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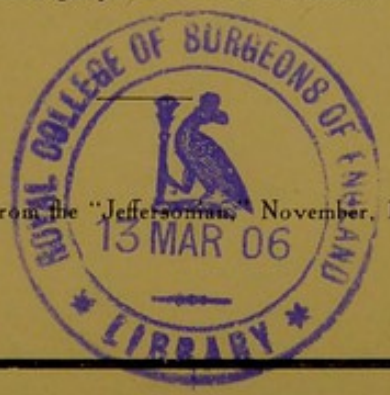

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SOME REMINISCENCES OF STUDENT DAYS IN THE JEFFERSON

BY W. W. KEEN, M. D.

I graduated from the Jefferson Medical College in March, 1862. The catalogue of 1862 presents an extraordinary contrast with that of 1905; seven professors, one demonstrator, and that is all. No laboratories, no library, no hospital, no specialties, no clinics, excepting the medical and surgical on Wednesday and Saturday mornings each, no patients for students to examine, no ward classes, no microscopes, no professor of pathology, in fact no teaching of pathology! What it does *not* show is even more remarkable than what it does. No other medical school made a better or a different showing.

The Faculty of that day, however, were remarkable men. The most distinguished undoubtedly were Dunglison, Pancoast, Gross and Meigs, for DaCosta was then only an extra-mural teacher, giving promise of what he later developed into, the best teacher of clinical medicine I have ever heard in any country.

Dunglison was encyclopedic in his knowledge; he had written text books in a number of the branches of medicine and a dictionary which even to-day disputes the field with younger lusty competitors.

Pancoast, *facile princeps* among American surgeons, was one of the most brilliant, self-possessed, daring surgeons I have ever seen in Europe or America. He was professor of anatomy, and naturally had the anatomy of the body at his finger's end, or rather at his scalpel's end. Resourceful, imperturbable, dexterous, with the lightning quickness bred in a man by the pre-anesthetic necessity for the utmost speed. He won the admiration of everybody who saw him.

Gross was a most learned surgeon, a man whose System of Surgery has taught more generations of students than any other Surgery written in America. He was tall and handsome, with a fine presence and a fine address. He was, and I believe is, unique among American surgeons in having received the highest honors not only in his own country, but of the three great Universities of Great Britain,—Oxford, Cambridge and Edinburgh.

Meigs was unquestionably the first obstetrician of his day. I suppose he had more patients in what Oliver Wendell Holmes has called "the brown-stone fronts and streets with houses on only one side of them" than any other man of his day. Worsted by Holmes in the debate over the contagiousness of puerperal fever, he belonged to that expiring race, who could not accept such novelties as ovariotomy. In his last course of

lectures which I heard in my senior year, he declared that "these men who go around the country ripping open women's bellies to remove ovarian tumors, should be indicted for murder." On the other hand, in some ways, he was far in advance of his age, insisting on what we now known as massage, which he called "malaxation," on the "endanggium," which we know now as the "endothelium" of the blood vessels, and on not a few other advanced views. His vivid scientific imagination saw what was revealed to colder minds only after many years.

The most dramatic member of the Faculty, who succeeded Meigs the year after I graduated, was Wallace, who had been for fifteen years demonstrator of anatomy, and who made the mistake, as did the Trustees, of thinking that a man who can teach one branch well can teach any branch well. One lesson, however, he very forcibly impressed upon the students—the necessity of taking care of the baby immediately after its advent into this world of accidents. On one occasion he delivered a cadaver of a baby. He wrapped it up very carefully, saying as he laid it on a neighboring chair, that the obstetrician must be extremely careful to see that the new-born babe whose life was so frail, should be put in a very safe place. He then turned to the cadaver and went through all the scenic illusions of a violent flooding. Finally, having arrested the hemorrhage and washed his hands, he placed his hands on the small of his back and straightening himself up said, "Your back will feel as if it were broken and you will be ready after such fatiguing labor to avail yourself of the first convenient chair," and sat down with his 250 pounds directly upon the baby that he had placed so carefully in such a "safe" (?) spot a few minutes before! The shouts that went up from the class may be easily imagined, and for many a day thereafter his friends used to rattle him when meeting him on the street by asking whether he had sat down on another baby.

The students of those days also were quite different from those of to-day. A very small minority had a good preliminary education; still fewer the advantages of a college education; many of them came directly from the plough or the anvil. Most of the early weeks of the session were given up by the boys fresh from the country to not a little dissipation and rioting throughout the city. In fact during a large part of the winter it was a constantly recurring necessity for some member of the Faculty to go to a magistrate or the jail and bail out some too demonstrative student who had got himself into trouble with the police or a fellow-citizen who had proved to be the "best man." I am very glad to say that the far more decorous conduct of the students of to-day does them the greatest credit in contrast with the outlandish dressing and the extraordinary performances of some of their predecessors in the 60's.

Dr. Weir Mitchell is accustomed to tell of one young man who when he asked him whether he had any "accomplishments," said he had only one and, suiting the occasion to the word, pulled out a bowie-knife, whose handle had rested near the nape of his neck, and planted it deftly in the frame of Dr. Mitchell's window between two panes of glass. It is

needless to add that the distinguished author of Hugh Wynne was prudently careful not to excite the ire of so dexterous a gentleman.

I remember very vividly the maze in which I found myself during the early lectures that I attended. There was no graded course. Every one of the seven members of the Faculty started in at once, and the same lectures were repeated year by year, so that we heard the entire course of lectures twice. Excepting a few experiments in chemistry and a few pictures in other branches there was no demonstrative teaching. Imagine my predicament. I knew nothing of anatomy, or physiology, yet in the first lectures that Gross gave us on "inflammation," he talked about the blood and its "corpuscles," of which I had never seen one, of the "capillaries," of which I knew nothing of their "contraction" and "dilatation" from the "unstriped muscular fibre cells" of which I had never even heard. I did not know what the difference was between striped or unstriped muscle, nor what was the "buffy coat of the blood," or "serum," or "sulphate of magnesia," or "tartrate of antimony and potash." Of all these I was as ignorant as the man in the moon, and you can imagine the way in which I floundered around, not getting any clear idea of anything, one might say, during the entire first year. Moreover the session began on the second Monday in October and ended with the last day of February and many students came late and left early.

I should never have touched a patient or percussed or ausculted a chest, or looked through a microscope had I not been a private pupil of the late Prof. DaCosta and Prof. Brinton. There were clinics on Wednesdays and Saturdays at Blockley (to which students had to walk instead of our present Rapid Transit), the Pennsylvania Hospital, and in the Jefferson College building in medicine and surgery only.

The medical clinics, until DaCosta, in the session of 1866-7 took hold of them, were about as inane and useless as one could imagine. The members of the Faculty, some of whom had never practised, took turns in clinical teaching, and I always remember with amusement one of them, who, if the patient had diarrhea would give him opium, if he was constipated would give him salts, but if, alas, his bowels were perfectly regular knew not what under the sun to do!

The surgical clinics were conducted by Gross and Pancoast. Operations were comparatively rare even in those days, so long after the introduction of anesthesia. If we had one major operation, say at every clinic, we did well. A case of amputation of the breast, a stone in the bladder was rumored around for days before the clinic, and the students rushed to the front seats just as you find in the story of "Rab and his Friends" by dear old Dr. John Brown of Edinburgh. In the annual catalogue of those days even operations for tenotomy, fistula and hemorrhoids, and such minor matters are mentioned as attractions, but *not a single abdominal operation* is named, for they were practically unknown.

There were no hemostatic forceps, no retractors, no hypodermatic syringe, no aspirator, none of our modern intruments of precision, not even a thermometer, for the thermometer and the hypodermatic syringe did not come into use until about the end of the Civil War. For-

tunately we did have ether and I have always been glad that I did not live in those terrible days when the amphitheatre rung with the screams of the patients who had to be bound hand and foot lest a sudden movement should do great harm.

Of course, bacteriology was utterly unsuspected and antisepsis was unknown. Week after week Gross and Pancoast wore the same old operating coats, which had served their day in social life and had now descended to the baser uses of the operating amphitheatre. Even after antisepsis was common, I remember very well seeing one distinguished surgeon abroad put on a similar old operating coat to do an abdominal section. Behind him stood an assistant with a rubber tube carrying a very dilute solution of carbolic acid. He tried to direct this into the abdominal cavity of the patient while the surgeon was going on with the operation, by holding the tube over the surgeon's shoulder. Naturally a large part of the fluid saturated the coat sleeve of the surgeon, which was only turned up for an inch or so at his wrist, and the solution filtered through this filthy old coat sleeve into the abdomen of the patient!

We had two rooms with six beds, three for men and three for women, which by courtesy we called a "hospital." Most patients, such, for example, as those who had a removal of an upper jaw or the removal of a tumor from the neck, were taken to their homes in carriages and attended there by the assistants in the clinic. Only such cases as could not possibly stand such removal to their homes were received into our little hospital. Not a student ever dared to put his nose within those sacred precincts, for ward classes and teaching by sections was not only unthought of, but was an impossibility with our then meagre advantages. What a change to-day with our splendid new hospital almost ready for occupancy, with our enormously enlarged teaching corps, not only of the Faculty but lecturers, demonstrators and other assistants by the score in both college and hospital, lectures on almost every conceivable subject, demonstrators in a dozen laboratories, clinical facilities, and the opportunity of personal work on the part of every student! Surely the medical student of to-day lives in a blissful atmosphere as contrasted with the students of my day. I often wonder that we of that day have ever amounted to anything. One thing I am sure of, had we not "spurned delights and lived laborious days" working while others were sleeping, we never should have been able to keep pace with the march of medicine.