equal to that of Mr. Hart, that he might, with his editorial staff, stir all the dry and mouldering members into a new life, and that he might infuse into them an interest and activity equal to or even greater than that which the British Medical Association show to-day. I think I am not mistaken, nor overconfident, when I say that such an editor and such a journal would be the means of developing from an atrophied membership of to-day some real honest work, and of displaying the mighty power and the wonderful, but latent scientific matter that now lie dormant in the hands of our fellow-members.

In the Section of Public Medicine, the Address by Henry W. Ackland was very good and acceptable, as were also other interesting and important papers read before the Section, among which might be mentioned a discussion on "What Diseases are Communicable to Man through Food." In the Section in Surgery, the Address was by William S. Savory, "On Constitutional Disturbance." In the same Section was a highly interesting discussion on the dressing of wounds, in which the antiseptic and non-antiseptic methods of dressing were discussed by Lister, Bastian, McLeod, Erichsen, J. Wood, and others. Mr. McLeod said he always gave quinine for several days before operating in strictures, and gave opiates at night, when the patients would bear them. Another practical and very instructive paper was read by Sir Henry Thompson, entitled "Remarks and Progress in Treatment of Stricture of the Urethra." The same surgeon also elaborated, in another paper, "The Removal of Stone by Lithotrity;" and showed many hundred stones of all sizes he had successfully removed, thus giving evidence of the most remarkable success of any living surgeon in this operation.

In this connection, it may be of interest for this Association to know that an American, Dr. J. H. Warren, of Boston, showed some twelve or fifteen newly-devised surgical instruments, and read a paper on "Operations for Cure of Hernia by Subcutaneous Injection," which seemed to be well received. There were also other valuable and instructive papers read before the Section, giving new and improved surgical operations, among which may be mentioned a pair of very ingeniously contrived hæmo-

static scissors shown by Dr. Warlomont, of Brussels, for preventing the hemorrhage following section of vessels in surgical operations.

The Section in Psychology devoted almost the whole of its time and labors to the consideration of "The Influence of Alcohol in the Causation of Insanity." In the Section of Physiology the seat of the formation of urea in the body was discussed by Professor Gamgee. Sleep and Hypnotism were discussed by Preyer, Brown-Séquard, Prof. Bowditch, of Boston, Dr. Beard, of New York, and others. Prof. Preyer opened the discussion, and in addition to elaborating his own theory of hypnotism, illustrated it by experiments upon fowls, guinea-pigs, and men. His short historical account of hypnotism was very interesting, and included a biographical sketch of Dr. Braid, the Manchester physician, who was the first man in Europe to give the subject anything like a scientific investigation.

In Obstetric Medicine, the Address by William Playfair on "The Teaching of Obstetric Medicine" was a very masterly one, showing that the teaching in this department should be more thorough than they are wont to be. Among the many valuable papers discussed in the Section of Diseases of Women, was one by your honorable delegate, Dr. M. A. Pallen, of New York, on "The Etiology and Treatment of Lacerations of the Cervix Uteri." The paper attracted considerable interest, and the discussion was very lively. Dr. Sims spoke and sustained the points developed by the essayist. From the English point of view, there seemed to be a want of knowledge upon this common affection and operation, both of which are so well understood by the profession in America. There was also a discussion upon "Uterine Hæmostatics," and Sir Spencer Wells opened the very interesting subject of "The Removal of Uterine Tumors by Abdominal Section."

In closing, I would call your attention to the ceremony of conferring the Honorary Degrees. This I know will interest you as well as it did me, for among those honored at this ceremony were two of the beloved sons of America. It was a beautiful and ennobling sight to behold those venerable and venerated twelve disciples of *Æsculapius* robed in scarlet, and crowned with silver locks, seated around the Chancellor of the great University in that classic senate chamber of Cambridge which, times without number, had been used for similar impressive occasions. As

each of the candidates for the degree arose and was introduced by the Public Orator to receive upon their honored and stately heads still further honors at the hands of the Vice-Chancellor of the University of Cambridge, in his scarlet and ermine robe, how one thrilled with the solemnity and grandeur of the moment! Prominent among them was Brown-Séquard, whom the two great nations of America and France claim in common, as their son; but over-towering all in grandeur, pride, and dignity, arose the stately and upright form of our venerated Gross, a perfect Jove in appearance as well as skill. With what delight the orator named his deeds in a voice of thunder.

"Trans fluctus Atlanticos, trans Oceanum non jam ut antea dissociabilem, patriæ nostræ ad portus nuper advectus est vir venerabilis, quem inter fratres nostros Transatlanticos scientiæ Chirurgiæ quasi alterum Nestorem nominare ausim. Ergo libenter quasi fraterno amore hodie salutamus, civitatis bene ominati nominis civem, Chirurgiæ Professore Philadelphiensem, Samuelem D. Gross."

This was the only meeting of any medical body that I had the pleasure of attending as delegate. I visited, however, by invitation, many of the large hospitals of London, and was highly pleased by their scrupulous neatness and cleanliness, and the great care given to hygienic arrangements. In Paris, I showed before the Academy of Medicine what I had already shown the British Medical Association, and visited a few of the hospitals. But how great the contrast to those of London! Here ventilation and other hygienic arrangements, were far from perfect, and I must confess that I found the hospitals in a most unsightly and impure condition. I also visited Berlin, but of my visit to either France or Germany, I have nothing of general interest to report, except what has already been made known by medical literature.

NEW SURGICAL INSTRUMENTS.

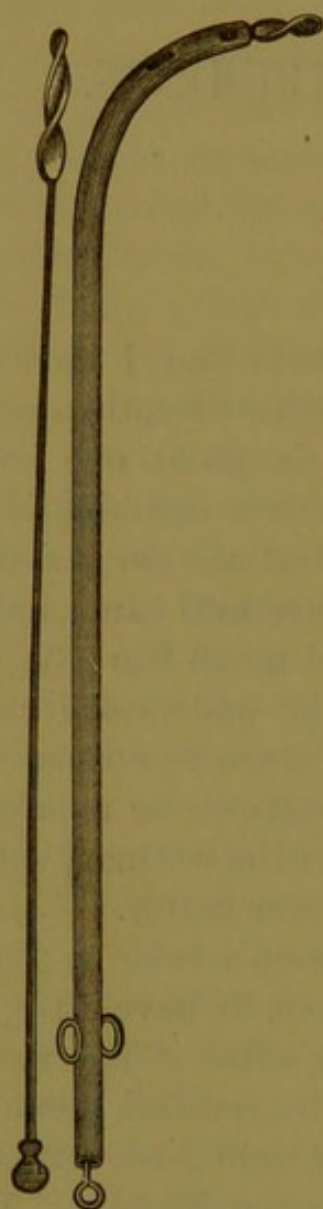
MR. CHAIRMAN AND FELLOWS:

I wish to show you a few instruments that I have devised, and first will show a few vermicular-pointed catheters in three sizes. (Fig. 1.) The point to them is about one and three-tenths centimetres long, and in shape is a combination of the screw and wedge. By its peculiar spiral motion it avoids, to a very great extent, the friction in the urethral canal, and dilates the urethra with far less difficulty and much less pain than the usual catheter. It should, however, be understood that these catheters are designed for use not so much in normal urethras, as in those that are constricted by strictures or enlarged prostates. In a healthy and normal urethra the ordinary soft rubber or metallic catheter will generally answer better.

I next show you Sir Henry Thompson's tube as I have improved it. (Fig. 2.) My idea has been to have a tip, one-half of which is thrown back by a spring after it has entered the bladder so as to allow the debris of the crushed stone to enter the tube freely. The other half, being unjointed, acts as a scoop to take up any remaining particles in the bladder. The point or tip may be made to revolve or may be stationary. The same arrangement may be applied to the straight tube of Bigelow, which does not have the curve of Sir Henry Thompson's. The tip can be perforated by a few holes to prevent closure by the suction of the aspirator. A thin rein of steel can be attached to the movable portion of this tip and worked at its lower end by a thumb-screw. In this shape it can be used for removing small particles from the bladder, shot and balls from deep gunshot wounds, or foreign substances from the throat, nose, and ear. Internal medication to the uterus, throat, and

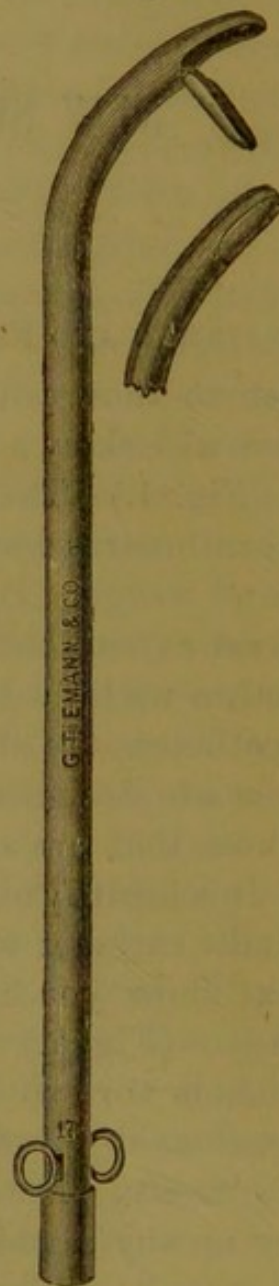
rectum can also be made by attaching a piece of sponge on a wire and passing the sponge and wire through the tube. The tube for these latter operations may be made smaller than that used for lithotrity.

Fig. 1.



Catheters with vermicular point.
Sound for urethra.

Fig. 2.



Bigelow's improved and
Thompson-American tubes.

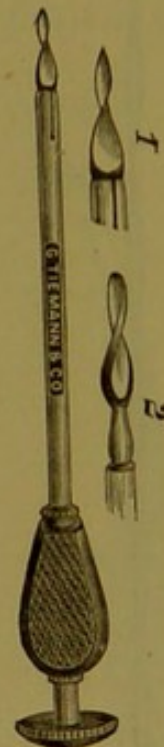
This point to the lithotrity tubes allows a much larger tube to be passed and with less shock to the neck of the bladder than would otherwise be possible. If we now look at the tubes of Thompson and Bigelow, we shall see that where the tube opens for the admission of debris and fluid from the bladder, it is more or less enlarged, and presents a concavity into which the mucous membrane folds. In forcing the tube through we injure or even

denude the mucous membrane, thereby often producing a hemorrhage notwithstanding the utmost care. The improvements which I have applied to these instruments do away entirely with this injury and difficulty of introduction, thereby overcoming what has hitherto been one of the greatest drawbacks in the removal of stone by so large a tube. With my smooth point gliding through the parts there is less shock to them and less tendency to cystitis. As we are in duty bound to take every measure to prevent fatality following these important operations, I think

Fig. 3.

Rapid dilating urethral and
uterine sound.

Fig. 4.



Trocar and female catheter.

it will be found by those using these tubes that the mortality from the operation will be much smaller than hitherto. I have designated this instrument the Thompson American tube in honor of the distinguished operator in this branch of surgery.

I next show you a new uterine probe with revolving point, which has been most heartily approved by the gynæcologists of Europe and of this country who have seen it. (Fig. 3.) Probe number two can be used for making internal applications to the uterus, since, having a fenestrated opening upon the point, which is of platinum or other non-corroding metal, a tuft of cotton can be threaded through it, medicated with whatever preparation

we desire, and applied to the parts in question. The same instrument, when tipped with porcelain, can be used for probing gunshot wounds.

Fig. 5.



Aspirating needle.

I show you here numbers 16 and 30 from the set of my revolving bulbular-pointed sounds. (Fig. 1.) They partake of the wedge and screw form, and are very useful in dilating the urethra. By increasing the size we can use them for rapid dilatation of the uterus, œsophagus, and anus. The artist has made the mistake of representing two twists in the spiral point; there should be only one. All of these instruments have been recently devised, and they will be greatly improved and modified in their future manufacture. Some obviously objectionable features will also be removed. There can be no danger that any one of these instruments will serve to carry germs of putrefactive or septic matter, since every good surgeon or operator should always wash his instruments, even his knives and bistouries, in hot water containing five to ten per cent. of carbolic acid.

I next show (Fig. 4) trocar number one, with a revolving point, which is very useful in the large majority of cases requiring tapping in general anasarca, etc. By withdrawing the staff bearing the vermicular cutting point and inserting a smooth vermicular point we have a female catheter which I think will be very highly appreciated by the general practitioner. Trocar number two is a flat oval upon a handle, and allows the fluid to escape through the body of the instrument and out of the end of the handle, where a rubber tube is attached to convey the fluid away. Trocar number three is a large trocar which can be used for tapping large effusions and also for ovariectomy. The revolving point upon all these trocars allows them to be passed through the tissues far more easily than ordinary blunt-pointed trocars can be. I next present to you aspirating needle number one, flat, oval in form, and twisted. (Fig. 5.) From its peculiar shape it makes a

wound easy of coaptation, and working as a spiral twist, can be inserted through firm and hard tissues and ligaments with great ease and remain in the exact position in which we leave it; nor can it be forced out. The point being flat and lancet-shaped, will not glance to one side as the ordinary scarf-pointed needle, but will go straight to the mark wherever we wish to send it. It is very useful also in tapping about the knee-joint in effusions of the pericardium, in the tumefaction of strangulated hernia, or in hydrocele, where I have found a small needle like this far better to remove the effusion than a large trocar. Exploring and aspirating needle number two is much longer, and of a larger size than number one. It is used for deep-seated abscesses, ovarian cysts, fibroid and other tumors of the uterus, or any deep-seated abscess of the liver or abdomen. This needle was made for me by Messrs. Weiss, of London.

The herniotome number one is an instrument which Dr. Bryant tells me he invented some twenty-five years ago. I have had the cutting edge serrated to divide Poupart's ligament. I thus think to avoid the possible hemorrhage resulting from the use of the ordinary herniotomy knife, as the saw working in a sheath in the body of the instrument produces a serration and laceration of the coats of the bloodvessels. I have slightly altered the instrument in several other points as well. Number two is an instrument devised by Weiss several years ago (Fig. 6). Upon this instrument I have also had the cutting edge serrated. A protecting slide or female sheath covers the cutting or male portion of the instrument. While the instrument is being introduced the cutting edge is covered. When well in place the sheath is withdrawn, and the saw-like motion set up to cut the ligaments. These herniotomes will be found very useful in the operation for strangulated hernia, since no director has to be used, and since no injury or hemorrhage will result from the introduction of the instrument or the subsequent division of the ligament.

I next show you Dr. Golding Bird's torsion forceps, which are

Fig. 6.

Weiss's hernia bistoury,
as improved.

extensively used in Guy's Hospital. It will be noticed that the jaws are very broad. I saw several in use during operations in the hospital, and owing to their great simplicity and strength they are the most powerful and best torsion forceps I have ever seen. (See Fig. 9.)

Self-retaining trocar for the operation of paracentesis thoracica. This consists of a shaft of a flat oval shape throughout its length, attached to a handle. The point is composed of two parts which separate in their centre, and are attached to the shaft of the instrument by hinges. They are opened and closed by a rein passing from the handle through the shaft to the points. After they have thus been opened at right angles they can be fastened by a screw in the handle. The continuous opening in the shaft runs through the handle, so that upon a nipple or elongation upon the end a rubber aspirating tube can be attached. The effusion of the chest can thus readily be withdrawn, and any disinfectant agent introduced for washing out the parts. It makes one of the most complete self-retaining trocars that I have ever seen. The penetration of the trocar through the parts is far superior to that of the ordinary trocar; and the flat oval puncture that it makes more readily coapts than a round wound.

I next show you my latest devised hernia syringe (Fig. 7), for a more complete description of which I would refer you to my work on hernia. It is similar in appearance to my other hernia instrument, but lighter and much less expensive, being at the same time fully as effective. It has a glass barrel fitted within a cylinder of silver, which has a fenestrated opening to present a view of the barrel and its contents. A valve controls the injection of the fluid, the head of the needle revolves on a ruby, and a spiral spring upon the piston within the barrel forces the plunger down upon the fluid, ejecting it through the valve. A screw on the piston, similar to that in use on the common hypodermic syringe, regulates with great certainty the number of drops of fluids we wish to use. The needles are flattish, oval in shape, and are twisted throughout their entire length. It should be remembered that from their peculiar form and twist they make an incision only about one-half the size of round needles which measure the same on the scale. The needle is pierced with ten openings in its side, which causes a more free and equal distribution of the fluid ejected. The difference between this and the hypodermic needle is, that, instead of the direct

terminal injection of the fluid, we have it spread at right angles to the needle, and, therefore, gain a better distribution upon the hernial rings internal and external, at the same time avoiding the application of the fluid to the peritoneum, which we wish

Fig. 7.

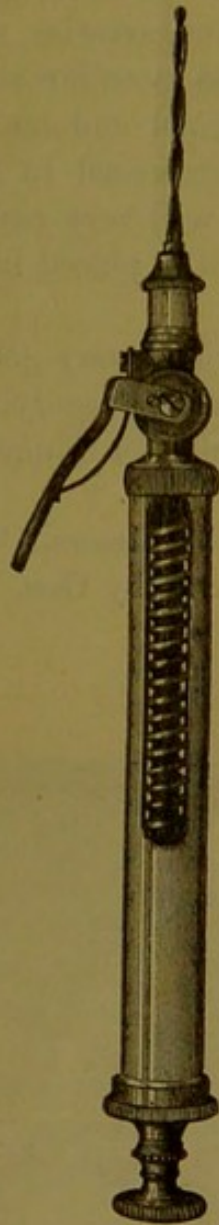


Fig. 8.



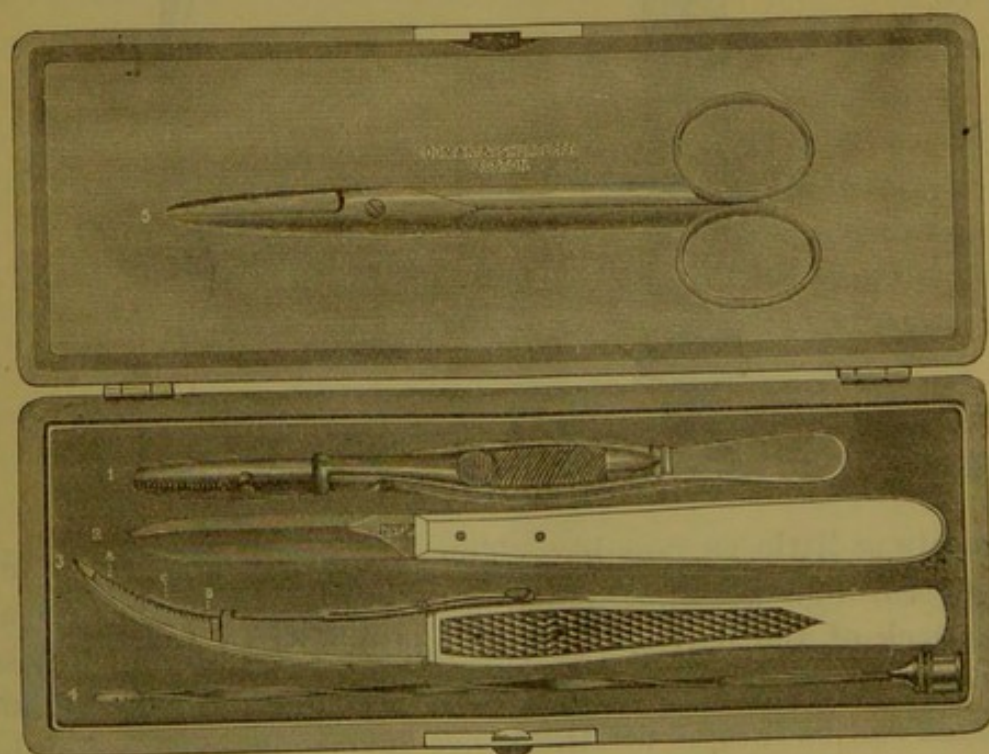
to irritate as little as possible. The needle has a round shank playing through a collar, which is attached by a screw thread to the neck of the barrel. It does not bore the tissues in passing, but turns around in a spiral manner as it advances; and the same can be said of all the other revolving and vermicular pointed instruments described, except the aspirating needle, which is twisted in through the tissue by slight pressure and revolving it at the same time.

I finally show you a very handy and useful instrument for a variety of surgical operations, which was devised by my son, Charles Everett Warren, A.B., student in medicine, for a dissecting instrument (Fig. 8). It is called the demonstrator's knife. It is of the shape of the clavicle or line of beauty. One end is sharpened on both edges, the other being blunt and spatula-like. From the spear shape of the cutting part it is found very convenient in dissecting veins, arteries, nerves, and other minute anatomical parts, as by its peculiar shape it can cut at any desired angle. The unsharpened end can be used to elevate and expose to view any nerve or vessel in the deeper seated parts. I think every anatomist will very readily appreciate an instrument of this shape when it is placed in his hands for practical use.

As a surgical instrument it will be found very good for operations on the mouth and throat in uterine surgery, operations for varicocele, for enucleating the eye, and for numerous other minor cases.

The hernia syringe is manufactured by Messrs. Codman and Shurtleff, of Boston; the other instruments by Geo. Tiemann & Co., of New York.

Fig. 9.



Author's Herniotomy Case. 1, Golding Bird's torsion forceps. 2, Scalpel. 3, Herniotomy knife. 4, Aspirating needle. 5, Scissors.

