HISTORICAL SURGICAL INSTRUMENTS IN THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND (4)

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The instrument illustrated in Figure 30 is for closing recto-vaginal or vesico-vaginal fistulae, and is a modification of the original design invented by W. R. Beaumont in 1836. William Rawlings Beaumont (1803–1875), F.R.C.S. by election 1844, invented the instrument when in practice in London, and an account, with two figures, was published in the London Medical Gazette (1836–37). In 1841 he emigrated to Canada and settled in Toronto. A further note from the Lancet (1866) on this device is as follows: "The Sewing Machine. It may not be generally known, but the fact deserves to be recorded in the Lancet, that the principal of passing and arresting the thread in Singer’s sewing machine was taken from an instrument invented by a distinguished member of our profession, Mr W. Rawlings Beaumont of Toronto, an honorary Fellow of the Royal College of Surgeons of England, who used the ingenious instrument for passing sutures in vesico- and recto-vaginal fistula. Singer took his idea from Mr Beaumont’s instrument exhibited in the shop of Freeman, a surgical instrument maker in New York.” This statement, however, is not confirmed by the Encyclopaedia Britannica (1929) in the article on “Sewing Machines.” Beaumont also designed a vaginal speculum and polypus snare, examples of which were in the war-destroyed Gynaecological Series of Instruments.

In 1920 Sir Rickman J. Godlee presented the tracheotome designed by Sir Henry Thompson (Fig. 31) illustrated in the Lancet in 1853. “The instrument which I have designed, with the assistance of Messrs Weiss, ... consists of a broad pair of forceps, (something like ordinary dissecting forceps) but of which a portion of each extremity, about one inch and a half in length, forms an angle with the handle. The points of them meet accurately, so as to form, as it were, one blade together.” This tracheotome was once the property of Lord Lister, a fellow-student of the inventor, and the donor believed that Sir Henry Thompson gave it to Lister before he went to Glasgow.

Figure 32 shows the original set of tracheotomy instruments made for Mr Arthur Durham, F.R.C.S. (1833–1895) by Messrs Meyer and Meltzer before 1869. Durham contributed to the Practitioner (1869) a paper entitled “On some of the Difficulties and Dangers of Tracheotomy, and the best means of obviating them, with a Description of a New Form of Tracheal Canula.” The case bears on the outer surface of the lid a blank
metal plate and stamped on the leather in gold is the lettering "4 Tracheotomy Case—B—Durham" and the initials "A. E. D." in black lettering within an oval border.

Another case of Durham's instruments, for laryngotomy, and used by the inventor, is also seen in Figure 32. The instruments were used in the cases reported in two papers:

"Cases of Operations on the Larynx" published in Guy's Hospital Reports in 1866; and "On Opening the Larynx by Section of the Cartilages, &c. in order to facilitate removal of Morbid Growths" (Medical and Chirurgical Transactions 1872). In neither of these papers is there a drawing or description of the instruments.
Dr Charles Edwards, F.R.C.S. (died 1887) presented in 1876 a modification of his tracheotomy instrument (Fig. 33) with the note: "It is admirably applicable to any part of the trachea, which can by it be drawn forward, fixed, and immediately pierced by a straight bistoury, thus preventing all deep dissection and obviating the trouble of the occasional up-and-down movements of the trachea while operating." He described it originally in "Practical Observations on Tracheotomy above the Thyroid Isthmus" (Lancet 1853).

In 1915 Sir Robert Jones presented a three-way aspirator, stomach and enema pump (Fig. 34) with a note: "Aspirator in mahogany box, property of the late H. O. Thomas, Esq." This appliance, or at least the box, was made by Mr H. Owen Thomas himself, and is figured in Part I of his Contributions to Surgery and Medicine (1883), as "Three-way Aspirator,
Stomach and Enema Pump.” In 1918 Sir Robert Jones also presented Thomas’s reservoir subcutaneous syringe (Fig. 34) with a note: “Large hypodermic syringe, property of H. O. Thomas, Esq., carried about when visiting cases of intestinal obstruction.”

In 1916 Dr G. P. Shuter presented a pewter enema syringe (Fig. 34) with a note: “Two old pewter enema syringes with date about 1800 have come to me. They belonged to De Loutherbourg, who was a popular Court Academician, scene painter to Garrick at £500 a year, and notorious in his old age for his belief in faith-healing and mesmerism, and for his practice of this form of quackery on other believers.” Phillippe Jacques de Loutherbourg, R.A. (1740–1812) is buried in Chiswick Churchyard near Hogarth. Only one of the pewter syringes (of one pint capacity) was retained for the College Museum.

An instrument of unusual interest is Bond’s oesophagus forceps measuring seventeen inches in length, which was specially made for the removal of an impacted foreign body (Fig. 35). The case was fully reported by the donor, Mr Thomas Bond, F.R.C.S. (1841–1901) in the Lancet of 1869, under the title “A Case in which a Brace-buckle was swallowed, and impacted in the Oesophagus fourteen days.” To the forceps is tied the fellow of the brace-buckle and appended straps swallowed by the patient. After preliminary attempts to remove the obstruction Sir William Fergusson was consulted, and on the eighth day “used the forceps, and although meeting with much obstruction, boldly passed them into the stomach, causing however, such intense spasm and pain that it was impossible to make a very careful exploration, so that he was unable to feel any hard substance.” Two weeks later Fergusson passed a whalebone probang, with an ivory knob at the extremity about the size of a pigeon’s egg, and at once determinedly thrust it through the obstruction. This caused intense pain, but two hours later the patient took some beef-tea and, though very sore, felt no obstruction in swallowing, and three days later all pain had ceased. The patient was in perfect health over three months after the disappearance of the signs of obstruction, but although closely watched for some time, no foreign body had been passed from the bowel.

In the fifth edition of his A System of Practical Surgery (1870), Sir William Fergusson related this case, adding “there had been no further knowledge of either strap or buckle.”

Mrs Long, widow of William Long, F.R.S., Master of the College in 1800, presented in 1818 an instrument which has been described as “Pott’s Guarded Fistula Knife” (Fig. 36). It consists of a curved sharp bistoury with a probe-pointed guard made to slide along its back, and a handle of two tortoiseshell scales into which the knife is folded when not in use. Pott’s knife has a probe point and no guard. It is suggested that the sharpening of the point of the knife and the addition of a probe-pointed guard may have been introduced by William Long himself.

Fig. 35
Bond’s oesophageal forceps, specially made for removal of impacted foreign body.

Fig. 36
Guarded fistula knife which belonged to William Long, F.R.S., Master of the College in 1800.
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Bond, T. (1869): A Case in which a Brace-buckle was Swallowed, and Impacted in the Oesophagus Fourteen Days. Lancet, 1, 671.
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