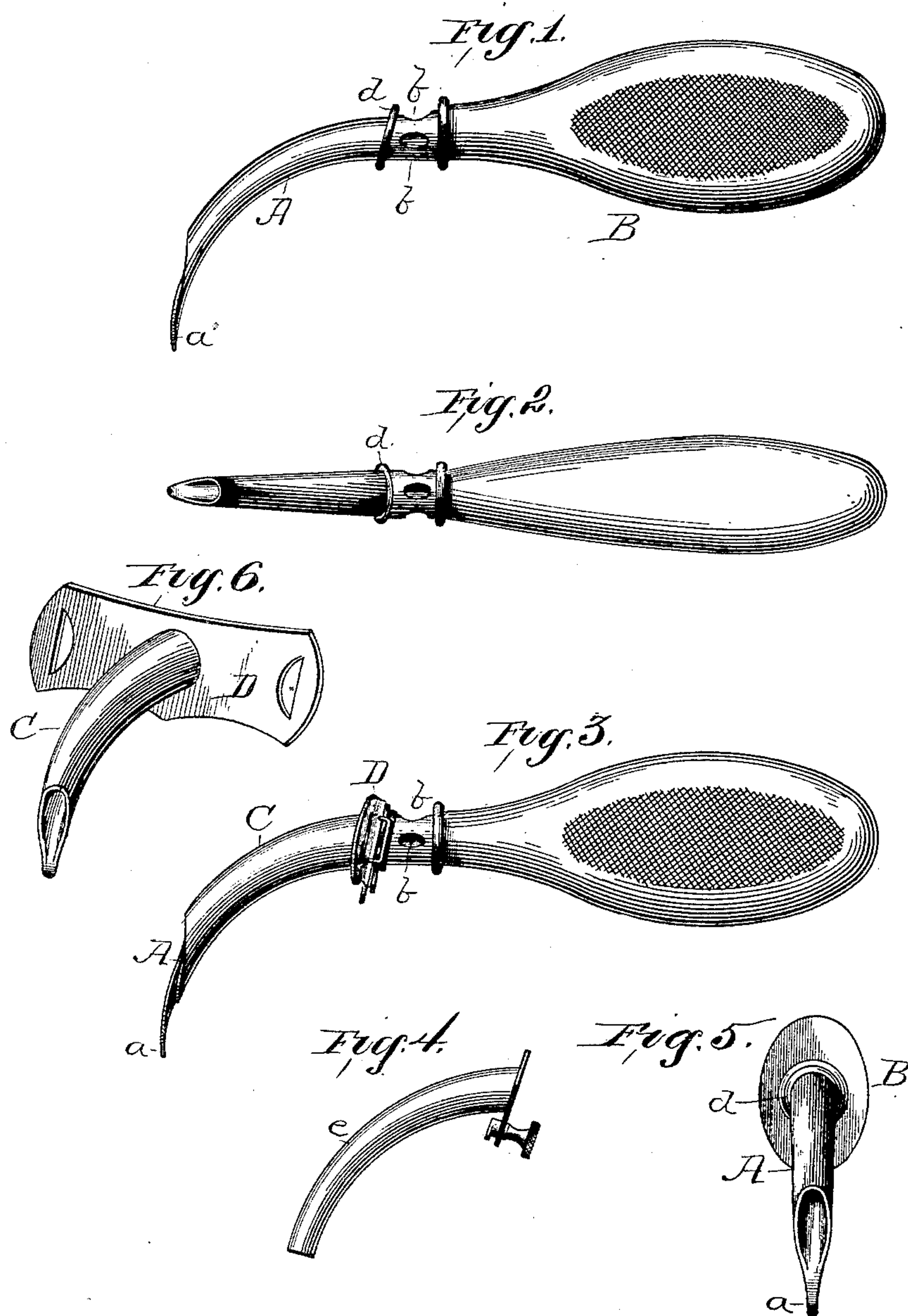


(No Model.)

L. OLIVIERI.
SURGICAL INSTRUMENT.

No. 460,987.

Patented Oct. 13, 1891.



Leonida Olivieri M.D.
Inventor

Witnesses
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UNITED STATES PATENT OFFICE.

LEONIDA OLIVIERI, OF CHICAGO, ILLINOIS.

SURGICAL INSTRUMENT.

SPECIFICATION forming part of Letters Patent No. 460,987, dated October 13, 1891.

Application filed September 18, 1890. Serial No. 365,389. (No model.)

To all whom it may concern:

Be it known that I, LEONIDA OLIVIERI, residing in the city of Chicago, in the county of Cook and State of Illinois, have invented certain new and useful Improvements in Surgical Instruments, of which the following is a full, clear, and exact description, reference being had to the accompanying drawings, and to the letters of reference marked thereon.

Heretofore in performing operations on the human throat, in order to get into the windpipe to relieve the patient from possible suffocation due to some obstruction in the throat caused by disease or accident, it was considered necessary to cut the flesh, so as to expose the windpipe and open the same and insert a tube. This way required the use of several instruments, and was slow to such an extent that asphyxiation or exhaustion was likely to occur. Another way used but one instrument, and was quick and very uncertain and dangerous.

My invention has for its object the providing of an improved instrument, whereby a tube can be inserted into the windpipe easily, quickly, and without danger, substantially as hereinafter fully described, and as illustrated in the drawings, in which—

Figure 1 shows a side view of my invention. Fig. 2 shows a plan view thereof. Fig. 3 shows a side view with the tube thereon ready for insertion. Fig. 4 shows a side view of the inner tube, and Fig. 5 shows a perspective view of the outer tube. Fig. 6 shows a view of the tube with attached shield.

It is desirable to explain briefly the process or method in which the several instruments before alluded to are used, in order that a more thorough understanding of my improvements and their advantages may be apparent. The first thing to be done was to enter the windpipe by means of a hook-shaped instrument similar to that described in my application filed of even date herewith, and numbered 365,388. When it is evident that the windpipe is entered, the surgeon uses a bistoury in the groove of my improved hook and cuts as necessary to enlarge the opening into the same. He then immediately inserts a conductor into the wound so made, so as to widen it and direct the entrance therein of the tube. The tube is held on the end of a holder, which

is provided with longitudinal openings therein for the escape of the air, and when in position is provided with an inner tube, which is placed therein after the first-mentioned outer tube is inserted in the throat, and which can be removed without disturbing the wound and cleansed when desired, so as to keep the passage open and free from obstruction.

My invention combines the offices of the aforesaid conductor and holder; and it consists of a curved tube A, which is properly attached to a handle B, that is shaped about as shown in the drawings, and is milled or serrated along its sides, so as to afford a good hand-grasp for the operator. The outer end of the tube is cut away obliquely from its upper to its under side, so as to provide the tongue *a*, which tapers to a rounded point, which can be easily inserted into the wound made by the bistoury without lacerating the sides of the same, and the end of said tube next the handle is provided with one or more openings *b b* in it to permit of the escape of the air.

C represents an independent tube, which has its advanced end cut away obliquely, so as to conform somewhat to the shape of the holder, which it surrounds, and with which it is inserted or carried into the throat when the said holder is inserted therein. This tube is prevented from moving on the holder toward the handle thereof to such an extent as to cover the openings *b b* therein by the circumferential head *d*, surrounding the latter, and it is provided with lateral flanges at its inner end, which prevent its passage through a shield D, which is placed across the neck and has an opening in it that is brought in front of the wound, so that the said tube can be inserted therethrough. After the tube C is placed in the wound so as to give entrance to the windpipe the holder is removed and in its place is put the removable tube *e*. (Shown in Fig. 4.) However, I lay no claim to the said inner tube, nor to the shield D, as constituting part of my invention. Suffice it to say that their use is considered to the perfect use, or rather operation, of my improved holder and tube C, as well as in the older method.

It will be understood that I can with just as great advantage use the improved instru-

ments, hereinbefore described, in veterinary practice as well as in surgical operations upon the human throat. The manipulation of the instruments might be slightly different
5 in such an event; but that would be all.

What I claim as new is:—

1. A surgical instrument consisting of a handle and a suitable curved tube secured at one end of the said handle, such tube hav-
10 ing its free end provided with an extending tongue and being hollow its entire length, with lateral openings in it adjacent to the said handle, as set forth.

2. A surgical instrument consisting of a curved tube attached to a suitable handle, hav- 15
ing its end cut obliquely, so as to make a tongue thereof, and having openings therein adjacent to said handle, in combination with an independent tube conforming to the curva-
20 ture thereof and adapted to be carried thereon, as set forth.

LEONIDA OLIVIERI.

Witnesses:

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