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Surgical Leaders

Chevalier Jackson, M.D. (1865–1958): Il ne se repose jamais

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IN THE FINAL YEAR of the American Civil War, 1865, Chevalier Jackson was born on the 4th of November just outside Pittsburgh, Pennsylvania. The eldest of three sons of a poor, livestock-raising family, Jackson was raised in a period of social and political unrest. He was perhaps an even more unrestful boy. The description of his childhood days from his father’s father—Il ne se repose jamais, “He never rests”—would ultimately reflect the man, doctor, and evangelist Jackson would later become. Indeed, he never did rest, Jackson would tirelessly pave the way for modern bronchoscopy and endoscopy as a whole; bringing international renown not only to himself, but also to his specialty.

Jackson was not born with genius; rather, it was his undying persistence, patience, and practice that would define his greatness as a surgeon. In fact, during his tenure as a professor and chair at Jefferson Medical College, he was described by his colleagues as a “modern Don Quixote” for his stubborn willingness to weather any hardship or sacrifice. His training began in his youth through an insatiable hunger to create things with his hands. While the farming and coal-mining community around him reveled in the spectacle of cock fights, dog fights, and prize fights, Jackson always preferred creation over destruction. He once created a sailing canoe with his mother’s namesake, Katharine, which would later serve to satisfy the destructive tendencies of a group of drunken coal miners. Fortunately for the medical community, his later crafts would not only survive, but forever shape the landscape of endoscopic surgery. His seafaring days with the Katharine were but a premonition of things to come.

After studying at the Western University of Pennsylvania, now the University of Pittsburgh, and completing his preceptorship under Doctor Gilmore Foster’s tutelage in 1882, Jackson was set for the collegiate work of medical education. His pathway, however, was not to be one without hardship, persistence, and eventual reward. In the two years it took Jackson to be enrolled as a student at Jefferson Medical College in Philadelphia in 1884, he spent his time working as a decorator of fine china and glass. The benefits from this work would be threefold: being able to support his family, funding the first part of his medical school career, and perhaps most invaluable was the skill he gained with the brush, which would allow Jackson to illustrate what he saw when he first peered through his bronchoscope.

Although he studied surgery at Jefferson under Dr. Samuel W. Gross’s vision of antisepsis and was inspired, in part, by Dr. Jacob da Silva Solis-Cohen to pursue laryngology. Much of Jackson’s education took place outside the formal confines of the College. After his first term at Jefferson, personal funds were again short and his family was continuing to suffer in poverty. He would go on to become a traveling salesman of medical books. On his few breaks in the tiring journey throughout New England, he would diligently study from his merchandise. Again Jackson would not rest, for after his brief stint as a salesman, he took his traveling to the sea where he worked as a fisherman and sea cook before finally graduating from Jefferson in 1886 at the age of 20.

Taking great interest in laryngology after graduating, Jackson journeyed to London to visit the clinic of Dr. Morell Mackenzie, one of the pioneers of laryngology in the United Kingdom. While learning and practicing laryngology in London, Jackson designed and used his first esophagoscope. He would return home to live and work in poverty in Pittsburgh, all the while discovering, with his newly constructed tool, esophageal strictures and other severe lesions caused by the ingestion of lye by children. The prevention of such tragedies would be a cause he would return to later in his career, one from which he would never turn away.

In 1899, after marrying Alice White, the sister of one of his patients, he turned his work from esophagoscopy toward the emerging field of bronchoscopy. He worked tirelessly designing, building, and testing his bronchoscope on canines and cadavers. Jackson was briefly halted in 1911 when he had his first bout of tuberculosis.

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He would stay for the next five years on the Ohio River hills. Despite his ailments, he would characteristically not rest. Instead, he took his limitations on clinical practice as an opportunity to record in text and illustrations his newfound art of peroral endoscopy. The publishing (in the year 1915) and booming popularity of Jackson’s “Peroral Endoscopy and Laryngeal Surgery” further bolstered his burgeoning reputation. Already elected, at the young age of 35, to the Chair of Laryngology at the Western Pennsylvania Medical College, his renown began to spread to Europe. His pioneering achievements in bronchoscopy now made the inhalation of foreign bodies into the bronchi no longer a death sentence.

Jackson would soon return to his alma mater in Philadelphia in 1916 to become Professor of Laryngology. After eight years, the Board of Trustees at Jefferson established a new chair in his honor and appointed Jackson the Chair of Bronchology and Esophagology. With his specialty suddenly having academic autonomy at Jefferson, his practice and teachings flourished. As an evangelist for bronchoscopy, he subsequently opened bronchoscopic clinics at Jefferson (Fig. 1), the University of Pennsylvania (Fig. 2), the Graduate Hospital, Temple University Hospital, and The Woman’s Medical College of Philadelphia. A testament to his profound impact on the world of medicine, Jackson remains the only person to ever hold, concurrently, five chairs in all of the Philadelphia medical colleges.

Additionally, he was president of the Woman’s Medical College from 1935 until 1941. The latter honor was indicative of his character as a human being. Jackson was always an advocate for the cause of the less fortunate. He was progressive at the time in his belief that women had a place as physicians in male-dominated medicine. Jackson’s greatest and most long-lasting advocacy, however, would be for children.

Years after devising his first esophagoscope and observing the tragic lye burns of the esophagus of children, Jackson would spend nearly 25 years championing the cause of proper poison warning labels on lye and other caustic agents. As Chairman of the Committee on Lye Legislation, he traveled to the U.S. capitol and to many states in the Union enlisting support...
for his cause. After endless meetings, presentations, and lectures with constituents and their legislators alike, the Federal Caustic Act was passed and signed by President Coolidge in 1927.3

Chevalier Jackson’s achievements are countless and timeless. He imparted to the world the wonder of bronchoscopy and brought endoscopy to the forefront of surgery and medicine. Although he died at age 93 years in 1958, his son, Chevalier Lawrence Jackson, would continue his father’s lifelong dedication at the Bronchoscopy Clinic at Temple University.2 The landmark legislation that he fought so fiercely for would protect the children of America for decades to come. Evidence of the myriad lives he saved now resides in a special collection in Philadelphia’s Mütter Museum, where over 2000 objects he removed from patients are on display (Fig. 3). Dr. Chevalier Jackson’s name and legacy will forever echo throughout time and history. Truly, il ne se repose jamais.

REFERENCES