NOTICE is hereby given of the Annual Meeting of the Alumni Association to be held on Thursday evening, February 12, 1925, at 8.00 P.M., sharp, at the Arcadia Cafe, Juniper and Chestnut Streets, Philadelphia, at which time the reports of the officers, standing committees, and special committees will be made. Such other business as may properly be brought before the meeting will be considered.

The Annual Meeting of the Alumni Association

The officers for the ensuing year will be elected.
All graduates of the College who are members of the Alumni Association are entitled to take part in the proceedings, and are requested to be present if possible.
The Mid-Winter Smoker, to which all Jefferson graduates are invited, will immediately follow in an adjoining room.

The Mid-Winter Alumni Smoker will be held on Thursday, February 12, 1925

ARRANGEMENTS for the Mid-Winter Smoker of the Alumni Association of the Jefferson Medical College have been completed. The occasion will undoubtedly be the most successful one of its kind ever held, and the indications are that there will be a very large gathering of the Alumni in and about Philadelphia. A number will also come from some distance. The Mid-Winter Smoker is an informal occasion which has done much to promote acquaintance, good fellowship and cohesion among a large group of Alumni who have the opportunity to be in more intimate touch with the College than those residing at a distance. Aside from the pleasures which the occasion itself affords, there is an opportunity for each participant to extend his professional acquaintance among those having an interest and medical heritage common to Jefferson graduates.

While a detailed announcement cannot be made in advance of the meeting, it may here be said that on this occasion the Alumni Association will take the opportunity to recognize the unusual service of one of its members, who has for more than fifty years consistently and steadfastly reflected credit upon his Alma Mater.
There will be music, a good menu, old friends, cordial greetings, and a pleasant occasion for those who participate.
The Mid-Winter Smoker will be held at the Arcadia Cafe, Juniper and Chestnut Streets, Philadelphia, at 8.45 P.M., on the evening of Thursday, February 12, 1925. The subscription for participants will be two dollars and fifty cents, and should be sent to the Entertainment Committee in advance, in order that suitable provision may be made for all those who desire to take part.
The Resignation of Professor Edward Parker Davis

AFTER thirty-seven years of devoted service as a teacher in the Jefferson Medical College, Professor Edward Parker Davis, of the Department of Obstetrics, resigned on December 20, 1924. Professor Davis has had a distinguished career. Prior to entering Jefferson, from which he was graduated in 1887, he attended Princeton, receiving the degree of A.B. in 1879; Rush Medical College, receiving the degree of M.D. in 1882. Princeton honored him with the degree of A.M. in 1882. In the early years of his medical career he was a resident physician to the Cook County Hospital, Chicago, for twenty months, following which for a short time he was Superintendent of the Presbyterian Hospital of Chicago. He studied in Vienna in the Obstetric and Gynecologic wards of Carl Braun and Spaeth, and later spent some time in Berlin and Prague. He entered the teachers' staff of the Jefferson Medical College in 1887 as Assistant Demonstrator of Obstetrics. In 1892 he opened the Jefferson Maternity, then located at 327 Pine Street. He was appointed Clinical Professor of Obstetrics and succeeded to the Chair of Obstetrics in 1898. Under his able direction the Maternity Department located at South Washington Square grew in its work and in its influence on American obstetrics. He was largely influential in the formulation of the plans of the present new Maternity located in the Samuel Gustine Thompson Annex of the Jefferson Hospital.

The resignation of Professor Davis marks the passing from active collegiate life of one who has left a definite impression upon the teaching of obstetrics in America. He was a frequent con-
Dr. Chevalier Jackson elected Professor of Bronchoscopy and Esophagoscopy

In view of the increasing importance of bronchoscopy and esophagoscopy, a special chair for this subject was created by the Board of Trustees, and Dr. Chevalier Jackson, who is so well known not only to Jefferson Alumni, but the medical fraternity at large, was elected to be its first incumbent in June, 1924. Dr. Jackson is without question the outstanding authority of the world on the subject of bronchoscopy and esophagoscopy. Jefferson may well be proud of him who reflects the glory of a successful pioneer in a field which was considered unapproachable until he showed the way. Wherever bronchoscopy and esophagoscopy are done the influence of Professor Jackson's work and teachings are felt. His is an enduring fame in which all who know him and love him rejoice. May the fast rolling years rest lightly on his shoulders.
Dr. Fielding O. Lewis elected Professor of Laryngology

Dr. FIELDING O. LEWIS, of the Class of 1906, was elected Professor of Laryngology in the Jefferson Medical College in June, 1924. The Alumni Association extends to Dr. Lewis its congratulations on his latest achievement.

Dr. Lewis is a descendant from Colonel Fielding Lewis of Revolutionary fame, and was born in Hebbardsville, Henderson County, Kentucky, August 20, 1878. His preliminary education was acquired while attending the High School in Henderson and Georgetown College, Kentucky. He was graduated from the Philadelphia College of Pharmacy and from the Jefferson Medical College in 1906. He was President of the graduating class. After an internship in the Jefferson Hospital, he became associated with the late Prof. D. Braden Kyle from April, 1907, until January, 1912. Dr. Lewis has been intimately connected with the college and hospital since his graduation, serving in various subordinate positions until his elevation to the Chair of Laryngology in June, 1924.

During the World War, Dr. Lewis served as Captain in the Medical Corps, being stationed at Base Hospital No. 9, at Camp Green. At the present time, and in addition to his college and hospital affiliations, he is Laryngologist to the Radiological Department of the Philadelphia General Hospital and Consulting Laryngologist to the Hospital for Contagious Diseases, Philadelphia. He is a member of the following societies: The

Excerpts from the Address of Mr. Alba B. Johnson at the Alumni Banquet

At the time of the annual banquet in June, 1924, Mr. Alba B. Johnson addressed the Alumni on behalf of the Trustees of the Jefferson Medical College. Mr. Johnson stated that during his connection with Jefferson there has never been a time when it has not been cruelly restrained by poverty. Inadequate salaries have been paid, needed enlargements of its apparatus and buildings have been postponed, liberal contributors were few, and yet these years have been years of growth in work done, in friends enlisted and in public appreciation. "As I look back over these twenty years I realize that its material growth has been considerable, comprising the Daniel Baugh Institute of Anatomy; the Hospital for Diseases of the Chest on Pine Street; Ivycroft Farm, the home for convalescent men; the Nurses Home comprising four houses on Spruce Street; and the Maternity Dispensary, all of which have done worthy work in enlarging both the teaching facilities and the general usefulness of the Institution."

Several years ago it was realized that further expansion of the clinical facilities of the institution were necessary. To quote Mr. Johnson further: "The trustees were facing a situation which involved progression or retrogression, for there is no such thing as standing still. They had received a bequest of $200,000 from the Estate of William Thompson, conditioned upon the name of Samuel Gustine Thompson, a long and honored trustee, being bestowed upon some structure added to the Institution. Also, an income of $200,000 had accumulated from endowment funds, but to offset these two funds the property was encumbered with a mortgage of $385,000, the payment of which nearly absorbed them. Plans were prepared for a new hospital of fifteen stories, modern and fire proof, upon which builders bid more than two million dollars." This building, which has since been completed at a cost of a little under two million dollars, is now in operation. It has been financed, according to Mr. Johnson, by a new mortgage of $1,300,000 and by the proceeds of a public campaign conducted last February which secured about $700,000. "We asked for $1,500,000 and needed all that and more, but the amount received just sees us through the construction of this new hospital without relieving our mortgage burden. The generosity with which our first appeal was received leads us to hope for wider liberality when another appeal becomes necessary, because the more the public concentrates its attentions upon our work the more will it recognize its worthiness of support. . . .

The new hospital building adds the Maternity Ward, a Clinical Amphitheatre, Laboratories, Operating Rooms, X-Ray Department, the Social Service Department, and rooms for the comfort of patients able to make use of them and private room. . . . Those floors which were first intended for the nurses are to be left unfinished, to provide for whatever use the future growth of the institution indicates to be most necessary and desirable. . . . In thus providing for an enlarged hospital service we have not overlooked the necessary growth of the College. We are well aware that it requires larger accommodations and we have long been pursuing a policy of preparing for their provision. With this in view we have acquired five of the properties on Walnut Street above Tenth in the same block with the present College. It is, however, necessary for us to take one step at a time, and it is apparent from what I have said about our present activi-
ties that we must pause long enough to adjust ourselves to our present obligations before incurring others."

In concluding his splendid and instructive address, Mr. Johnson stated that the Trustees have an abiding interest in the growth and development of Jefferson. There will be many problems ahead to be solved. Each Alumnus should be interested in the future of the institution. Each Alumnus who reads this edition of the Bulletin may well pause to consider whether his interest is of the high type that it should be. This is what Mr. Johnson said in closing:

"I hope I have not wearied you with all these details. Whether you are interested in them or not depends largely upon the earnestness of your interest in Jefferson. Some one has said that these are growing pains, that Jefferson is suffering the penalties of her success. We would have none of these worries, these strivings to provide ways and means for greater work, were Jefferson standing still. The trustees could then attend meetings of undisturbed tranquillity, or stay away from them altogether, instead of meeting for anxious consideration of pressing needs and the exercise of the utmost ingenuity in meeting them. We want you to share with us this interest and these anxieties. We want you to feel, as we do, that Jefferson is doing a unique work which is worthy of support. In order that you might have a vehicle for making your interest effective, the trustees suggested the creation of an Alumni Fund for adding to the endowment. This is a college, not a hospital matter, although there is but one corporation, the hospital being an adjunct to the teaching facilities of the college. Nevertheless, no part of the endowment funds go to the support of the Hospital, for they are needed for and are applied to the support and enlargement of the work of the College. The Hospital derives its maintenance from the pay patients, from the contributions from the Welfare Federation and the support given by the Commonwealth in part payment for indigent patients. This Alumni Fund was started in 1922. Jefferson has six thousand living alumni. The report published in the Alumni Bulletin shows 521 alumni subscribers, less than one in eleven. The total contributions amount to $43,841.84, but when analyzed, we discover that $36,355.00 of this sum was contributed by Dr. Strittmatter, the president of the Alumni Association when the movement was started, and by those connected with the College and Hospital. Three hundred and fifty-nine subscribers not connected with the College have contributed $7,486.84. These results are but a mere beginning. I realize that our graduates become widely separated and form professional and civic relations which bring pressing demands upon them in their own communities. Nevertheless, I venture to express the opinion that a closer organization of the Alumni, together with the adoption of methods of keeping them better informed upon the work and needs of their Alma Mater, the building up of a stronger Jefferson spirit throughout the country, will inspire in them an interest which will produce results commensurate with those gained by other comparable institutions. Beside the reasons derived from old associations, both with the College itself and with fellow graduates, there is the strong incentive that Jefferson is perhaps unique amongst medical schools, and that its principal efforts are devoted to qualifying medical practitioners who go forth to serve the daily needs of hundreds of communities throughout our own and other lands. Not failing to realize the vital importance of research, and endeavoring to do its share in the advancement of medical science and the dissemination of the results of its work by means of the printed page, the emphasis of Jefferson is mainly upon the practical side of medicine upon the alleviation of human sickness and suffering, and upon educating doctors who by their personal work and influence raise the estimation in which their profession is held by the nation. This
task is not an easy one in competition with other institutions heavily endowed by powerful foundations and generous donors. 'By their fruits ye shall know them.' Jefferson rests its cause upon the quality of its work. I appeal to you sons of Jefferson, to keep bright your loyalty to your Alma Mater, to maintain her prestige by your achievements and your testimony wherever you may be, by directing to it the attention of those purposing to enter the medical profession, and by remembering its needs. I appeal to our fellow citizens of Philadelphia to sustain this great agency of education and of beneficent healing, realizing that it constitutes one of the bases of the enduring fame of our city; and I appeal to those throughout our land who are not limited by a parochial vision, but who have the welfare of medical education at heart and who desire to aid in its advancement.'”

A Tribute to the Hon. William Potter, President of the Board of Trustees

There is no more devoted group of men interested in the Jefferson Medical College than the Board of Trustees. Their self-sacrificing and abiding interest is often commented upon by those not directly interested in the institution. The following letter fell by chance in the editor's hands just as the Alumni Bulletin was going to press. What a splendid tribute to him, whom to know is to love, and who has given unsparedly of his time and his ability to the welfare of Jefferson over many years. 12th May, 1924.

Dear Mr. Ingersoll:

The Board of Directors of the Penn Club on April 26th tendered a reception to Mr. William Potter, being inspired by the notable progress of the Jefferson Medical College, which has been so richly eventful under the direction of your President and the Board of Directors.

Mr. Potter disclaimed the entire credit for the phenomenal success of your great school and hospitals, and acceded to the request of the Penn Club only when assured of its desire to recognize the extraordinary advance you have made in association with his exceptional personal direction.

In view of this attitude of the Board, it seems proper to convey to you as Secretary of the Board of Trustees of Jefferson, the conclusions expressed above, as well as the esteem in which they hold your President.

This is abundantly shown in the history of altruistic effort, from early years to the time of his mission in Italy; on return from which he took up so successfully and intelligently the work of further development of one of the foremost teaching institutions of medicine in the world.

It would seem most appropriate in summing up the work of William Potter, to use the remarkable words of that saint of the nursing profession, Miss Florence Nightingale, born this day, May 12, 1820, in referring to a great Englishman, Lord Wantage, whom she had known in the Crimea, and for many years afterwards in connection with his loyal service to the sick and wounded: “And what he had gained for us, can never be lost . . . A man who had everything (to use a common phrase) which this world could give him, but who worked so hard and to the last, as the poorest able man—and all for others—for the common weal. A man whose life makes a great difference for all; all are better off than if he had not lived; and this betterness is for always, it does not die with him—that is a true estimate of a great life.”

Very sincerely yours,

Thomas H. Fenton,
President of the Penn Club of Phila.

R. Sturgis Ingersoll, Esq.,
Secretary of the Board of Trustees, Jefferson Medical College.
The Last Surgical Clinic in the Old Amphitheatre of The Jefferson Medical College Hospital, held before the Senior and Junior Classes, May 10, 1922, by Professor John Chalmers Da Costa

In this, the last surgical clinic which will ever be held in this room, I purpose deviating from the ordinary clinical routine and instead of showing cases will tell you something of the history of this room, a room which Dr. Nicholas Senn referred to as historical in the annals of American surgery.

For nearly half a century right in this room man has wrought for his fellow man and wherever man has wrought for man that spot is holy ground. I intend briefly and necessarily in a superficial manner to touch upon some of the fine surgical traditions, some of the splendid recollections which are contained in the memories of this arena. These traditions and memories are lodged within our hearts as swallows' nests are built in house eaves. As I speak it seems to me as though the spirits of departed great ones arise and hover about us. I seem to look again upon loved and well-known faces and to hear the voices of many who have been gathered to the bosom of Infinity. I am as one who stands

"In Thebes the hundred gated in the thoroughfare,
Breathing as if consecrated a diviner air;
And amid discordant noises of the jostling throng,
Hearing far celestial voices of Olympian song."

THE OLD CLINICAL AMPHITHEATRE
The first clinic was held in this room by the elder Gross, the final surgical exercises are being conducted by one who now humbly tries to fill the Samuel D. Gross Chair of Surgery.

When this room was first put to use there was no science of bacteriology and no attempt at surgical cleanliness, although Pasteur had made some of his revolutionary discoveries and Lister some years before had put out his first papers on antiseptic surgery. The first surgeons in Philadelphia to use antisepsis were Dr. W. W. Keen and Dr. J. Ewing Mears in St. Mary’s Hospital. The first person to use it in this room was the younger Gross. There was no laboratory of Experimental Pharmacology and no laboratory of Experimental Physiology in the United States. There was no journal devoted purely to a special branch, for instance, no Journal of Experimental Medicine. Local anesthesia had not been discovered except a poor apology for it as obtained by cold. The patients had to bear the pain or take a general anesthetic. Such a painful operation as opening a felon was done without giving ether. There was a certain recognized method used to cut a felon cleanly, deeply and widely. The patient stood back of the surgeon. The surgeon drew the patient’s arm between his arm and side and entered the knife at the base of the diseased digit. With an explosion of expletives the patient dragged his hand away and thus cut himself to the length desired.

Spinal anesthesia was undreamed of, although I am not entirely persuaded that we would not be almost as well off to-day without it. The first brain tumor had not yet been operated upon. The first brain abscess had not yet been localized and operated upon. Appendicitis was unknown in spite of the discovery made by Mellier of Paris back in the 20’s of the 19th century. This brilliant young Frenchman believed that inflammation in the right iliac fossa came from the appendix. He showed a gangrenous appendix and a perforated appendix. Furthermore he thought the disease might some day be operated upon. Dupuytren maintained that inflammation in the right iliac fossa came from the cecum and the profession elected for sixty years to follow Dupuytren who was wrong and to reject Mellier who was right. The thousands of unnecessary deaths which resulted cannot even be guessed at. It was not until 1886 when Reginald Fitz of Boston wrote his epoch making paper that the profession came to hold the appendix responsible for inflammatory conditions of the right iliac fossa.

The chest was never opened except to drain an empyema and this was regarded as a very dangerous operation. When the celebrated Dupuytren lay dying from empyema he refused to be operated upon on the ground that he had never seen such an operation succeed.

During the early years of this arena aspiration from empyema had great popularity and was doing much harm. It was frequently used as an excuse to avoid operation and because of the absence of asepsis commonly led to mixed infection, particularly to putrid empyema. At the present day it is valued as a temporary expedient and as a diagnostic aid, but is not relied upon as a method of curative treatment.

At that time we had not the faintest conception of the bronchoscope or the esophagoscope or of the marvelous skill that was to be developed in the use of these instruments, skill, such as is displayed by my distinguished colleague, Dr. Chevalier Jackson, and which suggests magic or at least legerdemain. He extracts foreign bodies from the air passages as easily as one might lift a jack knife from the trousers pocket.
The suprapubic cut was almost never made for stone in the bladder. The stone was removed by lateral lithotomy or was crushed and washed out by Bigelow's operation, which latter procedure is, of course, still used in proper cases. The first operation in this city for stone in the kidney was performed by the younger Gross and in this arena.

Goitre was never touched surgically, unless it was cystic, when it was perhaps tapped or injected with a coagulating or irritating fluid. Tapping did not cure the ease and injection was a dangerous method.

I have given a bare sketch of the state of surgery when this arena was opened. Now let us see something of the distinguished men who have labored here.

The elder Gross was beyond all comparison the Emperor of American Surgery and the most distinguished surgeon of his day. Such a position of distinction had never been held before and in all probability will never be held by anyone again. He was one of the founders of the American Medical Association and he was the founder of the Philadelphia Pathological Society, the Philadelphia Academy of Surgery and that very distinguished body, the American Surgical Association. He always insisted on the close association of pathology, surgery and medicine. He did not believe that a man could be a good surgeon unless he was a good pathologist and a good physician. In fact, he prided himself on his skill as a practitioner of medicine. He was a teacher of the first order. He taught with perfect clarity and with an emphasis that caused his hearers to imprint his words upon their memories. He was the very embodiment of dignity. Tall, erect, handsome, white haired and speaking with the highest authority. His experience was immense and his knowledge of literature was profound. He had written a pioneer book on surgical pathology, another on the bones and joints, another on the urinary organs and another on foreign bodies in the air passages. As Doctor Keen pointed out some years ago, he wrote the first system of surgery ever written in America, a system of surgery which was regarded as the most authoritative text book of its day. He wrote many professional articles, read many papers, wrote upon medical history and biography and upon military surgery. In fact, he was the greatest of surgical philosophers. Whenever I heard him lecture I felt that fifty years of American surgery were speaking through his lips.

He was a man of many honors, LL.D. of Cambridge; D.C.L. of Oxford; LL.D. of Edinburgh. Finally, on his death bed, when he was too far gone to realize it, he had conferred upon him that reluctantly and rarely given distinction for a Jefferson man in those days, the LL.D. of the University of Pennsylvania.

Let us look for a moment at a clinic in the elder Gross's day.

At that time there was a doorway on the northern end of the clinic, opening into a corridor, and which has since been closed up. By this doorway was the sink. The floor of the arena was wood. Above the northern doorway was a bust of Joseph Pancoast. Above the southern doorway was a bust of George McClellan, the founder of the school. In the centre of the arena stood a wooden operating table, the table which is to be seen to-day in the Gross lecture room of the College. As a preliminary to the clinic a number of little tables would be brought in to hold the cases of instruments. The knives had ivory handles and were beautiful tools. Assistants set out different sizes of silk, various shapes and sizes of needles, marine sponges in basins, wax for strengthening ligatures, and perhaps, a furnace for the actual cautery, such a furnace as is used by the tin roofer. Suppose the case was lithotomy. The patient was brought in
under ether (Dr. Hearn administering the anesthetic), and he was pulled down to the end of the table, put into the lithotomy position and held in it by a frame and straps. On the floor, at the foot of the bed, was a wooden box of sawdust placed to catch as much of the blood as possible. Dr. Gross wore a long blue coat, a costume worn in many previous combats. Dr. James M. Barton was the chief assistant. The bladder was filled with water. A stone sound was passed into the bladder and was held by the chief assistant. Dr. Gross bent down on one knee, picked up the knife, passed it into the urethra until it struck the sound, carried it on into the bladder. As he withdrew the knife he inserted a finger, thus blocking the wound
and the stone dropped right on the end of the finger. He then carried a forceps into the wound and extracted the stone. The whole operation was performed with a speed and dexterity simply marvelous, from twenty to thirty seconds being usually sufficient for the procedure. Of course, before the operation was begun, the case was lectured on, the contemplated procedure being carefully explained. Dr. Gross talked during the operation, demonstrating every step of it. Gathered around in the arena one could usually see Dr. Keen, Dr. Oscar Allis, Dr. Richard J. Levis, Dr. Brinton, the younger Gross, Dr. Frank Maury, Dr. Joseph Pancoast, Dr. Thomas A. Andrews and others. Any distinguished surgeon visiting Philadelphia at that time was certain to be there. In fact, it was seldom that Dr. Gross did not have some eminent man to introduce to the class. It was the foremost surgical clinic in America.

In this arena the celebrated Joseph Pancoast operated. He was one of the greatest operating surgeons that ever lived, ranking certainly on a level with Syme of Edinburgh and Von Lengenbeck of Berlin. He was so widely celebrated that when a daughter of a Lord Chancellor of England, was terribly deformed as a result of a severe burn, Sir William Ferguson, the great London surgeon, referred the ease to Joseph Pancoast of Philadelphia as the master plastic surgeon of the world. He was the author of a celebrated book on operative surgery. For years he was Professor of Anatomy in the College and a teacher of clinical surgery in the Hospital. This combination was common in former days. The anatomist then taught pure human anatomy and every surgeon was required to be a real anatomist. I fear that we with our great progress have lost much in the average operator's knowledge of anatomy. Pancoast was one of the most wonderful operators that ever lived. Years ago I stated he had a hand as light as a floating perfume and an eye as quick as a flashing sunbeam. At the time of which I speak there was a man on Eighth Street who made and sold surgical instruments and it was the oldest store of its kind in the United States. The name is still there, namely, Gemrig. Mr. Gemrig told me that when in his old days Dr. Joseph Pancoast came in and picked out needles with a pair of forceps from the tray, the co-ordination between his eye and hand was so perfect that he would take his forceps, pick out the needle he wanted with lightning-like rapidity and with unfailing certainty and put it aside. Remember that was when he was an old man. He had some odd and striking expressions. Professor Keen will remember more about them than I can; for I only saw him as a school boy when I used to come to clinics long before I had begun the study of medicine. One of his favorite expressions was "the antiphlogistic touch of the therapeutic knife," for he believed profoundly in the immense value of local bloodletting in the treatment of certain inflammations.

In those days it was the custom of both the rival colleges for the first two weeks of the session to hold in the early fall surgical show clinics, so that all individuals coming to Philadelphia to study medicine could look these clinics over as a help to their decision as to which institution they were to embrace as their Alma Mater. They were advertisements to students about to invest. Pancoast used to try to have a case requiring removal of the upper jaw. He performed this operation with the patient almost erect and only partially anesthetized. He would incise the face with a speed that was simply marvelous and tear out the bones caught by huge forceps with a celerity almost inconceivable. The scene was not only bloody but actually ferocious. The patient partially conscious was spitting out blood, bones and teeth over the surgeon and his assist-
ants. In fact it was a real spectacle. It was a usual thing to see a student fall over here and another faint over there and others to get violently sick at the stomach. Those so affected were, of course, novices. Some of them decided at that moment that they did not want to study medicine at all. I saw a man, a few years ago, upon whom Pancost had done this operation forty years before.

Next in my memory comes the younger Gross, Samuel W. Gross, who, in my opinion, was one of the very ablest men that ever stood in this arena. In many ways he was a queer, an unusual, a strange man, and one very difficult to know well. He was not only learned in surgery and in literature of surgery, but also in pathology, in fact, he personally sectioned and examined all the tumors he removed. He was a teacher of the very first order, even a greater one, I believe, than his illustrious father. He was a formidable person and we, his assistants, had a proper dread of him. A few weeks after I had been appointed a clinical assistant he said to me: “Where is that Juniper-Oil Catgut I gave you?” I said: “You did not give me any, Sir.” He glared at me like an enraged Bengal tiger and said again, “Where is that Juniper-Oil Catgut I gave you?” I said to myself: “Here goes the job!” I responded: “Why in the name of all that is inflammable you put this on me? I’ll be blessed if I know. I want something or other if you gave me any — catgut.” He raised his head, looked at me through the centre of his eye-glasses and with a hint of a smile on his face said, “That’s right, young man, if you have anything to say, say it and say it so as everybody can understand.” From that moment he stood my friend. During one clinic there was an amusing episode. The patient was a man suffering from a sinus, the result of a lodged bullet. The man said he had been wounded at the Battle of Gettysburg. Gross looked at me and said “Something is getting wrong with my memory, I don’t remember whether Gettysburg was fought in 1863 or 1864.” I said, “It was in 1863,” and he said, “How do you know it was. I made answer, “That was the year I was born.” He responded, “Well, the year you were born no doubt was important, but it doesn’t affect the date of the battle of Gettysburg.” I said, “I can prove it to you, Sir, so as to convince you.” He said, “Go ahead.” So I quoted

“That was in July of ’63, The very day that General Lee, Flower of Southern chivalry, Baffled and beaten backward reeled, From a stubborn Meade and a barren field.”

Gross turned to the class and said: “This bullet was lodged in July of 1863.”

He was the first American surgeon to insist on a radical operation for cancer of the breast. He shares with Halsted the glory of establishing radical surgery for breast cancer. His removal of the breast was so extensive that he called it the dinner plate operation, and he left a large unclosed wound. I believe that up to the time of this radical operation no woman had ever been cured of a cancer of the breast. As is well known our results now for the operation, if done early, are splendid. One evening he presented to a society a paper which attracted wide attention. My recollection is that he reported 100 cases of operation for cancer of the breast. That evening he gave an enumeration of several of his leading characteristics; viz.: clearness, brevity and emphasis in statement. A young man who perhaps might have performed two or three operations in his life got up and objected to Doctor Gross’s method on the ground that the large wound left open would reproduce cancer. At the close of the debate Gross arose and said:

“When oak trees produce polar bears and when fireplugs produce whales, then
will granulations (which are connective tissue), produce cancer (which is epithelial tissue), and not until then.” Doctor Keen can recall how characteristic was this answer.

His last lecture in this arena was on a spring day. At the end of the clinic, after he had changed his clothes, he threw a light overcoat over his arm and started out. I said “Doctor Gross, it is pretty windy, you had better put on your overcoat.” He answered, “You young people are made of sugar in these days. I wasn’t brought up that way. I am going down to 3d Street now and buy a bond for my wife out of that $1000 I got this morning.” In a few days he was dead of pneumonia.

It is a curious coincidence that there was a like ending to Dr. William L. Rodman. Doctor Rodman, originally of Kentucky, but for many years of Philadelphia, was the first resident physician of the Jefferson Medical College Hospital, and was a devoted friend of the younger Gross. One day he came into my house and as he departed, I said to him: “You had better put on your coat, you remember how pneumonia got Doctor Sam,” and he said: “I only live a short distance from here and I won’t need it.” In a few days he was dead of pneumonia. I will be afraid to predict again.

Dr. Samuel W. Gross had written a celebrated book on Diseases of the Mammary Gland and another one on Impotence, and had been largely responsible for causing the profession to realize that it was just as proper to tie large veins as to tie large arteries. He was a master of principles.

Now I seem to see my dear old friend, Dr. John H. Brinton; an old practitioner of wide experience and a very interesting personality. He had been one of the chief field surgeons of the Army of the Potomac and a close friend of General Grant. He loved military surgery above anything else and was one of the founders of the Army Medical Museum. He was a splendid anatomist and most skilled in ligations and amputations. He had written a very remarkable article on the attitudes of persons killed on the battle field, advocated amputation through the knee joint and was the American editor of Erichsen’s Surgery. He had been Doctor Keen’s preceptor.

Doctor Brinton had seen so many people make so many mistakes and had heard so many false prophecies that as he advanced in years he became very chary of giving a positive prognosis. I heard him one day give one of the most remarkable opinions on record. A man asked me how his son (who had been operated upon), was doing. I explained to the best of my ability but the father wasn’t satisfied, he wanted to see the Professor. I realized that he wouldn’t get anything very specific but I took him to the Professor. Doctor Brinton put forth what I maintain is the most undeniably broad opinion ever given except that announced by Jack Bunsby of the Cautious Clara. He said, “If he gets well he will get about again, if he doesn’t get well he will not get about again, and if his condition doesn’t change he will remain about as he is.” The remarkable thing is that the father appeared perfectly satisfied because he had it from the Professor. After the conversation had terminated I said to Doctor Brinton: “Who says it was not? If so, what odds?” He said, “Yes, Dombey and Son,” smiled and walked out.

Many others come before me whose names I can do little more than mention: That handsome, courteous, generous, warmhearted gentlemen, William H. Pancoast. One of the most brilliant, promising and unfortunate of all of them, Frank Maury. Richard J. Levis, the master operator, the surgeon of marvelous mechanical ability. His studies of fractures influenced the whole profession. A few years ago I attended a meeting of a society
in which a paper was read on the reduction of Colles’s fracture by a new method. The reader stated that the plan was to bend the lower fragment back, drag upon it forcibly and force it down into place by acute flexion. I called his attention to the fact that long years before Doctor Levis taught the following: hyperextension, longitudinal traction and forced flexion. The alleged new plan was the old plan of Levis. He didn’t wear the surgeon’s white gown as we do now and he wore long cuffs when operating. As a dodger of blood he was wonderful. He would make a long cut, step back out of range and say to his assistant, Dr. John B. Roberts, “John, put a string on that.”

Then I seem to see Dr. Oscar H. Allis, a man full of original ideas, a profound thinker, in fact, a genius. His work upon dislocations of the hip joint and lateral curvature of the spine is classical. He was a most original and painstaking operator. He was opposed and profoundly opposed to the use of bad language in the operating room. Only once in his life did he explode in this arena and it always pained him to hear the incident referred to, and the elder Hearn used to enjoy reminding him of it. He was operating on an ununited fracture of the tibia and had spent an hour and a half in beveling the bones, putting the fragments together and inserting screws. It was one of the neatest of surgical jobs. Doctor Allis leaned back and looked at it approvingly. An assistant picked up the extremity by the heel and splintered the bone. Doctor Allis said: “Damn it and may God forgive me for saying it.” Whenever Doctor Hearn would remind him of it, Doctor Allis would say, “Now, Hearn, please stop and don’t recall that affair.”

Dr. James M. Barton I have already spoken of. He was for some time chief assistant and later was surgeon to the Hospital and finally Clinical Professor of Surgery. He was a pioneer in abdominal surgery and did an enormous amount of valuable work. I believe that he is the only man of the great group gathered about the elder Gross who is now living. He resides in Atlantic City.

Dr. Charles B. DeNancrede, long a surgeon to this Hospital, was afterwards the distinguished professor of surgery in Ann Arbor University. He was a profoundly learned surgeon as well as a great clinician and his operations were remarkable for speed, certainty and dexterity. He was learned in the principles of surgery and his book on that subject was long popular.

Doctor Andrews, the demonstrator of anatomy, used to assist Professor Joseph Pancoast in the clinic. He was an extremely able man and a very popular teacher. He used to like to tell about the famous Siamese twins for he had made the post-mortem on that remarkable pair. One of the twins had been a Northerner in feeling and the other a sympathizer for the South during the desperate days of the Civil War and they used to quarrel fiercely. Each of them was married and the custom was to spend alternate weeks at each other’s house; and the wives fought as fiercely as the husbands. It is said that one of the twins hated liquor and the other liked it. When the one who liked liquor got drunk his brother had to get drunk with him. Doctor Andrews was an excellent teacher of anatomy.

And then comes that man who was the best loved of all the men around Jefferson, Dr. W. Joseph Hearn. During long years he was the anesthetist for the elder Gross and was then Chief of the Clinic, Surgeon to the Hospital, and finally, Clinical Professor of Surgery. He died as the result of a lamentable runaway accident. He was one of the best practical surgeons who ever lived and he was physician as well as surgeon. If any physician connected with this Hospital had to be operated upon or if one of his family had to be operated upon, Doctor Hearn had to do the opera-
tion or was at least called in to the case. He was a wonderful diagnostician, in fact, he seemed to be a natural born diagnostician, if there is such a thing. His experience was enormous. He was one of the best, most generous and most lovable of men. I pause to think of him in love and affection, and I seem to see him in this arena where he spent such a large part of his busy life.

“Green be the grass above you friend of my former days. None knew you but to love you or named you but to praise.”

I have not mentioned one of the greatest men who ever stood in this arena, our Emeritus Professor, Doctor Keen. I have not mentioned him because I have restricted myself to those who are no longer connected here or who have passed into the Great Beyond.

Doctor Keen is, of course, the greatest product of the school of the elder Gross. In his presence I cannot say all I would wish to say about him, but I can say and will say that everything I obtained in professional life came directly through his kindly aid.

When he came to this school, my friend, the younger Gross, was dead and I was very much the under dog in a raging combat. He reached out his strong right hand, seized me, so to speak, by the hair of the head and dragged me to safety. When I started to crawl along, step by step, he would sometimes advise me and always wisely; sometimes urge me, sometimes stimulate emulation in me, and sometimes drag me along by the scruff of the neck. That is the reason I am to-day the Professor of Surgery. Doctor Keen has put his stamp on the surgery of the world. His record is lustrous with achievement. His system of Surgery is beyond any question the greatest system existing and it is universally recognized as such by all the leading journals, domestic as well as foreign. I could say a great deal more of him but will not in his presence.

Among others who lectured or operated in this arena were Lawson Tate of Birmingham, one of the most celebrated of abdominal surgeons. He was always engaged in some active controversy but was a great man and a pioneer especially in pelvic and gall bladder surgery. Mr. Bryant of London, Senior Surgeon of Guy’s Hospital, lectured here on aneurysm. He was a handsome, ruddy faced, white whiskered gentleman and the author of a splendid text book of surgery. As he walked about the Out-Patient Department he said: “A lot of those people should be in doctors’ offices paying fees.” He then told me that shortly before he left home he was passing his clinic room and was struck by a person he saw sitting among the out-patients. Coming into the hospital he had noticed the carriage of a wealthy but miserly English peer and that peer was the patient he recognized in the out-patient room. “Knowing that he was very sensitive to criticism,” said Bryant, “I went back into the consulting room and had him brought to me and told him I had recognized him and that the charge for consultation was so much for the Hospital (a very considerable fee), which he paid and departed.”

Another who honored us was Sir William Macewen of Glasgow, one of the founders of cerebral surgery, a very great man. Another was Professor Chiene of Edinburgh. He lectured to us but wouldn’t operate. He said to Doctor Keen: “You may talk all you please, but I won’t touch a knife, I am on a holiday.” Then there was Annandale of Edinburgh, the man his old students referred to as “Tommy” Annandale. He had written an extremely useful book for house surgeons. He operated for a tumor breaking into the pharynx from the basilar portion of the occipital bone. In order to reach it he split the hard palate by use of the saw,
separated the two parts of the palate by opening a pair of powerful forceps and through the gap removed the tumor.

Another visitor was Mr. Balance of St. Thomas's Hospital, London. He had, with Mr. Edmonds, written a very valuable work on the ligation of arteries and he afterwards wrote a book on the surgery of the brain. Another was Mr. Durham, the Senior Surgeon of St. Bartholomew's Hospital, London, a man of interesting and delightful personality. He had observed the condition of the brain in a case in which there was a great loss of substance in the skull. He had inserted a watch crystal and observed the brain while the man was sleeping and waking. He found that when the sleeping man was obviously dreaming, the previously shrunken brain swelled up. He gave a delightful lecture.

Sir William MacCormac of St. Thomas's Hospital, London, was a very notable surgeon. He used to come to Philadelphia every year or so and stayed with one of the Gross's. During the Franco-Prussian War he had been, with our own Marion Sims, in charge of the Anglo-American Ambulance Service. The last time the elder Gross was in this arena he introduced Sir William to the class. Just outside the door Gross said, "Sir William, my friend, I am going to introduce you to those I love next to my own family, the members of the great class of the Jefferson Medical College." On MacCormac's last visit Dr. Keen gave him a dinner. It was a reeking hot July night and as we emerged from the house on Chestnut Street, MacCormac said to Dr. Hare: "Please tell me, for God's sake, where I can get a glass of beer." On one occasion, when here, he did a suprapubic operation for stone in the bladder.

J. Marion Sims paid a visit to us every Fall. With the exception of the elder Gross, Dr. S. Weir Mitchell and Dr. Keen, he was the most distinguished graduate of this school. He was the founder of Gynecology. One of the most attractive of books was the one he wrote which is called "The Story of My Life." It is a strange story of the depths of poverty and a poor country practice in Alabama and of devising, after infinite effort, the operation for rectovaginal and vesicovaginal fistula. He tells of the great difficulty he had in obtaining professional recognition, of mounting to fame in Europe and finally how he became surgeon to the Emperor of the French, Napoleon III. His book on uterine surgery was extensively used and he did the first deliberate operation ever done on the gall bladder. He was a general surgeon who specialized and had not been a specialist from the start, hence his philosophic mind and breadth of view. On one occasion, as a student, I sat on the front row to witness a clinic by the younger Gross. The elder Gross came in with Sims and they seated themselves directly in front of me. The younger Gross said to his father, "Professor Gross, will you do us the honor to hold this clinic?", and the elder Gross said "Thank you, Sir, I would prefer not, I would rather sit here and learn something." Wishing to hear what pearls of wisdom would drop from the lips of two such eminent men as Gross and Sims, I committed the impropriety of leaning over and listening. Gross nudged Sims and said, "You and I are going to have a fine time at lunch to-day," and Sims said, "Why Sam?" and the elder Gross said: "All the women are away from home and we are going to have corned beef and cabbage and beer."

Victor Horsley, afterwards Sir Victor Horsley, visited us. He was one of the founders of the surgery of the brain and for years stood in the very front rank in that branch. He lost his life from sun-stroke while patriotically serving his country during the World's War in the British Campaign in Mesopotamia.
Hans Kehr operated here for gallstones. When he operated on the abdomen he took no chance of missing anything. He made a huge incision and one didn't look in through a window but through a doorway.

Sir W. Watson Cheyne, who had been the assistant of Lord Joseph Lister, operated here for movable kidney. He said to Doctor Keen: "What have you got for me," and Doctor Keen said: "A movable kidney." He said, "Well, I will sew it in place, but they always come loose."

Faure of Paris did a most extensive operation for peritoneal adhesions. As he spoke in French, Doctor Keen translated sentence by sentence. Tillman of Germany operated here and made an artificial anus. He was a big, robust German. As he spoke in German, Doctor Keen translated sentence for sentence. Esmarch, then of Kiel, had by marriage become a member of the imperial family. He had introduced the elastic bandage and the elastic band for the prevention of loss of blood during operations on the extremities. Dr. Joseph Pancoast had devised the principle and had used a wet gauze bandage for the same purpose but the elastic bandage was a great improvement. Before he came to see us he had been to another institution where there was an extremely ornate marble clinic room. He said, he was not used to operating in palaces and felt happier with us because "I am now where the real work is done."

Miekulicz of Breslau, one of the foremost surgeons in the world, an LL.D. of this school, a man who had added chapters to the surgery of the stomach, lectured here and Gottstein, his assistant, was also here. Gottstein was a pioneer in the use of the esophagoscope. I will tell you a story Doctor Keen never heard before. Doctor Keen was to take Gottstein around and show him various historical structures. It was a reeking hot summer day. Doctor Keen said to me, "John, I have to go out of town, you take this list which I have made out and show the Doctor the various places which I have indicated." Among them was Old Christ Church, the Old Swedes' Church, Independence Hall, etc. I thought our German guest looked pretty hot and miserable. We paused at the corner of Broad and Chestnut Streets, and mopped our faces. I looked at him and said: "I will be perfectly frank with you but please don't tell Doctor Keen. Half a block from here is an excellent Rathskeller which dispenses Munich beer. Would you rather visit the sights of the city or drink Munich beer and take a rest." He said, "I would so love to go to the Rathskeller." Further deponent sayeth not.

On one occasion we had Doctor Keen's old friend who had been his chief during the Civil War, Professor Robert Weir of New York. He operated for stone in the ureter and when he reached the ureter the stone had passed. This very case made my colleague, Dr. Gibbon, and me cautious, about operating for stone in the ureter.

Prof. John A. Wyeth of New York came over here to see Doctor Keen use the Wyeth pins for the prevention of hemorrhage in amputation of the hip joint. He was a very eminent man and a charming gentleman.

Prof. Nicholas Senn of Chicago operated here for ununited fracture of the patella. He was a great surgical genius. He and Halsted of Baltimore were the two men who did the most to make intestinal surgery and he was a pioneer in the surgery of the pancreas. He had been born in Switzerland, had left there as a boy and had worked his way up through the greatest poverty to a position in the very front rank of the profession. He dedicated his great work on tumors to the elder Gross and did so out of gratitude. He told me that one of his early articles
was much criticized by his medical neighbors and he felt profoundly dejected. Just then he received a letter from the elder Gross congratulating him on the work and urging him to go on to greater things. This letter encouraged him so much that he persevered until he reached the goal of success. He always insisted on the enormous importance of the principles of surgery.

William S. Forbes, formerly the Professor of Anatomy in this Institution, held clinics here for many years. He was very fond of doing Bigelow's operation for stone in the bladder and had invented a very powerful lithotrite. He devised the operation for liberating the ring finger of musicians by dividing the accessory tendons and was the father of the present anatomical law of the State of Pennsylvania. This law exterminated the hideous old custom of grave robbery and secured to medical colleges sufficient anatomical material. Professor Forbes was a courteous and dignified gentleman of the old school.

William L. Rodman lectured here. He came from Louisville, graduated from this school, and was the first resident physician in this Hospital. He was for a long time the distinguished Professor of Surgery in the Medico-Chirurgical College. He was particularly expert in the surgery of the breast and the surgery of the stomach. We all loved him.

Hunter McGuire lectured here. When the Civil War broke out he was a junior teacher in this institution and returned to the South to serve, as he felt was his duty, the cause of his native state; and when he went he was accompanied by scores of our students. He became the celebrated surgeon of Stonewall Jackson's corps and attended that great soldier on his death bed. He was one of the very great surgeons of the country.

Dr. Joseph Price held a clinic. He was one of the greatest of abdominal surgeons and used the fewest instruments I ever saw as the armamentarium of an operator. His trained and slender fingers were those of a prestidigitateur. He was very outspoken, hence had bitter enemies and warm friends. He was usually referred to as "Uncle Joe." He was a strange, forceful, whimsical, eccentric, lovable and very able man.

Baron Takaki, the surgeon general of the Japanese Navy during the Russo-Japanese War, lectured here on the medical organization of the Japanese Navy.

Among other distinguished men who have held clinics in this arena, I may mention Sir Morrell Mackenzie of London, George deSchweinitz (once a Professor of Ophthalmology here), Roswell Park of Buffalo, Ellerslie Wallace, our Professor of Obstetrics, J. Solis-Cohen (who on one occasion performed laryngectomy), William Thompson (celebrated for his operations for cataract), the Yandells of Louisville, Louis R. Sayre and Conner of Cincinnati, who had been one of the attending surgeons on President Garfield and who made the opening address at the inaugural ceremonies of the present College.

I do not mention the medical men although much could be said about them, particularly of J. M. DaCosta and Roberts Bartholow. I could go on indefinitely but I will not because the time is nearly up. I have simply skimmed the surface and have given a few hints from the memory of one who has passed his surgical life in this arena, for I became connected with this Hospital as a surgical assistant to the younger Gross on the first of May, 1887. This arena has been as the well of the Patriarch in which all the tribes of Science's Israel owned an equal right and to which they owe an equal homage.
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