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DR. JOSEPH O'DWYER, INVENTOR OF INTUBATION

By JAMES J. WALSH, M.D., PH.D.*

LINACRE QUARTERLY has been publishing my thumbnail biographic sketches of Catholic physicians who accomplished something worth while during their medical careers. These have mainly concerned men rather distant in time and place from us, but if we look nearer home it is not hard to find some excellent examples of what modern American medical colleagues have accomplished. The physician, for instance, to whom the medical profession in America is greatly indebted for patient, painstaking, and time-taking work that saved many lives and, above all, much suffering for young children, was Dr. Joseph O'Dwyer, who was born in Cleveland in 1841, but who later came to New York City, graduating from the College of Physicians and Surgeons in 1866.

At the height of his practice in the last decade of the nineteenth century as attending physician to the New York Foundling Hospital, he had to be the unwilling witness to many heartrending scenes. As all those who knew him were well aware, he was a very tender-hearted man, and these scenes disturbed him very much. Diphtheria was very common in those days, the mortality from it was over thirty per cent and it fairly swept the wards of infant

asylums in this country.

Above all, very young children with their minute larynxes fell victims to laryngeal diphtheria with resultant closure of the glottis and consequent asphyxiation of the child. The death agony was almost inevitably prolonged and the child gasped and struggled for breath, creating the most painful scene that a nurse or doctor, but above all, a mother, could see. Patients suffering from diphtheria were not sent to a hospital for contagious diseases in those days, or but to a very slight extent. Most ailing children were cared for at home, and many a mother had to sit idly by and watch her infant child gasping for breath, knowing that only death would relieve the little one of its sufferings. Many a physician stood by the deathbed of his own child, utterly helpless to do anything for its relief, utterly hopeless of anything but a fatal termination of the disease, so that diphtheria was one of the worst scourges that we had.

Dr. Joseph O'Dwyer was attending physician at the New York Foundling Hospital and when diphtheria struck that institution he had to suffer so much that it was very difficult for him to go on with his work. He determined to devote himself to the invention of some apparatus that would bring relief to these little patients, or at least keep them from suffering so deeply. He felt

* The author is indebted to Dr. Joseph O'Dwyer, Jr., for much of the information used in this article.

sure that he could make an instrument of some form that could be inserted between the laryngeal cord and enable the little one to get air and at least, if death took place, it would not be with the manifest agony that proved so often the case. For more than ten years of patient endeavor, he strove to accomplish this. Dr. O'Dwyer worked on metal and gutta percha of all kinds and at last was successful. He made tubes that from their shape could be maintained in the larynx and an instrument for inserting the tube and for extracting it when it was necessary for any reason to do so, especially when the patient had improved. He had saved many lives and, above all, much suffering when he decided to present his results to the section on children's diseases at the Academy of Medicine. Some of the most distinguished pediatricians of that day, including Dr. Northrup and Dr. Jacobi, were present and confessed afterwards that they listened with some impatience to what Dr. O'Dwyer had to say. They were thoroughly convinced beforehand that the larynx would not tolerate the presence of a tube or implement of any kind and that it was perfectly useless to make experiments along that line.

Some of them pointed out that the Greeks had tried intubation and failed, and that the French about a hundred years before had tried with similar results. They suggested that they knew how much Dr. O'Dwyer would wish to be able to solve the problem of the

prevention of asphyxiation in these little children and that his wish had manifestly brought to him the idea that he had succeeded in this.

Poor O'Dwyer with his sensitive soul was much disturbed by this reception which seemed to convey the impression that he was fooling himself, though they were quite sure that he was entirely too honorable a man to want to fool others. It is said that for several days O'Dwyer stayed in bed. He was ashamed of himself, he did not want to meet other people, he knew that he had accomplished a real achievement, and yet none of his friends in the medical profession seemed to be ready to listen to him patiently. At last he got up at a meeting of the section on children's diseases and said, "Come over to the Foundling Hospital and see for yourselves." They came and saw and were convinced.

The perfected intubation tube from the hand of the inventor, Dr. O'Dwyer, is made of hard rubber; it can be boiled or disinfected with impunity; it does not corrode or collect lime salts; it is well made in sizes to fit every larynx and can be worn indefinitely. When he was convinced that he had perfected the tube, he placed it before the public without benefit of patent.

Fortunately the introduction of diphtheria serum was to make diphtheria very much less fatal than before and there was ever less and less need for O'Dwyer's tubes, though sometimes they were of use for strictures of the larynx and they remain an example of

what a patient, general practitioner may accomplish for the purpose of preventing suffering and saving life.

Dr. O'Dwyer had always been frail and the continued research and study to perfect his tube played havoc with his health. For many years he was a sufferer of insomnia and died when only fifty-

six years old. Fortunately before the end came, his patient work with the tubes had brought him recognition all over the world. He was one of New York's Catholic physicians who deserves to be remembered for what he accomplished by patient observation and untiring application.

More Important Now Than Ever Before

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