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Chapter 12- Jefferson Vignettes, pp. 523-592

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Jefferson Medical College

CHAPTER 12

Legend & Lore

Jefferson Vignettes
James Taylor:
Dissecting Room Janitor
by Richard J. Dunglison (JMC, 1856)

[Ed. note: The author of this article was the son of Professor Robley Dunglison and editor of The College and Clinical Record at Jefferson from 1880 to 1889.]

On Wednesday night, July 30, 1879, our old janitor in the dissecting room laid down his work at the table in the corner, as usual, at ten and a-half o’clock. At one o’clock on the same night he was in a state of choleric collapse. Death closed his sleep the following morning, Friday, August 1, 1879. His long service to the College is deserving of some acknowledgment of this kind.

The facts of his life, as nearly as can be gathered, are as follows; and to these few details nearly every alumnus will be able to add many interesting reminiscences for himself.

James Taylor (Fig. 1), having left his home in county Donegal, Ireland, at the age of thirteen, landed at St. Johns, New Brunswick, in the spring of 1834. Here he became a private waiter to an English officer, and continued in this service two years. With some relatives and friends he landed in Philadelphia, September 20, 1836, where he got a position as waiter in the American Hotel, on Chestnut Street, in which position he remained until his appointment at the College in 1842. The winter course of 1842 found him as janitor of the dissecting room of Jefferson Medical College; but he still continued for several years to work as waiter at the hotel during the summer months.

March 25, 1843, he was married to a native of his own country by the name of Jane Kidd, by whom he was made the father of six children, four girls and two boys. Two of these only reached the age of maturity. His son, James Taylor, Jr., graduated at the Philadelphia High School in 1862, at the age of sixteen, and subsequently at Jefferson Medical College, in 1865. This son served as acting assistant surgeon in the “Finlay Hospital” several months. After graduating in medicine he opened an office here, and worked in the College clinics, and as a quizzer. He was more than ordinarily successful as a practitioner, and many can bear testimony to his success as a quiz master. His excessive energy in all that he undertook probably hastened on his disease. He died October 28, 1868, of consumption of the lungs; his premature death casting a gloom upon all who knew him. His father never recovered from the shock entirely, for the son did not forget the humble walk of his father after his graduation, but continued to assist him in all its details.

Of the thirty-seven years spent in the College, one who knew him from the beginning speaks as follows:

Fig. 1. James Taylor, janitor in the dissecting room for 37 years.
“He was always faithful and obedient to superiors, punctual, industrious, scrupulously clean in the performance of his duties, honorable to a high degree and honest. He was willing to accommodate, cheerfully rendering extra hours of labor late and early. I had the most implicit confidence in his absolute integrity, which I have seen proved under various circumstances. I held his ability in high respect, and upon it was often obliged to call in the preparations of my lectures. I could fully rely upon his skill in making injections coarse and fine, minute, and microscopic. Although deficient in the knowledge of anatomical nomenclature, he was an extremely accurate, and precise, practical anatomist, a knowledge gained and perfected wholly by observation.”

Those who have, in years gone by, endeavored to vary the monotony of the dry details of anatomy by jumping, pitching pennies, sparring, or drinking beer with him in the old dissecting room, will remember that he was ever ready to accommodate them; and that he entered into these sports more out of desire to please than any other reason; and will be glad to know that his vivacity continued until the end. Those who have won prizes with his assistance; who have thoughtlessly broken or stolen any of his bones have, no doubt, been impressed by him. Incidents such as these, enlivening the routine of his daily toil, with the prompt performance of duty and the faithful discharge of trust, filled the measure of his life. He acted well his humble part; who will say that in such a record no honor lies?

It is proper and right for us thus to record our respect and esteem for one who labored faithfully in his calling and mastered it. Although he might be thought coarse by looking at his rough hands, and one might be even disposed to think burking or anything else not too hard for him, yet there was a warm heart in his bosom, and a wonderful resource of common sense that made him an exceedingly valuable man. There was an inner life in him that could read character, discerning the right, and appreciating the humor that is in life.

This notice and place on our College Journal seems appropriate for one whose life was spent in the service of the medical profession, and who was identified for more than one-third of a century with Jefferson College. His part, though not prominent, was serviceable in the remarkable history of the College during the most trying and important period of its career.

Jefferson Vignettes

Jefferson Medical Officers in the Mexican War
by John A. Koltes, Jr. (JMC, '47)

[Ed. note: John A. Koltes, Jr., Honorary Clinical Professor of Psychiatry and Human Behavior, contributed the chapter on the history of the Department of Psychiatry in Thomas Jefferson University: Tradition and Heritage. His interest in the Mexican War was stimulated by the service of his great grandfather in that conflict. This forebear, also John A. Koltes, received 100 acres of land from the U.S. Government at Champaign-Urbana, Illinois, as compensation. Rather than migrating west, he sold the land.

Dr. Koltes, in his extensive research on the Mexican War, was able to identify and obtain information on the military roles of twelve Jefferson graduates. This is an original article on the participation of Jefferson medical officers in the Mexican War about which nothing has previously been written.

Dr. Koltes acknowledges his indebtedness to the scholarly help through masses of archival material by: Mary C. Gillett, Ph.D., Chief Medical Historian, U.S. Army Center for Military History, Washington, D.C.; Louise Arnold Friend, Reference Historian, Department of the Army, U.S. Army Military History Institute, Carlisle Barracks, PA; and David Henry, U.S. State Department, Foreign Service, Minister to Iceland.]
They were twelve good men and true, - twelve graduates of the Jefferson Medical College who volunteered for service in the Army to serve during the war, the third war since the Revolution of '75-'81. The army had fought the Seminole Wars in Florida in the 1830s, the Black Hawk War, and in the War of 1812 along the eastern seaboard.

But now it was a different matter. American citizens wanted more space and to own the space. They were willing to fight for it, right or wrong. Public opinion at that time believed that we were right in invading Mexico. The people believed that we should possess all of the territory from the Atlantic to the Pacific and from Canada to the Rio Grande.

The Mexican Government did not agree at all with that point of view. After all, they sacrificed Texas to its declaration of independence in 1835, and came to blows over it in 1836, culminating in the battle of The Alamo on March 6 in which every American defender was killed.

By 1845, negotiations between the U.S. Government and the Mexican Government had broken down. President Polk sent a small body of men under General Zachary Taylor, "Old Rough and Ready," to "keep the peace." Mexico claimed territory north of the Rio Grande up to the shores of the Neueces River, 100 miles north. The U.S. would have none of it. Troops were lined up on the north and south shores of the Neueces and when an American soldier was killed (whatever he was doing) the hue and cry went up, "American blood has been spilled on American soil," giving the army an excuse to march south toward Matamoros. The war was on and the stakes were high. After all, Mexico lay claim to practically all of the far west, the so-called Spanish third of the nation, and to conquer this even at the price of being called imperialistic, was considered by President Polk and his cabinet to be well worth the risk.

Accordingly, the President dispatched an army with general orders to proceed, and under General Taylor they did exactly that. The territory of northern Mexico was far from an ideal battle ground. Two obstacles presented monumental problems - limited supplies and troops on the one hand, and a variety of diseases, both contagious and traumatic, on the other.

No physician in that war, no one in the entire medical department of the army for that matter, produced any methods of treatment of combat wounds or prevention of disease that would be of value during the subsequent Civil War only thirteen years hence. A total lack of understanding of the origins of contagion and of sepsis, the reliance on surgical techniques promulgated by Larrey, the chief surgeon in Napoleon's Army fifty years earlier, and the lack of any trained personnel to deal with the sick and wounded, contributed to the frightful toll taken by disease. The Mexican War had the highest casualty rate of any conflict in which the U.S. Government has been involved. In an army of about 104,000 soldiers, there were approximately 1500 combat deaths, but the death rate from disease, even a conservative estimate, has been placed at an astounding 15,000. The casualty rate in the Mexican War was 110/1000, in the Civil War 65/1000, and World War I 16/1000. Those killed in action numbered 1549, died from disease 10,951, and discharged for disability 13,825. The Mexicans may not have been successful in combat but they certainly were in contaminating our troops with the most vile and wrenching diseases. Montazuma did indeed have his revenge then and continues even today to wreak havoc on a significant percentage of tourists - the dreaded dysentery and the vomit!

The war was fought on two fronts beginning in April, 1846, and lasting until the summer of 1848 when American troops seized Mexico City. Under General Taylor, the Army moved south across the Rio Grande toward the city of Monterey which was captured and remained under U.S. control. But the government of Mexico did not surrender, so a second front was opened under the generalship of Winfield Scott. He entered Mexico at the port city of Vera Cruz pushing north over the old road, the Camino Natiole, followed by Cortez 300 years earlier. The capital city was the military goal, the conquest of Mexico and the surrender of its vast real estate holdings of western U.S. being the prize.

What reasons medical men would sign up for
the duration is a bit of a mystery. A study of them reveals a wide variety of personalities. Clearly some entered the service to see action and adventure, some for the security of military life, perhaps some for patriotic reasons although this was our war of imperialism. For whatever reasons, they all served for the duration of the conflict and some stayed on active duty and served through the Civil War and beyond.

One cannot underestimate the enormous problems confronting the military surgeon. Between insufficient supplies, limited knowledge and environment pressures, he was incessantly forced to cope with the most serious medical problems with greatly limited equipment and medication. In spite of these many hardships, all the Jefferson medical officers survived the war, although there were some significant administrative difficulties leading to military discipline.

Frontier life was rugged at best and the military forces were obliged to deal with all of the problems encountered by moving a body of troops through territory rife with hardships - heat, sagebrush, cacti, serpents, and supply lines stretched to the breaking point. Many soldiers deserted (none of the Jefferson medical officers) and such a high percentage of them contracted malaria, typhoid fever, cholera, and especially gastrointestinal symptoms, that the entire army must have suffered a significant degree of demoralization because the risk of disease and death was far more dangerous than the Mexican musket.

Not only was the disease rate higher (highest in fact of any war in which the U.S. engaged), but treatment for disease was as primitive and dangerous as the terrain of southwestern United States and Mexico. Bleeding for fever, for example, a vigorous method of attacking the body, was actively practiced up through at least the first quarter of the nineteenth century. (President Washington was actively bled as the primary method of treatment for his infected throat.) It remained a method of treatment for some practitioners into the 1860s. The stethoscope did not come into being until the middle of the century and the ophthalmoscope and laryngoscope were unknown until years after the Mexican War. Even ether was unknown until 1846 and thought to delay healing.

The most serious lack of understanding confronting the military surgeons regarding disease was the origin of infection and its transmission. Putrid air, vapors, temperature variations, decaying animals and plants were considered to be the primary causes. The medical department requested that military surgeons (a somewhat euphemistic term since there was little training in surgical techniques, hence all physicians were called surgeons) keep an accurate account of daily weather conditions based on the hypothesis that the state of the weather affected the health of the troops; an interesting hypothesis but a faulty one.

Medications were in very limited supply as far as specific remedies were concerned. Opium was used for the treatment of pain and a variety of mercurial products were actively dispensed, often to the detriment of those suffering from contagion. Quinine was recognized as an effective medication for treatment of fever and eventually it was used for every fever case brought to the attention of the medical department. After all, fever was thought to be a disease and it was not until some years later that fever was looked on as a symptom of a disorder, not a primary disorder in itself.

Other deficiencies and obstacles to the adequate effective treatment of the sick and wounded soldiers raised havoc with the quality of medical care. Ambulances did not exist to evacuate those soldiers too injured or too sick to walk. They were introduced to the military in 1859 by Jonathan Letterman (JMC, 1849). Hospitals as we know them today did not exist during military operations in Mexico. The medical department confiscated any building available - churches, castles, houses, barns, any structure that could be used to protect the sick soldier from the elements. Most of these buildings drew severe criticism from the medical officers because they were either too hot or too cold, too damp or too poorly ventilated or were over ventilated, or had only roofs but no sides. Worst of all was the exposure of the sick and injured to the natural elements with nothing more than a thin blanket to protect themselves, bleed-
ing, dehydrated, vomiting, all the horrors of dying and death.

The personnel of the hospitals, a somewhat euphemistic term for a collection of sick and wounded in a captured or deserted building, was the quality of medical stewards made available to the medical department by the army. None had any training and were called the cast-offs of the service, the alcoholics, mental defectives, incompetents as described by Surgeon Porter, hardly a group upon whom one could rely to provide any degree of comfort to the sick and dying.

Thus the limited training of the physicians in the first place, the incorrect concepts of disease origins and transmission, the rudimentary surgical techniques hardly better than that used in the days when Hannibal crossed the Alps on elephants to aid the Etruscans in their defense against the Roman hordes, the very limited medicinals and the long, long supply lines, together with the eternal vomiting and dysentery, all together presented a monumental, almost cataclysmic picture of overwhelming illnesses among the soldiers of the United States Army in their invasion of Mexico and their engagement with the troops of Santa Anna.

The Medical Department of the Army was established in 1818 by an Act of Congress and has remained a definitive branch of the service since that time. The new agency came into being as an outgrowth of the War of 1812 with England, and much of the concept of the department was based on English military organization. The positions of post surgeons and regimental surgeons were established under the direction of a young Harvard Medical School graduate, Dr. Joseph Lovell, named the first Surgeon General. The Army at this time had about 7,100 troops on active duty. Surgeon General Lovell performed his duties with great skill, both medical and administrative, insisting for example, that the medical department be independent of other departments and that it have its own authority to purchase supplies and to determine appropriate numbers of physicians per hundred troops, a seemingly simple issue, but one that aroused the ire of other departments. For example, the Quarter Master General wanted the authority to purchase all medical supplies. Was this in the interest of efficiency as occurred in the reorganization of the Army after World War II by Secretary McNamara, or was it an opportunity to control vast sums of money with all of the pleasures and privileges of patronage? Lovell also undertook a variety of research studies through his medical department, asking surgeons in far flung outposts to report on weather, terrain, and temperatures to him, indicating an extensive interest in the scientific issues as well as administrative ones.

In contrast to Dr. Lovell was an ‘old war horse’ of a man, appointed surgeon general in 1836, a post he held until 1861 (Fig. 1). Thomas Lawson (1790-1861), a true soldier, concerned about the health and welfare of his soldiers and willing to go to any length to obtain the best medical care for them, was nonetheless a strict disciplinarian, a martinet of the first rank, a demanding, dictatorial individual steeped in Calvinistic type individualism. He neither graduated from college nor medical school. He had some apprentice type training in his early years. He rose through the ranks of the medical

Fig. 1. Thomas Lawson (1790-1861), Surgeon General of U.S. Army during Mexican War. He was not a Jeffersonian.
department and by excellent connections, considerable political savvy and dexterous self discipline, achieved the top post of the medical department.

Those men from Jefferson who served in the army brought with them a variety of skills and experience to the department. The oldest graduates were in practice for several years before the war. Thomas C. Bunting (JMC, 1835), Alexander Cassidy (JMC, 1834), Richard Holmes (JMC, 1838), William J. Sloane (JMC, 1836), and Joseph J.B. Wright (JMC, 1834), all brought medical experience to the service, most of them having joined at the time war with Mexico was declared. Seven others who graduated just before the war broke out also entered the service - Drs. Elisha Baily, Alexander Blanton, Joseph Campbell, Courtney J. Clark, George F. Cooper, Benjamin Hensley, and Josephus M. Steiner.

All of these physicians served under either General Zachary Taylor in the opening campaign of the war just south of the Rio Grande, or with General Winfield Scott who attacked Vera Cruz, a seacoast city rife with contagion, disease, poverty and the unholy vomito and dysentery, who upon capturing the garrison of Mexican troops, rapidly evacuated the city to avoid the high incidence of disease so entrenched therein. Common sense rather than first hand knowledge of disease origins saved the day for American troops.

Richard Holmes (JMC, 1838), a Pennsylvanian, entered the army July 12, 1841, after friends had petitioned the Secretary of War, Jules Poinsett in the Tyler Administration who arranged his appointment. Originally, he was assigned to Florida, a state full of army forts (e.g. Ft. Pierce, Ft. Lauderdale, etc.) following the Seminole Wars. He was transferred to General Taylor’s army and served until that army was ordered to Vera Cruz to support General Scott a year later. He remained in the army for several years following the Mexican War but was bitter about having to treat officers’ servants for which the officers would not pay. A critical letter was sent to Surgeon General Lawson complaining of this abuse.

William J. Sloan, Jr. (JMC, 1836) entered the army in 1837, served through the Mexican War and remained on active duty several years more. He joined the army ostensibly because “this state (Pennsylvania) appears overcrowded with physicians,” he wrote to the Surgeon General. He obtained the signature of every member of the Pennsylvania legislature as support for his application. The army was his home until his death in 1880 at which time he was Medical Director of Northwest Territories. He died in St. Paul, Minnesota.

Another Pennsylvanian with the troops in Mexico was Elisha J. Baily (JMC, 1844), who entered the army in 1846 and was quickly sent to Mexico. Dr. Baily was born in Pennsylvania in 1821, and served in the army through the Mexican campaign. He rose to the rank of Colonel, Medical Department, during the Civil War. Several references are available in the Halloway volume citing him as Medical Director of Headquarters, Division of the Pacific, Presido, California, and his military career is listed in the Medical and Surgical Registry of the U.S., published by Polk and Co., 1st Ed. 1886, Vol. 1. In addition, there are references to him in the Penna. Med. J. 8:334, 1904-5. Colonel Baily died April 12, 1904.

Thomas C. Bunting (JMC, 1835), served with the two regiments of Pennsylvania Volunteers, troops recruited largely from Philadelphia and Pittsburgh. These regiments accompanied Scott to Vera Cruz and while en route were delayed due to an outbreak of measles. In Mexico they lost twenty-five percent of military strength to sickness.

Alexander Blanton (JMC, 1845), a native of Kentucky, wanted to serve with a regiment of volunteers from Kentucky and he enlisted the aid of the U.S. Senator from Kentucky, J.J. Crittenden, to intercede for him with the Secretary of War, William L. Marcey, who evidently agreed with his desires.

Courtney J. Clark (JMC, 1844), entered the army July 16, 1846. He was born in South Carolina but entered from Alabama and served with a South Carolina regiment throughout the war. He was born October 27, 1816 and died in Jacksonville, Alabama, August 18, 1893. An article about him can be found in JAMA 21:356-57, 1893. He corresponded with Surgeon General Lawson first about his wish to have their South Carolina Hospital in-
pected, and secondly, in 1848 from Mexico City asking for his support in his desire to remain in the army. But on return to Alabama he developed malaria and “am mostly confined to my bed ever since.” The South Carolina regiment was disbanded, so Dr. Clark did not remain in the army.

Alexander Cassidy (JMC, 1834), an Ohioan by birth, enlisted in the army in Pennsylvania and served in the war with the two Pennsylvania regiments along with comrade-in-arms and fellow student from Jefferson days, Dr. Bunting.

John Campbell (JMC, 1846), served with General Scott throughout the campaign to conquer Mexico City, then served in several posts throughout the country. In 1853, while serving as Post Surgeon at Ft. Reading, California, he was arrested “by the commander of Ft. Reading for refusing to attend gratuitously the (civilian) employees of the Quartermaster Department at that post, a matter of disobedience of orders and of unofficer-like conduct.”

The Adjutant General released Dr. Campbell from arrest because army regulations did not require a medical officer to treat civilians if private physicians were available to them. But he was transferred to another post implying disciplinary action. In 1820, on the other hand, Dr. William Beaumont (not a JMC graduate but a major figure in the Army Medical Department) while stationed in Mackinac Island, asked if he could treat civilians, which was granted. He was a brilliant clinician who offered not only treatment to army and civilians alike, but introduced new studies, including the study of digestion by means of a fistula resulting from a gunshot wound, and claimed that the army had many capable physicians. Dr. Campbell served as commanding officer of several general hospitals during the Civil War during which he was decorated for “faithful and meritorious service.” He retired as Colonel, Medical Department, September 16, 1885, and died December 25, 1905.

Other graduates who served in the Mexican War included George F. Cooper (JMC, 1845), and Benjamin Hensley, Jr. (JMC, 1845). Joseph J.B. Wright (JMC, 1834), had a long and distinguished military career, enlisting in the army in 1844, serving with distinction in the war, including commanding of major hospitals in Mexico. He received commendation from General Worth for bravery in action and held several important medical posts through 43 years of service. He died at Carlisle, PA, May 14, 1878, Brevt. Brigadier General.

Josephus J. Steiner (JMC, 1846) probably gave Surgeon General Lawson more headaches than the rest of the entire department. Lawson wrote to Steiner, then stationed at Ft. Graham in 1850, several years after the end of the war during which time Steiner had served in Mexico. “In these communications you have assumed airs of importance, and have exhibited a sense of self-sufficiency which ill becomes a man of your years (Steiner was less than 30 and Lawson was 60), of your experience and of your position in the army. Your manner is insubordinate, your language disrespectful, and the pretensions you have set up to the guardianship of the soldiers’ rights are ridiculous in the extreme.”

Dr. Thomas Dent Mutter, Professor of Surgery and Dr. Joseph Pancoast, Professor of Anatomy at Jefferson, had to the contrary written glowing letters of recommendation for Dr. Steiner when he made application to join the army.

Trouble in dealing with the Surgeon General was not Steiner’s only problem. In a difference of opinion perhaps over a trivial matter, and apparently under the influence of alcohol as some references suggest, he shot and killed the commanding officer of Ft. Graham, Texas, who was trying to arrest him. He was considered to have been quite ill and obtained a leave of absence for medical reasons prior to this tragic event. Apparently, Dr. Steiner was under arrest for murder by civilian authority, from October 14, 1853 to July 1855, when he was released or possibly escaped. On March 9, 1856, Dr. Steiner was dropped from the rolls of the army by order of the President “because for a long time he absented himself from his station without leave, and having obstinately refused to return thereto, and subject himself to the command of his
lawful superiors.” (General Courts Martial, Vol. 5, 9 May 1856, General Order #6.)

The Surgeon General’s office issued the following report dated July 19, 1893: “Dr. Josephus M. Steiner was a resident of Treffin, Ohio at the date of his appointment as Assistant Surgeon, U.S. Army in 1847. His name was dropped from the rolls of the army, May 9, 1856. His death which occurred in Marietta, Georgia, May 20, 1873, was reported to the War Department by his brother, H.H. Steiner, who is also deceased.

-Surgeon Gen’l, U.S. Army”

Just one week before the Surgeon General made this announcement, they received a letter from Fulton and Roark, Attorneys at Law, in the case of Josephus M. Steiner, dec’d., late Asst. Surgeon U.S. Army, “with a view to finding his heirs, they being entitled to some valuable property in Texas.”

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**Epilogue**

The war with Mexico was won, but the price in men, material and money was enormous. Fifteen-hundred men killed in action, over 10,000 died from disease and 15,000 left the service too sick to soldier. Combined with these great human losses was the willingness of the U.S. Government to pay Mexico $25,000,000 for the land seized from them as spoils of the war. Our conquest was complete. We could call all of the territory from “sea to shining sea,” America. But at what a price! And some said that we could have had it for the money alone.

The military record of the Mexican War is replete with commendations of a great many members of the medical department for their unswerving responsibility to duty, under fire, in foul weather, in exhausting hours of work, but their courage and willingness to see it through brought them the commendations they so richly deserved.

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15. All of the data included in this paper can be found either in the books by John Eisenhower and Mary Gillett, Ph.D., in the National Archives, Washington, D.C., or in the Army Military Institute, Carlisle Barracks, PA.

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Jefferson Vignettes

531
From 1841 to 1858 John Kearsley Mitchell served as Professor of the Theory and Practice of Medicine at Jefferson Medical College. Mitchell began his tenure as one of three new additions to Jefferson’s seven-man faculty. This group quickly established itself as one of the best faculties in the nation. Their reputations became so powerful that their lectures attracted not only large numbers of aspiring medical students, but many practicing physicians as well. The first break in this remarkable ensemble did not occur until 1856, when the precarious state of Thomas Dent Mutter’s health forced him into early retirement at age 45. The addition of Samuel D. Gross, as Mutter’s replacement in the Chair of Surgery, needless to say, did nothing to damage the school’s fortunes.

The same year that S.D. Gross entered the faculty, Mitchell suffered a stroke which left him partially paralyzed. Despite this condition, Mitchell refused to forsake his beloved teaching position. In an 1880 address before the Jefferson Medical College Alumni Association, which was dedicated to the memory of the “Famous Faculty of 1841,” Professor John Hill Brinton spoke of Mitchell’s devotion to the students.

“He was the student’s friend. In sickness and trouble they turned to him, and never sought his aid in vain. Many a poor young fellow, struggling in the vortex of a great city’s temptation, has he sustained by his wise counsel and kindly sympathy. Many a student has he helped from his own purse, and none the wiser. In his college lecture he was exceedingly happy; his terseness, his power of illustration, his way of putting things, his anecdote and lively wit made a favorable impression on the class, an impression strengthened by their personal love.”

In his last official act as a Jefferson professor, Dr. Mitchell hosted a commencement celebration for the graduating class of 1858 at his home. Because of Mitchell’s failing health, his colleagues offered to move the festivities to a different location. Mitchell, however, insisted on giving the graduation party because he feared that it would be his last opportunity to entertain his friends. Sadly, Mitchell’s premonitions came true the following month when he died of pneumonia. His passing marked the first break, by death, in the corps of professors appointed in 1841.

Invariably, J.K. Mitchell’s memorialists praised him as a man of many talents and interests.

“Dr. Mitchell possessed a mind eminently poetical and susceptible of the beautiful. Whatever was lovely in nature was sure to attract his attention and become the subject of comment. His studies were not purely professional, although these claimed much of his consideration, but they embraced almost every topic in literature, the arts, and sciences, upon all of which he conversed agreeably and intelligently. Of an eminently social disposition, he was the charm alike of the social circle and of the festive board, at which he not unfrequently presided on public occasions.

“Courteous and affable in his manners, he was one of the most popular of men and physicians, an excellent husband, an affectionate and judicious father, a devoted friend, a virtuous citizen. He has left behind him a wife and six children, of whom Dr. S. Weir Mitchell bids fair to transmit his father’s name and fame with undiminished lustre.”

(Obituary, North American Medico-Chirurgical Review, V.2, 1858)

Perhaps the most unique object to attract Dr. Mitchell’s curiosity was the Automaton Chess Machine which he had painstakingly reconstructed during the summer of 1840. The device had been originally built in Vienna in 1769 by Baron Wolfgang Von Kempelen, a brilliant mecha-
nician employed by the Austrian Empress Maria Theresa. After the Baron's death in 1804, another mechanician employed at the Court, John Nepomuk Maelzel, purchased the Automaton from Kempelen's heirs.

When Maelzel brought the Automaton Chess Player to America in 1826, the first exhibition, which took place in New York, made news in virtually every American newspaper. Shortly thereafter, Maelzel arrived in Philadelphia where he rented an exhibition hall on South Fifth Street, between Walnut and Prune (now Locust), directly around the corner from Jefferson Medical College (in the old Tivoli Theater at 518-20 Prune). On December 30th, The Saturday Evening Post described the Automaton's Philadelphia debut.

"Mr. Maelzel commenced the exhibition of his Automaton Chess Player on Tuesday evening last and made also a very entertaining display of other little personages, entirely of his own invention. We presume that some description of the Chess Player, which has attracted the attention of the scientific and great in Europe and in our Eastern cities, cannot fail of being interesting to our readers, especially those who are fond of ingenuity in mechanism. Sitting behind a table some four feet square appears a very grave personage, dressed in a Turkish dress of common materials, with a most venerable beard and a blue turban, a grave and studious face, and fixed eyes. In front of him, upon a table is a chess board. This personage appears to bear upon his right arm the hand of which is extended resting on the palm. It is with the left hand that he plays (Fig. 1). The table is not open at the sides, but enclosed, like a cabinet. When the time for exhibition had arrived, Mr. Maelzel threw open every part of the box or table and displayed it fully to the audience. It was most plentifully supplied with machinery, connected as it would seem, with the breast of the Turk, but not with any person or thing beneath the floor. The Automaton was wheeled around the room and when stationed, a drawer beneath the machinery was opened and the chess men taken therefrom. Mr. Maelzel also exhibited enough of the interior structure of the Turk to show that nothing possessing reason could be enclosed under his jacket - so little space was there left besides his iron entrails. A gentleman present was kind enough to yield to the solicitation of the company, and accordingly took his seat on a place marked out, in the center of the front bench. Mr. Maelzel then placed before the gentleman a small table, upon which was a chess board with the pieces properly arranged thereupon. (Maelzel did not permit the challenger to play directly on the Automaton's board because the chess pieces had to be placed precisely in the center of every square in order for the Automaton to grasp them. Because one misplaced chess piece could upset the entire board, Maelzel took the precaution of duplicating the challenger's moves on the Automaton's chess board.) The Automaton was then dragged in front of the gentleman and his table properly adjusted. During the placing of the pieces, the Turk watched the different positions with closeness, turning his eyes with all the eagerness of a veteran at chess. In drawing, the gentleman obtained the first move; he accordingly advanced the pawn on his own board, Maelzel moved the same piece on the [Automaton's] board, so as to make the tables correspond. The Turk then raised his left arm, brought it gracefully up, captured the gentleman's pawn, laid it beside the board, returned, took his own piece, and placed it in the square occupied by his opponent. Mr. Maelzel then advanced to the gentleman's board, and put that in the same order in which the Turk had placed his own. In this manner, the game proceeded until the Turk brought some important piece of his opponent's in check, which he invariably announced with the usual formality, pronouncing distinctly the French word 'échec.' The game was at length determined in favor of the Automaton, though we apprehend, not without one of the most serious contests that he has ever sustained. We pretend not to offer an opinion upon the intelligence that guides this mysterious person. It is certain that no human being could be concealed in his form, his drapery, or the table before him. We should have remarked that nothing appears to move the imperturbable gravity of this distinguished person, like false play, that is, a movement contrary to the laws

Jefferson Vignettes
533
of chess; he immediately gives notice of his disapproval by wrapping (sic) soundly on the table with his right hand.”

The itinerant Mr. Maelzel found Philadelphia much to his liking and he quickly resolved on using the city as the base for his business operations. He rented rooms on the northeast corner of 5th and Prune Streets for so many years that Philadelphia residents referred to the building as “Maelzel’s Hall.”

In 1838, following Maelzel’s unexpected death at sea, all of his cherished exhibition pieces were sent to an auctioning block in Philadelphia. When the auctioneer at Freeman’s announced the sale of the Automaton Chess Player, Maelzel’s executor, John F. Ohl, speculated that he could easily resell it to a professional exhibitor for a sum far greater than his winning $400 bid. Two years later, however, Ohl realized his mistake and publicized his intention to sell the Automaton for what it had cost at the auction. The news brought an immediate response from a seemingly unlikely prospect—Dr. John Kearsley Mitchell! Nowhere is Mitchell’s compulsion to acquire the Automaton better described than in the following character sketch written by his friend, Professor George Allen of the University of Pennsylvania:

“This skillful and learned physician was as far as possible from being one of those who achieve professional success by dint of plodding industry
exerted in one direction alone....a naturalist, a mechanic, a poet - he had the readiest intellectual sympathy with every operation of original power, no matter in what sphere it might exert itself. Whether it were a surgical operation or a sermon, Mr. Webster making a speech or Ole Bull playing a violin solo, Mr. Hobbs picking a lock or Mr. Rary taming a zebra, the attraction might have been nearly the same for Dr. Mitchell. How keenly the interest of such a man must have been excited by the productions of mechanical genius exhibited by Maelzel may be readily guessed, but, with his imaginative turn of mind, nothing could have put him under more irresistible fascination than the mystery that hung around the impenetrable creation of Von Kempelen. He appears to have cultivated, to a certain extent, the acquaintance of Maelzel as others of our men of science and ingenuity had done, and he had been, it is to be presumed, just as [unsuccessful] as others in getting from him anything to relieve their curiosity. There could be no satisfactory final test but to get possession of the Automaton."

Though he was one of Philadelphia's most successful medical practitioners, Dr. Mitchell's pockets were not deep enough to justify the expense of procuring the Automaton. To raise money for the purchase, Mitchell decided that he would make the Automaton the property of a club. Membership depended solely upon a personal acquaintance with Dr. Mitchell and a predisposition, on that account, to part with five or ten dollars. George Allen humorously classified the membership of the club into three distinct groups:

"Many subscribed their entrance fee to the club because they wished at the same time to know the secret and to please Dr. Mitchell; others because they wished to please Dr. Mitchell, without caring to know the secret; and some few, as in all voluntary subscriptions, subscribed because they could not refuse."

The founder's contribution to the acquisition fund, it should be noted, kept pace with his greater enthusiasm for the project and amounted to one quarter of the Automaton's purchase price. Ultimately, the names of 75 prominent Philadelphians appeared on the subscription list, including three of Mitchell's future associates on the 1841 Jefferson faculty: Charles D. Meigs, Joseph Pancoast and Thomas Dent Mutter. The club membership also included Drs. Nathanial Chapman and Samuel Jackson from the University of Pennsylvania's medical faculty. One of the reasons why Ohl failed to capitalize upon his speculation involved the near impossible task of reassembling the Automaton. When it arrived at Dr. Mitchell's office, the Automaton was contained inside five wooden crates which had been packed by Mr. Maelzel shortly before his death. Needless to say, the late Mr. Maelzel neglected to leave any directions behind for Dr. Mitchell to follow. Before long, Mitchell's office took on the appearance of a machine repair shop as the contents of the boxes spilled out across the floor for sorting and identification. To make the task even more difficult, Mr. Maelzel intentionally added components to the storage crates which did not belong to the Automaton in an effort to confuse any would-be competitor attempting to pry into his trade secrets. Throughout the summer of 1840, Mitchell labored on the Turk's restoration. Finally, in September, after many "amusing failures," Mitchell completed his work and invited the club members to his cramped and crowded office to demonstrate the Automaton's mysterious method of operation.

For several months, Dr. Mitchell conducted private exhibitions for the friends and families of the shareholders. Though these entertainments were a labor of love for Dr. Mitchell, he obviously had no thoughts of embarking upon a new career with the Automaton. After providing his intrusive guest with office lodgings for nearly six months, the location of a permanent home for the Turk became Mitchell's priority. The shareholders met to discuss the problem and at length resolved to deposit the Automaton in the Chinese Museum. This building, situated on the northeast corner of 9th and Sansom Streets, had originally been constructed to house Charles Willson Peale's famous museum. In 1840, however, those curiosities were replaced by a collection of rare Chinese figurines, hence the name of the building. Once installed in
its new home, the Automaton was placed inside a glass fronted display case which did much to preserve the working order of his machinery but little to attract an audience. Of the countless visitors to the Chinese Museum, which often hosted trade shows and conventions, few people ever inquired for, or even saw the forgotten Automaton. Most people only learned of the Automaton's whereabouts after it had been destroyed.

On the night of July 5, 1854, a fire broke out in the National Theater at the corner of 9th and Chestnut Streets. The blaze spread rapidly to the adjoining buildings and leaped across the narrow alley that separated the theater from the museum. When Dr. Mitchell's son (S. Weir Mitchell) arrived on the scene, the fire was raging out of control. In a desperate attempt to rescue the Automaton he braved the inferno with some of the firefighters. Mitchell's own words best describe the scene:

"The east roof of the National Theater was a mass of whirling flames. A dozen dwellings were blazing fiercely, and the smoke and flame were already curling in eddies about the roof and through the windows of the well known Chinese Museum. At the eastern end of this building, nearest to the fire, our friend had dwelt for many years. Struggling through the dense crowd, we entered the lower hall, and passing to the far end, reached the foot of a small back staircase. The landing above us was concealed by a curtain of thick smoke, now and then alive, as it were, with quick tongues of writhing flame. To ascend was impossible. Already the fire was about him. Death found him tranquil. He who had seen Moscow perish knew no fear of fire. We listened with painful anxiety. It might have been a sound from the crackling woodwork, or the breaking window-panes, but, certain it is, that we thought we heard, through the struggling flames, and above the din of outside thousands, the last words of our departed friend, the sternly whispered, oft-repeated syllables... Echeque! Echeque!"

Three years after the fire S. Weir Mitchell commemorated the loss of the Automaton by publishing a belated "obituary" in "The Chess Monthly." With the obituary came an acknowledgment that there no longer existed any reason to keep the Turk's secret concealed from the public. At length, S. Weir Mitchell described how a hidden director changed his position inside the cabinet to avoid detection, while the exhibitor opened the doors for inspection. Mitchell also explained how the director followed the progress of each game. By removing a piece of the lining inside the cabinet, the director revealed a chess board mounted directly beneath the one seen by the spectators. Attached to the hidden chess board were metal indicators which rose and fell according to the position of the opponent's chessmen. These chess pieces attracted the indicators with concealed magnets inside of their bases. To execute his moves, the director engaged a pentograph, which positioned the Automaton's mechanical arm over the playing board and operated its grasping hand. In the center of each square of the hidden chess board, a hole had been drilled to receive the point of the pentograph. By inserting this point into the desired location, the Automaton's director could execute his moves without being in visual contact with the actual playing board.

From 1826 to 1838 Maelzel retained the services of a Parisian chess instructor, named William Schlumberger, to direct the Turk's movements from inside the cabinet. During an exhibition tour of Cuba, in 1838, Schlumberger contracted yellow fever and died in Havana. Shortly thereafter Maelzel became ill with a mysterious stomach ailment which claimed his life on the return voyage to Philadelphia. One of the last persons to direct the Automaton, while it was in the possession of John Kearsley Mitchell, was Lloyd Smith, whose father was one of the subscribers to Mitchell's club. Lloyd Smith later became better known as the librarian at The Library Company of Philadelphia.

"Perhaps no secret," wrote S. Weir Mitchell, "was ever kept as the Turk's had been. Guessed at, in part, many times, no one of the several explanations in our possession has ever practically solved this amusing puzzle."

The earliest writer on the subject was Karl Gottlieb von Windisch, who witnessed the first exhibition of the Automaton in 1769. Though con-
vinced that what he had seen was a trick, Windisch could not explain exactly how Baron von Kempelen had carried it out.

"Is it an illusion?" asked Windisch, "So be it. But it is, then, an illusion which does honor to the human mind; an illusion more surprising, more inconceivable, than all those which are found in the different collections of mathematical recreations."

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### Early Hospital Residents

The terms "intern" and "resident physician" as applied to service in hospitals were somewhat loosely employed until early in the twentieth century. While recent medical graduates and more mature physicians were often employed by hospitals during the nineteenth century, they were frequently called residents or interns according to local custom. Thus the 52nd Annual Announcement of Jefferson Medical College of 1876/77 included this statement: "There are openings for graduates in the hospitals and charitable institutions of the city, where they may spend a year or more, without expense for board, as Interne's. The Assistants to the Clinical Professors at the College and the new College Hospital are appointed from among the students and graduates of the School." The term "interne", therefore, was in use but in the 1881 Hospital Report there was a list of nine "resident physicians" since the organization of the 1877 hospital: Charles Wirgman (1877), A. Poichet (1877), Samuel E. James (1877), J. C. McClennathan (1881), William L. Kneedler (1879), William Rodman (1879), R.M. Ames (1880), James H. Bean (1877), and G.W. York (1880). The Jefferson graduates in residence were thus called "residents" until well into the twentieth century and are so designated in the photographs, which first appeared in 1900 (Figs. 1-6). Later, Jefferson conformed to the developing trend toward use of the term "intern" for recent graduates (Figs. 7-10).

Resident physicians were variously employed in hospitals. Often they supplemented the care normally provided by attending physicians, in addition to or instead of being on duty as a part of their education. At times they were already appointed to departments or chiefs, carrying out their special duties while residing in the hospitals. Thus, Dr. Fielding O. Lewis (JMC, '06), was already designated as an Assistant in the Outpatient Laryngological Staff in 1907, while also a resident physician. Edward J. Klopp (JMC, '06), was appointed Chief Resident Physician at Jefferson in 1907, after a one-year residency and thereafter received an appointment in the Department of Surgery. Non-teaching hospitals employed interns with increasing frequency at the turn of the century, thus expanding the number of opportunities for medical college graduates to acquire practical hospital experience. During the first two decades, post-graduate training became a requirement for licensure in most states and standards for internship were developed. The proportion of medical graduates seeking hospital appointments increased rapidly between 1892 and 1901. Of 102 Jefferson graduates in 1900, 34 received hospital appointments. The number increased to 65 of 142 in 1901 and by 1915 almost all did so, as requirements became more stringent. At Jefferson, early affiliation as house officer was looked upon as an advantage, either for academic advancement or for quality experience looking toward skills in practice. Many interns went on to hospital services as assistants and were appointed to the faculty. This was a fertile source of talent for the faculty as interns and assistants served in outpatient clinics and hospital wards, while developing their professional careers. Later, the resident system was introduced as it had evolved elsewhere, post graduate training beginning with internship and continuing for some by appointment to residency. The duration of resi-
dency gradually increased as specialty board training requirements were established.

The rotating internship was standard at mid-century but gradually, with increasing specialization, career choices came to be made the first year after graduation. There developed mounting pressure for Jefferson to change to straight internship and a decision was made in 1974 to phase out the "internship" in favor of a straight "Post-graduate Residency." The year 1974/75 was thus the last for the full rotating internship, some flexibility continuing until 1980 when the Postgraduate Residency became fully established. The first year following graduation was then designated "PGI."

The change in the scope and nature of training for the practice of medicine during the century and a half of Jefferson's history, therefore, includes a century of evolution of hospital teaching. Although students observed hospital patients in the early years, they had little or no responsibility for their care. Practical experience gradually evolved with the increasing complexity of medical studies and delivery of more effective services. Whether or not the changing aspects of medical and health care will still further alter the relation between undergraduate and graduate training is not now predictable, but change of some degree may clearly be expected.

Photographs of interns and residents began with the year 1899 (Figs. 1-10). House staff garb underwent several degrees of change between 1899 and 1925 but the fairly high collar of either the shirt or jacket is relatively intact. It was not until the 1930s that chief residents and later departmental residents usually wore neckties with their white coats. Much later residents changed to long coats with neckties while interns wore soft shirt collars without neckties. Publication of the pictures of house staff members in 1925/26 in street clothes (Fig. 10) was curious and unexplained.

Fig. 1. Early resident physicians, 1899.
Fig. 2. Jefferson Hospital resident physicians, 1901-02.

Fig. 3. Jefferson Hospital resident physicians, 1904-05. Note misspelling of "McCullum." The correct name is Chester H. McCallum (JMC, '05).
Fig. 4. Jefferson Hospital resident physicians, 1907-08 (see caption for Fig. 3).

Fig. 5. House staff, 1911. Three future Jefferson professors are identified: E.H. Funk (front center), James R. Martin (rear 2nd from left), and Warren B. Davis (rear 4th from left).
Fig. 6. Jefferson Hospital resident physicians, 1912-13. Of these, seven became members of the faculty (Lukens, Clerf, Mohler, Shallow, Martin, E.H. Funk, E.D. Funk).

Fig. 7. Wartime hospital intern staff, 1917-18.
Fig. 8. Intern staff, 1921. Henry K. Mohler, Medical Director (front center); Thaddeus Montgomery to Mohler's left.

Fig. 9. House staff 1924-25. Destined for academic careers along with Henry K. Mohler (front, center) are in front row George Willauer, 2nd from left; David Metheny, 4th from left; W. Emory Burnett, 7th from left; in rear, Abraham Cantarow, 3rd from left; and Benjamin Haskell, 8th from left.
The failure of American medical schools to include proportional numbers of black people in their classes is well known. There were a few during the late years of the nineteenth century but very few from Philadelphia schools. Jefferson did not specifically identify black graduates except in retrospect, but it is established that the first, Dr. Jackson, graduated in 1901. The next three graduated before 1910, but from there on little progress in black admissions occurred before mid-century.

**Algernon Brashear Jackson (’01) (1878-1942)**

Algernon Brashear Jackson, M.D. (JMC, ’01), was the first identifiable black graduate of Jefferson (Fig. 1). He went on to practice in Philadelphia where he was a co-founder and advanced to Chief
Surgeon and Superintendent of Mercy Hospital. He also was Assistant Surgeon in the Outpatient Department at the Philadelphia Polyclinic Hospital. He became prominent in the field of public policy, negro affairs, and health education. He moved to Washington, D.C. in 1922 where he became Professor and Head of the Department of Bacteriology, Public Health, and Hygiene at the Howard University College of Medicine, serving from 1922 until 1933.

Dr. Jackson was a member of the American Medical Association and the American College of Physicians and he was well known as a speaker, writer, and bibliophile. He died in Washington, D.C., on October 22, 1942.

**John Hume Miller ('03) (1877-1953)**

John Hume Miller (Fig. 2) was born in South Carolina in 1877. He graduated from Lincoln University and following graduation from Jefferson as its second black alumnus, practiced in Chester for 40 years. He was also the owner of a pharmacy in Chester. Upon retirement he moved to Philadelphia in 1947, but he died in Charleston, South Carolina, September 15, 1953, while visiting relatives. He had just been awarded his 50th reunion pin from Jefferson that Spring. His granddaughter, Dr. Kyri N. Feagans-Dunstan, graduated from Jefferson in 1992 and went on to a residency in obstetrics-gynecology at Christiana Hospital, Delaware.

**Henry McKee Minton ('06) (1870-1946)**

Henry McKee Minton (Fig. 3) was born in Columbia, South Carolina, and was the grandson of a well-known Philadelphia caterer who was active in promoting the interests of black people. After attending public schools in Washington, D.C. and the Academy of Howard University, he entered Phillips Exeter Academy in New Hampshire. He was an outstanding student, athlete, debater, editor, and was commencement orator for his class. He began the study of law at the University of Pennsylvania, but after one year he perceived that medicine and science were his true interests and he transferred to the Philadelphia College of Pharmacy, graduating in 1895 with the Ph.G. degree. He became the proprietor of the first black-owned pharmacy in Philadelphia and was highly successful. His intellectual drive then led to his matriculation at Jefferson and graduation in 1906.

Joining the staff of Philadelphia’s first black hospital (Frederick Douglass) as a pharmacist, he also became interested in tuberculosis treatment, working at the Henry Phipps Institute from 1915 to 1946. This coincided with his increasing concern with
hospital administration. In 1920 he was a co-founder of Mercy Hospital, the second black hospital in Philadelphia, where he served as Superintendent and Director for 24 years during which time Mercy merged with Douglass to form Mercy-Douglass Hospital. Dr. Minton was firmly committed to the cause of upgrading the training and status of black physicians who were denied hospital intern and practice privileges even after graduating from recognized medical schools. At Mercy-Douglass he was able to implement this principle to some degree.

Dr. Minton was the founder of Sigma Pi Phi medical fraternity. He was a member of the Philadelphia County and Pennsylvania Medical Societies, the American Medical Association, and the Laennec Society. He wrote three monographs: “The Early History of Negroes in Business in Philadelphia”, “Some of the Problems of Hospital Administration”, and “Early Diagnosis of Tuberculosis.” He died December 29, 1946 at age 75. His portrait, commissioned for and hung at the Mercy-Douglass Hospital until it closed, now hangs at the College of Physicians of Philadelphia, having been presented by his nephew, Dr. Russell F. Minton, in 1976.

Paul James Taylor ('06)
(1883-1956)

Paul James Taylor (Fig. 4) was born in Virginia, graduated from Jefferson in 1906 and served as Resident and Visiting Physician at Frederick Douglass Hospital. He engaged in the general practice of medicine in Philadelphia for many years and also was a member of the outpatient medical staff at Jefferson where he served in the tuberculosis clinic of the Department for Diseases of the Chest. He was a member of the Philadelphia Academy of Medicine and Allied Sciences. He also was a member of the National Medical Association. He died in Philadelphia November 16, 1956.

In recent years, Jefferson has been actively recruiting minority candidates for admission. In 1975 Dr. James H. Robinson joined the Administration as Associate Dean for Minority Affairs. Later his title was changed to Associate Dean and Director for Student Affairs. His untimely death in June, 1986 was a serious loss and it was not until May, 1987 that Dr. George Alexander was named Assistant Dean for Student Affairs and Minority Affairs,
serving until November, 1990. From then until June 30, 1992, the duties of the office were managed by Karen H. Glaser, Ph.D., Assistant Professor of Family Medicine. In June 1992, Dr. Edward Christian was appointed as Assistant Dean for Student Affairs and Special Programs. His duties included support programs for minority students and the effort to raise awareness of diversity problems among faculty, students, and staff members. He was also responsible for early admission programs and supplying physicians for shortage areas, both urban and rural.

This is one manner in which Jefferson is addressing the public perception of increasing need for primary physicians in all aspects and geographical regions of medical practice.

The tradition of graduating students’ Yearbooks started in 1899. These volumes constitute a treasure trove of individual and group photographs, class histories, student societies, anecdotes, poetry, humor and caricatures. In this last category, Lucious M. Elsinger (JMC, ’09, Fig.1) and Carl E. Miksch (JMC, ’23, Fig.2) contributed delightful pasquinades in their Yearbooks by substituting the heads of their professors on a lithograph of French physicians by Adrien Barrere.

According to University Art Historian, Julie Berkowitz, Barrere (1877 - 1931) was a caricaturist who contributed regularly to French humor magazines and who exhibited at the 1929 Salon des Humoristes in Paris. He became well known for a series of satiric prints of Professors of the Paris Faculty of Medicine. The artist himself printed this particular edition, and it is reported that at least 420,000 copies were sold during a period of 25 years.

Lucious M. Elsinger, “Else”, of Scranton, PA, as class artist, lampooned nine of his twenty-two professors of 1909 by lining up their caricatured heads on the bodies of the Barrere lithograph. One can only surmise that the other thirteen professors, including those as popular as John Chalmers DaCosta (Surgery), James W. Holland (Chemistry and Dean), and H. Augustus Wilson (Orthopaedics), were left out because the artist might not have had time to complete the set along with his other sketches in the same book. Figure 3 shows the group huddled in line from left to right as fol-
allows: James C. Wilson (Medicine); Orville Horwitz (Genitourinary Surgery); W.M.L. Coplin (Pathology); S. MacCuen Smith (“Mike”, Otology); E.E. Montgomery (Gynecology); George McClellan (Applied Anatomy, labelled “Dear Old Joe Pancoast” for his frequent remark, “Well do I remember dear Old Joe Pancoast”); Francis X. Dercum (Nervous and Mental Diseases); Edwin E. Graham (Diseases of Children); and Edward P. Davis (Obstetrics). Elsinger, the artist, depicts himself as an infant at the extreme right, holding the hand of E.P. Davis.

Carl E. Miksch, of Charleroi, PA, went full measure by caricaturing the heads of all 32 of his professors in the Class of 1923 on the Barrere lithograph (Fig. 4). It is not known if Miksch was aware of Elsinger’s effort, but certain it is that they both took advantage of Barrere’s print.

The Journal of the American Medical Association for April 27, 1970 on its cover depicted the Miksch caricatures in recognition of the Centennial of the founding of the Alumni Association in 1870 by Samuel D. Gross. On the top line, Miksch, the artist, caricatured himself holding the hand of Obstetrician, E.P. Davis, exactly as sketched on the right of the Elsinger caricatures. Next in line are: Edwin E. Graham (Pediatrics); Willard H. Kinney (Genitourinary Surgery); E. Quinn Thornton (Materia Medica); Frank Crozer Knowles (Dermatology); James Torrence Rugh (Orthopaedic Surgery); Albert P. Brubaker (Physiology and Medical Jurisprudence); Francis X. Dercum (Neurology); Brooke M. Anspach (Gynecology); John H. Gibbon, Sr. (Surgery); Ross V. Patterson (Medicine); Philip B. Hawk (Physiological Chemistry and Toxicology); Howard F. Hansell (Ophthalmology); Henry Erdmann Radasch (Embryology and Histology); Randle C. Rosenberger (Hygiene and Bacteriology); and Leighton F. Appleman (Pharmacology and Materia Medica).

From left to right on the second row are: Hiram R. Loux (Genitourinary Surgery); Fielding O. Lewis (Laryngology); Charles F. Nassau (Surgery); Thomas E. Shea (Neurology); Solomon Solis-Cohen (Medicine); S. MacCuen Smith (Otolaryngology); Frederick F. Kalteyer (Medicine); Willis F. Manges (Roentgenology); Hobart A. Hare (Therapeutics and Diag-

**Jefferson Vignettes**

547
nosis); J. Parsons Schaeffer (Anatomy); Edward E.J.G. Beardsley (Medicine); Baxter L. Crawford (Pathology); Chevalier Jackson (Laryngology); Thomas McCrae (Medicine); Lucius Tuttle (Physiology); and John Chalmers DaCosta (Surgery).

A Barrere lithograph belonged originally to Richard C. Dodson, M.D., of Rising Sun, Maryland, who kept it until his death after approximately fifty years of practice. Mr. Ray Delano, an amateur artist, bought it at a sale and subsequently traded it for a painting of a professional artist, C.I. Carlson, of Nottingham, Pennsylvania. Mr. Carlson, after applying protective glass and reframing it, presented it to his friend August Podboy (JMC, '32). Nathan S. Schlezinger (JMC, '32), Professor Emeritus of Neurology at Jefferson, a classmate of Dr. Podboy, suggested that the latter donate the Barrere lithograph to his alma mater. It then became ensconced in the Jefferson art collection. The Barrere and Miksch lithographs were last hanging side by side on a wall of the Faculty Club in Jefferson Alumni Hall. Viewing them conjures up many facets of medical history and reminiscences of older alumni.

Fig. 4. Lampooned Faculty of 1923 by class artist, Carl E. Miksch, in Yearbook.
Jefferson's Anniversary Celebrations

Samuel D. Gross, in an address to the Alumni Association on the first anniversary of its founding in 1870, referred to one of the objects of its founding as stated in the Preamble of its Constitution: “the endowment of scholarships for the free education of the sons of Alumni whose means are limited.”

This goal was never specifically implemented, but almost immediately after its founding the Association played a major role in raising funds for the first Jefferson Medical College Hospital, completed and occupied in 1877. In 1872 a Building Fund was developed and received the enthusiastic support of the Alumni, without whom it was later stated that the hospital could not have been built. It is, therefore, a little curious that the fiftieth anniversary of the founding of Jefferson passed by without much formal notice. To be sure, the Alumni made special mention of the event at the annual banquet in 1875 in company with the fund-raising efforts but there was no associated general celebration. The probability is that since Jefferson was still a proprietary medical college, the faculty and alumni used the annual banquet as the entire focus of the fiftieth year celebration. The sense of history, so apparent in later years, appears not yet to have caused much response. The accomplishment of constructing and financing the new hospital, however, could have been regarded as celebration in itself.

The Centennial

Much different was the occurrence of the Centennial of Jefferson Medical College. Jefferson’s publications and the Philadelphia newspapers began publishing plans for the event early in 1925. The annual midwinter “smoker” attracted 400 alumni and the Centennial Celebration was the dominant theme. A slogan was adopted “Back to Old Jeff at Centennial Time.” Advance information included the charter of a special train to bring graduates from the Pittsburgh region, the charter of a special car from the West Coast, the names of speakers and hosts for the various reunion classes, and the identity of the prominent speaker for the featured event, the May 29th Alumni dinner. There was even a song “Jefferson”, written by a Marine Corps officer, Joseph J.S. McMullin, (JMC, ’08) for the occasion. The advance publicity made much of the fact that Jefferson’s Alumni Association was the largest of any medical institution in the world. The celebration directly followed the annual convention of the American Medical Association in Atlantic City, no doubt attracting many alumni from distant places who would not have attended otherwise. For their convenience a Jefferson Alumni Secretary was posted near the Registration Desk where alumni could make contact and arrange for attendance.

All of the advance plans, publicity and programming resulted in an event described as having attracted the “largest ever gathered at a reunion of its kind in the history of the medical world.” It was held May 29, 1925, with gatherings of thirty-two reunion classes for lunches at various hotels and culminating with a banquet that evening at the Benjamin Franklin Hotel where the 1750 guests overflowed the ballroom to fill all of the adjoining dining areas. The guests came from forty-two states and five foreign countries. Sixty-two of the classes graduated in 100 years were represented. Every class from 1868 to 1925 had one or more alumni in attendance.

In addition to many floral displays the backdrop for the speaker’s table included three portraits: that of Thomas McCrae, Professor of Medicine, presented that year by the graduating class; the Van Dyke portrait of William Harvey, the discoverer of the circulation of the blood; and the Eakins Gross Clinic Portrait which was brought from the college for the occasion. There was also a beautiful silk
flag in black and blue, sent from China by Dr. Yu Ying Chiang (JMC, '23) who sent his regrets for his inability to attend.

The Philadelphia Public Ledger of May 30, 1925, began its article describing the event as follows:

"In what was characterized by speakers as the greatest alumni demonstration of any medical college in the world, Jefferson Medical College men last night celebrated the 100th anniversary of the founding of the college with a banquet at the Benjamin Franklin Hotel that brought from forty-two States and five foreign countries, more than 1730 former students. They were one-third of all the living graduates. The speakers' table fronted a notable array of physicians and surgeons, many world-famous."

The toastmaster for the evening was Dean Ross V. Patterson who was at the time also President of the Alumni Association and at the peak of his popularity. He spoke briefly about the 100-year history of Jefferson and welcomed the guests with the declaration that a third of the living graduates were in attendance. A principal speaker was Board President William Potter, for thirty years associated with Jefferson and a strong supporter. Mr. Potter decried the trend toward specialization and although promoting clinical research, supported the need of the public for the kind of general practitioner Jefferson had a reputation for graduating. Commenting on the audience and the atmosphere, the Philadelphia Inquirer (May 30, 1925) stated: "Not in recent years has such a gathering of distinguished elderly professional men and their younger successors-to-be radiated so contagious a spirit of joyful exuberance at the opportunity to be together again under one roof as did the 1750 'Old Jeff' graduates who filled the Benjamin Franklin ballroom last night." Also the article commented: "References to the medical and surgical triumphs of noted Jefferson graduates at frequent intervals transformed the packed ballroom into an unrestrained bedlam of applause." This applied particularly to allusions to the names of great Jeffersonians so familiar to the audience, - Gross, Keen, DaCosta, and others. John Chalmers DaCosta was unable to be present but Mr. Potter read a letter from him for the occasion. Dr. W.W. Keen, a graduate of 1862 and one of Jefferson's all-time most distinguished, introduced as 'the dean of American Surgery', told about all the changes in public attitude toward hospitals and medical colleges he witnessed in his lifetime. 'In the years when I was at Jefferson,' he said, 'a private patient would have been horrified at the suggestion that he go to a hospital even for a major operation. All private cases were treated in one's own home. Today the best home in the world cannot compare with a hospital like Jefferson, and the reason is obvious. The home is organized for health, the hospital for sickness.' Dr. Keen went on to discuss briefly his early years and outlined his opinion on the ethics and purposes of the medical profession.

Introduced as a principal speaker for the banquet was Major General Merritt W. Ireland (JMC, 1891), Surgeon General of the United States Army since 1918. His address was followed by remarks delivered by Dr. James M. Barton, of Atlantic City, who was depicted as an assistant on Eakins' Gross Clinic in 1875. He regaled the audience with his recollections of experiences while associated with Dr. Gross. Other noted alumni were introduced, many of them having been guests of honor at their own class reunions earlier in the day. Dr. Wilmer Krusen (JMC, 1893) Philadelphia's Director of Public Health and Capt. Norman J. Blackwood (JMC, 1888) Medical Corps, United States Navy, were presented.

Among the current faculty members, Dr. Thomas McCrae, Professor of Medicine whose portrait had just been presented, "drew ovations of many minutes' duration." Dr. Chevalier Jackson (JMC, 1886), Professor of Laryngology and Bronchoscopy, whose teaching and inventive skills were widely heralded, received similar accolades.

Other guests included Dr. Palmer Benbow (JMC, '14), of England, Dr. Jose D. Limquino (JMC, '18) of the Philippines, and Dr. Juan Francisco Caceres of Honduras (JMC, '19). Drawing special cheers were Dr. Howard Willetts (JMC, 1858) age ninety, of Port Elizabeth, New Jersey, - and Jefferson's oldest living graduate, Dr. Richmond J. Pratt, age 99, Class of 1851, of Manchester, New York.

The festivities were widely heralded as honor-
ing the institution and providing a great stimulus for the hundreds of graduates who had made special efforts to join in the celebration. It is notable that in company with the fiftieth anniversary of 1875 during which fund raising for the 1877 hospital dominated the scene, this event also celebrated the construction of a new hospital building, the Thompson Annex which had been dedicated the previous autumn. The level of enthusiasm for Jefferson's accomplishments and outlook for the future were probably higher than at any previous period of its history and the guests departed with unalloyed satisfaction.

The Centennial Of The Founding Of The Alumni Association

As noted above, the Alumni Association was founded in 1870 with Samuel D. Gross as its first President. The dedication of Jefferson Alumni to their Alma Mater soon became evident. During the next autumn, the Association matured and became established as a major force supporting the institution. The establishment of the Annual Giving program in 1948 provided a new impetus for the members who before long achieved results which have become the envy of deans and alumni of other institutions. The anniversary of its founding was thus hailed as a time for celebration.

Planning began early. Dr. Abraham E. Rakoff (JMC, '37), late in 1969 appointed a Centennial Committee with Dr. Norman J. Quinn (JMC, '48) as Chairman. The Committee labored fruitfully and scheduled May 1-2, 1970, as the Centennial week end. A centennial medallion was struck for the occasion by Edwin Frank (Fig. 1). At the March, 1970, Alumni meeting, Dr. Paul J. Poinsard (JMC, '41), succeeded Dr. Rakoff as President but the committee personnel did not change.

The events proceeded with well-oiled smoothness thanks to excellent advance publicity. Clinic sessions were held the morning of May 1, followed by the Dean's Luncheon. The major celebration took place at the Academy of Music the same evening but was preceded by a dinner at the Bellevue Stratford Hotel where Raymond P. Shafer, Governor of Pennsylvania, was guest of honor (Fig. 2). It was attended by members of the Board of Trustees and the officers of the Alumni Association. At 8 p.m. the London Symphony orchestra under the baton of Bernard Haitink began the specially arranged concert. Music by Brahms and Beethoven was selected in addition to the Rachmaninoff concerto for piano and orchestra.

Fig. 1. Centennial Medal, Alumni Association, 1970.
Fig. 2. May 1, 1970, dinner preceding London Symphony Concert. L. to R. Governor of Pennsylvania Raymond P. Shafer, Chairman of Trustees James M. Large, and Jefferson's President Peter A. Herbut, M.D.

with Irwin Davis as soloist. The music was well received by the capacity audience. Dr. Poinsard presented to Conductor Haitink a Jefferson Medallion (Fig. 3). The enthusiastic crowd adjourned to the new Jefferson Alumni Hall for a gala champagne reception, the culminating event (Fig. 4).

The program continued through the next day (Saturday, May 2) concluding with the Annual Alumni Banquet (Fig. 5). At that time in addition to the usual speeches, the Association received a Centennial gift from Dr. & Mrs. Sterling A. Barrett (JMC, '34), a bronze bust of Chevalier Jackson executed by Maurine Ligon (Fig. 6). Dr. Jackson (JMC, 1886) was Professor of Laryngology and Bronchoscopy from 1916 to 1930. The bust had been made from life about 1941 when Jackson was still active albeit retired from Jefferson at age 65. He was looked upon as one of Jefferson's most able and effective professors who enjoyed international fame. The bust was most recently on display in Scott Library.

Mr. James M. Large, retiring Chairman of Jefferson's Board of Trustees (1962-1970) was presented with a clock by the Alumni Association at the banquet and in June was awarded an honorary degree of Doctor of Laws at the annual Commencement.

An appropriate dedication took place the day of the Alumni Banquet, adding historical significance to the occasion. The bronze statue of Samuel D. Gross, founder of the Association had been commissioned and erected on the lawn of the National Library of Medicine in Washington, D.C. by the American Surgical Association and Jefferson's Alumni in 1897. The address had been delivered by Dr. W.W. Keen at that dedication. Largely unnoticed at its Washington location because of growth and change in the City, the statue was no longer exerting its memorial function. Dr. Harold L. Stewart (JMC, '26) called the attention of Centennial Chairman Norman J. Quinn to the possibility of moving it to Jefferson's campus. Dr. Quinn, was able to arrange this ultimately by obtaining the approval of the Surgeon General of the United States Army and the Curator of its Medical Museum. The dedication in its new location could thus be carried out at the most propitious time possible and the statue has since become a campus centerpiece (Fig. 7).

The Sesquicentennial Celebration

The date of the actual founding of Jefferson
Medical College as the Medical Department of Jefferson College at Canonsburg had long been regarded as 1825, but Dr. Edward L. Bauer in his 1963 *Doctors Made in America* called attention to the fact that this relationship had actually been developed in October, 1824. For this reason the one hundred fiftieth anniversary was celebrated in 1974 whereas the one hundredth had been observed in 1925. The technical error in timing was thus finally corrected.

The event was anticipated by the Board of Trustees with the establishment of a program for the Sesquicentennial Fund of 1974, the goal of $15 million for the University being selected. This fund was a total success, the amount raised having exceeded the goal by 1975. The program had many phases including major gifts by trustees, foundations and corporations. The Alumni accepted a goal of $4 million with Dr. Joe Henry Coley (JMC, '34) as its Chairman, and once more this amount was raised.

The celebration was not limited to fund raising. There were banquets and symposia as well as another culminating event scheduled for November 15 and 16, 1974. The *Alumni Bulletin* published a series of historical portraits relating to Jefferson's 150 years. The first Alumni event was on March 1, the Annual Alumni Banquet, this year a special
black tie affair in the Lincoln Hall of the Union League (Fig. 8). Invitations were issued to persons who had brought honor to the school, Emeritus Professors and recipients of the Alumni Achievement Award. Seventeen honor guests were present, a few of the invited ones having been unable to attend. Each was given a standing ovation. President Paul A. Bowers (JMC, '37) was in his best form as toastmaster and carried off his duties with dignity, humor, and aplomb. Dr. John J. Gartland (JMC, 'S'44), inducted as the new President, received the gavel from Dr. Bowers.

The commencement weekend that year reflected once more the need for larger hospital facilities, and the kick-off announcement for funds was made then. Planning proceeded for the New Hospital which was dedicated in 1978 and designated the Gibbon Building in 1990.

The principal Sesquicentennial Celebration took place November 15-16, 1974. It was attended by large numbers of Alumni beginning Friday, November 15, with a performance by the Royal Ballet of Sweden at the Academy of Music (Fig. 9). The performance was well received and a light touch added by President Gartland when he addressed a welcome to the Ballet Company in Swedish. Few in the audience would be aware of the limitations of his Swedish since the language was totally unfamiliar to him, but he was brought up
short at the end when Dr. John L. Lindquist (JMC, '43) remarked to him that: "That was the worst Swedish I ever heard!"

A highlight of the evening was the premier orchestral performance of the *Jefferson Processional*, written by Burle Marx as commissioned by the Alumni Association for its Sesquicentennial gift to Thomas Jefferson University. The arrangement of the music was stated by musicians to have been especially appropriate. The *Processional* has been played for all academic processions at opening exercises and graduations since that time. The evening's proceedings continued at Jefferson Alumni Hall with a concluding champagne reception for 800 guests.

The next day, November 16, featured a visit to the Thomas Eakins galleries at the Philadelphia Museum of Art, followed by cocktails and hors d'oeuvres around the balcony overlooking the grand staircase. The Sesquicentennial Year concluded with gratification and a feeling of successful accomplishment among all participants.

**Alumni Association 125th Celebration**

The 125th Alumni Association Anniversary took place in 1995. Featured throughout the year was the showing of a specially prepared videotape of student life and historical highlights at the Annual Business Meeting in April and subsequently at sectional anniversary meetings in various parts of the country. A Mayor's proclamation of the Anniversary took place in City Hall on May 9. An Anniversary Edition of the *Alumni Bulletin* (Spring) was replete with Jefferson history vignettes of outstanding alumni, a timeline of significant events and unusual photographs. In the afternoon after Commencement on June 9, the portrait of Joe Henry Coley (JMC, '34) was presented at a special lecture named in his honor. The unusually festive nature of the Annual Alumni Banquet was enhanced by a Mummer's strut from the cocktail room to the banquet hall of the Bellevue Stratford. A symposium on *Medicine in the Future* featuring presentations by Professors Carlo M. Croce, M.D., Darwin J.

Prockop, M.D., Ph.D., and Richard A. Insel (JMC, '69), occurred following the Dean's luncheon on June 10. The success of these events may be ascribed to the careful preparations of a celebration committee of the Alumni Association chaired by Burton L. Wellenbach (JMC, J'44).

It may be concluded that anniversary celebrations have constituted important experiences at Jefferson since 1870. It should be added, however, that the Annual Alumni events and many interval functions of the Board of Trustees, Faculty, Women's Board, and students maintain a high level of enthusiasm. Jefferson's accelerating progress in recent years provides increasing reason for celebration.
Dr. Edward Anthony Spitzka (Fig. 1) led a brief but illustrious career at Jefferson (1905-14). An expert in brain anatomy, Spitzka distinguished himself as a researcher and descriptive anatomist even before his graduation from the College of Physicians and Surgeons at Columbia in 1902. He was elected to the newly formed Chairmanship of General Anatomy at Jefferson where he directed the coursework of Gross Anatomy, Histology, and Embryology. In 1911, he gave perhaps his greatest gift to Jefferson, his careful design of the newly acquired Daniel Baugh Institute of Anatomy. He became the Institute’s first Director, continuing to teach with distinction until his unfortunate decline in health and subsequent resignation in 1914.

In 1913, his last full year at Jefferson, Dr. Spitzka began to sit for a portrait. The painting would never be completed, its progress cut short not by Spitzka’s resignation, but by the failing health of its artist, Thomas Eakins.

By the time the sittings began, Eakins had been suffering for several years from the effects of renal failure. His health, long the match of his robust personality, had begun to decline. He became lethargic, and had difficulty moving about without assistance. His eyesight had also begun to fail.

The portrait was to have been a full length image. Dr. Spitzka was portrayed sitting, looking left, holding a cast model of a human brain, a frequent research tool. The overall scale of the project was ambitious, and proved beyond the failing strength of the great painter. Eakins was barely able to rough in the form and gesture of the figure before becoming too ill to continue. The image is laid in with broad, general brush strokes, a striking contrast in style to the confident detail for which the artist was so famous.
The only detail of the portrait painted to completion was the cast brain model which Dr. Spitzka held in his hands. As Mrs. Eakins recalled, the artist "couldn't get it to go right" and asked her to work on it. Susan Eakins was an accomplished artist herself, and had added work to another of her husband's portraits, painting the image of the artist in the outstanding Agnew Clinic. Her contributions had become more important to Eakins as his health declined. She worked carefully to complete the brain, and Eakins was quite pleased with the result. The rest of the portrait remains roughly done, almost abstract in its unfinished study of the figure and forms. Dr. Spitzka's image looms, large and dark, with an almost ghostly presence.

The portrait (Fig. 2) is held by the Hirshhorn Museum at the Smithsonian Institution in a somewhat adulterated form. The large canvas was cut down by a thoughtless art dealer, seeking to make it more salable. The remnant shows Dr. Spitzka's head and bust, discarding the cast of the brain and destroying the grand scale of the work.

The portrait of Dr. Spitzka is not believed to have been commissioned, but rather begun by the artist as an independent tribute to the esteemed brain specialist. Although still quite young in 1913, Spitzka's career and reputation were on the rise, and he was greatly respected within the medical community. In the year of his sitting, he had completed his third American edition of Gray's Anatomy, appending his revisions with the latest system of anatomic nomenclature. Gray's had been a standard reference for Eakins throughout his artistic career, and he no doubt felt a link with Spitzka through their shared love of anatomy.

While Dr. Spitzka would live on until 1922, Eakins' life would end June 25, 1916. The portrait would be, as Mrs. Eakins later recalled, "the last bit of firm work my husband felt he could do." It is unfortunate that it could not have been completed, honoring Dr. Spitzka with a place among his peers. Spitzka's work for Jefferson and for the field of neuroscience was uniquely distinguished, and cut tragically short by the events of his resignation. It was fitting that Thomas Eakins, both artist and anatomist, should have sought to honor such an eminent kindred scholar. What better subject could the artist have chosen to place beside his seven other Jefferson sitters: Gross, Rand, Forbes, Holland, DaCosta, Brinton and Thomson?

References
Ambulances: From Horse and Buggy to Vans and Helicopters

Ambulances for transport of the sick or injured have played an important role at various times in Jefferson's history. From May 9, 1825, when Dr. George McClellan first started operating in the dispensary of Medical Hall in the Old Tivoli Theater at 518-20 Prune Street, patients were brought to and taken home from this facility in a horse and carriage. By 1844, the upper floors of the two stores on the southwest corner of Tenth and Sansom Streets were rented and converted into a miniature surgical hospital. A doorway was constructed to connect these rooms with the upper lecture room of the adjacent Medical Hall of the Ely Building. The famous Gross Clinic painting by Eakins depicts this arena. The carriages of the professors transported the patients home after surgery, acting as rudimentary ambulances.

Dr. Jonathan Letterman (JMC, 1849) earned a lasting name in American military history by devising an ambulance system for evacuation of the wounded during the Civil War. As Medical Director of the Army of the Potomac, he was painfully aware that wounded soldiers were often lying helpless on the field for as long as five days after the battle. Letterman organized and trained an ambulance corps with horse drawn wagons (Fig. 1). His system was put into operation at the Battle of Antietam (September, 1862) and it was effective. Although this was the bloodiest one-day battle to that date, the field was cleared of casualties within 24 hours. For this and other organizational improvements, the Letterman General Hospital in San

Fig. 1. Letterman Ambulance System in Civil War.
Francisco was named in his honor.

In 1877, the first definitive detached Jefferson Medical College Hospital was built. During the next 30 years, by which time it had become antiquated, it had cared for 2,000,000 patients in wards and dispensaries and nearly 50,000 accident cases. It is likely that a hospital horse drawn ambulance service had started some time around the turn of the century. The Class Yearbook for 1903 carries the advertisement of a carriage by Fulton and Walker Company with the name of Jefferson Medical College Hospital emblazoned on its sides (Fig. 2). An article in the newspaper, North American, July 10, 1915, describes the horse (Old Frank) and the driver (Neil McCarrick, Fig. 3) who had served Jefferson Hospital for the previous ten years. It was titled “Frank Pulled Jefferson Ambulance 98 Trips in Three Days and Gave Up.” It read as follows:

“For ten years Frank, a heavy bay of unusual intelligence, has long been the ambulance horse of the Jefferson Medical College Hospital. Now it is feared that his period of usefulness is about over. In responding to ninety-eight hurry calls during three days of last week, he so cracked and jammed his hoofs that he must in a short time become a cripple.

“Frank was a mettlesome bay, 5 years old, when he began his present career a decade ago, and is said to be the oldest in point of service of any ambulance horse in the city. He has answered during this time, it is estimated, about 12,000 calls in storm and sunshine, in heat and cold, in the dead of winter, with snows drifted high, and when the pavements were baking with heat. It is a popular belief at the hospital that he knows as much about medicine and surgery as the ordinary surgeon. Neil McCarrick, who for seven years has been his driver, declares he knows more.

“He realizes without being told when he is on a hurry call and when he has time at his disposal. A whip has never been used on him. All McCarrick does is to clang the gong once and say: ‘Now, old Frank, get a hustle on,’ and the bay is away, his ears laid back flat and his hoofs beating the street as fast as he can.
shafts, and hardly waits for the straps to be snapped in place. He can tell an ambulance bell from all others. Often they have tried to fool him with car bells, the bells of a fire engine and gongs, but he never stirs.

"Another thing he does is always to turn himself around, so that he is pointed toward home when he is out on a call. When Emil Schwandt, the chef of the Lafayette Hotel, was overcome by the heat recently, the ambulance was driven up the Sansom Street side of the hotel, and the surgeon and McCarrick went inside after the patient. While they were gone ten men swear old Frank coolly walked up to Fifteenth Street, turned around, and when the stretcher was brought out he was pointed toward home.

"Every time old Frank brings in a case the cook at the hospital gives him a piece of dry toast as a reward. He insists upon getting this, and despite all protests, walks to the window, pawing at the grating until he receives his largesse. He will then walk calmly around to the stable, wheel the ambulance in position for the next call, and wait for some one to unhitch him.

### Broken Down Now

"When the hot spell began, old Frank’s work increased from an average of four cases to twenty times that summer. On July 3, he responded to forty-eight calls, July 2 there were thirty-one, and on July 4 nineteen. The number before the cool weather returned was more than 125. Although he did not apparently suffer from the heat, the strain had its effect on his feet. Ten years of breakneck speed over cobbles and asphalt will ruin any horse, and strong as he was, and willing as he is, old Frank is no exception. It will be a little while only before some younger, stronger horse or an automobile will take his place.

"In the meantime, McCarrick and the best veterinarians are doing all they can to help him. The relief will be only temporary."

The first electric ambulance to be used by a hospital in the city of Philadelphia was put into service by Jefferson Medical College Hospital in 1907 (Fig. 4). It carried 1,000 pounds at a speed of 15 miles per hour and could run forty miles on one charge of its battery. This was a gift of Mr. Daniel Baugh, a member of the Board of Trustees since 1896. It was intended to augment and supplement the service of the horse drawn ambulance (Fig. 5) and respond to the needs of the newly opened 1907 (now "Old Main") Hospital.

A glass roofed marquise was constructed in the courtyard directly outside the rear door of the Accident Ward. The ambulance was kept there day and night, ready for immediate use. Injured or ill patients could be transferred readily from ambulance to the ward, which was at street level. The chauffeur’s and doctor’s rooms were located a few feet from the door. The chauffeur had a telephone at his bedside for quick response to calls. A demonstrator, representing the manufacturer of the ambulance, came from New York to supervise its first use. Figure 6 depicts the vehicle which at the time was one of the prides of Jefferson Hospital.

In 1913, the Board of Trustees upgraded the service by purchase of a new Packard Ambulance. From articles in the newspaper and the Jeffersonian (student publication) it appears that the use of horse drawn, electric, and gasoline vehicles overlapped until 1915. From that time until World War II, the Packard Ambulance (Fig. 7), with its resounding bell at the front, could be heard in the streets of Philadelphia, seconded by the sounds of similar ambulances from other local hospitals.

In 1941, the author had occasion to ride the ambulance during his internship at Jefferson. The
Fig. 5. Horse drawn and electric ambulance in Jefferson Hospital courtyard (ca. 1911).

Fig. 6. Jefferson electric ambulance (ca. 1911).
driver delighted in sounding the gong and driving at reckless speed, regardless of the urgency of the call. It was feared that the interns and patients were exposed to somewhat undue risk by this frenzied chauffeur but an accident never occurred. The driver actually was excellent and the traffic was much less in those days. The first patient that the author delivered to the emergency ward was dead on arrival. The prevailing custom required the attending intern in such a situation to supply a bottle of beer to each of the 24 interns. In view of the fact that interns received no stipend, this was a financial burden added to a frustrating sortie. It was hardly the occasion for a celebration.

After World War II, automobiles became plentiful. Many private and community ambulance services sprang up. Cabulances, police vans, and somewhat later, even helicopters provided emergency transport to hospitals. Amid the availability of these outside facilities, the hospital administrated ambulance service was phased out. Commercial agencies such as Paramedical Ambulance Service, Inc. and Procor Ambulance, Inc. were employed.

The Jefferson Medical College Connection:
A Letter from Sir William Osler

On September 24, 1914, Sir William Osler was scheduled to deliver the introductory address to the 90th annual session of the Jefferson Medical College of Philadelphia. War conditions in England compelled him to cancel the engagement, but he sent a letter intended to be read to the students on that occasion. Unfortunately, it was delayed in transit and arrived a day late. Doctor J. Parsons Schaeffer, Professor of Anatomy, gave an address with apologies to the students for their disappointment.

Osler’s letter was subsequently published by the students in The Jeffersonian. The original, a typed manuscript with handwritten corrections was signed by Osler. It read as follows:

"DEAR STUDENTS:

I am, of course, sadly disappointed not to be able to address the class at Jefferson this year. I owe much to the men of this school — let me tell you in what way. The winter of 1869-70 I had a bedroom above the office of my preceptor Dr. James Bovell, of whose library I had the run. In the long winter evenings, instead of reading my text-books, 'Gray' and 'Fownes' and 'Kirkes,' I spent hours browsing among folios and quartos, and the promiscuous literature with which his library was stocked. I date my mental downfall from that winter, upon which, however, I look back with unmixed delight. I became acquainted then with three old 'Jeff' men — Eberle, Dungalison and Samuel D. Gross. The name of the first I had already heard in my physiology lectures in connection with the discovery of cyanide of potassium in the saliva; but in his Treatise of the Materia Medica and in his Treatise on the Practice of Medicine (in the yellow brown calf skin that characterized Philadelphia medical books of the period), I found all sorts of useless information in therapeutics so dear to the heart of a second year medical student. Eberle was soon forgotten as the years passed by, but it was far otherwise with Robley Dungalison, a warm friend to
three generations of American medical students. Thomas Jefferson did a good work when he imported him from London, as Dunglison had all the wisdom of his day and generation combined with a colossal industry. He brought great and well-deserved reputation to Jefferson College. After all, there is no such literature as a dictionary and the 23 editions through which Dunglison passes is a splendid testimony to its usefulness. It was one of my standbys, and I still have an affection for the old editions of it, which did such good service. (And by the way, if any one of you among your grandfather's old books find the 1st edition published in 1833 send it to me, please.) But the book of Dunglison full of real joy to the student was the 'Physiology' not so much knowledge that was all concentrated in 'Kirkes,' but there were so many nice trimmings in the shape of good stories. One day, we had returned from an interesting post mortem, and I asked my preceptor where to look for a good account of softening of the stomach, and he took from the shelf the S.D. Gross’s Pathological Anatomy,' 2nd edition. I suppose there is not a man in this room who has opened the book - even great text-books die like their authors — and yet if any one wishes to read a first-rate account of gastromalacia, he cannot do better than turn to the book just mentioned. And look too, at the account of Typhoid Fever, written remember, in 1845, five years before the differences between typhus and typhoid were recognized in England. Many and many a time I have had occasion to refer to this work, and always with advantage. Later I came to reverence the author as the Nestor of American surgeons. Not many years afterwards I got into mental touch with two more Jefferson men — Samuel Henry Dickson, one of the most brilliant teachers in medicine the school has ever had. His essays on 'Life, sleep, pain, etc.,' are full of good matter, and especially let me commend to you his 'Study on Pneumonia.' The other was John K. Mitchell, the great father of a still greater son, whom I learned to know in connection with his early studies on the germ theory of disease.

I really came to Philadelphia through the good offices of Jefferson men. Early in the eighties I used to earn an honest penny by writing articles for the Medical News, of which Minis Hays was the editor, with Samuel W. Gross and Parvin the active collaborators. In 1884 when Professor Stille resigned and Dr. William Pepper took the Chair of Medicine, there was a strong local field for the Chair of Clinical Medicine. One day Samuel Gross said to Pepper, 'There is a young chap in the north who seems to dot his 'i's' and cross his 't's'. You had better look him up.' Well, the upshot was that the plan of the Medical News editorial committee succeeded — I got the Chair. No small measure of the happiness of the five happy years I spent in this city came from my association with Jefferson men. Among the surgeons, Keen and Samuel W. Gross became intimate friends. They, with Brinton, Mears and Hearn, maintained the splendid surgical traditions of the school. With the seniors in medicine, Bartholow and DaCosta, I never got on quite so intimate terms, but they were always encouraging and friendly. The younger Jefferson set became my fast friends, particularly Wilson and Hare.

With best wishes for the progressive growth of a school with which are associated many of the foremost names in the history of American medicine,

Sincerely yours,
William Osler."

This letter indicates that Osler had more than casual acquaintance with practically all of Jefferson's faculty of that era. This came about through his activities in the College of Physicians of Philadelphia, his consultations, and social life at the Rittenhouse Club and private homes. In his golden rule spirit he regarded Jefferson as a "sister institution" rather than a rival one.

Among the older set, William W. Keen and Samuel W. Gross were his most intimate friends and among the younger were James Cornelius Wilson and Hobart A. Hare. Keen, Osler and S. Weir Mitchell cooperated in a driving force that obtained funds and books which greatly enlarged the library of the College of Physicians. Samuel W. Gross almost regularly invited Osler for Sunday dinners and tea at his home at 1112 Walnut
Street, just two blocks from the Medical College. In the hospitality of the Gross household, Osler enjoyed the social graces of Mrs. Gross who was destined later to become his wife.

Hobart A. Hare was initially a colleague of Osler at the University of Pennsylvania as Professor of Diseases of Children and succeeded Roberts Bartholow as Professor of Materia Medica and Therapeutics at Jefferson in 1891 for the next 40 years. When Jacob Mendes DaCosta resigned as Chairman of Practice of Medicine in 1891, Osler was Jefferson’s first choice for succession. On May 11 of that year Osler was propositioned by unanimous action of the Board of Trustees and of the Faculty with reference to the vacant Chair. A joint Committee consisting of Trustees, the Honorable Furman Sheppard and Ex-Mayor Ftiler, with Dr. Hobart A. Hare requested the favor of a personal interview with Osler. The latter declined but strongly recommended his intimate friend J.C. Wilson for the post. Wilson carried the Chair with great distinction until 1911. He and Osler delighted in playing innocent jokes on each other. The most famous one on Osler’s part is told by Harvey Cushing in his Life of Sir William Osler. Shortly before noon on May 7, 1892, Wilson stopped by Mrs. Gross’s home, found her in the rear garden with Osler, and accepted a light luncheon. Mrs. Gross then excused herself with the statement that she had to leave and that a hansom was waiting. Wilson promptly withdrew and a few hours later received a telegram from Osler: “It was awfully kind of you to come to the wedding breakfast.”

Mr. William Potter Wear, a Trustee of Jefferson from 1941 to 1984, remembered as a little boy crossing the Atlantic with his grandfather, the Honorable William Potter, President of the Board. The latter was engaged in conversation with Osler at an adjacent deckchair. He overheard Osler remark: “The man you should have at Jefferson is Thomas McCrae.” This was in September, 1910 when J.C. Wilson was about to resign the Chair of Medicine, effective for June 5, 1911. McCrae had married Osler’s niece, Amy Gwyn, daughter of his sister Charlotte. He was a fellow Canadian who had been under Osler’s instruction at Hopkins and was aiding in editing his former chief’s Principles and Practice of Medicine. McCrae continued later editions after Osler’s death, the 9th in 1922 to the 12th in 1935. The McCraes were favorites of the Oslers and took occasional excursions together while visiting with them at Oxford. Through the revisions of his books, Osler for the rest of his life was in contact with McCrae who kept him abreast of happenings at Jefferson. It was McCrae who had invited Osler to give the address in 1914, and Mrs. McCrae presented the manuscript to the Jefferson archives on May 21, 1936, the year after her husband’s death.

Lady Osler never forgot her first love, Samuel W. Gross, and the first provision in her will of 1928 was a bequest of 5,000 pounds to endow a lectureship in surgery at Jefferson in honor of her first husband’s interest in tumors. This lectureship became a professorship in which the endowment increased more than ten fold. On September 25, 1984, at the Oslerfest in Oxford, a plaque was presented by Dr. Wagner in honor of Lady Osler on behalf of Thomas Jefferson University to Green College and was hung in the main hall of the Osler mansion at 13 Norham Gardens, the so-called “Open Arms.”

When the Philadelphia General Hospital was discontinued in 1977, the Osler-Jefferson connection was strong enough to secure Dean Cornwell’s painting of “Osler at Old Blockley.” This portrait is prominently displayed in the main lobby of the Medical College. In defiance of those who speak of Osler in terms of myths and legends, his true spirit is much alive at Jefferson, where pride is taken in his various connections with this institution.
The Itinerant Door Knocker of Ephraim McDowell, M.D.

In 1809 Dr. Ephraim McDowell made surgical history by being the first in the world to remove a large ovarian tumor with survival of the patient. How the door knocker of his home in Danville, Kentucky, entered into Jefferson legend and lore is worthy of recount.

Ephraim McDowell, a native of Virginia, born in 1771, was the ninth of eleven children (Fig. 1). When twelve years of age his family moved to Kentucky, still a part of Virginia, but destined in 1792 to become the second state admitted to the Union. After early education at Liberty Hall Academy and preceptorship in medicine with a local physician, he matriculated at the University of Edinburgh in 1792. He did not take the required amount of work to obtain the M.D. degree. The only degree he obtained later was an honorary M.D. from the University of Maryland in 1825. In any event, in 1795 he returned to practice in Danville where he became the foremost surgeon west of the Allegheny Mountains.

In December, 1809, Dr. McDowell was summoned by the two attending physicians of Mrs. Jane Crawford Todd to deliver her of twins. She was 45 years of age and the mother of five children. McDowell traveled the 60 miles to her home near Greentown, Kentucky only to discover that she was not pregnant at all, but host to a large movable abdominal tumor. He was forced to deliver the distressing opinion that nothing could be done for her and that his teachers in Scotland and England had declared that opening the abdomen to remove such a tumor would result in certain death from inflammation. He kindly informed her that if she were prepared to risk death and willing to travel to Danville he would remove the lump. A few days later this indomitable lady rode the 60 miles to McDowell’s home on horseback (Fig. 2). After allowing her several days of rest, McDowell operated upon her on the second floor of his home on Christmas Day. It was performed without anesthesia or antisepsis. She was well enough to ride home in 25 days and lived for another 32 years, making Dr. McDowell “The Father of Abdominal Surgery.”

A feat of this magnitude could not help but attract the attention and admiration of Samuel D. Gross, Professor of Surgery at the University of Louisville from 1840 to 1856. Gross was one of the founders of the Kentucky State Medical Association in 1851 and served as its third President in 1854. He established McDowell’s claim to priority in this operation by publishing his thirteen cases in Transactions of the Kentucky State Medical Society in 1852. McDowell himself was a poor writer and had waited eight years until 1817 to publish his first rudimentary report of three cases in the Philadelphia Eclectic Repertory and Analytical Review. This report drew disfavor, severe criticism, and even incredulity both locally and in England. Gross dispelled all doubts as to the authenticity and importance of this epoch-making procedure, and placed McDowell’s name in true historic perspective in his Lives of Eminent American Physicians and Surgeons of the Nineteenth Century, published by Lind-

Fig. 1. Ephraim McDowell (1771-1830), the “Father of Abdominal Surgery.”

Jefferson Vignettes

565
As early as 1874 the Kentucky State Medical Society discussed the desirability of a memorial to McDowell. At the meeting of the American Medical Association, held in Louisville, Kentucky, in 1875, it was resolved to erect a suitable monument in his memory. Samuel D. Gross with his usual generosity immediately contributed one hundred dollars to this effort, - a considerable sum for that period. The Kentucky State Medical Society was entrusted with the responsibility and authority to erect the actual monument in Danville. It was ready to do so by 1879. In February of that year Dr. Gross, now 74 years of age and still active as Professor of Surgery in Jefferson Medical College, was invited to deliver, on the appointed day of May 14, the public address at the dedication. The monument itself (Fig. 3) was erected on a lot known as "McDowell Park," but the Address was delivered in the Danville Presbyterian Church. It was a magnificent oration, published in full by the Kentucky State Medical Society, consisting of 59 pages. Present in the large audience were the Kentucky Governor, Lieutenant-Governor, Governor-Elect, many men of scholarly distinction, citizens of Danville and the surrounding areas, and descendants of McDowell. Speeches of several hours in length were customary in those days, but would not be endured today.

It is unthinkable that Gross would have traveled from Philadelphia all the way to Danville without preparing a distinguished address for such an historic and elaborately prepared occasion. Immediately following the oration his former pupil at Jefferson, Richard O. Cowling (Class of 1867) presented him, on behalf of the Kentucky State Medical Society, in the most eloquent of terms, the brass door knocker that for many years served on McDowell's front door (Fig. 4). The gift was symbolic of the hundreds of times that patients, day and night, had used it to summon help from the merciful and compassionate doctor. A further evidence of how well Gross's address was received is recorded in his Autobiography (Vol. II, p. 75) by the fact that a grand-niece of McDowell came upon the stage and gave him a kiss. Following the ceremony there were a series of public receptions that must have been exhausting to the elderly Gross, but he was hosted and well provided.
for during his stay by Dr. McMurtry, a prominent local physician.

It is coincidental that in 1879 Gross had founded the Philadelphia Academy of Surgery and was its first President. This organization was the first of its kind in the United States and flourishes to this day. In response to his presentation of the door knocker he stated: “This gift is now in my possession and I intend to give it ere long to the Philadelphia Academy of Surgery.” Although there is no record in the Minutes of the Academy of Surgery as to the date of transferal, it was received by the College of Physicians of Philadelphia which to this day is the official residence of the Academy. Dr. Gross did give to the College of Physicians an unidentified object recorded in the Minutes of November 8, 1879, and again on March 2, 1881, either one possibly the door knocker. On June 4, 1884, one month after the death of Dr. Gross, his library was deposited in the College. It is known that the door knocker, mounted upon a plaque, was hung in the Gross room of the College following the construction of the latest building at 19 South 22nd Street in 1909.

In November, 1936, the President of the College received from Dr. Ernest Bradley, of Lexington, Kentucky, on behalf of the Kentucky State Medical Society, a request that the door knocker be returned for the purpose of replacing it upon the door of the McDowell house, for which plans were under way to restore it to its original condition and dedicate it as a State shrine. This project was accomplished by the Kentucky State Medical Society, aided by a grant from the United States government.

Transfer of the door knocker back to Kentucky needed approval of the Academy of Surgery and the College of Physicians, both of which were sympathetic to the idea. Investigation of the possible existence of an estate of Dr. Samuel D. Gross was made by consultation with Mr. Orville H. Bullitt, grandson of Dr. Gross. (Orville H. Bullitt, Jr., Ph.D., the great-grandson of Dr. Gross is currently a Vice President on Jefferson’s Board of Trustees.) There was no residual estate of Dr. Gross and all possible interested heirs were satisfied about return of the knocker. It was delivered to the Kentucky State Medical Society in 1936 for return to its rightful place.

On May 20, 1939, the official Dedication Exercises of the Ephraim McDowell House as a State shrine took place. The Dedication Address was made by Irvin Abell, M.D., of Louisville, President of the American Medical Association and Chairman of the McDowell Memorial Committee of the Kentucky State Medical Association. Once more Jefferson Medical College entered into the legend.

![Fig. 3. Monument (erected 1879) to memory of Ephraim McDowell in Danville, Kentucky.](image-url)
in that George P. Muller, M.D., the Grace Revere Osler Professor of Surgery and as President of the College of Physicians of Philadelphia, made the ceremonial presentation of the door knocker.

It is thus apparent that the symbolic significance of the door knocker far exceeded its practical value as a fine piece of hardware. In its travels it changed locations, came into discussion at council meetings, and passed through a number of hands touching upon Jefferson's own alumni and teachers. In May, 1993, the author of this article made a pilgrimage to the McDowell home and observed the historic knocker still mounted upon the plaque and safely hung on one of the interior walls.

There are individuals in the story of any institution who are remembered for reasons often not related to the prestige of their positions or for achievements which can be cataloged. Such an individual was Sara C. Glass (Fig. 1), the secretary to the Dean who developed a career reputation marked by her close relations with medical students based largely on a prodigious memory. An outgoing individual whose contributions extended far beyond the call of her duties, Miss Glass was a campus favorite for many years. Her performance and warmth were especially notable when it is recalled that Dean Patterson was dignified and austere, a personality quite at variance upon comparison with the bright, intimate approach of his secretary. Miss Glass served from 1914 to 1935, often
being cited by the students in their publications, but in 1924, special recognition was accorded her by an article published in the Philadelphia Public Ledger and reprinted in the 1924 “Clinic” (Fig. 2).

Miss Glass continued her service with undiminished enthusiasm until her last illness in 1935. She died April 11 and the 1935 “Clinic” eulogized her with the following:

“In one small woman God made: A will which was indomitable and a spirit brave; A memory which never forgot a face once known; A heart with a niche for each of ‘her boys’; And a smile for all whom she met.”

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Some Recollections of Jefferson and World War II

by Joseph L. Finn, (JMC, ’35)

Economic clouds were very dark when the Class of 1935 began its student days. Real estate was almost worthless and bank failures were rampant. I was one of many across the country whose bank closed as I was preparing to pay my first tuition installment.

“Gentlemen I have a ruptured plantaris muscle.” With that opening the kindly, gentle man, Dr. Edward Klopp, Professor of Surgery on the old “B” service, informed us of the classical symptoms and signs of the above condition. Because of other symptoms he was hospitalized. As an intern with Dr. Henry K. Mohler, I was indoctrinated into the direct approach when he informed Dr. Klopp that he had viridans in his blood. His next sentence was, “This will probably give you time to get your affairs in order.” It was a sad but memorable lesson in the pitfalls of self-diagnosis and the futility
of therapy in the pre-antibiotic days. Dr. Klopp died a few weeks later of subacute bacterial endocarditis and its complications.

Dr. George P. Muller who succeeded Dr. Klopp (in 1936) was different in temperament. Also, he was more involved with surgical organization on a national level. One day, after surgical rounds, he informed us interns that he had just attended a meeting in Chicago with several other surgeons. They had completed plans to organize the American Board of Surgery. Its aims sounded so idealistic to us. He said that the successful candidate would receive a certificate indicating that he had passed a qualifying examination. This would improve his standing in the specialty but would in no way be a guarantee for hospital or other appointments.

The residency program at Jefferson started with a bequest by Dr. P. Brooke Bland in 1937. The late Dr. John A. McCormick and I (Fig. 1) were the first residents named. A resident’s duties, objectives and work allotment were all unclear in a city that took to the residency program later than many other medical centers. Dr. Norris Wistar Vaux, a man thrice born to the purple who did not learn how to make enemies, leveled the hilltops and straightened out the crooked paths for us.

The war years opened up new vistas. Two great old surgical veterans were sent by the War Department to observe from a civilian viewpoint the type of surgical care the soldiers were receiving at Fort Meade, Maryland. They were Dr. Evarts Graham and Colonel W.L. Keller, U.S.M.C., Ret. Following the inspection it was my pleasure to lunch with them. Each told a very interesting story.

Having met the physician-patient in Pittsburgh a short time earlier who had the first successful pneumonectomy and knowing that Dr. Graham had performed the surgery, I asked him about the procedure. He calmly stated in his peculiar soft toned voice that he had planned to do a lobectomy but found that the lesion extended further so he just had to take the entire lung out, hoping that the patient would survive and do well. The patient did and the rest is history.

Colonel Keller, on learning that I was from Philadelphia, told the following story. While Surgical Chief of service at Walter Reed General Hospital in the early twenties he had as a patient the son of President Calvin Coolidge. After a tennis match the youth had developed a blister which became infected. Local infection spread from the foot and septicemia and bacteremia developed. Realizing the situation was getting hopeless, the parents were so informed. Colonel Keller discussed the question of having consultations with other physicians. The President had heard of Dr. John Deaver of Philadelphia (Prof. of Surgery, University of Pennsylvania), and he was called to the hospital to consult. After examining the patient Dr. Deaver told the President and Mrs. Coolidge that everything would be all right if the treatments outlined by Colonel Keller were followed. Keller was stunned. When, alone with Dr. Deaver, the Colonel asked him if he really meant what he had said about the prognosis. His answer was as follows: "Of course not, the boy will die, but there is no point in upsetting the family." Needless to say, Colonel Keller’s power of forgiveness was stretched to the breaking point.

While furnishing liaison medical assistance to the Nationalist Chinese Forces, I was under the command of a line officer, Colonel Walter Phillips. He had been Chief of Staff to General Short, Com-

Fig. 1. Joseph L. Finn (JMC, ’35), the first (with John A. McCormick) P. Brooke Bland Fellow in Obstetrics/Gynecology (1937).
mander of the Hawaiian Department U.S. Army when the islands were attacked on December 7, 1941. He had put the famous telephone call through to General Marshall in Washington, advising him of the attack. His descriptions of the conversation, though it was in scrambled speech, were very interesting. General Short and Admiral Kimmel bore the brunt of the verbal attacks for responsibility during the disaster. From Colonel Phillips’ accounts I can only form one conclusion. The unfinished history of the start of World War II (as regards American participation) will some day be complete and then perhaps the names of Short and Kimmel will be cleared. Hopefully, it won’t take 115 years as was the case with Dr. Mudd, who was defamed for his treatment of John Wilkes Booth.

There was a time in China when it appeared that hostile forces would take over the entire country. The medical unit of which I was in charge was assigned for a short period to defend several miles of the Burma road extension into Western China. We were told to be prepared in case our escape route was cut and the last airfield in China was captured. “Go north three months and turn left” was the instruction we received. The telescopic lens of time and distance has made that order seem fantastically humorous, but from our situation then it was everyday reality. The pendulum was soon to swing the other way and within a year we watched the Japanese Imperial Army surrender to the Chinese Army in the village where we were stationed. It was the end of a 13-year war.

While toasting victory that evening in a compound atop the city wall we were congratulating our Chinese opposite numbers on the completion of such a long and dreary war. The chief Chinese medical officer shook his head and said, “No, our war is not yet over because we still have to fight Russia, our old enemy.” That was in 1945.

A few days later we were in Sian, Northwest China. This was an ancient city, the first capital where the first Han emperor came to power in 255 B.C. Recently a terra cotta army was discovered buried with the emperor when he was entombed. As we were standing on the apron of the runway, a plane taxied near to where we were. General Jonathan Wainwright, just released a few minutes previously from a Japanese POW camp, stepped from the plane and looked around for a few moments. I shall never forget the expression on his face as he looked on American soldiers and what was then modern equipment of war. His journey had taken him from McArthur’s farewell on Corregidor, his defeat and surrender on the same rock, the death march in the tropical heat and humidity, three years of a demeaning prison existence, and now the glorious light of a new day. Three days later he was on the deck of the Missouri for the surrender ceremony.

That evening we spent several interesting hours with the senior British and Dutch officers who had been captured in the far flung colonies of the Far East. Their accounts of the end of the old order, the fall of a new order and an uncertain future for these areas were most dramatic. Perhaps Kipling foresaw these times when he wrote:

“The tumult and the shouting dies-
The captains and the kings depart-
Still stands thine ancient sacrifice,
An humble and a contrite heart.
Lord God of hosts be with us yet,
Lest we forget, lest we forget.”

The years roll on. Dark economic clouds again appear. Physicians still self-diagnose. Board certification has become recertification, and voluntary becomes compulsory. The word consultation seems second in importance to the newer cliche—“second opinion”. The sympathetic bedside manner of our dear old Professor Thomas McCrae, who stressed the careful history and thorough physical examination, is being updated, and is termed “holistic medicine.” Residents though better informed about their present are confused about their future. Military outposts under siege have given way to embassies under siege and prisoners have become hostages. China and Russia face each other threateningly as my old Chinese friend predicted. With Winston Churchill we can all say, “If you would know the future, study the past.”
Jefferson's
Post-World War II Expansion

The definitive location of Jefferson Medical College was established in 1828 when Rev. Ezra Stiles Ely arranged the funding for the construction of its first building, replacing the old Tivoli Building of 1825. This new structure occupied a very small fraction of the block bordered by Tenth, Eleventh, Walnut and Sansom Streets. Very gradually, beginning with the 1877 hospital, Jefferson's buildings, including the Old Main Hospital (1907), Thompson Annex (1924), the Medical College (1929), the Curtis Clinic (1931), and finally the Foerderer Pavilion in 1954, completed the development of the entire block. The latter required demolition of the existing Ellis Tea Company and Victor Clad Buildings, long familiar especially for the coffee fragrance emanating from Ellis.

Planning for the expansion of Jefferson took place in response to need, but at times opportunity also governed the process. The latter was specially operative in the acquisition of the Edison Building at Ninth and Sansom Streets in 1973. The major decision regarding the permanent location of Jefferson, however, was made during the last decade of the nineteenth century. At that time there was a strong movement among Jefferson Trustees to relocate to South Broad Street because of the likelihood that center city property acquisition would prove too costly. Accordingly, real estate opportunities along Broad Street were investigated, resulting in the purchase during the mid 1890s of land on the west side of Broad and Christian Streets. The proposed construction of an elevated railway on Sansom Street gave added impetus to the relocation proposal, but this was soon rejected for other reasons. In spite of the support of the faculty for the Broad Street move, the decision was finally made to retain the definitive location when the real estate climate changed and the property on the north side of Walnut Street was acquired. The faculty agreed and the Hospital and College Buildings were ultimately erected in the block.

Following World War II, another phase of the expansion process developed when the Blakiston Building on Walnut Street opposite the College was acquired for physicians' offices.

In 1959, the Martin Building was erected on the southeast corner of Eleventh and Walnut Streets, a site acquired a few years earlier as the first Jefferson property in the block of Tenth-Eleventh-Walnut-Locus Streets. This was the historic site of the home of Samuel D. Gross as well as Thomas Dent Mutter before him.

In 1960, President Bodine announced a program for development of the entire block south of the existing buildings. More comprehensive plans evolved, leading in the middle 1960s to demolition of the structures opposite the College, Curtis Clinic and Foerderer Pavilion (Fig. 1). Among these were the very sturdy Western Savings Fund Society at Tenth and Walnut Streets, the Blakiston Building which had been converted to a Jefferson office annex and the Stefano Building (Figs. 2,3,4) long a contributor to the ambiance of the region with its tobacco fragrance but no longer functioning, and the Horn and Hardart Building dominating the Tenth and Locust corner (Figs. 5,6). The latter was the victim of a changing business climate with rapidly diminishing demand for the company's products and services.

The actual demolition was followed with great interest by Jefferson people including reactions by alumni returning during and after the major changes in the scenery (Figs. 7, 8, 9, 10, 11, 12). The development of the area proceeded apace with extension of Jefferson's campus east of Tenth Street where the Stein Research Building was completed in 1965. In 1967 the Orlowitz Residence Hall on the Tenth and Walnut Street corner was completed.

Fig. 1. Student's view of old Jefferson campus from College Building before demolition. Looking south on Warnock Street with Blakiston Building on left and Stefano on right. Note bridge across Warnock.
Fig. 2. Western Savings Fund Society, southwest corner, Tenth and Walnut Streets, before demolition.

Fig. 3. View from Foerderer Pavilion before demolition. Stefano Building in foreground, Horn and Hardart in rear.
In 1968 Jefferson Alumni Hall, the centerpiece of the entire building program, was erected on the south side of Locust Street between Tenth and Eleventh, one of the finest medical education buildings of its time. This was followed by the Scott Administration Building and Library in 1970 and the Parking Garage in 1975, completing the development of the block. In 1979 the Barringer Residence Building was erected on the southeast corner of Tenth and Walnut Streets.

Meanwhile expansion was occurring northward from Jefferson's original location when the properties between Tenth, Eleventh, Sansom and Chestnut Streets were acquired, and in 1978 the New Hospital, later (1991) designated the Gibbon Building, was completed. The most recent development (1991) was the Bluemle Building at Tenth and Locust Streets, replacing the Stein Building with a modern research facility. This eleven-story structure has become the nerve center of thriving research activities in immunology, genetics, biochemistry and molecular biology with close clinical relationships.

Reactions of returning Alumni were varied. Some regretted their inability to recognize their former familiar places, while others were grateful to note the progress shown by the need for the new buildings (Fig. 13). Dr. Neal R. Moore, a 1926 alumnus, returning in 1968 was awed by the changes and related two anecdotes in a letter to a classmate. Quoting from this letter: “First, I noted the absence of the Western Savings Fund Building, then located at the southwest corner of Tenth and Walnut Streets. To us, this structure seemed as timeless as the pyramids. It was notable for, among other things, a stone ledge at the base of the enclosing fence. It was here a drowsy old female sat, moving only to stay in the shade — a sort of inaccurate sun dial. She was always dressed in black and wore a patch over one eye. She begged alms in a piteous voice, high-pitched and whining. A true object of charity, she ambulated during the day only with the aid of a cane. Our interest in her lay in the fact that, late every afternoon about the hour classes ended and we headed back to our respective hovels for the evening meal and a session with the books, a chauffeur-driven limousine drew up to the curb. On spying it, she arose quickly, hung the cane over a forearm, dog-trotted over to the car, removing the eye patch en route, leaped in and was whisked away. The order of procedure was reversed, faithfully, each morning, about eight. Occasionally, Bill White, Bob Grone, Bill Schultz or another of the observant watchers needed her, ever so gently, about her spurious infirmity. The answer was unvarying and was rendered promptly and incisively. It consisted of a lurid thumbnail sketch of the baiter’s ancestry and a positive statement of her belief in his lack of hope of posterity. Everyone cheered her at these moments. I think she enjoyed the banter. We were fond of her.”

Dr. Moore went on with the “case of the pitiable blind cripple.” A comparatively young man, he ‘took up residence’ on the sidewalk just north of Walnut, on the west side of the ‘old’ College Building. He sat, hat in hand, braced against the wall. He was evidently a man of high ethical standards

![Fig. 4. Blakiston and Stefano Buildings ready for demolition (Walnut Street facades).](image-url)
Fig. 5. Horn and Hardart Building from south of Locust on Tenth Street.

Fig. 6. Before demolition. Tenth Street elevation of Horn and Hardart (left), Western Savings Bank (center), and Curtis Clinic (background).
Fig. 7. Stefano Building demolition under way; Blakiston Building (left of center) already down; Western Savings Bank not yet attacked.

Fig. 8. Demolition of Blakiston Building completed, Stefano (right), and Horn and Hardart (background) under way.
in that he scrupulously avoided the 'roost' pre-
empted by the aforementioned hag - sort of hon-
orning territorial rights, I guess. Dark glasses and a
perpetual *risus sardonicus* enhanced the 'take.' He
was secure in his spot until one day, while putting
on a masterful show for the passersby, he experi-
enced a confrontation - both literally and physi-
cally. The moment of truth had arrived. As he sat,
squatted on his pad, an errant car leaped the curb
and came to a screeching halt with its radiator but
six inches from his face. *Mirabile dictu!* What a
transformation! A miraculous cure! The opening
of Lazarus' tomb was as nothing! The cave of
Lourdes was strictly *de minimus!* The expression
on that charlatan's face changed in a flash - from
that of piteous supplication to that of terrified rage.
He sprang to his feet, tore off the dark glasses, ig-
nored the crutches and, to the accompaniment of
sulphureous language, departed the scene at
Olympic record speed. We cheered him on his way.

He did not return. It is of such stuff that beautiful
memories are made."

Post war expansion also involved the Wills Eye
Hospital, an endowed Philadelphia Institution
founded in 1834 which is administered by the
Board of Directors of City Trusts of Philadelphia.
In 1972 an agreement was signed between Wills
and Jefferson whereby Jefferson's Department of
Ophthalmology assumed responsibility for Wills' clinical program. In 1980 Wills was relocated to
Ninth and Walnut Streets where the affiliation
could be more effectively developed. Jefferson's
clinical services thus became available for the eye
patients while students and residents in all depart-
ments benefited from the relationship.

Developments in proximity to the established
Jefferson campus include the new Medical Office
Building in the Southwest corner of Eleventh and
Walnut Streets, where physicians' offices supple-
ment those in the Gibbon Building. The Depart-

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_Legend and Lore_
Fig. 11. Demolition almost complete opposite College and Curtis Clinic.

Fig. 12. Demolition of Western Savings Bank exposes facade of College and Curtis Clinic, Foerderer Pavilion to left of College.
Fig. 13. 1980 aerial view of Jefferson. (Bluemle building not yet included). Jefferson Alumni Hall (foreground left) to Edison Building (right), Martin, Scott, and Orlowitz and Barringer (center left to right) with Foerderer, College, Curtis and Thompson (right center), Gibbon in distance toward right. Wills Eye Hospital (foreground right).

ments of Otolaryngology and Radiology have facilities on the north side of Walnut Street at 909, where Jefferson owns other properties in anticipation of ultimately acquiring both blocks between Ninth and Tenth, Walnut and Chestnut Streets.

Expansion has progressed beyond the imagination of even the most optimistic of Jefferson's people at the end of World War II. It is gratifying to reflect that these physical developments accompanied by clinical education and research programs accelerate the thrust of medicine into the next century.

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**Jeffersonians Go Hunting**

by Richard L. Nemiroff (JMC, '70)

Over twenty years ago, while I was an obstetrics and gynecology resident at Pennsylvania Hospital, a fellow Jefferson classmate, Web Stayman (JMC, '70), was a resident in surgery. Web and I shared a love of the outdoors and enjoyed an occasional afternoon pheasant hunting at his father's club in Amwell, New Jersey. Web's father, Joe Stayman (JMC, '42), Chief of Surgery at Chestnut Hill Hospital, always enjoyed having us tag along whenever we had the opportunity. As a boy, I had done a lot of skeet shooting with a 12 gauge, but on these times I borrowed Dr. Stayman's 28 gauge Fox.

It was a crisp fall weekend when Web and I were invited to take a walk in the fields at Amwell and asked to pick up Dr. John Y. Templeton (JMC, '41) at Jefferson Hospital, who would be hunting with us. At 6:00 in the morning, Web and I were signed
out and ready to go. We drove to Jefferson and found Dr. Templeton wearing his hunter's outfit and carrying his gun case. "Nice of you boys to meet me and what were you doing this morning?" Web told him about the appendectomy he had just finished, and I recounted the delivery of a baby girl by Cesarean section. "That's very good," said Dr. Templeton. "And what did you do this morning sir?" we asked. "Well, I just finished rounds on my 28 patients and they all seem to be doing quite well."

We drove to Chestnut Hill, picked up Dr. Stayman, his dog Jessie, and then headed for New Jersey. Dr. Stayman, Jessie, and Dr. Templeton sat in the front seat, while Web and I sat in the back. "What type of dog is Jessie?" asked Dr. Templeton. "Why, he's a sheep dog, John," said Joe. "Well, maybe Jessie thinks the birds are sheep," quipped Dr. Templeton.

We arrived about 7:30 a.m. and started out on our circuit of the land allotted to us. Joe and Web stationed themselves on one side of a row of underbrush and Dr. Templeton and I on the other. Jessie ran ahead, this way and that, but never too far. A pheasant flew up, Dr. Templeton shot and the bird fell. A while later, another flew up and Dr. Stayman shot, and again the bird fell. During the next few hours, this pattern was repeated time and again, until we had our limit. We came to a fence and I went over first. I took Dr. Templeton's gun and offered him my hand. He waved it aside, jumped over the fence, and said, "You obstetricians wouldn't know what to do with acute trauma anyway."

On the way back, Dr. Templeton asked how many shells I took with me and I said six. "And how many birds do you have?" he asked. I said that I had six birds. "Six shells for six birds is a very positive way to hunt and I hope you take that attitude into the operating room. By the way," said Dr. Templeton, "Why do you use #1 chromic on the uterine artery when I use 6-0 silk on aorta? Have you found that the uterine artery is the largest and most important vessel in the body?"
We finally came back to the lodge and my wife, Barbara, ran out to greet us. "Any luck, Dick?" she asked. And I held out my stringer of birds. "And did you have a good time Dr. Templeton?" she asked. "Why yes, Barbara, I had a wonderful time; it was almost as much fun as operating on people."

Dr. Stayman's wife, another Barbara, prepared an epic meal; one half pheasant covered with Cumberland sauce and all the trimmings. I'll never forget that day and I'll never forget that walk with Dr. John Y. Templeton, master surgeon, physician, teacher, sportsman and friend....a role model then and now.

[Ed. note: Cumberland sauce ingredients are mainly orange peel/juice and currant jelly enhanced judiciously with minced shallot, Tawny Port and English-style dry mustard. It is especially delicious with fowl. The recipe surfaced recently in Gourmet magazine, September 1991, p. 160.]

Drs. Templeton and Stayman took other sporting trips as depicted in Figure 1. The doctors are chatting beside a plane on the coast of Labrador. Dr. Templeton started to take flying lessons, but for once in his life took his wife's advice and gave up that idea.]

Peter A. Herbut, M.D.: The University Dream Realized

When in 1939 Dr. Peter A. Herbut joined the Faculty of Jefferson Medical College as an Assistant Demonstrator in Pathology, little was he to know of the meteoric career that would lie ahead or the force of his role to unfold in the history of the institution. There are many definitions of genius, all of which stress the importance of intelligence and hard work. In this sense, he truly deserved the designation, and the addition of his sterling character and charisma eminently qualified him to become the first President of Thomas Jefferson University (Fig. 1). From time to time, individuals pass into legend as "Mr. Jefferson," a title that Dr. Herbut has earned. A life such as his merits a recount.

Peter Andrew Herbut was born on July 6, 1912, near Jasper National Park in the little town of Edson in the Province of Alberta, Canada, near the McLeod River. His parents, Russian born, had acquired a large tract of land, and in pioneer fashion carved their farm out of the wilderness with axes. Peter was the ninth of thirteen children and helped on the family farm. He enjoyed the pleasures of growing up in rugged country life, occasionally swam in the nearby waters, and attended school in Edson (Fig. 2).

As Peter's ambitions began to take shape, he realized that opportunities in the newly opened territory were limited. Impressed by the benefit of the services of the local physician in the community and the respect afforded him, Herbut decided to become a doctor. Putting aside financial considerations, his first problem was to acquire two years of high school Latin required to study medicine, and this was not taught at Edson. In the style of Samuel D. Gross he acquired the necessary books and set about learning Latin on his own. This was a tactic he would apply throughout the rest of his life whenever a deficit in his knowledge was encountered. It is not surprising that when he took the Canadian Provincial Examinations his highest mark was in the self-taught Latin.

Herbut enrolled at the University of Alberta where he completed the senior year of high school, since only the first three years were taught at Edson. There he continued his collegiate premedical education and the first two years of medical school. He transferred to McGill University for his final two years, combining in his senior year an internship at Children's Memorial Hospital in Montreal. In 1937, he received the degree of Doctor of Medicine and Master of Surgery (Fig. 3).
With the intent to study surgery in the United States, Herbut obtained an internship at the Wilkes-Barre General Hospital. This proved to be a wise choice, for there he met and courted a beautiful and charming nurse, Margaret Fetsko. They were married in 1940 and he became a citizen of the United States two years later (Fig. 4). The Herbuts enjoyed thirty-six years of happy married life and raised two lovely daughters, Linda and Paula.

Herbut's original plan to become a surgeon switched to an interest in pathology. Accordingly, he obtained a residency at the Medical College of Virginia. There he was visited by Virgil Holland Moon, Professor of Pathology at Jefferson, who was looking for a young pathologist to strengthen his department. This brilliant and promising man seized the opportunity and became a Jeffersonian in 1939 as Assistant Demonstrator in Pathology.

Older Jefferson Alumni will recall the initial appearances of Dr. Herbut in the "pit" of the Thompson Annex at various clinics in which it was customary to display and discuss the pathology of gross specimens. The author of this article remembers how he was struck by the commanding voice,
clarity of description, and correlation with the clinical picture that marked him as a "coming professor." On arrival at Jefferson, Herbut actually was a Fellow, wore a white laboratory jacket, and ate meals at the hospital with the Interns and Residents. There was a special table where the Senior Residents and Fellows congregated, and it was the privilege of the author to enjoy many of these sessions. Dr. Alison H. Price (JMC, '38) was the ring leader in medicine and would engage Dr. Herbut in enlightening discussions of both clinical and research interest. Some of the best teaching and exchange of information took place there.

On one occasion at the luncheon, Dr. Herbut mentioned that he had struggled through financial problems in his education because of coming from a large family on a pioneer farm. It seems that members of the family, in support of his academic talents, had pitched in to secure the necessary funds. A competition arose at the table as to who had been the poorest and sacrificed the most to get through medical school. A surgical Resident was awarded the dubious honor by stating that when he was a Jefferson student he sometimes became so hungry that he would eat some of the stale bread which it was his duty to feed to the laboratory rats.

Dr. Herbut As Pathologist

After completing his Fellowship in Pathology at Jefferson (1939-40), Herbut joined the staff of the Clinical Laboratories as Assistant Director in 1940. This began his rise in the academic ranks, culminating in Chairmanship of the Department in 1948 at the early age of thirty-six.

No volume of work and no task was too difficult for his prodigious energy, concentration powers, and intellectual prowess. Practically single-handedly he carried out the work load of the Clinical Laboratories during World War II, including postmortem examinations, frozen sections and paraffin slide diagnoses on gross specimens, lectures to students, and writing a flood of scientific articles. His final pathologic diagnoses could be relied upon and settled many controversial issues.

During Herbut's active years as a pathologist, he wrote more than one hundred scientific articles and four text books that went through multiple editions, some of which were translated into Spanish. Surgical Pathology appeared in 1948, Urological Pathology in two volumes in 1952, Obstetrical and Gynecological Pathology in 1953, and Pa-
In Herbut's last and largest textbook, of encyclopedic proportions, *Pathology*, he called upon certain members of the faculty to write chapters. It was the privilege of the author of this article to write on "The Peritoneum." Some twenty-five years later he was obliged to look up information on the subject of "Mesothelioma" and felt that Herbut's textbook would be a good source. What was his surprise to discover that he himself had written the section on this subject!

Pathology was a major subject in the sophomore year, and Dr. Herbut took the responsibility of this lecture series. He delegated the lectures of the third year (Pathology in Internal Medicine), to Drs. William V. McDonnell (JMC, '47) and Joseph F. McCloskey (JMC, '43), his main teaching associates for many years.

Herbut's lectures were always meticulously prepared, methodical, logical, and delivered with clarity. His course was considered "hard," but students who were having difficulty could go to him for understanding and help. Herbut wanted his students to appreciate the importance of Pathology and was willing to aid the failing student with counsel on how to study and apply the proper effort. Herbut commanded the highest respect and was never accused of being unfair.

William E. Delaney, III (JMC, '53) served as an Assistant Director in the Jefferson Clinical Laboratories under Dr. Herbut from 1961 to 1968. He has written a sensitive and personalized review of the Pathology career of Dr. Herbut in *Thomas Jefferson University: Tradition and Heritage* (p.195-98) which details his remarkable achievements in teaching, clinical work and research.

It must be noted that Dr. Herbut was a member of twenty-six societies. Five in his special field were the American Association for Cancer Research, the American Society of Pathologists and Bacteriologists, the American Society of Clinical Pathologists, the American Society of Cytology, and the College of American Pathologists. Among his memberships in foreign societies were: the International Academy of Cytology, the World Medical Association, the Pan-American Medical Association, the Royal Society of Health (a British organization), and the Conference of State and Provincial Public Health Laboratory Directors. As a pathologist, Herbut's greatest clinical/research fame resulted from his work with Louis H. Clerf (JMC, '12), Professor of Laryngology and Bronchoesophagology in the cytologic diagnosis of cancer in the lower respiratory tract. In 1950, he and Clerf received the Ward Burdick Award, the highest honor for investigative work of the American Society of Clinical Pathologists, for demonstration of the efficacy of diagnosing bronchogenic carcinoma by cytologic examination of bronchial aspirates. Earlier, Herbut had received the McCrae Award of the Jefferson Society for Clinical Investigation, and his portrait was commissioned by the Jefferson Class of 1961 (Fig. 5).

From 1956 to 1965, Dr. Herbut served as Chairman of the Executive Faculty. This kept him in constant contact with members of the administration and especially with Mr. Bodine.

By 1966, William W. Bodine, Jr., who had served as second Jefferson Medical College President since 1959, was resigning to become a Life Trustee on the Board. To select a successor to President Bodine, an Ad Hoc Committee of the Board of Trustees, headed by Board President James M. Large, and a Faculty Advisory Committee Chaired by Dr. Roy G. Holly were appointed. Other members of the Faculty Advisory Committee were: Thomas D. Duane, Chairman of Ophthalmology, John W. Goldschmidt, Associate in Medicine, Peter A. Herbut, Chairman of Pathology, Andrew J. Ramsay, Chairman of Anatomy, Frederick B. Wagner, Jr., Clinical Professor of Surgery, and Robert I. Wise, Chairman of Medicine. The Jefferson Medical College Alumni Association was represented by Mario A. Castallo, then President, and Benjamin F. Haskell, Chairman of its Nomination Committee. Little was Dr. Herbut to know at this juncture that events would lead to his selection for this prestigious post.

In 1957, William A. Sodeman, M.D., Sc.D., LL.D., came to Jefferson as Chairman of the Department of Medicine. After serving for but one year, he succeeded Dean George A. Bennett who had died sud-
Dednily. Dean Sodeman was extremely capable, innovative, an adroit administrator, and well liked. Under his leadership many notable advances were made at Jefferson. The Faculty Advisory Committee, after due deliberation of outside and internal candidates, decided unanimously that Dean Sodeman was the nominee to succeed Mr. Bodine. Unexpectedly, Dean Sodeman not only declined the appointment but stated that he was leaving Jefferson.

The Committees convened again and raised the question as to whether someone on the Faculty Advisory Committee itself would be a suitable President. Dr. Herbut was nominated and approved by the Board of Trustees (Figs. 6 and 7).

**Dr. Herbut As President**

Because it had been generally assumed that Dean Sodeman would be the next President of Jefferson Medical College, the announcement of the appointment of Dr. Herbut came as a surprise. By far the majority on campus greeted it as an excellent choice but, as always, there were a few detractors who pointed out that a faculty member had never previously served as President and “what does a pathologist know about running the President’s office?” Those who knew Dr. Herbut, and almost everyone did, had no doubt that he was a superb choice for the position. He had established the reputation of never being found unprepared. His talks were always ready a month in advance. This was true of the Presidential Address he delivered on May 3, 1967, in his inauguration exercises to a packed audience at the Academy of Music, led by Board President, Mr. James M. Large. A few excerpts from Dr. Herbut’s stirring speech are appropriate.

“I am grateful for the implicit confidence our Board of Trustees, and others, seem to have in my being capable of discharging satisfactorily the duties incumbent in the office of the President. I am awed by the many grave responsibilities that will now be mine and, seemingly mine alone. I am saddened at the necessity of curtailing, or even eliminating, my activities in teaching, research, and the practice of medicine. And I am enthralled at the tremendous challenge and opportunity, suddenly spread before me.

“To the Board of Trustees, he is the incarnation of an Adonis, an administrator, a financier, a fundraiser, an attorney, a practical politician, a parliamentarian, a diplomat, a scientist, and an educator. In short, like the Barber of Seville, he is a factotum ... Where the newly inaugurated president fits in, if indeed he fits at all, I shall leave for you individually to decide!”

After discussing in detail “Where have we been, Where are we now, and Where are we going?” He concluded as follows: “Some of you might say ‘you are reaching for the sky.’ My answer is indeed we are. That is why the sky is there! Was not man’s reach designed to exceed his grasp?” From where I stand, I can see in only one direction — onward and upward. We can accomplish only what we will and we will proceed only with what we think is best! In all of our deliberations, let horizons unlimited be our theme ... vision, dili-
Fig. 6. The appointment of Peter A. Herbut, M.D., (center) as President of the Jefferson Medical College and Medical Center, with R. George Rincliffe (left) and William W. Bodine, Jr. of the Board of Trustees.

Fig. 7. Dr. Herbut at rostrum receives standing ovation following announcement of his appointment as President, September 12, 1966.
gence, prudence, and courage our guide posts ... excelsior our motto.”

To those who attended Dr. Herbut’s inauguration, it may have resembled a wedding ceremony, because it was a joyous occasion in which the new President with his own vows was dedicating his life openly and publicly to the welfare of Jefferson.

“Brilliant researcher, imaginative educator and skillful administrator” were the words that described Dr. Herbut at his appointment as President of the Jefferson Medical College and Medical Center. It was the first time in Jefferson’s history that a faculty member was advanced to the Presidency.

The crowning achievement of Dr. Herbut’s Presidency was the creation of Thomas Jefferson University. He was the right person in the right place at the right time to accomplish this historic step. In Thomas Jefferson University: Tradition and Heritage (p. 824-26), the events leading to university status are related. The negotiations and paper work involved with the Department of Public Instruction of the Commonwealth of Pennsylvania can only be appreciated by reviewing the documents in Volume I (one inch thick) and Volume II (two inches thick) entitled Creation: Thomas Jefferson University in the University Archives. This monstrous task, accomplished by Dr. Herbut, was rewarded by a letter, dated March 31, 1969, signed by David H. Kurtzman, Superintendent of the Department of Public Instruction in which the first two paragraphs were as follows:

“By the authority given to me under P.L. 137 (amended to the Nonprofit Corporation Law, Act of May 5, 1933, P.L. 289, as amended), I am pleased to approve the request of the Jefferson Medical College to attain university status and to be designated as Thomas Jefferson University. You and your able staff, as well as the institution generally, are to be commended on the professional accomplishments to date.

“Information included in the report of the visitation team would indicate the strength in the areas of a highly qualified and dedicated staff; completely adequate facilities, current development plans considered, for present and immediate programs; and superior library services and laborato-

ries. The success and prominence of Jefferson Medical College graduates is a further measure of your academic quality. The institution’s historical position in the community also indicates readiness for university status.”

In City Hall on May 20, 1969, the University Charter was granted by Judge Vincent Carroll and received on behalf of the University by President Herbut. Also present on this occasion were John W. Goldschmidt, M.D. (Dean of the College of Allied Health Sciences), Francis J. Sweeney, M.D. (Hospital Director), James M. Large, (Chairman of the Board), N. Ramsay Pennypacker (Vice-President for Development), George M. Norwood, (Vice-President for Planning) and William F. Kellow, M.D. (Dean) (Fig. 8).

Four divisions of Thomas Jefferson University were established on a reference date of July 1, 1969, consisting of Jefferson Medical College, College of Graduate Studies, College of Allied Health Sciences, and Thomas Jefferson University Hospital, - a totally health related medically oriented university.

President Herbut never ceased in his policy of “onward and upward” (Fig. 9). All components of the University thrived and expanded under his leadership (Fig. 10). This included educational programs, clinical services, research, and bricks and mortar (buildings). He received honorary degrees from the Philadelphia College of Pharmacy and Science in 1968 and from Washington and Jefferson College in 1974, as well as the Shaffrey Award from the Medical Alumni of St. Joseph’s College in 1970.

Dr. Herbut was a well rounded individual. He was very fond of music, especially of the old masters. On November 22, 1968, he gave the narration for “An Evening with Mozart” with The Little Orchestra Society of Philadelphia (of which he was a board member) in McClellan Hall. He narrated “An Evening with Beethoven” at a later date. These composer biographies were delivered in his characteristic lucid and arresting style. Although not an instrumentalist, his knowledge of music was profound and evidenced with enthusiasm.

Sports also claimed the interest of Dr. Herbut.
With his encyclopedic memory, he could recite the rating and membership of most teams in baseball, football, and basketball. As a Canadian, ice hockey was his favorite sport.

Herbut took bridge seriously and played to win. His company was always jolly and punctuated with flashes of wit. As a religious person he was gentle, kind, and humble. He was a member of the Russian Orthodox Church in which he served as a Director of the Russian Orthodox Seminary, St. Vladimir, of New York.

Dr. Herbut died suddenly at home of a cardiovascular attack on March 31, 1976, after speaking briefly at a luncheon for a group of volunteers of the Women's Board Penny-wise Shop. He was not quite sixty-four years of age and in the midst of plans for further expansion of the University.

In a dedication to Dr. Herbut, Dean William F. Kellow wrote the following:

"I came to Jefferson Medical College as Dean in July 1967, but I had known Dr. Peter Herbut for about four years before this time. We had met on several occasions and I had an opportunity to talk with him at length one evening when I sat next to him at a dinner at the College of Physicians of Philadelphia.

"I have worked directly under the supervision of many men, but I never respected anyone more than President Herbut. He was a very strong individual and he was inclined to firm opinions, but he never formed them without considerable forethought. He depended on his closest associates..."
for advice or suggestions before he made up his mind on a certain issue, and I found that he rarely came to a faulty conclusion. When his decision was made, however, it was usually a final one and thus a dependable one. This made it satisfying to work with him because his associates could proceed on the basis of his decision and not expect that he would begin to waiver or seriously modify the situation after the hard work of implementation had been undertaken... Since I, too, am not an original Jeffersonian, I never had an opportunity to meet the great men of the past but to me, Peter Herbut was not only a Professor of Pathology, an Administrative Chairman of a Department, the father of Thomas Jefferson University, and the first President of the University, he was probably the greatest Jeffersonian I have ever known!

Dr. Herbert A. Luscombe (JMC, ’40), who wrote a touching memoir, referred to him as “in many respects, a Godly man.” His funeral service in the Russian Orthodox Church was attended by a throng of bereaved friends and relatives, in an elaborate ritual of incantations, colorful processions, and celestial singing. He is permanently enshrined among the Jefferson “Greats.”

Fig. 9. President Herbut delivers a speech in McClellan Hall.

Fig. 10. President Herbut meets with Governor Raymond P. Shafer, March 18, 1970, for the State Appropriation.

President Bluemle Wins Replica of Mercedes Benz

The distinguished career of Lewis W. Bluemle, Jr., M.D., D.Sc., L.H.D., F.R.C.P. (Edinburgh) is chronicled in *Thomas Jefferson University: Tradition and Heritage* (p. 843-45). His achievements and devotion to many causes have been recognized by numerous awards and honors. It is refreshing to relate one occasion in which he received something for which he did not have to work.

The year was 1988 during Dr. Bluemle’s Presidency at Jefferson (1977-90). It was a routine day in which Mrs. Bluemle (Dee) happened to go shopping at the B. Altman store in St. Davids, PA. She simply dropped her name and address in the “chance basket.” The first “winner” was a minor and thus not eligible to receive the prize of the replica of a 1929 Mercedes Benz SSK. Next in line was

Jefferson Vignettes
Fig. 1. Dr. Bluemle in replica of 1929 Mercedes Benz, with his dog Tasha.

Mrs. Bluemle who was notified of her windfall.

Dr. Bluemle, of course, fell immediate heir to this dream sports car. Figure 1 shows him in the driver’s seat, with appropriate head gear, in front of his home in Rosemont, PA. His companion is Tasha, a samoyed (Siberian breed of arctic dog), who loves the car even more than Dr. Bluemle.

In fact, Dr. Bluemle only won the car indirectly. “Dee” has always been “first prize” in his life anyway.