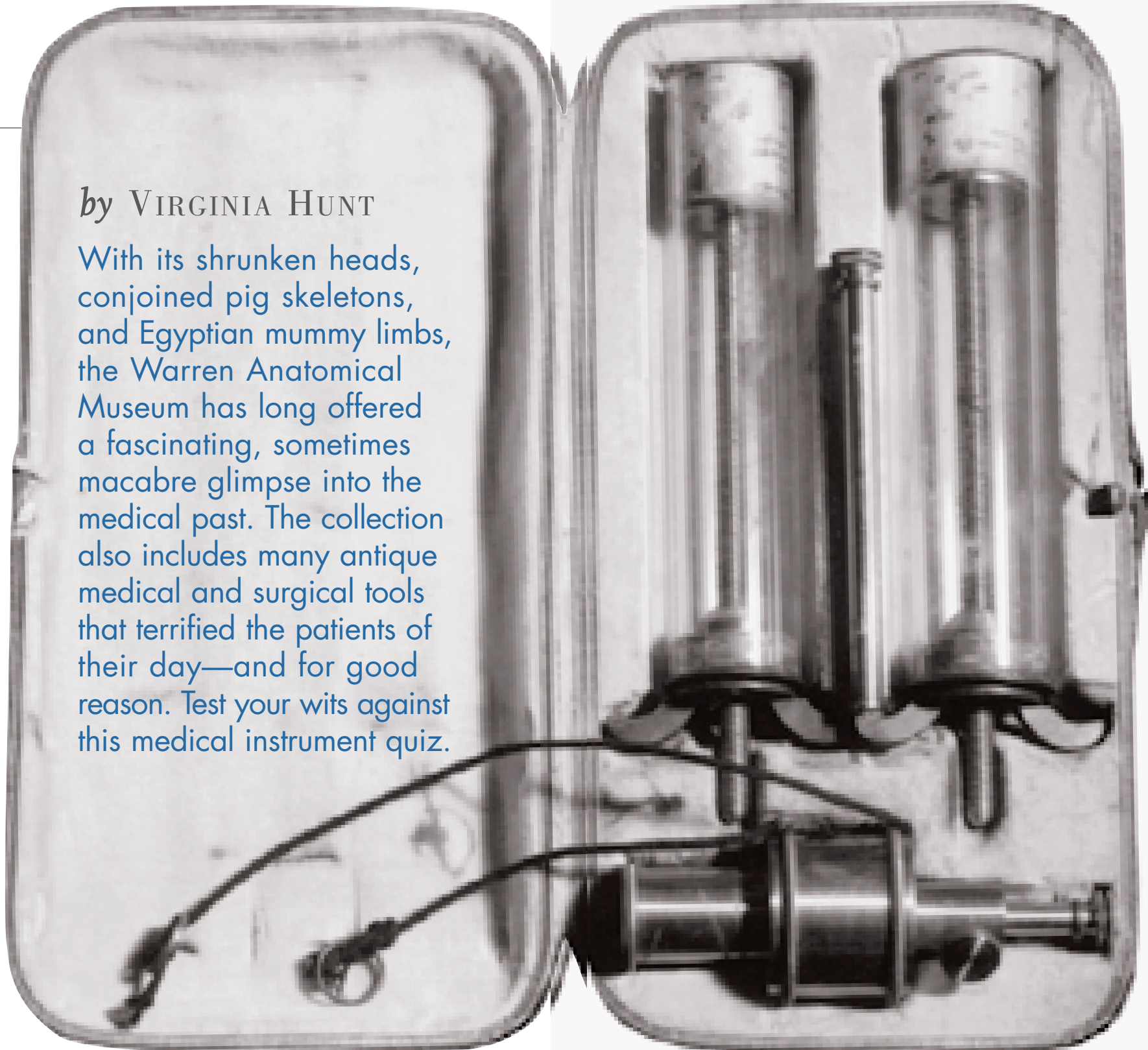


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# FOOD

by VIRGINIA HUNT

With its shrunken heads, conjoined pig skeletons, and Egyptian mummy limbs, the Warren Anatomical Museum has long offered a fascinating, sometimes macabre glimpse into the medical past. The collection also includes many antique medical and surgical tools that terrified the patients of their day—and for good reason. Test your wits against this medical instrument quiz.



- L**
- A. Blood transfusion kit
  - B. Urethral syringe set
  - C. Artificial leech
  - D. Enema pump

C. Artificial leech, ca. 1865

vented by Baron Charles Louis Broussais in the 1840s, the artificial leech served “overly sensitive” patients who turned squeamish at the prospect of living creatures sucking on their skin. Especially popular for bleeding the temples to treat eye afflictions, mechanical leeches functioned the same way as their insect-world counterparts. The device consisted of a pointed lancet stored inside a glass syringe cylinder, or “sucker.” The 3,000-year-old practice of bloodletting reached its zenith at the beginning of the nineteenth century. According to its advocates, the process drained poisons or excess blood from the body, thus restoring the balance of the humors. Today some doctors continue to use real leeches to restore circulation, particularly after microsurgery.

PHOTOS: GRAHAM GORDON RAMSAY

Over time the postoperative death rate declined and the number of successful cases increased.



2.

- A. Ether administration tools
- B. Lithotripsy and litholopaxy instruments
- C. Embalming cavity injection kit
- D. Fleam with fleam stick

B. Lithotripsy and Litholopaxy Instruments, ca. 1871

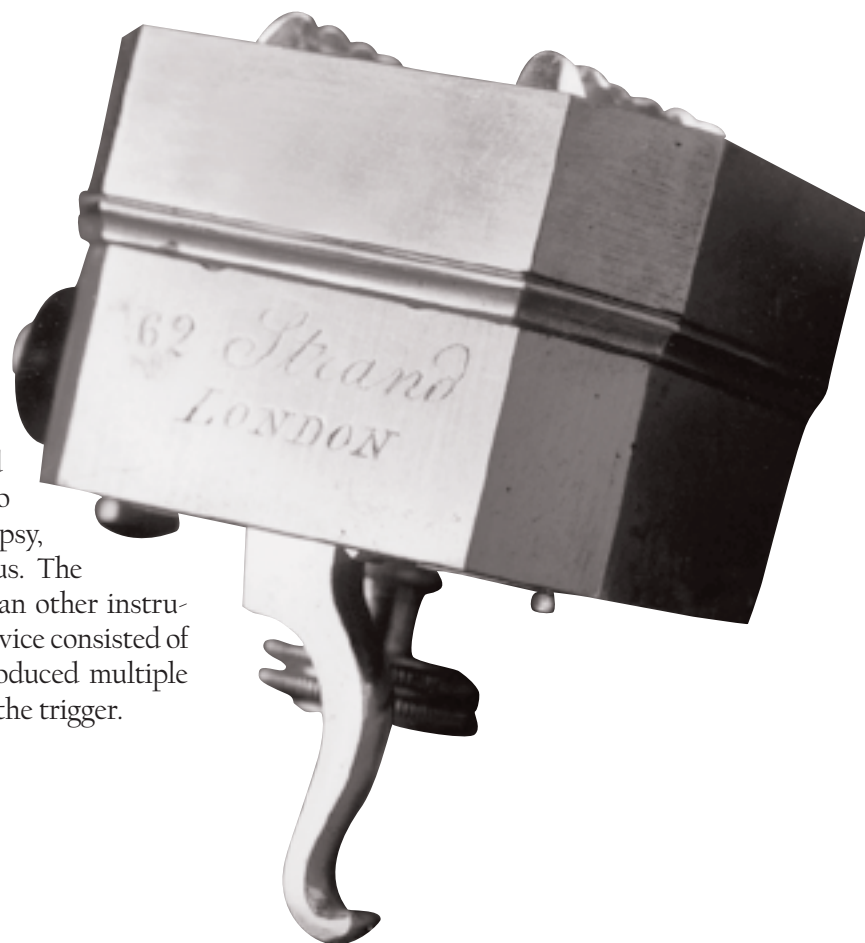
Physicians have treated bladder stones both medically and surgically for many centuries. In the early 1800s, lithotomy, or the process of crushing the stones to facilitate their passage, became the preferred treatment because it avoided the need for incisions. Many lithotomies resulted in cystitis infections, however, and—given the lack of anesthesia and high death rate—patients dreaded the operation. Henry Jacob Bigelow, professor of surgery at Harvard Medical School, sought to create a procedure that immediately removed the crushed stone fragments from the body, thus reducing the potential for a deadly infection. To do this, he flushed the bladder with water through a urethral tube, a process he dubbed “litholopaxy.” Over time the postoperative death rate declined and the number of successful cases increased.

3.

- A. Scarificator
- B. Medicine bottle opener
- C. Scalpel sharpener
- D. Trocar

A. Octagonal Brass Scarificator, Mid-Nineteenth Century

From the time of the ancient Egyptians and into the twentieth century, healers turned to bloodletting to relieve such maladies as epilepsy, tuberculosis, intoxication, and hydrocephalus. The scarificator was considered more humane than other instruments used to gain access to the blood. The device consisted of a dozen spring-driven rotary blades that produced multiple shallow cuts when the bloodletter uncocked the trigger.



4.

- A. Wax eye model
- B. Psychological test card
- C. Ophthalmophantome
- D. Demonstration showcase for prosthetic glass eyes

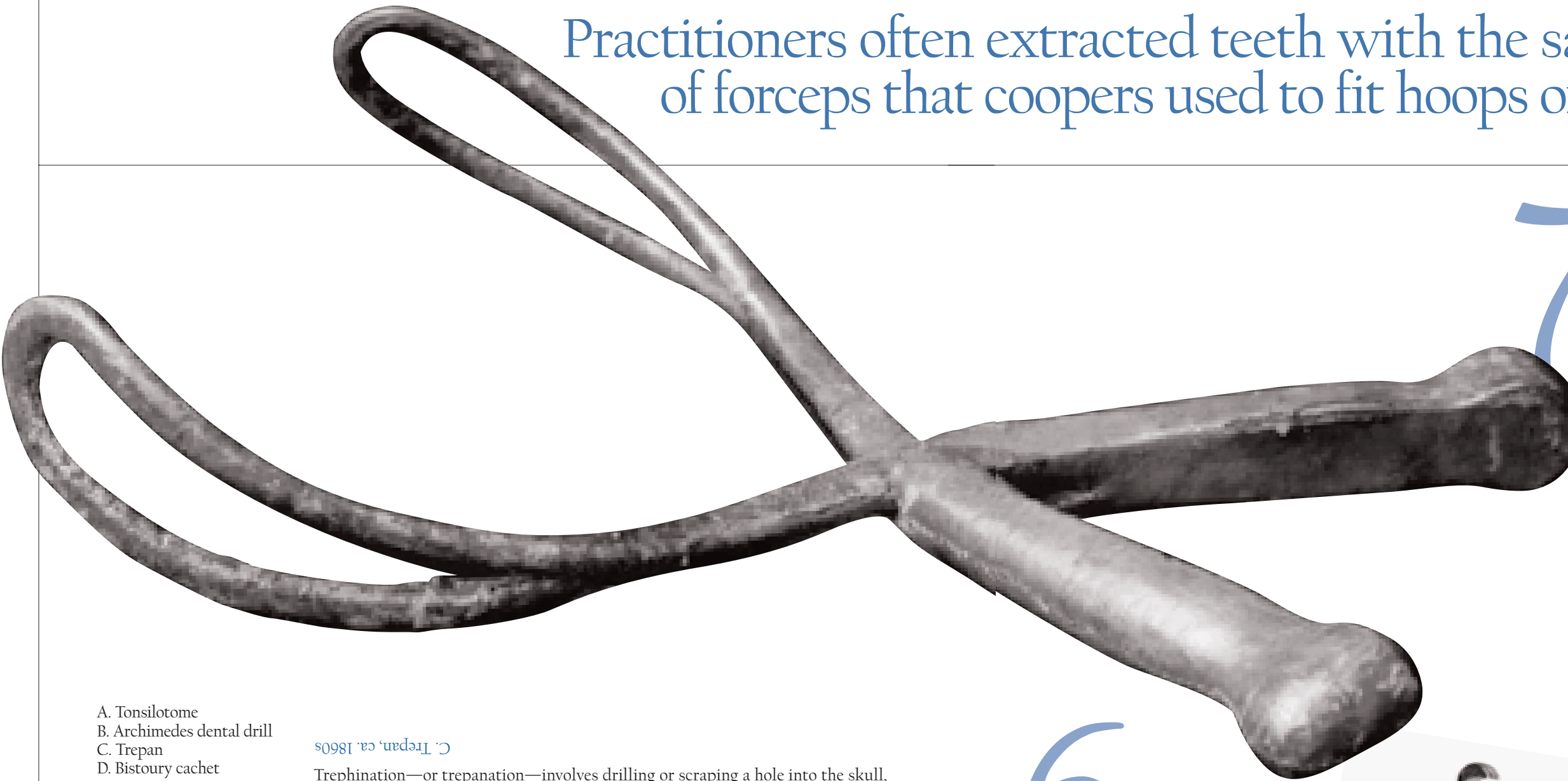
A. French Wax Eye Model Depicting a Fistula of the Lacrymal Sac, Early Twentieth Century

Wax modeling reached its height in eighteenth-century Italy in response to the need for improved visual aids for teaching larger classes of medical students. With the dissected specimen before him, the modeler decided whether to mold a plaster negative directly from the specimen or—less commonly—to sculpt a model from wax. The modeler then used heated tools to refine the model, painted it, and added realistic materials, such as eyelashes.

Virginia Hunt is the curatorial assistant for the Warren Anatomical Museum at Harvard's Francis A. Countway Library of Medicine. Visit [www.countway.med.harvard.edu/warren](http://www.countway.med.harvard.edu/warren) to learn more about the museum.



# Practitioners often extracted teeth with the same kind of forceps that coopers used to fit hoops on barrels.



7

- A. Amalgam carver
- B. Obstetrical forceps
- C. Tarnier's basiotribe
- D. Arrow remover

ca. 1753  
B. Obstetrical Forceps,

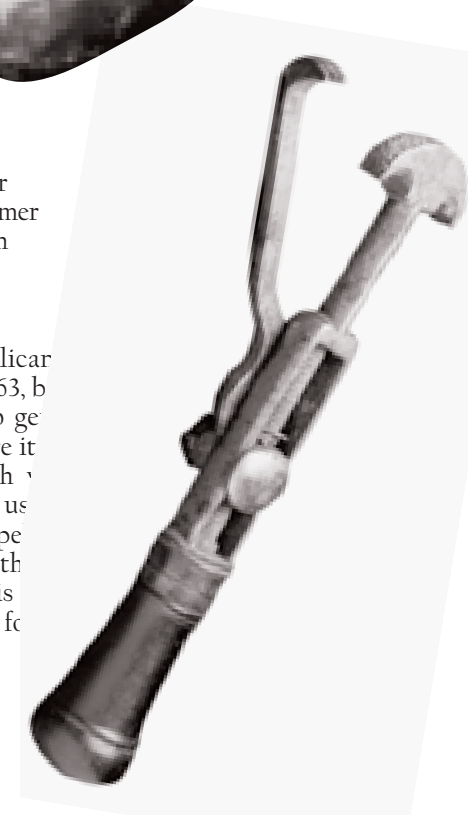
Peter Chamberlen the Elder, a barber surgeon, invented the obstetrical forceps at the turn of the seventeenth century, but a desire to profit exclusively from its use drove his descendants to keep the design a secret for 125 years. In the 1740s William Smellie, a Scottish obstetrician, began experimenting with new designs similar to this pair, which was fenestrated and covered with leather. Smellie insisted that the leather be replaced after each delivery to avoid venereal infection—a view that predated posing by Oliver Wendell Holmes, Class of 1836, that the puerperal fever that led to so many postpartum deaths was spread from patient to patient by the physicians and midwives delivering the babies.

6

- A. Toothkey
- B. Pain obturator
- C. Gingival trimmer
- D. Dental pelican

D. Dental Pelican, ca. 1750

The first reference to dental pelican extract diseased teeth—dates to 1363, but is believed to have come into general use during the sixteenth century. Before it, practitioners often extracted teeth with the same kind of forceps that coopers used to fit hoops on barrels. In this style of pelican, a central screw mechanism adjusted the pelican's width. Instruments like this eventually fell out of use in favor of forceps-style pelicans and toothkeys.



- A. Tonsilotome
- B. Archimedes dental drill
- C. Trepan
- D. Bistoury cachet

5

C. Trepan, ca. 1860s

Trephination—or trepanation—involves drilling or scraping a hole into the skull, leaving the membrane surrounding the brain intact. This surgical procedure is reflected in prehistoric human remains and documented in cave paintings. Anthropologists have theorized that by opening a hole in a sick person's skull, ancient surgeons believed they could release the demonic spirits causing the illness. In later eras, doctors used the procedure to relieve intracranial pressure and to facilitate the elevation of depressed skull fragments. By the seventeenth century, craftsmen were creating specialized surgical kits aimed at making drilling easier and preventing the blades from penetrating too deeply. The first editions of the design pictured here—which persisted into the twentieth century—appeared in the 1560s. Despite its longevity, the tool carried two major disadvantages: the surgeon needed both hands for the drilling, and the surgeon's inability to control the drilling pressure could lead to sudden breakthroughs in the skull, damaging the brain beneath.

