

Fifty years in medicine / by Joseph C. Beck.

Contributors

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FIFTY YEARS
IN
MEDICINE



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FIFTY YEARS IN MEDICINE





THE AUTHOR

Joseph Meek

March 21/41

FIFTY YEARS IN MEDICINE

by Joseph C. Beck, M. D.



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by

Joseph C. Beck

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To My Wife

P R E F A C E

Some two years ago a friend of many years—Dr. Gideon McDonald Van Poole of Honolulu—was spending a rainy Sunday in my home, looking over with me some scrapbooks containing pictures and clippings from the past. “Why don’t you write a book about yourself and your friends?” he asked.

It did not take long for me to be persuaded, for I had often thought vaguely of doing some such thing. But I had no idea, when I so readily agreed to undertake this book, what a tremendous task it would be to organize my memories and material. One thing I was sure of—that I would write more about my friends than myself, even if in so doing I should be criticized for turning an autobiography into a sort of informal “Who’s Who” of contemporary medical men. Another thing I wanted to do was to emphasize the need for a much wider knowledge than one gains in medical school if one is to become a successful physician or surgeon. Perhaps it is my own inadequate academic preparation that makes me so aware of this need, or it may be my experience in training younger men. At any rate, this matter of a sound general foundation is something which I feel cannot be stressed too strongly. That is why I have gone into such detail in enumerating the various subjects of human interest outside the medical field, with which I feel every aspiring medico should have at least a superficial acquaintance.

The reader will note that I have limited myself almost entirely to persons and incidents in America, and that those great men whom I have termed “medical masters” are most of them Chicagoans. This is quite intentional; in my pattern of life America and Americans figure most largely and brightly. I wish there had been space for me to

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mention more of my colleagues. The omissions, I realize, are many, and I hope I shall be forgiven for them.

Practically all of my material has been drawn from memory, and for this reason is naturally subject to error. While every effort has been made to make the book accurate, it has been impossible to check every name and statement. If the reader discovers any *errata*, I should be grateful to him if he would send me his criticism or correction so that I may not only have the satisfaction of being put aright myself, but also so that I may set the matter right in any possible future edition. In reading an advanced copy I discovered some omissions and errors, which accounts for the additional material and list of errata at the back of the book.

To my wife I wish to express my thanks for her helpful criticism and for her contributions—the chapter dealing with my early life and the one about our farm. To my secretary, Blanche Garrison, I also wish to express my thanks for her faithful assistance in preparing the material for this book. And to my friend and sponsor, Dr. Gideon McDonald Van Poole, or “John Henry” as I like to call him, I extend my true appreciation.

JOSEPH C. BECK

September 26, 1940

ADDENDUM TO AUTHOR'S PREFACE

by “Joe Beck's Boys”

We, the undersigned committee of “Joe Beck's Boys,” find it a great pleasure and privilege to have a part in this preface to his book, *FIFTY YEARS IN MEDICINE*. We believe truly that we are in a position to verify much that our friend and teacher has written. Although three of Dr. Joe's earliest pupils—Dr. Cornelius H. Leenheer, Dr. Joe Merchon, and Dr. Samuel Goldberger—have passed to the Great Beyond, there remain forty-four out of forty-seven who could easily write reminiscences, based on their period of training, many of which would reenforce Dr. Joe's statements in these pages. Some of them

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might also throw new light on our teacher's character and achievement, since he will undoubtedly be too modest to describe or relate many happenings of significance because of their complimentary implications.

When we consider the handicaps, financial and educational, which Dr. Joe overcame almost single-handed: how he began his study of medicine in 1890 under the preceptorship of his brother, Carl, without having had the prerequisite fundamental education—little or no public school, no high school or college—and came to the deanship in otolaryngology, we stand in awe.

Of the various parts of this book that we have had the privilege to read and see in their preliminary form, we were perhaps most fascinated by that interesting combination human-figure diagram of the minimum one hundred anatomic structures, and the discussion of one hundred subjects of human interest, especially as they affected the author.

There is much more we could and would like to say, but we do not wish to delay the reader's pleasure in perusing Dr. Joe's book.

DR. HARRY L. POLLOCK

DR. FRANK J. NOVAK

DR. FRANCIS L. LEDERER

Committee

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PART I

MEDICAL MASTERS

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Sir William Osler

When I think about the practice of medicine there always comes to my mind the picture of certain men, usually from the past. Though, of course, I also recognize the "big fellows" of the present.

The one outstanding man about whom I had early read a great deal, whose writings I greatly admired, and whom I had the pleasure of knowing personally was Sir William Osler. As a medical student I cherished his textbook, *Osler's System of Medicine*, because I could learn so much more easily from it than from other textbooks and could permanently remember what he said about a subject. On the occasion of my first visit East, as a doctor, I made a special trip to the Johns Hopkins Hospital in Baltimore to visit the diagnostic clinic of this great master. I had very little hope of meeting Sir William personally for I had no letter of introduction. It was a very pleasant surprise for me when, on the third day of my visit to the clinic, he had one of his assistants bring some of the out-of-town men to meet and talk with him. How well did Harvey Cushing describe this man in his two-volume *Life of Sir William Osler* and how vividly he recalled to my mind his kindness and the great interest that he had in any medical man. One particular point which I carried away from my first visit with this ideal teacher I have employed throughout my medical practice; namely, the importance of a complete history of a patient's complaints and findings.

Many papers and discussions appeared during Osler's stay at Johns Hopkins, and they were always so interesting and instructive that I

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could easily restate some of them even now. One statement he is supposed to have made—"When a man reaches the age of sixty he should be chloroformed because he is of no further use to mankind"—received a great deal of newspaper publicity and subjected him to a great deal of criticism from medical men as well as the laity. We, his admirers and students, knew that he never seriously meant any such thing. He himself lived to be seventy years of age, and many of his monumental works were written during the last ten years of his life. I heard from his own lips at a much later date that he was greatly annoyed by the publicity given this statement. When I heard that Osler was leaving America for Oxford, England, I felt almost as if I were losing one of my own family.

My only other visit to Sir William Osler was at the end of the World War. I went to Oxford after having received an invitation from our mutual friend, Sir Arbuthnot Lane, of London. The first thing I did was to visit the various buildings of Oxford University, and presently I found myself at the Osler Library. What a sight to behold! The attendants were most courteous, showing me about, and by the noon hour I was ready to rest because I was not used to seeing and hearing so much of interest in such a short space of time. I was greatly excited at having been invited to have luncheon with Sir William and Lady Osler, and I will acknowledge frankly that I had a feeling of being so far beneath this great man that I had an attack of stage fright. It was with a feeling of relief that I found there was to be another luncheon guest—a medical officer from the New Zealand army. The luncheon was simple but enjoyable. It was, of course, the conversation of Lady and Sir William Osler that made the occasion a memorable one. I was especially impressed by the calm way in which they spoke of their son who had been killed during the earlier part of the War. After luncheon, the New Zealand officer and Lady Osler chatted together, giving me the great privilege and opportunity of having Sir William all to myself. To my astonishment and pleasure he recalled the Chicago Becks and spoke of some of their work, mentioning especially Dr. Emil and his bismuth paste. He then showed me his daily workroom, which is described in Cushing's book.

At that time, Sir William had been in actual practice for nearly

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fifty years, yet he was still carrying on, though most of his efforts were being spent in writing and research. Many of his most significant books and papers were written in his later years. I sincerely hope that if and when I reach fifty years in actual practice I shall remain as young in outlook and as clear in thought as Sir William was!

We took a short walk about the garden, and I was possessed with the thought that somehow the occasion had in it for me something of the same sort of high inspiration as that felt by disciples of Plato when they sat at the feet of their master. I left after tiffin, elated and inspired. My idol had no feet of clay; he had more than fulfilled every ideal I had had of him. Besides, he had treated me with such great courtesy and kindness and had sent me away with such beautiful words of farewell that I almost felt as if I had received the great man's blessing.

It was not long after I returned from the War that Sir William passed away. His death was a personal blow to me. So great had been my reverence and affection for this medical master that when I wrote to Lady Osler I took the liberty of asking for a picture of Sir William. She graciously sent me one, which, together with her reply, is one of the most treasured of my memorabilia. It is reproduced opposite page 24.

Christian Fenger

At the very beginning of my medical career I became acquainted with this great Danish surgeon, who, even at that time had an international reputation. I was acting as a messenger for my brother Carl and when I made my first visit to Dr. Fenger's office on La Salle Avenue I was almost frightened at the thought of the great man I was about to see and I wondered how I would be received. To my pleasure then, and my satisfaction now, his words were, "So you are going to be a doctor too, eh? I hope you will follow in your brother's footsteps." Fenger was very fond of Carl, who in turn appreciated the friendship of this great surgeon and the favors Fenger bestowed upon him at various meetings and consultations.

A few years after my first meeting with this wonderful man, I saw him perform the first operation on the gall bladder done in this

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city. But his period of greatest inspiration and influence in my life dates from the time when I became one of his pupils at the College of Physicians and Surgeons. His Saturday afternoon surgical clinics in the amphitheater were considered so important that they were attended by two or three hundred visiting physicians. They were not only an inspiration to medical students, but to practitioners as well. Although Fenger was a very poor speaker, halting and hesitating, and often mumbling to himself, yet never to my knowledge did anyone leave the amphitheater until Fenger had finished the job.

Let me try to draw a verbal picture of this man. He was short of stature, bald headed, had markedly protruding eyeballs, and whiskers. In the operating room of the old P. & S. he always wore high rubber boots, such as duck hunters wear, and a rubber apron. In those days, one must remember, large amounts of water were employed for irrigating at operations and floors were always sopping wet.

Fenger, being a great clinician, was much interested in the activities of the Cook County Hospital. Now when I walk through the corridors of that great institution and come upon the bronze tablet showing his likeness, thoughts come to me of the monumental contributions he made to surgery.

The saddest memory I have of Fenger is his coming to an important meeting of the Chicago Medical Society when William A. Pusey was to present the first report in this country on the use of X-ray in skin and malignant diseases. Fenger was president of the Society at that time. This particular day he was suffering from a very bad cold and had got out of bed in order to be present. I recall his highly complimentary discussion of Dr. Pusey's work and the enthusiasm he expressed as to the future of X-ray in medicine. Four days later Fenger passed away, having developed pneumonia, probably from exposure on that occasion.

Carl Beck

In the field of general surgery in its widest aspect, I should like to tell of another man's fifty years in the line of duty—my brother Carl's. Although I have not been with him all of these fifty years, I can speak of his work with authority, even as far back as his days as a medical

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student in Bohemia. I shall refer to him in other parts of this book but nowhere will space permit me to tell much about his medical experiences. However, he is writing his own autobiography. Recently a banquet was tendered him to celebrate the seventy-fifth anniversary of his birth and his fiftieth year in medicine. Opposite page 25 is a photograph showing the speaker's table on this occasion. The guest speaker, Dr. Alexis Carrel, told of his experience with Carl Beck and how the latter had made it possible for him to start his research work, which is yet far from complete, at the Rockefeller Foundation.

Right along with men like Fenger, Carl Beck brought to this country his work in the field of pathology, particularly that of surgical pathology, a field in which he excelled. He taught this subject at the College of Physicians and Surgeons for a number of years. Carl's greatest interest at an operation was always the underlying pathology of the case and he based his treatment of the patient upon it. There were very few men who surpassed him in a technical way. Carl early showed his great interest in plastic and reconstructive surgery throughout the body. He worked out several entirely original operations; one in particular gave very good results, namely, the operation for hypospadias (congenital absence of portions of the urethra). His contributions to discussions at the various medical meetings have always been refreshing, and it seems sad to me that he does not take as active a part now as in his earlier years.

I will have more to say elsewhere about Carl and his invaluable help to me, but no account of my "medical masters" would be complete without his name well toward the head of the list.

Alexis Carrel

My first acquaintance with this great little Frenchman was when he came to Chicago in 1904 with the idea of locating in the city in some form of research, probably surgical. He met my brother, Carl, who was well acquainted with Carrel's former chief, Professor Policard of Lyons, France. Carl began at once to try to place Carrel and succeeded in establishing him at the College of Physicians and Surgeons, where he remained for about a year. Following this, he obtained a post in the department of physiology at the University of Chicago,

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under the supervision of Professor Stewart. Here he remained for several months, during which time it was my pleasure to become closely acquainted with him. He was very kind in showing me many of the finer points in the surgery of nerves and blood vessels. These I was able to apply in cases of facial nerve paralysis in the anastomosis operation.

Carrel's association with my brother Carl was a much closer one, and together they did some very original research surgical work on the making of a new esophagus in cases of cancer of this structure. The details of this procedure are very interesting, but here it will suffice to say that the newly made tube was constructed out of the skin of the presternal and upper part of the abdominal regions.

Carrel soon made for himself a reputation as an original research worker. He was called, or rather transferred, to the Rockefeller Foundation of New York City, where he has remained until recently (1940) when he went into active service with the French Army.

Carrel's outstanding piece of work has been the culturing of tissue and causing an organ (kidney) to live *in vitro* (artificially) over a period of years. The public knows him best for his much publicized work with Lindbergh on the artificial heart, which is still in the process of being perfected. The public also knows him through his book, *Man, the Unknown*, which has had one of the greatest sales of any non-fiction book of recent years in the United States. Furthermore, in 1912, Carrel was awarded the Nobel Prize for his contribution in the field of physiology and medicine. His honors are well deserved. He is a man of great ability and originality. It is stimulating to be in his company and his great friendship evinced towards all the Becks and toward Dr. Carl in particular, is highly esteemed.

William E. Quine

This dean of my school, known in those days as the College of Physicians and Surgeons, was my professor in internal medicine. I believe he more nearly approached being a perfect lecturer without notes than anyone I have ever encountered. Quine's was a very difficult personality for most of the students to understand; indeed, very few ever had the opportunity of a personal contact unless as a patient.

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That was my fortunate misfortune. On one occasion early in my medical career I had contracted a very severe attack of capillary bronchitis. It was of an influenza character and associated with it was a lung hemorrhage. This naturally frightened me, as it would alarm most young medical men. It was not so much what Quine did in this case, but what he said—"Damn it, Joe; you're scared to death, but there's nothing to fear"—that made a tremendous impression on me. He influenced me greatly, giving me a real picture of what doctors could and should be.

Nicholas Senn

It was very fortunate for me that I was connected with St. Joseph's Hospital at the time when this great medical man was chief surgeon of that institution. Not only was I permitted to witness many of his skillfully performed operations — which were always accompanied by a very clear-cut explanation of what he was doing — but I also had the opportunity of taking part in one phase of his surgery, namely, plastic. I became the dressing intern in these cases and received, under his direction, my "baptism" in this type of work. Thus it followed naturally that in the future years of my experience I developed that specialty to the highest point I was capable of doing.

At the height of his career Nicholas Senn was not only the leading surgeon in this country, but he had an international reputation. His weekly clinic at Rush Medical College, where he was for many years the head of the surgical department, was an outstanding place of learning. The great amphitheater was crowded to the last seat by visitors from all parts of the country. Senn conducted his clinic as he did his private practice, in the European manner, going into the underlying pathology of each case in great detail.

Senn was by nature a research man. He made two notable contributions to medical science: diagnosis of multiple perforations of the bowel by insufflation of gas in the open abdomen, and the Senn bone button for intestinal anastomosis; this preceded the Murphy button by several years. Another outstanding achievement of Nicholas Senn was his military medical work. During the Spanish American War he was in complete charge of the medical corps at Chickamauga Park

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when the terrible epidemic of typhoid fever occurred there.

Senn was a great traveler; he made many trips to the Orient and to western Europe. These he described in current American Medical Association *Journals*.

Two sons, William and Edward, are both physicians, but neither one follows in the father's footsteps as a surgeon.

William Welch

Dr. Welch was head of the department of pathology at Johns Hopkins at the time the great Osler was lecturing there. During my visit there, Welch would sit down with me for half an hour at a time discussing problems of pathology and impressing me with the importance of a knowledge of minute pathology. I believe it was his pathologic studies and explanations of tissue changes that influenced me to go further in that subject. This, of course, I did a good many years later, working in the Pathologic Institute of Prague under Professor Chiari.

Other attributes of Dr. Welch were his kindness to everyone and his promptness in keeping appointments. Furthermore, I don't think there are many busy men of whom it can be said that they answered all their correspondence personally in longhand. What a treat it was to receive a report from him in that very personal manner! I have in my collection of old letters several such messages from Dr. Welch, and I treasure them highly.

John B. Murphy

Many readers of this book will have read the life of John B. Murphy by Loyal Davis, yet I must confess that I failed to find in that book a single reference to the things that meant the most to me when I knew this great man during my medical school years and for a short time afterward. He was my professor in surgery, and the Murphy Clinic at the Cook County Hospital was comparable to Senn's clinic at Rush or Fenger's clinic at P. & S. I have often wished movietones could have been made of those men, carrying on their clinics. Posterity would have benefitted by them. Many things which they said are just as true today, since they are basic principles in the

13, NORHAM GARDENS,
OXFORD.

Feb 28th

Dear Dr. Rickes

I am exceedingly
sorry if I neglected
to acknowledge
your kind message
of condolence. I hope
every one had seen
acknowledged it
on Thou and Thue
I must have
seen. On or Feb
28th. I apologise

It is not too late
to thank you now.
There is no picture
of me but I am
studying the only one
I have of Dr. William
I hope you will
like it. I remember
you visit with
pleasure.

Sincerely

Grace R. Osler.



SIR WILLIAM OSLER



DR. CARL BECK TESTIMONIAL DINNER
75TH BIRTHDAY 50 YEARS IN MEDICAL PRACTICE
HOTEL STEVENS CHICAGO MARCH 28, 1939

Keystone
3-1-39

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practice of medicine. Their voices were very different—Senn's, bass and rolling; Murphy's, high pitched and musical, and Fenger's, slow and hesitant—yet they were all pleasant to listen to. Yes, I mean just that; it was a pleasure just to hear these men speak, quite apart from what they said.

While studying in Prague, I had the gratification of coming upon the records of John B. Murphy's work at Maydl's Surgical Clinic, as well as his own hospital record of an attack of severe lung illness, from which he recovered after a lengthy siege. As one of the first attending men under civil service in Cook County Hospital, I was many times advised in matters medical by this senior attending man in surgery. This, as I recall it now, is a great satisfaction to me.

Ludvig Hektoen

This man is a real master in medicine because he has so practically applied his knowledge in the field of pathology for the benefit of humanity. When he was a very young man he was my teacher in P. & S. College where he taught junior internal medicine, and I recall very definitely that no matter what disease was being studied he would always emphasize the gross and microscopic pathology. Hektoen taught mostly by questioning the class rather than by the lecture method, assigning for study a number of pages from the textbook. He always had in his hand a tiny memorandum book in which he marked the grades of the students quizzed.

On one occasion a student who had come to us in the second year from some other school was being quizzed on the subject of tuberculosis. The class was very anxious to find out how much this unknown classmate knew, for he pretended to know a great deal, so they listened attentively to his reply to Hektoen's question: "Mr. X., what is cheesy degeneration?"

Mr. X. replied: "According to Kussmaul and Rokitansky (names which we had never heard before), the changes are" Here followed words upon words which conveyed nothing to the student body and less, it appeared later, to Professor Hektoen. At the conclusion of the reply Hektoen made his little mark, which could be made out from the excursion of the lead pencil as being the highest

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mark possible, and the class was tremendously impressed by this fact. Another two or three students were then quizzed by Dr. Hektoen. Then, suddenly and unexpectedly, he called out: "Mr. X., please tell me again about the cheesy degeneration in tuberculosis. What is it?"

Mr. X., being so suddenly surprised, was taken off his guard, but again started his lengthy answer when Dr. Hektoen interrupted and said, "Never mind all that — just tell me what the thing really is."

Mr. X. stammered a moment, then said, "Well, what else is it but cheese?" Whereupon there was loud laughter by the class.

As a pathologist, very few men in this country are Hektoen's equal. One invariably associates with his name those of Ewing of New York and our late Jaffee of the Cook County Hospital. For years Hektoen performed regular post-mortem examinations at the Cook County Hospital, and his instruction was so remarkable that he had a large class there, notwithstanding the fact that the hour was a very early one.

For a number of years Hektoen has been associated with a very active group in a laboratory known as the Chicago Clinical Laboratory, as well as being head of the department of pathology at Rush Medical College. One of his most recent affiliations has been with the Chicago Tumor Institute, in which the subject of cancer is studied particularly as to the possibility of cure by irradiation by means of X-ray or radium.

I don't know whether Hektoen has any hobbies, but I do know that he enjoys the Honor Society of the *Alpha Omega Alpha*, to which his addresses are valuable contributions. Personally, I want to acknowledge my indebtedness to him for the good advice on the subject of pathology he has always given me so freely, knowing it to be one of my own pet subjects of study.

Ferdinand Henrotin

This man was recognized as a medical power by everyone who came in contact with him. The influence he had on the practice of medicine in Chicago, particularly during my own early period as a doctor, would be considered by all good judges of human nature to be enormous. He was a strong advocate of good cheer in the sickroom. When Henrotin laughed, he laughed so loudly and genuinely that the

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faces of all who were within the reach of his voice would light up.

His chief associates were Nicholas Senn, Christian Fenger, Edmund Doering, M. L. Harris, and such other pioneers. All these men were connected with the Chicago Polyclinic, which was Henrotin's own baby, as was St. Joseph's Hospital. Gynecological surgery was his preference and there are many of his reports, still of great clinical value, to be found in our *Annals of Surgery*. Only recently has that grand old institution, the Polyclinic, gone out of existence, but in its place we have the new Henrotin Memorial Hospital; I am proud to be a member of its staff.

It would be an omission not to mention in connection with the name of Henrotin, other members of this family, particularly the brothers who were so vitally interested in Chicago civic welfare.

Personally, I shall never forget some of the points Henrotin gave me while working at the St. Joseph's Hospital, and I regret that my contacts with this great man were so few.

Albert J. Oschner

Chicago's, Illinois', and America's great general surgeon, a builder of hospitals, and a teacher of many hundreds of surgeons the country over, was Albert Oschner. His great reputation among thousands of Chicago families, due to his tremendous interest in their welfare outside of their illnesses, was often referred to in medical circles. There is not a particle of doubt that Oschner performed more operations on doctors and their families than any other man; in fact, the last operation he performed was on a doctor for carcinoma of the lip. He got up from his bed, while suffering with severe capillary bronchitis, at the urgent behest of this doctor patient, who, incidentally, is still alive.

Oschner was a great worker and I was much impressed and influenced by his diligence. He wrote much, especially papers describing many of his operations, the techniques for which he himself had devised. His system of *Surgical Diagnosis and Treatment* was one of the last of his contributions and I am happy to have had a part in it, writing the chapter on ear, nose and throat.

The American College of Surgeons was one of Oschner's great interests, and it is fitting that when one visits beautiful Murphy

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Memorial Hall, one may see hanging there the wonderfully lifelike portrait of Oschner. Oschner had many scientific opponents, but no personal enemies. He had a number of splendid associates and assistants, particularly his brother, Edward. The last man who followed him and who is still a great disciple of his was Nelson Percy, and we all know what a marvelous surgeon he turned out to be.

Franklin H. Martin

At the beginning of his career, Franklin H. Martin was a specialist in the field of gynecology, but very early in his medical life he became an organizer of postgraduate schools and hospitals. In those times (the '90's) this type of education was perhaps at its height, and he made a great success of it. His first school was located in the very poorest district in Chicago, and there he developed a very large clinical material and a fairly good group of teachers. After a year or two he moved the school to West Harrison Street, near the County Hospital. Here the school prospered greatly, so much so that after two or three years he erected opposite the County Hospital a new building, which was most modern for those days. It was at this school that I received my first training in general surgery, in association with my brother Carl, who was one of the teachers in Martin's school.

However, the school remained in this new building only three or four years when a much larger structure was built on the south side of Chicago, at 24th and Dearborn, close to the Northwestern University Medical School and Wesley Hospital. A much larger group of students could now be accommodated, for this school was built with the definite purpose of teaching the younger men, and it marked the very beginning of residents in hospitals, aside from interns. It also marked the turning point in standardization of hospitals, a work which fell to Franklin H. Martin's lot when he started his next big venture, the American College of Surgeons. Many will recall with what enthusiasm this venture was developed, and that, after only a year of occupancy in a downtown office building, Martin managed to acquire a wonderful piece of property with a marvelous building (the old Hutchinson home) for the headquarters of the American College of Surgeons. A year later, John B. Murphy having passed on,

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Martin succeeded in having the Plamondon family erect a memorial to Murphy in the form of a place—Murphy Memorial Hall—in which to hold the convocations of the College of Surgeons at its meetings in Chicago.

Martin's next big venture was the creation of a fine medical journal, known as *Surgery, Gynecology and Obstetrics*. This became probably the second largest medical publication in the United States.

Franklin Martin was very active during the World War. He was called to Washington by the Surgeon General and the President of the United States to serve on the great Committee of National Defense and was given the rank of General in the Medical Reserve Corps, being one of the few men in the medical profession to be so honored. One of his final contributions was his autobiography, known as the *Life of Franklin H. Martin*.

Martin had an enormous acquaintance and a large circle of friends, but he also had many personal antagonists because of his very dominating personality.

Frank Billings

Although Frank Billings was a fellow townsman of mine and I was acquainted with him, I did not have the privilege of knowing him intimately. However, I did know many men who knew him well and who often talked about his great accomplishments as a medical man. One of his most important contributions, made in the later days of his medical activities, was that of bringing to the attention of the whole medical profession, especially in America, the dangers to the human body from chronic focal points of infection. So far as I am concerned, there has been nothing in the field of medicine to equal the interest and importance of this finding. One will grant that there may be, and are, many arguments pro and con, yet it remains the very biggest stroke in medicine, and one of particular significance to men in my special field because one of the focal points mentioned by Billings was the chronically infected tonsil. I should say that alone made his contribution of utmost importance to the laryngologist.

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Frederick A. Beasley

Another medical master was my good friend, Fred Beasley, a former president of the American College of Surgeons. I learned to know him when he was an intern at the Cook County Hospital, through my friendship with Palmer Finley, a co-intern. I was not an intern, but in exchange for translating the Italian Professor Pozzi's textbook on gynecology from German into English, Finley gave me his service in the contagious ward.

There was much fun caused among the doctors and nurses by the great use Beasley made of a pet prescription he had for an expectorant, so much so that it came to be known by everyone in the hospital as "Beasley's Best." Years later when Fred had become a well-known surgeon and I had become more or less proficient in doing a tonsilectomy, he selected me to remove his tonsils. I felt greatly complimented and wanted everything to go just right. The operation was uneventful but after three days, when he had gone home from the hospital, he started bleeding. How chagrined I felt! I went to his home and remained there for three days for fear he would bleed again, but fortunately he did not.

For a short time Fred Beasley, in company with a group of his intimate medical friends, practiced in Chicago. Then he went back to Waukegan, his home town, where he established one of the earliest and best group clinics, in connection with Victory Hospital. The clinic contributed much to the welfare of the community and was a marked success in spite of its being comparatively close to Chicago.

William A. Pusey

My first acquaintance with William A. Pusey was when, as a medical student at the old P. and S. College, he was my professor in dermatology. His lectures and clinics at the Cook County Hospital provided some of the richest material in that particular specialty that anyone could wish and made a lasting impression on me. Dr. Pusey was one of the first, if not the first, in this part of the country to employ the X-ray in the treatment of malignancies, especially of the skin. In his later years, after he had given up his teaching at the University of Illinois, he headed the dermatology department for many years. Dur-

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ing this period he devoted much time to literary efforts, particularly historical. He specialized in his own much-loved Southland, and wrote of his native blue-grass state.

Pusey was a great traveler, often journeying to different countries. He wrote and talked most interestingly on his travel experiences, particularly in South America.

One of the pillars of the American Medical Association, Pusey was its treasurer for a number of years, as well as a member of the council. He continued in consultation practice until close to the time of his death, which occurred in the late summer of 1940.

A fairly large number of the younger men who are now active in dermatology in Chicago had their training under Pusey.

Harvey Cushing

Cushing really created the department of neurological surgery at Johns Hopkins University and brought it up to the point where it was internationally famous. During this period of great success at Hopkins he received a call from Harvard University. Here he remained for a long period of years — the most distinguished neurological surgeon in the country. Brain tumors, with especial reference to their diagnosis appeared to be simple of recognition to Cushing, and his surgical acumen was well recognized.

During the World War Cushing went abroad with a Harvard unit, before the United States entered the fray, and remained there during the entire period of the War. Some time later, Harvard, having a time limit for service, released him from Peter Bent Brigham Hospital, but Cushing was not ready to retire. He accepted a teaching position at Yale. There he became less active in surgery but found time, in addition to his teaching, to write some very interesting articles on his experiences. They appeared in medical journals in this country, as well as abroad, and still remain standard works in neurological surgery. His textbook on the pituitary glands was one of the first to clarify that subject. An outstanding literary as well as medical contribution made by Harvey Cushing — and one of particular interest to me — is his two-volume *Life of Sir William Osler*.

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Victor Vaughn

One of the strong men in medicine during my student days and for some time after was Vaughn, Dean of Medicine at the University of Michigan. I enjoyed the privilege of talking with him personally on three different occasions when I visited that university. These occasions were celebrations of our fraternity (*Nu Sigma Nu*) in which he was very much interested. His chapter was the first to be formed in the United States, and I am sure he was its first directing spirit.

Vaughn was the author of many important medical papers and books. One book which I well remember was *Mass Culture of Bacteria*. This was one of the first discussions of bacteriology and its relation to serology.

Edmund J. Doering

Dr. Doering, I am happy to say, is still vigorous and strong, although now not so active in his practice, which has lasted over a longer period than that of any of his confreres. He has always been one of the busiest general practitioners, particularly in internal medicine, in the city of Chicago. Among his patients have been many of the old pioneer families, especially those residing on the South Side and particularly the Jewish families.

Besides being always interested in things medical, Dr. Doering has given much time and attention to things outside that sphere, especially in civic and educational fields. Long ago the militia was one of his particular interests, and during the World War he was one of the chief examiners of physicians for medical service. It was at this time that I met him. I was joining the Medical Reserve and had believed that my physical examination for it would be just a matter of form. To my surprise, Dr. Doering put me through a very severe physical test, chasing me around the room a number of times before testing the functioning of my heart. He also made a complete physical examination.

Dr. Doering has always been a great lover of his fellow men, particularly those in his own chosen field. The walls of his office reception room and consultation room were covered with photographs of men of medical prominence, most of them men who have

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long since gone to their reward. He loved to ponder over their contributions to medical science and tell anecdotes concerning them.

Doering is also a great lover of animals. Up to a short time ago he came almost every day to his office in the Medical Arts Building. At that time of day there would usually be a milk wagon standing in front of a restaurant near this building. Doering would invariably stop, produce from his pocket a lump of sugar, and proceed to feed the horse. It was interesting to see how eagerly the horse greeted the doctor, seeming to recognize his voice and to regard him as a friend. When Doering stopped coming to the office, I promised him that I would continue to indulge that good old horse with sugar, and I am pleased to report that Dobbin appears to be getting acquainted with my voice.

Henry Gradle

Gradle was the first otolaryngologist I had the opportunity of observing at work in his office. He was a very interesting teacher and very successful in private practice. He was also an interesting looking man, though quite short of stature. His ever-smiling countenance and the convincing manner he had of encouraging patients, no matter how serious or even hopeless their illness might be, made him one of the best men to have in consultation at any time.

In the early days of his practice, Gradle was not only a teacher in the specialty at Northwestern University but he also taught chemistry as a general subject. It was then not at all uncommon for professors to do this; that is, to teach more than their own branch.

Gradle's contributions to medical literature, particularly in ophthalmology, were of considerable value, and to this day many things he taught are being used in our practice. But perhaps his most important contribution to the specialists of eye, ear, nose and throat, is his son, Harry, who has become internationally known for his work in ophthalmology.

Edward Jackson

For many, many years Jackson was the leading ophthalmologist both in the East and in the West. He was trained in Philadelphia and

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practiced there for a brief time, then moved to Colorado where he became the idol of the medical profession, not only by reason of what he knew about the eye, but also because he knew human nature so well. One of his greatest contributions to American medicine, especially in ophthalmology, has been the education of the younger men, of whom he has had quite an array under his supervision. He is a member of all the national eye societies and has received the honor medal of the American Academy of Ophthalmology and Otolaryngology. Recently, in an election by the house of delegates of the American Medical Association, he won third place for the distinguished service medal, with James P. Herrick leading and Chevalier Jackson second. This distinction surely would make any man's heart glad. Mine was particularly glad for him, since he and I have for many years been closely associated in the activities of the Academy, as well as having met on a good many occasions as guests of state and special societies. To have enjoyed the friendship and company of this lovable individual is one of my happiest remembrances.

As to Jackson's scientific attainments — his has been the field of refraction and conservation of vision. It would be interesting to note his many published articles, but for this information I would refer the reader to almost any textbook on ophthalmology. As an editor of eye journals, Dr. Jackson takes the lead of everyone in the field. Well do I remember when he and I, unbeknown to each other, simultaneously started an index to articles on ophthalmology and otolaryngology. Only one number which included the ophthalmology section appeared from my hands, for I was happy to turn this work over to Jackson. His index was known as *Ophthalmic Literature* and mine as *Index of Otolaryngology*. We both bemoaned the fact that this was, in a measure, love's labor lost, for a continuation of both of these publications has gone by the board, due, we believe, to the economic situation.

Jackson is still active in his practice.

Willie Meyer

In his day, this gentleman was one of the outstanding general surgeons in the East. He enjoyed a remarkably fine private practice and his

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hospital work in several of the New York City institutions was outstanding. Several surgical procedures of an original type were published by him and still are often quoted. One of his last and lasting contributions was the creating of a new esophagus after excision of carcinoma of this organ.

My own personal contact with Willie Meyer was more social than professional, and on my various visits to New York City it was always a pleasure to meet him and talk medicine as well as European medical policies, in which he was particularly interested.

William J. Mayo and Charles W. Mayo

One can scarcely mention one of these great men without immediately thinking of the other, for the work of each parallels that of the other closely, both in the development of their clinic and in their surgical attainments.

My acquaintance with the "Mayo boys," as they were often referred to by their contemporaries, came very early in my medical life. At that time their father, Dr. William Worrall Mayo, was still alive, although not active. The Mayo clinic was still in its infancy when my brother Emil and I made our first trip to Rochester, yet it had all the earmarks of becoming what it is today. The hospital — St. Mary's — was much the same then as now, except that now there is so much more of it that one would hardly recognize the old place. The clinic itself was located behind and above a drug store of a brother-in-law of the Mayos. And even as early as that a separate little building known as the library had been built in the back yard — and a busy place it was! My brother and I came away from Rochester so enthusiastic that we immediately set to work to imitate the activities of the Mayos as much as possible.

Dr. Charlie, as everyone called him, was the younger of the two men and unquestionably the more jovial. He kept the visiting doctors in good humor most of the time, entertaining them with little "by-the-way" stories as they presented their cases for observation or operation. Dr. Will, the more serious of the two, was recognized as the dominant factor of the institution.

The Mayos had a wonderful corps of able men in the various

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branches of medicine and a healthy-looking group of assistants. The question of relatives seemed to have played an important role in their organization, for it was always a brother-in-law or a nephew or a cousin who held a key position. Dr. Harley Judd, Dr. Will's brother-in-law, became the first surgeon of the group of the younger men, and Dr. Balfour, his son-in-law, was another aspiring surgeon who made good. The senior associates were the two Drs. Plumber, internists, and the former associate of the senior Mayo, Dr. Augustus W. Stinchfield, played a very important role in the organization as far as the business management was concerned.

The record of both of these Mayos could not be called anywhere near complete without mentioning the large number of affiliations and memberships in both national and international medical societies that they held, and the fact that they were both given decorations of importance in foreign lands. Some of these were in connection with their great activity during the World War.

I paid many visits to this great mecca of learning and I can say without hesitation that it contributed more to my broader outlook on medicine than any other experience or contact I had.

The same kindness and cordiality which these gentlemen expressed to visiting medical men is still being shown by those who follow them now in the much larger institution. I should like to urge all young doctors to visit this remarkable place. They will find it worth their while, not only because of the practical ideas they will gain there but because of the inspiration they will carry away from seeing in operation this great efficient organization dedicated to the medical service of mankind.

PART II

MY LIFE and BASIC
INFORMATION

THE AUTHOR'S BOYHOOD

(as told by his wife)

It is the intention of the author of this book to confine himself to his "fifty years in medicine," but I believe readers may be interested in knowing something of his childhood and early youth on the other side of the Atlantic and a little of his life in the United States from the age of fourteen to twenty, when he began his medical training. For this reason I shall attempt to relate some of these things as I have heard them from him or from persons who knew him well during those early years.

The story of the author's early years alone would fill a volume if I were to include all the interesting incidents I have heard of his life in the town in which he was born and in the different places where he lived and made his home during those years; so full were they of joys and sorrows, hardships and handicaps.

I shall refer to Dr. Beck as "Joe," since I have not only known him both professionally and socially for many years, but also because for quite a number of years now I have been proud to call him my husband. I have a fairly good knowledge of his character, ways, and temperament and so perhaps can interpret the happenings of his earlier years.

Joe suffered the loss of both of his parents when very young. His mother passed away when he was only two years old, and his father when he was nine. This made it very difficult for the family to exist, since they were not blessed with an abundance of this world's goods. But Joe, having an active brain and an alert mind, fought with and

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overcame all obstacles in his way — a true example of the old proverb: "Where there's a will, there's a way."

Much of this story regarding Joe's childhood and early boyhood was related to me by his old uncle, a brother to his mother, who was living in Prague at the time Joe and I paid a visit to that beautiful city several years ago. This old uncle was well informed as to the family history. Although he had graduated in law, he never practiced it but instead he carried on as a teacher of various branches of learning. And as he had never married, he made his home with the different families, living with the household nearest the place where he happened to be teaching and traveling from place to place wherever his services were needed.

Quite a character was this old man, Jacob by name but called "Kuba" by everyone who knew him — a nickname given him as a child, which had followed him through all of his life. He was a dear old soul, well over eighty years old when I met him; small in stature, very spry, and, despite his years, very youthful in appearance. The well-cared-for "mustachio" was much in evidence — that handlebar type, well waxed and curled, but occasionally drooping a little to one side, especially after morning coffee. No doubt this decoration had adhered to his upper lip since his early teens. His head was rather bald, with a few long hairs combed over the shiny dome. He was always attired in the same old black suit—A Prince Albert coat which reached almost to his ankles and trousers also much too long. His white shirt was topped with a very high collar, which covered the tips of his ears and was adorned with a small black bow tie. A snappy greenish black hat, so large that it almost covered the top of his eyebrows, completed his outfit. Altogether he reminded one of a character in one of Charles Dickens' novels.

The minute that Uncle Kuba received the news of our arrival in Prague he came hurrying to our hotel, and with tears streaming down his cheeks greeted his *papichko* as he was wont to call Joe. This I was told was a Bohemian pet name for a small boy.

Uncle Kuba was our constant visitor during our stay in Prague, usually arriving at sun-up to await patiently our appearance for breakfast and whenever possible remaining with us the entire day. He took

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great delight in telling me of his *papichko* as a boy; of the pranks he had played and what a favorite he had been in his grandfather's family.

It was in the small town of Dobrish, about twenty-five miles from Prague, in what was then Austrian Bohemia, that Joe first saw the light of day, on September 26, 1870. He was the youngest of five children: a girl the oldest, then four boys. It happened that Rosh Hashana, or Jewish New Year, that year fell on that day and there was cause for rejoicing over a child born on such a holy day. This child must be destined for the better things in life, these pious people believed. And so they named him Joseph.

The father of the family at that time was engaged in the mercantile business with an older brother, who took undue advantage of him. This made it difficult for the family to get along. So, after struggling along in this business for some time, the father and mother decided to move to some other place to seek a livelihood. Since there were relatives in Vienna on both sides of the family — a brother to Joe's father, as well as a sister to his mother — it was decided after many conferences to move there. These relatives had established businesses in Vienna and were doing well. They were anxious to see the Dobrish family again and believed it would be wise for them to settle in the great city. Such a large metropolis offered good opportunities for opening a new business, and they were willing to give whatever aid they could.

So in the spring of 1871, the family packed up their belongings and made the move to Vienna. In addition to the children a younger sister of the mother went along to help care for the family. Upon their arrival in the city all was gay, and a happy reunion was held. After a short time a new home was found and a new business established. Great happiness ensued, with fine dreams and high hopes held for the family's future in that beautiful city where gaiety ruled. This birthplace of Johann Strauss, whose music could be heard everywhere, this laughter-loving, song-singing city with its great emperor's palace and splendid opera house, all seemed like a new world to the little family from Dobrish.

But their happiness was of short duration. Less than two years

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after their coming to Vienna an epidemic of hemorrhagic or black smallpox broke out in the city and the surrounding country. Like a monster it took its toll of the inhabitants.

Among the victims was Joe's mother and her younger sister. This was a stunning blow to the family and a most tragic happening. The mother was in a delicate condition and this, together with the fact that she had never been vaccinated, made her an easy prey to the disease. Neither had the sister who shared her fate been vaccinated, since compulsory vaccination had not been enforced up to that time. Now, however, a rigid quarantine was enforced and the remaining members of the family were vaccinated. Luckily only Joe, a little past two years old, contracted the disease and that was in a milder form. However, upon close scrutiny, marks from those facial scars can be detected even to this day.

The father, sad over the loss of his wife and helpmate, did not wish to remain in Vienna any longer. So, as soon as the quarantine was lifted and travel conditions once more established, he decided to take his little family back to the old home in Dobrish.

On our visit to Vienna a few years ago, we determined to find the place where the victims of that awful plague were laid to rest. After much inquiry and scouting around and looking over historical records we discovered its location and employed a guide who had a lifetime familiarity with every corner of the city and the surrounding country.

We found the cemetery some twenty miles outside the city — a place long since in disuse, though the inscriptions on many of the markers were still visible. We paused in front of one, which translated into English read: Elizabeth Beck — Died, November 20, 1872. A sad moment for Joe as he realized that under that rusty old marker rested someone so dear to him — his mother.

So, in due time, the father made the move back to his former home town, Dobrish. He took with him the four boys, leaving the daughter with one of the relatives in Vienna. A housekeeper was hired to take care of the family, and the father established a sort of peddler business of his own. This was not an easy thing for him to

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do, since the loss of his wife and helpmate had left a deep scar and he had little heart for the difficult struggle to make both ends meet. So, after a few months of hardship, the little family was broken up. The two oldest boys remained with the father while the two younger children were taken by relatives. The older of these two — Rudolph — went to live with an uncle, while Joe was taken into the home of his grandparents on his mother's side. They were then living in Prague, and Joe was to be cared for by an unmarried aunt who was still living at home.

Joe remained in his grandparents' home until he was six years old, and became the pet of the household. The grandfather was a rabbi who conducted services in the oldest synagogue in Prague, in fact it is said to be the oldest synagogue in all Europe. This old shrine is still in existence. Erected many centuries ago, it was built partly underground to keep it from being destroyed by war. We visited this old temple during our stay in Prague and were shown many of the old sacred relics, still intact though worn and faded from age.

In addition to conducting services as a rabbi, Joe's grandfather was also a teacher of writings of a religious nature in the German and Hebrew languages. He was very stern in his teachings, terming his word law and believing in ruling his pupils with an iron hand. This pious old man decided to begin Joe's religious education very early in his young life. Being of the old school, he thought this sort of education sufficient learning for any boy. Joe's aunt, however, thought otherwise, and insisted that Joe be sent to kindergarten, a part of the public school system, located close to their home. There he would have an opportunity of mingling with other children as well as getting a start in real school life. After much arguing with her father she finally won out and Joe was sent to the kindergarten for one term.

What happy days these were for him, though only too short! He still remembers the toys he was given, the games that were played and the nice, kind teacher, so different from Grandpa, who was so very stern and given to using his cane freely on certain parts of the pupil's anatomy at the slightest sign of inattention to those dreary religious lessons.

Toward the close of this happy school term a visitor arrived from

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America — the son of the grandparents and the brother of that good aunt who had been so loving to Joe, almost taking the place of his own mother. This uncle had emigrated to America several years previously, settling in a small town in Missouri, where he had opened a clothing store and was now doing well. He insisted that his sister return with him to America. One reason for this was to make her forget a sad love affair and broken engagement with a high ranking army officer — a tragedy due to her not being in a position to furnish the dowry which his social standing in the Austrian army demanded.

Great preparations were made for her departure. They were made with some reluctance on her part, however, as she had grown very fond of the little boy whom she had taken care of. But the family thought that entirely new surroundings and friends would be best for her. Besides, she would take charge of the brother's home, and perhaps in time would find a husband to whom a dowry was not all important. Her departure was a sad blow to poor little Joe, who shed bitter tears when she bade him good-by. She took with her Joe's oldest sister, Rosa, who was a great friend and companion of hers. There was not much difference in their ages.

Joe's father had now remarried and wanted Joe to come home and live with them. So the little boy's belongings were packed for his return to Dobrish. He was filled with pleasant excitement at the idea of rejoining his own family. Upon his arrival home, however, he found that a baby sister had been added to the family. This newcomer seemed to have all the devotion of both parents showered on her. Besides, the new mother did not seem to understand Joe and was not very kind to him, making him feel like a poor little outsider. Having been used to much love and affection in his grandparents' home he became very unhappy; so much so that when the grandfather and grandmother paid a visit to him a few weeks later he wept bitterly and clung to them so tightly that they asked to take him back home with them. This they did, and he remained with them until he was nine years old.

Shortly after his return with them, his grandparents moved from Prague to the little village of Lounin, located in the Bohemian hills about forty miles from Prague. In the grandfather's younger days

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he had owned and run a small general store here, as well as conducting services in a small temple in one of the neighboring villages.

Then began a series of carefree days for Joe, which he claims were the happiest of all his boyhood days. He soon learned to know all the children in the little village, and together they had a wonderful time. The grandfather reopened the old store and renewed his religious teachings as a means of livelihood. This caused Joe much chagrin, since he was often not so attentive to his Bible-translation lessons as he should have been. The bodily punishment which followed the misspelling of words did not bring about much improvement in his learning, however; translation of the Bible from Hebrew into German was not an easy thing to do, especially for a little boy with a mind full of play.

During our stay in Prague we decided to visit this much talked-of little village of Lounin. We arranged for a chauffeur to drive us and some cousins of Joe's (who are still living in that city) out to that small place in the Bohemian hills.

We found the old home still there. Over the front door was the same insignia or permit for Jewish people to carry on business that I suppose had been there for well over a hundred years. The store was still there, being run at that time by a Bohemian woman. As soon as she found out who we were she invited us into the house. Joe found the rooms exactly as of old — the same tiny kitchen with the same stove in it on which his grandmother had prepared such delicious food, the small bedroom with dirt floor which was his and which he shared with Uncle Kuba whenever the uncle happened to be in that vicinity. Many of the old landmarks about which Joe had told me were still in evidence, though somewhat changed. The lake in the center of the village was there but it looked more like a big mudhole than a lake and was all covered over with a greenish looking film. The marble statue of the Sancta Maria still occupied the same enclosure in which it was placed many, many years ago. Somewhat weatherbeaten it was, and darkened from age, but nevertheless it was the same statue to which Joe used to pay daily visits when he was so small he had to climb up on the door in order to look in. It

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had looked so enormous to his childish eyes, but on seeing it again it appeared almost as a miniature. The beautiful flower garden which he used to admire had been transformed into a manure pile!

Upon inquiry as to the older inhabitants, we found one of Joe's childhood playmates. He was now an old-looking man, badly crippled with rheumatism. He was sitting out in his yard sunning himself, as it was a beautiful day and quite warm. When he saw Joe he exclaimed, "Can this be *Papichko*?" Tears came into his eyes and for a moment he was speechless. Then the two former chums had a long talk, recalling the fun they had had and the pranks they had played during those carefree, boyhood days. This man had spent all of his life in that quiet little village in the Bohemian hills. He knew nothing of the world outside, and seemed quite content with his life, knowing nothing else.

It gave me a great thrill to visit those places where Joe had spent so many hoyhood days, and I cherish the memory of that visit.

When Joe had passed his ninth birthday a notice was received from the Austrian government stating that all children of that age must attend public school. As Lounin was a poor community and without many children it could not afford to maintain a teacher and so it was necessary to send the children to other communities for their schooling. As Joe's father had recently moved to Prague, it was decided that Joe should go back to his own home and attend school in Prague, which, being a larger city, would have better teaching facilities than any near-by village.

On returning to his father's home Joe found a sad household. His father had died very suddenly from some undiagnosed disease, probably ruptured appendix, and the stepmother was trying to keep the home together by taking in boarders. This she found not very profitable, as the money was hard to collect since the boarders would fail to show up on the day the money was due!

However, Joe was taken into this home, and in due time entered public school. Because the stepmother was having a difficult time trying to feed the family, it became necessary for Joe to find some kind of employment during his free hours. He had a good singing

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voice, and so was given a hearing for the temple choir where good boys' voices were always in demand. He obtained the position and received a small remuneration each week for his services. During the entire school term he tried hard to adjust himself to his new surroundings, though he was not very happy away from his grandmother, whom he adored. When spring arrived, with the termination of the school term, he had a great longing for his grandparents and the little village where he had been so happy. But when he told his family of his desire to return to the country, he met with strenuous objection on the part of the mother as well as everyone else in the family. They all felt the need of that little weekly income and so insisted that he remain with them.

Being of a mischievous nature and possessing a fast-working brain, Joe figured out a way whereby he could lose his job and so achieve his goal of returning to the country. This he accomplished at the very next rehearsal, where he was so inattentive to the leader and sang so badly off that at the end of the session he was told not to return; that he was dismissed. He felt very happy over this, thinking that now, since he no longer had a job, he would surely be sent to his grandparents. But upon revealing the fact of his dismissal to the family, his stepmother became very angry. She felt that such a trick should be punished and she was determined that Joe should not be humored by having his wish fulfilled. She herself had parents living in the country, on a farm near the town of Preskolets. Since Joe was so anxious to go to the country, he should be sent there. She knew her people could make good use of him in assisting with the farm chores as well as looking after a large flock of geese. This, she felt, would be proper punishment for his behavior. She at once made a visit to her parents, after which Joe's belongings were packed, and he was sent with one of her relatives to this new home.

On arriving there, Joe found his stepmother's people very unsympathetic, even cruel. His good clothes and shoes were taken away from him and hidden. He was made to walk in the stubble fields in his bare feet, which caused him much pain and discomfort, since he had never before gone without his shoes. To add to all his miseries, the food was both poor and meager. Joe was so unhappy

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with these people that he soon began to plan some way of escape. He took into his confidence the one friend he had made during his stay there — a boy somewhat older than himself. This boy knew these people well and, feeling sorry for Joe, advised him to run away to his grandparents in Lounin, a distance of only about seven miles. This friend, being familiar with the roads in that part of the country, would go with Joe part of the way and give him directions as to what road to take.

On the day set for the escape, Joe sneaked out of the house very early, before any of the family was awake, and with the aid of his new-found friend set out on the seven-mile journey. His stomach was empty and his feet were bare but these were of little consequence, since the important thing was to get as far as possible into the hills before being missed. After saying good-by to his friend, he ran nearly all the rest of the way, happy to be free once more and away from those awful people in Preskolets.

He arrived in Lounin, hungry and exhausted from his long journey, his feet bleeding from the hard road. When he told of his sad experience, his grandfather felt sorry for him and supplied him with new clothes and shoes and let him remain there for the rest of the summer.

It was a terrible blow to Joe on this return to his old home to learn that his dear grandmother had died a short time before. The grandfather, mellowed by the sadness caused by his loss, was a changed man. The former sternness was gone; there were no more iron rules for Joe to follow. Joe was once more carefree and as happy as it was possible for him to be with his beloved grandmother gone.

In the autumn of that year Joe went back to Prague, to the home of his stepmother, with the intention of returning to school. This privilege was denied him, however, since she had contracted tuberculosis and was very ill. This made it necessary for him to find a full-time job to help care for the family. After working at various small jobs he found a steady position as delivery boy in a big wholesale establishment. Not only did he have to deliver goods, but he also had to bring them from the railroad station. The conveyance used to haul the goods was a large, two-wheeled cart with an iron link

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chain fastened to the two handles, an arrangement which was supposed to make the cart somewhat easier to pull. This chain fitted across Joe's abdomen, making a deep imprint in the flesh when a heavy load was carried. This naturally caused him much discomfort and sometimes even pain. It was not an easy job, to say the least, but the best Joe could get at the time. He worked at it, with the exception of a few vacations, for the remainder of his stay in Europe.

At the death of his stepmother about a year later the home was broken up, and Joe went to live with his oldest brother, Carl, who was at that time a pre-medical student. They lived in a small furnished room, getting their own breakfasts and taking the rest of their meals elsewhere.

The old grandfather had given up his home in the little country village of Lounin shortly after Joe's return to Prague, as he had been urged by his children in America to come and make his home with them for the rest of his life. While awaiting word from them as to when and how to leave for America, he made his home temporarily with one of his sons in Prague. Another reason for his moving to the city was to prepare properly for his confirmation (*Bar Mitzvo*)—a very important step in any Jewish boy's life.

The spring following Joe's thirteenth birthday, the grandfather took him to the country to be confirmed in the temple where he (the grandfather) had formerly conducted services. He felt that he had Joe well prepared for these sacred vows. Joe, on the other hand, had studied the situation very deeply and had come to the conclusion that it was impossible for him to carry out his grandfather's wishes in this matter. Even the kindness the grandfather had shown him in getting him a complete outfit of new clothes, even to shoes and hat, could not bring him to go through with this sacred ceremony.

It was a beautiful spring morning when Joe started out with his grandfather for the country. The sacred rites were to take place on the following day—Saturday. Joe was deep in thought all the way, trying to figure out some way by which he could escape all this, without hurting his grandfather too deeply. Much as he wanted to be truthful, he dared not tell his grandfather what was uppermost in his mind. He knew how much this meant to the old rabbi; he also well

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remembered from former years the grandfather's ire when disobeyed. He kept all these thoughts to himself. That night he was so disturbed and unhappy he slept very little. However, he appeared normal to all about him at breakfast, though his brain was in deep study as to the outcome of things.

At the temple, Joe seemed very attentive during the preliminary services. At the conclusion of these he was sent to a small room, located on the floor below, to attire himself correctly for the final ceremony. Here he discovered a door leading to the outside. It was his chance for escape. Like a flash he was outdoors, running as fast as his two feet would carry him to the friend's home where he and his grandfather were stopping. He felt ill and scared to death at the thought of what he had done. Soon the grandfather returned in great consternation, wondering what had happened to the boy. He found him sick and shaking with fear. Relief at finding him and worry over his condition made the grandfather abandon any idea of bodily punishment. After a time he forgave the lad and in a few days the two of them returned to Prague.

Shortly after this incident the grandfather left to join his children on the other side of the Atlantic. He settled down with them in the small town of Holden, Missouri, where he remained until his death. As for Joe, no *Bar Mitzvo* was ever again attempted for him.

The autumn following Joe's fourteenth birthday a letter came from his dear aunt in America — the aunt who had left for that country when he was six years old. This letter brought him the happy news that she wanted him to come and make his home with her and the new uncle whom she had married a few years before. They were living in the small town of Holden, Missouri, about forty miles from her former home in Clinton, where she had lived with her brother after her arrival from across the ocean. Her husband and she had opened a general merchandise store in this little town and were doing well. Having a home of her own, the aunt wanted to have Joe with her again so that she could look after him and see that he received some education. She knew this had been much neglected, with the exception of the religious training given him by his grandfather.

There was no doubt in the minds of any of the family that this

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move was the best possible thing for Joe. And, as he was rather young to travel alone, it was decided that his next older brother, Rudolph, who was a great favorite of his, should go with him. What longing and excitement during those endless days of waiting for the message with final instructions and the all-important tickets!

This long-looked-for letter finally arrived in the middle of November, 1884, and on the twentieth of that same month the two boys set out on their long journey to their new home. It was tremendously exciting to be going to a new country, where even the language would be strange. Their first stopover was in the city of Bremen, where they waited for the departure of the S. S. "Rhine," which was to carry them as steerage passengers across the ocean. It was a creaky old ship but it looked beautiful to those two boys who were so eager to be on their way to their new home on the other side of the Atlantic.

The ocean trip lasted almost three weeks but to the two boys it seemed only too short. They made many friends whom they were sure they were always going to remember but who were soon to be forgotten in the excitement of the new life. At Castle Garden, New York, the boys found a new friend, who had been delegated by the uncle to meet them. He spoke their own language, as well as the language of the new country. He was very kind to them, bringing a big basket of food—a welcome feast for the two travelers, who had not found the food on the boat enjoyable, to say the least. The first thing Joe spied in the basket was a strange-looking fruit which the new friend called "bananas"—a fruit never before seen by Joe or his brother. Not knowing that the peel should be removed, Joe bit into the tough-looking object, skin and all. It did not take him long, however, to find out how to eat this fruit, and he developed a fondness for it, which he has to this day.

The new friend also gave the boys some money and careful instructions as to its value and use. He then took them to the station, telling them where they were to change trains and warning them not to lose each other during the three train changes they had to make. As the train pulled out he bade the two young travelers good-by and wished them good luck in their new home. And so the boys started the last lap of their long journey.

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They found this train trip full of new and interesting things. Joe, eager not to lose sight of a single thing along the way, frequently put his head out of the window. On one such occasion his cap flew off, and he was forced to travel the rest of the way bareheaded.

At last, on the evening of the third day out of New York, the long-anticipated name of "Holden" was called out. Tired from the long journey with its delays and waits at train changes, and eager to arrive at their destination, this word was music to their ears. The whole family was at the station to meet them—aunt, uncle, Rosa and the old grandfather. Luckily there were no others about, as the boys were a sight to behold, not having done much washing since leaving the old country over three weeks before, and their suits travelworn, and Joe minus a hat. But who cared, since they had reached their destination safely and were now in the hands of their affectionate aunt.

After a good scrubbing they sat down to a great feast of fried chicken, which Joe claims to this day was the very best he ever ate. After filling their stomachs and relating some of their traveling experiences they retired to a clean, comfortable bed, which seemed wonderful to them. Tired, very tired, but too excited for sleep, they did not doze off until far into the night.

The next morning, after a fine breakfast, they were decked out in complete new outfits, even to caps and shoes. How proud and happy they were! The uncle then took them down to his store on Main Street. There they were given daily duties to perform, such as sweeping out the store and keeping the stock in order. At home they were to help the aunt wherever they could. In addition, they were to study the English language.

After about two weeks Rudolph was sent to the uncle in Clinton, Missouri, with whom the aunt had formerly made her home. He had also married and could make good use of a boy in his store, to perform the same duties Joe was doing in Holden. The parting between the two boys was rather sad, as they had become good chums during their journey and had promised each other never to be separated again. However, since the distance was only forty miles and the two families made frequent visits, they could see each other fairly often.

The next step to consider—and a very important one—was Joe's

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education. It did not seem advisable to put him in the primary grades of the public school, since he was not only older than the pupils there, but also rather large for his age. Fortunately there was a Catholic girls' school in the town, run by Sisters, who were good friends of the aunt. After understanding the situation they promised to take Joe in as a day pupil in their English and other classes.

So, at the beginning of the next term, Joe entered this school. He made great strides in his studies and was able to conquer the English language in a very short time, to the surprise and delight of his teachers. He became a great favorite in his new surroundings and was liked not only by the teachers and girls of the school he attended, but also by the rest of the children in the town. He got on especially well with the boys, joining in their pranks and games, particularly baseball, his fondness for which he has never outgrown.

Being a perfectly normal boy, with a fondness for the girls, he fell in love with one girl in particular, whom he still remembers with great reverence and whom I had the pleasure of meeting on a recent visit to that little town. She was a very beautiful woman, even at the time I met her so many years after Joe first knew her. I could imagine that she was quite the belle of the town in her younger days. She invited us to her home and a great reunion was held between those boy-and-girl lovers and reminiscences of the bygone days were exchanged. She had been a widow for many years and was a grandmother. She had married a man in that little town and had lived there all her life.

Joe remained in his aunt's and uncle's home, helping at the store and continuing with his schooling, for three years. Then he developed a yearning to see more of the world. At this time the family received news that an older brother, Emil, had come to this country and was living in Chicago. Naturally, not having seen this brother for years, Joe was quite anxious to get in touch with him again. Besides, he had a longing for city life and adventures, of which he had heard so often and of which he had seen a little on his few trips to Kansas City. He was afraid, however, that if he consulted with his family about this trip they might think he was too young to go to the city. So, having made up his mind, he drew out his small savings from the bank and

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left without telling anyone. He had not much more than was needed to pay for his ticket and he was wholly unaware of the amount of money necessary to maintain oneself in a large city.

To Joe's surprise, Emil did not seem very glad to see him. This older brother had been able to secure employment through some old-country friends who had come over here several years before and with whom he was now making his home. His own meager earnings were just about enough to get along on. So he told his brother, Joe, that if he wanted to remain in the city he must find a job and support himself.

Joe had no idea how to go about finding a job. He was given a newspaper and told to look in the want-ad section. On scanning the pages of different papers he found several ads that appealed to him, but when he got to the places where the jobs were he always found something wrong—he was either too late or too young or too inexperienced, or the place was already filled. So, after going to many places without success, Joe would again scan the paper—this time to find out where his favorite ball team, "The White Stockings" (now the White Sox), were playing and as a solace to his sad feelings caused by not finding a job, would hurry to a baseball game, forgetting all else, for the time being at least.

One morning Joe saw an ad which appealed to him very much: "Wanted—Young Men and Boys to Act in a Mob Scene in the Play, 'PAUL KAUVAR.' Good Pay during Rehearsal with Increase during the Performances. Apply Stage Door, Hooley's Theater." Well, here surely was his chance at last, and in one of the leading theaters of the city. How grand! So he hastened to the theater and was immediately accepted. At the first rehearsal all went well, but on the second day one of the ladies in the mob was severely reprimanded for not keeping in line. Joe, having high regard for the fairer sex, interfered and demanded gentler treatment for the lady. This had the sad result of his being fired from the cast and ousted from the theater, thus ending his theatrical career for all time.

The next job that appealed to him was in the saloon business. A boy was wanted to dish out beer—"filling the growlers," it was called at that time. Joe felt sure of getting this job and thought it would be an easy one to learn! He walked a long distance to this saloon but

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when he saw the fat and vicious-looking boss he ran out of the place without even applying for the job.

Next, the people with whom he was living advised him to try a clothing manufacturer where boys were wanted to paste samples of goods on cards for the salesmen. Here he managed at last to get a job—not a very inspiring or well-paid one, but at least work that would tide him over until he could find something better. The pay was four dollars a week, and he had to pay that much for his board and room. Since there was no surplus for extra spending he carried his lunches with him and walked to and from work. This he did not mind, but he did wish he could have a little money in his pocket for a few needed things. A young man who worked in the same place told him how he could increase his earnings by working at night. For this he would be paid fifty cents an hour and be given supper money besides. This was music to Joe's ears. With that extra money he was now able to ride home occasionally and to take in a show now and then. He had a great fondness for the theater and it was a treat to him to see almost any kind of a performance, even though he had to sit in the gallery.

After Joe had been working in this clothing place for a few months, his uncle from Holden came to Chicago to purchase goods for his store. Knowing the adventurous and roaming spirit of lads of Joe's age, he had long ago forgiven Joe for running away. Now, he suggested that Joe return home with him and stay in the small town for a time at least. When he was a little older and better able to cope with the world he could go back to the city if he wished. Joe was exceedingly happy at this prospect and quit his job immediately. His uncle handed him a twenty-dollar bill—more money than Joe had seen for ever so long—and told him to go out and have a good time and take in all the sights before leaving for home two days later. What a glorious two days those were for Joe! He made the most of his time and money, and when the two of them returned to Holden he was happy to be in the little town once more with his understanding aunt and uncle and among his old friends. Having tasted city life and found it rather hard, he decided to be content in Holden for a time, and there he remained for another three years, until he was twenty years old.

After his twentieth birthday he again had a yearning for city life.

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His oldest brother, Carl, had arrived in this country a short time before and had settled in Chicago, opening a doctor's office there. Joe was anxious to see this brother, whom he had not seen since leaving Bohemia. This time, however, he consulted his aunt and uncle about leaving. As he was much older now, with more experience, they felt it would be easier for him to find a job in the city. The living problem, too, would not be so great since Rosa was now in Chicago, making a home for Carl and Emil as well as for Rudolph, who had also come to Chicago, and for Hermina, the little half-sister, who had come from Bohemia. Joe would be welcome in this family home. And so he bade his fond aunt and uncle good-by, this time for good.

On arriving in Chicago he was happy to be with his brother again and fortunate in finding a job almost at once in Kuh, Nathan, and Fischers Department Store. There he served as clerk, being transferred from one department to another, beginning with ladies' undershirts, to yard goods, and finally ending up as manager of the men's clothing department. This was a line he was well acquainted with, since he had helped with this work in his uncle's store in Holden.

As Carl's business increased there was need for someone to drive him around on his sick calls and sometimes help with surgical dressings. Joe, having come to the conclusion that the clothing business was not what he wanted to make his life work, was glad to quit his job and help his brother. By this time he had made up his mind to study medicine. Carl was a great inspiration and aid to him in this. Since Joe had no high-school or college education, and no knowledge of drugs or chemicals, it was thought best that he first find employment in a drug store. The brother had such a place in mind, as he used to hold office hours there on certain days of the week. It was a usual practice at that time in Chicago for a druggist to give doctors the use of a room in the back of his store where they could see patients. As compensation, the druggist would be given the doctors' prescriptions to fill.

So Joe began his new duties in the drug store, and there had his first insight into medical life. His first duties were not very impressive; he had to help with all sorts of odd jobs, from sweeping out the store and running errands to cooking the druggist's breakfast. And he had to sleep in the back of the store so that he could listen for night calls.

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A private tutor was engaged to help him with his studies. Joe studied at night so as to prepare himself to enter the Chicago College of Physicians and Surgeons, which later became the medical department of the University of Illinois. This he did the following autumn (1891). The Latin tutor was a great help to him. So was his acquaintance with drugs, gained in the drug store. This gave him a good foundation in the knowledge of compounding prescriptions and drugs, and he kept the job for some time, working nights after entering medical school.

Joe was a good student. In spite of his meager preliminary education he did his work well and graduated with honors, ranking third in his class of three hundred students.

His work since that time lies within the scope of his own writing in this book. And so this ends my little contribution, which I sincerely hope will add to the reader's understanding and enjoyment of the rest of the book—Joe's own story.

MY MEDICAL LIFE (1890-1940)

Drug-Store Experience (1890-1891)

When I made up my mind that I wanted to study medicine and my brother Carl gave his consent, it was decided that each morning for three months I would accompany my brother on his visits to patients and to hospitals and clinics. This was in the good old horse-and-buggy days, and it was my job to drive. After seeing the patient, Carl would explain the case to me in a very elementary manner, always bringing out the anatomic and physiologic points. In the afternoons and evenings I read and prepared for medical-school entrance examinations a year ahead.

Beginning with the fourth month of my first year in medicine, I went to work in a real old-time German-style pharmacy—Richter's Drug Store on the extreme north side of Chicago. I obtained this position through Carl's good influence, as he was one of Richter's busy attending doctors. My first job was to learn by heart the names of every drug in the store, according to both the German and American pharmacopoeia and to know what their medicinal uses were. Later I had to read about their derivation and their chemical and pharmaceutical importance. I was permitted to watch the boss—a real old German grouch with a heart of gold—or the registered druggist make up prescriptions according to the old German method. How different all this was from the work in our modern American drug stores, lined with food counters, soda fountains, and everything else! Gradually I was permitted to wait upon the people who came into the store and to sell some simple made-up remedies. Seldom were any patent medicines

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sold, such as Scott's Emulsion of cod-liver oil, compound cathartic pills, etc. However, Richter had his own pet remedies made up ready for sale, including a cough mixture, liniment, ointments, and pills. Something else I well remember Richter's being famous for, was a positive roach exterminator; the making of this became one of my biggest jobs!

In the back of the store was a fairly good-sized room with a properly fitted-out surgical couch and instrument table, several chairs, and aids to good lighting. There was also the old-fashioned pitcher and washbowl with water and hand solution for disinfecting. It was my job to keep that room in spick-and-span order and to assist each physician when he came in at his particular hour. There were from twelve to eighteen doctors using this room during the day. Some, such as the big professors in those special diseases where time was not an element of importance (dermatologists, eye, ear, nose and throat specialists, or dentists) came only once a week. It was also well impressed upon me by Richter and the drug clerk that I remind these attending physicians that they prescribe plenty of medicine, and they usually did—from one to three prescriptions. As a rule the doctor's fee was small, usually a dollar a visit, although when minor surgery had to be performed the fee was more.

I also had to sleep in the room and prepare breakfast for the drug clerk and myself—a breakfast which was always the same: fruit, coffee and rolls. I had one afternoon and evening free each week and surely looked forward to it. That day I would visit the home where my brothers and sisters were keeping house, and in this way I could count on one fine meal every week. The other meals, except breakfast, I got in a restaurant near the drug store. I did not receive any pay for my work but did receive gratuities from the visiting physicians—enough to keep me in clothes and amusements.

At the end of nine months in the drug store I was ready to enter medical school. The Chicago College of Physicians and Surgeons was chosen for me, both because my cousin, Harry Pollock, was already going to that institution and because that school was known to be easier to get into than the other two large medical schools—Rush Medical and Northwestern. Besides these three medical schools there were at that time several other medical schools in Chicago, including some

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night schools, although these were not so well thought of. For instance, there was the Harvey Medical School, the Jenner School, and the Bennett Eclectic School; there were also two homeopathic schools, where there were always large classes.

Medical College (1891-1895)

In the fall of 1891, I matriculated in what was then known as the College of Physicians and Surgeons, now known as the medical department of the University of Illinois. At that time it was to be a three-year course, but in 1894 the transfer was accomplished between the University of Illinois and the College of Physicians and Surgeons, and a four-year course came into being. Thus the class of 1895 had to take two additional semesters, arranged as summer courses, to make up the fourth year.

When I compare the work in our college to that of the present day, I can hardly express the difference. For example, two of our professors in the fundamental branches of chemistry and pharmacology were classmates of ours. Not until the University of Illinois became sponsors for the medical education were the entrance qualifications raised to anything like a respectable level. At the same time, I must be fair to the teachers, as well as to the students of that day, and say that the work was very earnestly carried on and that much more diligence was employed by both teachers and students than I observe these days. Of course, we had very little equipment of the sort used in modern laboratories and none of the more highly developed scientific apparatus which makes the courses easier for both students and teachers.

I must not forget to say that during the first year of my medical studies I was given the opportunity of taking examinations for advance standing in algebra, Latin, and English, subjects which I had not had previous to my matriculation.

In the third year of my studies I was pledged to the only existing medical fraternity in the school, the *Nu Sigma Nu*, and that same year was initiated into the *Eta* chapter of that fraternity. It was the custom to place the ten students with the highest marks on the honor roll, and I take pleasure in reflecting that my name appeared third on that list, although I failed in otorhinolaryngology. By graduation time,

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the majority of the men had grown a full beard, which was the distinguishing mark of a doctor in those times. Most of the men now began their independent practices, but I joined my brother Carl, to become his assistant for a period of three years.

I might also mention that my brother Emil was also attending the College of Physicians and Surgeons, having matriculated a year later than I. We enjoyed each other's company there and it was a great satisfaction to us both to discuss our studies together.

In Practice with Brother Carl (1895-1898)

After a very brief vacation following my graduation, I entered the service of my brother Carl, as his assistant. My duties were principally to assist at operations and in the dressing of surgical cases and to help in the surgical clinic of the then-existing postgraduate medical school. In due time, after about six months, I was given the responsibility of making independent calls on patients. Those were the horse-and-buggy days and my horse was one of the finest in Chicago, at least to my way of thinking, for it was like a milkman's horse, really knowing after three or four calls at just what doors to stop. One could not make very many calls in those days, because the distance was so great and horse and buggy traveled only just so fast, or better said, just so slow. I don't think I ever exceeded the record of ten calls in one day.

In the second year of my assistantship my brother became very liberal, permitting me to do some small operations and to practice a bit of teaching in the Postgraduate School. I felt very much out of place because the pupils then in the P. G. were mostly older men.

Nearing the third year of my assistantship I began to feel that if I stayed in general surgery with Carl, especially since Emil had also joined him, I would always remain just a good assistant and would become known, if at all, as Carl Beck's brother. Consequently I began to think about taking up a specialty. After consulting with my brothers and with some of my very good friends, I decided that it would be wise for me to go to Europe to take up the study of a specialty, and that I would not decide which one until after a period of training in the field of pathology. To this end plans were made for my postgraduate study and training at the University of Prague, Czechoslovakia.

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Postgraduate Work (1898-1901)

Arriving at Prague where I was expected at the Pathologische Institute, I felt that my first duty was to become reacquainted with my relatives. I did so and made arrangements to live with an aunt during my stay in Prague. My duties at the Institute were to observe the post-mortem examinations of from three to ten bodies daily, obtaining pathologic material for further study, particularly microscopic, for which I was fully equipped. Professor Chiari, director of the Institute, assigned me to a corner with a worktable and all the material that I required. The afternoons being free, I visited the various clinics in order to get some idea of what specialty I would really like to follow. At the end of seven months of this program I received a special opportunity of working up a case that had been posted, namely, a case of actinomycosis of the ear, extending to the internal carotid artery causing sudden death. This was to be my *arbeit* (piece of work) which would carry with it an honorary diploma. In order to work up this case completely it became necessary to go into the literature very thoroughly. It was in this way that I developed a liking for the specialty of the ear. From that time on I attended regularly the afternoon clinic of Professor Zaufal, otolaryngologist, and received special training in all the fundamentals which that branch required. After three months of this procedure I gave up my activity at the Pathologische Institute and applied myself completely to the study of otolaryngology. I worked for three months in the morning on the Bohemian side and in the afternoon on the German side at the clinic, then reversed the order.

Twenty-one months after I arrived in Prague I began my round of observation of various clinics in Europe, visiting Vienna, Leipsig, Berlin, Heidelberg, Wurzburg, Stuttgart, Bern, Basel, Zurich, Paris, and London. In each of these places I spent a sufficient length of time to give me an idea of what was going on there in otolaryngology. Also, during these two years of my study, I paid considerable attention to ophthalmology, because I felt that when I began practice I should need to know something about the eyes.

I must state that during this period my attention was not wholly on medical things. I certainly saw more shows and visited more galleries, museums and libraries than I ever have since that time.

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Establishing My Practice (1901-1907)

While still in Europe it was decided that I would join Carl and Emil in joint practice, limiting myself to eye, ear, nose and throat, as soon as it became economically feasible.

Returning to Chicago, I immediately began just where I had left off—assisting my brother Carl in general surgery and in office practice, which we carried on jointly then in the Reliance Building at the southwest corner of State and Washington streets. I again made my home with my sister Rosa.

While I had been gone another doctor had been added to the family, my brother Rudolph, who had graduated in dentistry. He limited his work entirely to this branch, although he had an M.D. degree as well as a D.D. He and I became very close friends. It was agreed among my brothers and myself that every case of eye, ear, nose and throat would be referred to me and that I would do no more independent general surgery; in fact, that I should get out of general practice as early as possible. This time came within a year, my actual special practice, limited to eye, ear, nose and throat, beginning in 1902.

My first aim, of course, was to have a school and hospital connection, and these were readily made. I became the assistant of Dr. William Ballenger, director of the department of otolaryngology at the University of Illinois and a very good friend of mine.

University of Illinois School of Medicine (1902-1932)

Right at the outset I should like to say that throughout my whole medical experience and particularly in my special field, I never enjoyed working for and with a man more than I did with Dr. Ballenger, or Bill, as I used to call him. He was not a specially trained otolaryngologist, but a self-trained man. When I consider what he accomplished I think it is surprising that more men have not tried to follow in his footsteps in adopting the practical approach to medicine. No matter how scientific and thoroughly researched a problem or subject was, it did not interest Bill unless it had a practical side to it.

My services as his assistant were as follows: three hours, three times a week in the dispensary of the college, and every Friday morning from eight-thirty to two or sometimes three o'clock at the surgical

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clinic in ear, nose and throat. It was my duty to prepare the cases, most of which were ambulatory, for operation, and to follow them up in the after-care. The Friday morning clinic became, I may readily say, nationally known, and visitors from all parts of the country came to see Bill operate. I should admit in passing that my acquaintance with these physicians undoubtedly had a great deal to do with my catering later on to out-of-town specialists. The teaching of the students was mainly conducted by Ballenger, but since he was not at all in robust health he often asked me to substitute for him. I had charge of his work during his absence in Europe and following his death was appointed in his place as head of the department of ear, nose and throat.

About four months later the medical faculty underwent a reorganization and several new men were added in our department, among them Dr. Norval Pierce who, up to that time, had been on the faculty as an extramural professor at the Illinois Eye and Ear Infirmary. When Dr. Pierce's name was brought up for election on the regular faculty I requested that he be placed at the head of the department because he was so much my senior and I felt that he was much more capable of administering the affairs of the department than I. I accepted the position of associate professor, and served with him in this capacity. Norval was a most agreeable man with whom to work, and we co-operated with each other in every way. I was associated with the University for many years and will speak of it again.

Chicago Eye, Ear, Nose and Throat College and Hospital (1902-1914)

At about the same time I started working with Ballenger, I was approached by Dr. William A. Fisher, president of the Chicago Eye, Ear, Nose and Throat College, who asked me if I would like to join its staff to teach ear, nose and throat. He had been given the name of William L. Ballenger as my sponsor. I was delighted to do this and started right in. My clinic was from three to six daily. Many of the students were from out of town, being mostly older men who had been general practitioners and now (as they used to say) wanted to take it easy by limiting their work to ear, nose and throat practice. Some of them wished to carry on both general and special work for a while.

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The school was located on one of the floors of the Trude Building at the corner of Randolph street and Wabash avenue. It had only a few rooms and was badly crowded. However, it was soon moved to its present location at Washington and Franklin streets. Here it was located in an old building which was remodeled and adapted for the care of ear, nose and throat cases, both ambulatory and in the hospital.

The clinical material grew by leaps, and some very interesting cases presented themselves for study and teaching. I had a wonderful time and in spite of the hard work I enjoyed it more than anything else I ever did. That was the school that gave me an opportunity to develop in my field. The rest of the faculty looked upon me as a sort of over-ambitious kid, yet they all respected my earnestness. The surgery grew in proportion, since that was the most enticing field in the specialty.

Even at that time I was very desirous of teaching these men pathologic diagnosis of the common diseases of the ear, nose and throat, and to that end I was encouraged to develop a small laboratory. However, there were no takers. The men wanted clinical, practical *a-b-c* type of diagnosis and treatment, particularly operations, and these they insisted on doing themselves under my direction. Very often I felt a bit backward about telling a much older man what to do, and some of the patients hesitated to let the student doctor operate upon them or theirs.

Since the old building was not large enough, the president, Dr. Fisher, planned to organize a group to build a new hospital, and he asked me if I desired to invest some money in it. I did invest a thousand dollars—a mere drop in the bucket compared to the cost of the building—but it was just a thousand more than I had, and I had to borrow it. However, I never made a better investment, because I not only got back in dividends as much as I invested, but later sold my stock for a good profit.

The new building was built with all kinds of clinical rooms, operating rooms, and different-priced private rooms and wards, all modernly equipped and ready to do good work in. However, although I continued to teach, I had to sever my active connection with this institution at this time since my brothers and I were building our own North Chicago Hospital, where I wished to develop my own private

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teaching clinic, not for financial gain, but to improve my knowledge, reputation, and practice.

Cook County Hospital (1904-1919)

In 1904, when the first civil-service examination was given for the attending staff of Cook County Hospital, it was my good fortune to make first place in the department of otolaryngology. It was my still greater good fortune to have associated with me in that department my dear friend, Stanton Freidberg, Sr. My service in this institution lasted up to the time of the World War, and it was unquestionably the great turning point for me in the larger work, or shall we say borderline surgery, of ear, nose and throat. My clinics, which became quickly known, were very well attended, and I have no doubt that as many things were learned by me as by those who visited them, because I was permitted to try out the newer things in the surgical work in our field.

I could fill many pages with anecdotes and interesting things which occurred during my service there but I will only say that the same enthusiasm prevailed among the staff men and the students in those days as does today.

When this country entered the World War, I temporarily resigned my position in favor of Drs. Jacques Holinger and John Cavanaugh, each of whom took half of my service. On my return from overseas I resumed my activities there for only a brief time, because I felt I had served long enough in this institution and wished to give other men the opportunity to take my place.

North Chicago Hospital (1906-1928)

When my three brothers and I decided to form a group in which each of us should take the cases in his particular field, it was, I believe, one of the first ventures of the kind in this country. Carl was to do abdominal surgery; Emil, chest and extremities surgery; I would do the eye, ear, nose and throat work, and Rudolph, dental and oral surgery. We maintained our office in the Reliance Building, but did much of our private work at the Postgraduate Hospital and at the Chicago Eye, Ear, Nose and Throat Hospital. We held our charity clinic at the University of Illinois medical department, except that Rudolph did his

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charity work at the Chicago Dental College. Carl and I were on the teaching faculty of the University of Illinois, and I was doing post-graduate teaching at the Chicago Eye, Ear, Nose and Throat College.

We went along in this manner until the spring of 1907, when we decided that we could not very well succeed in group practice unless we had a hospital of our own. We thought we would start out in a small way and, as the practice increased, enlarge our building. Three of us, Carl, Emil, and I, formed a company, financing the project with seventy-five thousand dollars in equal shares. Brother Rudolph did not see how he, as a dentist, would fit into the picture, since he did not require a hospital. So he did not join with us in the hospital, but the four of us still remained together in our downtown offices, which we felt we should keep for the time being. Carl and Emil had with them a young man by the name of Bernard Katz, whom they had sponsored in medical school and taken as their assistant. He later joined with our group, becoming financially interested in it to the same extent as the three of us.

For our hospital we purchased an old residence of twenty rooms on a fine lot on North Clark Street, with a hundred-foot frontage and a depth of nearly three hundred feet. We immediately began to adapt it to our purpose. While it was necessary to continue to work in some of the other hospitals, we nevertheless let our patients and the profession know that we were establishing a private hospital to be known as the North Chicago Hospital.

On the first floor was the administration office, a private office for all of us (we planned to use different hours), a waiting room, dining room, and kitchen. On the second floor was the operating room, dressing room, and preparation room, a small laboratory, and one two-bed room and two private rooms. The third floor was used for nurses, while in the basement were storerooms and rooms for engineers and other male help.

As soon as we began working in this somewhat primitive small hospital, we determined to build the first modern addition. Plans were made for a forty-bed building with X-ray and laboratory facilities, three operating rooms, two dressing rooms, sterilization and supply rooms, and a large administration office. Before our second year at this location

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we were installed in the new building. The old residence became the nurses' home, except that the ground floor was the living quarters of the male help. This new, well-equipped institution functioned very well, but we soon saw that it was too small if we wished to do all of our surgery there. Consequently, two years later, the next addition was built—a three-story building which added thirty more beds and a maternity department. With the completion of this unit we made our first attempt to invite some general practitioners to use our hospital. However, we were still continuing our office practice downtown, and we began to wish to have our offices in connection with the hospital. We also desired to have our own nurses' training school. And so we built on the next lot an office building, connecting it with the hospital, as well as with the top floor of the nurses' home.

I should like to tell at this time of the activities of my two brothers, Carl and Emil, in the hospital. Their work was general surgery and their practice was a very successful one. They operated together many times, especially upon the more rare and interesting cases. Earlier in this book I have called attention to Carl's excellence in making pathological diagnosis while operating, thus guiding the proper surgical treatment of the case. He developed some very original procedures, including correction for contractures, especially of the tendons of the hand. In fact, he published a book on operations on the hand. Carl attracted many men throughout the country to the hospital, owing to his skillful surgery and to his method of teaching, especially younger men.

Carl did more abdominal surgery than Emil, who was much interested in cancer and bone pathology, as well as being one of the early workers in X-ray, both diagnostic and therapeutic. Emil was also one of the earliest workers with radium and became recognized as an outstanding authority in radiology. He was much interested in tuberculous bone diseases, especially in the treatment of fistulae by non-surgical methods. His research work with bismuth subnitrate and vaseline, popularly known as bismuth paste, made him internationally known for his successful treatment. It is true that Carl was the first to suggest it, and that I was the first to try it in a case of multiple fistulae about the orbit, but it remained for Emil to work out the

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scientific truth about the stuff and to make many original contributions to its use.

Emil was very much interested in photography, particularly stereoscopic photography, which also included the X-ray. He soon found the X-ray work so important that he advised bringing in to the hospital a man who was an expert in Roentgenology. To that end he engaged Dr. Benjamin Orndorff, who later became one of the group. It was a great pleasure to have him associated with us. Orndorff already had a good practice of his own and he brought in many patients.

Emil's real contribution to the success of the hospital was his direction of the business end of it. From the manager, our brother-in-law, Mr. Winternitz, and the superintendent, our sister Hermina, down to the last person employed in the hospital, they would all turn to Emil to settle their troubles. Emil was always scrupulously honest about everything and everybody. Consequently the hospital was successful financially and enjoyed a fine reputation locally as well as away from home. A welcome was always extended to all visiting physicians and there was usually a nice attendance in the surgery in all departments as well as frequent visitors in our offices and laboratories.

Our private practice was educated to the idea that they would be presented to visiting doctors, and they liked it. Only rarely did a patient object even mildly and we, of course, never insisted on that point. As to our assistants, we never lacked for good material because they knew there was a chance to learn so much in pathology and diagnosis although they could not be given an opportunity to do much surgery, because our practice was all private. However, they all had a good opportunity to assist in surgery and to treat the patients under the direction of one of us. It was always a matter of pride with us to see our assistants sought after by other practitioners. In fact we encouraged their going where they would receive greater opportunity to do surgery. In many instances these ex-assistants of ours would become associated in the practice of the doctor to whom they went. The number of our assistants became so large that it led us to make another change. Next to the hospital was a very fine large residence; this we purchased for a new nurses' home, using the house the nurses vacated as a residence for our assistants. Personally, I had taken over three of

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these—Harry L. Pollock, Francis Lederer, and Emil Deutsch—as my associates, and at that time we also had six or eight men in training.

In 1927, I decided that my office quarters were rather cramped, as were those of the general group, especially since Orndorff's brother-in-law, Dr. Harvey, had joined the group in surgery. Here followed the last addition to the hospital—a three-story building containing twelve private rooms with baths and a dormitory for the house officers and assistants. This released the top floor of the office building for the department of eye, ear, nose and throat, connecting it with surgery by a bridge of light which also became a place for visiting doctors to relax between operations. Harry Pollock, Frank Lederer, and I had individual private offices and shared a common reception room and business office.

We also had a large clinical room where in separate curtained-off cubicles we treated several patients at a time. These cubicles made it possible for the men in training to examine cases under our supervision. Yes, private patients were used as teaching material. It may be interesting to know that on many days among us all we saw between eighty and one hundred cases, including the cases in bed. These men in training I have treated in a separate section, entitled "Joe Beck's School," and, as already stated, the visitors to our clinic formed a very large and stimulating group. Many were the times when men came and spent a month with us. These visits were of especial pleasure to my associates and to me, and after work there were luncheons and dinners, shows and ball games to relieve the drudgery.

Naturally, changes took place in the personnel. Our sister Hermina gave up the job of superintendent when she married Dr. Buchsbaum, whom we had engaged as our special pathologist.

I should like to interrupt my story here to interject an incident connected with Buchsbaum. He had come to us highly recommended from the United States Government Experimental Station in the Philippines, where, while at routine work, he accidentally came upon a theory for the etiology of cancer. He found that when he injected red yeast cells obtained from a cancer patient into rats, cats, and apes, cancer cells would grow at the site of the injection but would never kill the animal as they do human beings. We were so impressed by his

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work that we financed it to the amount of three thousand dollars. Nor were we the only ones impressed. Helfer, a seventeen-year-old Russian assistant of Buchsbaum, was also deeply interested. Buchsbaum reported his work to the Chicago Pathological Society, making a very fine showing. In the discussion that followed, Dr. Gideon Wells, professor of pathology at the University of Chicago, said, "These experiments are very interesting, yet they only show that the growth occurred in animals. When it can be shown in man, then we shall have more to say about the matter." Little did he know the effect of this remark on the young assistant.

About three months after that demonstration Dr. Buchsbaum came to me greatly disturbed. He had just found that the boy had injected into his leg a growth of red yeast cells and now had a growth as large as a lemon. Inasmuch as the boy was a minor we were in a spot. We took the boy before Judge Julian Mack, then of the Juvenile Court, and had him hear the whole story. When the judge reprimanded the boy and questioned him as to why he did such a thing, since it might cost him his life and us a lot of trouble, he replied, "Dr. Wells said it would first have to be tried on a human being to prove anything, and since Dr. Buchsbaum said it was against the law for him to make the experiment on a man I decided to do it myself. If the result should prove to be of benefit to the human race, what harm would there be in giving my life for such a noble experiment?" These may not be his exact words but that is what he meant.

The judge ordered the tumor to be removed under the best surgical conditions and the tissue analyzed both grossly and microscopically. After the wounds healed the patient was to be brought back before the judge and again after that as often as the judge would indicate. Should the growth recur, the boy or his family might have recourse on the institution doctors and even the state.

Everything was done as ordered. The growth was easily peeled out, the surface was thoroughly cauterized with galvanocautery, and the wound was allowed to heal by secondary intention. There never was a recurrence. It has been many years since Mr. Helfer gave this injection to himself, and I still see him every once in a while.

At the end of twenty years of activity in the North Chicago Hos-

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pital Emil planned to make his home in California and so decided to sell his holdings to me. I was very happy to get them. I immediately offered part of the stock to my associate, Harry Pollock, at the same rate at which I had purchased it. We then reorganized the staff by opening it to outsiders. Stock was sold to several of the men, and a revamping of the hospital was carried out so that the American Medical Association and the College of Surgeons would give it recognition. However, the requirements were raised by the A.M.A. and we could not qualify for interns. We continued to engage paid residents but found that some drastic changes had to be made. It was finally decided to sell the property, which had gained much in value, and to build a new modern hospital. A buyer was easily obtained. This man had a personal interest in the purchase, because his family physician, a prominent internist, was interested in the new hospital. Bernard Katz, who was one of the old stockholders, did not favor selling the hospital or building a new one, but all the rest of the stockholders voted for it.

Little did we imagine how right Katz was until it was too late. The purchaser was a very crafty gentleman; he was the architect and constructor as well as the financier, and it came to pass that we had to close the hospital while the new one was being built. That was our great misfortune. The staff had to scuttle to different hospitals, and we never did get them back, even after the new eight-story building with its connecting two-story office building was finished. By that time the depression hit this country and our builder could not furnish and equip the hospital.

Harry Pollock and I moved downtown to the Medical Arts Building, but Pollock remained for only a short time, going back to an office building adjoining the hospital, which was about to open under new management. I went back too, but only for a short time, as I could not work in a place that was not recognized by the A.M.A. and the College of Surgeons, and to this date this hospital has not been so recognized. I became a member of the Michael Reese, Henrotin, St. Joseph, and Mt. Sinai hospital staffs, and later established association with my brother Carl and his son William—a group known as Drs. Beck and Associates, with offices in the Medical Arts Building.

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World War (1917-1919)

In the midst of my twenty-two-year North Chicago Hospital activities, the World War broke. As soon as the United States entered the War, I offered my services and was made a major and was assigned to the special division of head and neck work, with especial reference to plastic and reconstructive surgery. My first duties were to give courses of instruction to men who were to be sent overseas to do plastic surgery. The first class, which was one of the largest, was held in St. Louis at the Washington University. Here didactic work, as well as operations on a cadaver, referable to the head and neck, was undertaken. The same course was given in Chicago to an equally large group, and a third and last course was given in Hastings, Nebraska. At this point—about three months after I had received my commission—the English made a ruling that no man born in an enemy country, who held a rank higher than lieutenant, could go overseas. Since the United States agreed to that ruling, I was left out on a limb. I was told that I might have some other position in this country, but I had made up my mind to go overseas.

Fortunately, an opportunity developed, since a Czechoslovakian army had been formed. In the United States men over forty volunteered; in England and Belgium, men were sent to France, thus creating the French division of the Czechoslovakian army; the Italians had a special Czechoslovakian army of their own. In this manner it became possible for me to be transferred to this newly formed army.

I did not wish to "get in bad" with my own country and so I decided to confer with my otolaryngologic friends in Washington, particularly Dr. Mosher and Dr. Theodore Lyster. They arranged for me to see Surgeon General Gorgas who recommended me to the future president of Czechoslovakia, G. T. Masaryk, who was at that time living in Washington. Masaryk and I discussed fully the matter of my future duties if and when I should leave for France. He informed me that the headquarters of the Czechoslovakian army in France was located at Cognac, and that they expected to have established there a hospital sponsored by the American Red Cross. He offered me the chance to take charge of this hospital, a position which I readily accepted.

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In exactly seven days I received a call about midnight at my hotel, to leave with a military officer for the docks somewhere on this side of Manhattan. The boat was known as the "La Lorraine" during peace time but now, as a transport, carried a number. I was assigned to my cabin in company with a civilian from South America. On board the ship was one company of infantrymen and two companies of Czechoslovakian-American soldiers. On the boat were also some very interesting and important persons going overseas with the American Red Cross, such as Lady Stuyvesant, a member of the New York Stuyvesant family, Professor Frederick Shambaugh of Princeton, who was to serve with the American Red Cross in Greece and Doctor Black of Jacksonville, Illinois. The trip was uneventful. We had convoys for the first three days, both gunboats and airplanes. After that we were on our own, and I remember very well the zigzag fashion in which we maneuvered toward our destination. This was Bordeaux, but of course none of us knew this ahead of time.

In some ways the trip was very amusing. There was plenty of singing and dancing and plenty of stimulants, yet only a very few of the civilians were ever intoxicated and only one of the officers had to be taken care of. To be sure the soldiers were denied the privilege of any alcohol, since that was one of the strictest regulations in the United States army. Just one exciting incident occurred. About the fifth day out a general order was given to prepare for the lifeboats. A submarine had been sighted. But after about three hours of tenseness and vigilance the order was given to be at rest. Nothing else eventful occurred until the day before arriving in Bordeaux, when we were met by two convoys and escorted into port. When we finally docked shipmates parted with a joyous, "I'll see you back home."

I was met by the Czechoslovakian representative from Paris. An adjutant was assigned to me, with instructions to bring me to Paris. This adjutant remained with me throughout my entire stay overseas; in fact, I brought him back to the States with me. He was a polyglot and a tremendous help and comfort to me.

My first experience on an emergency sleeper from Bordeaux to Paris could be described as anything but comfortable. However, my enthusiasm discounted all obstacles. Arriving in Paris, I went to the

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Grand Hotel and was assigned a room fit for a king. I wondered then who was going to pay for it, for all I had to do was to present the young man who accompanied me who explained everything to the satisfaction of the desk. After one day's rest, which I was instructed to take, I reported to the French division of the Czechoslovakian army headquarters. These headquarters were located in one of the old French palaces of about a hundred rooms, in a three or four-story building. The furnishings were most elegant, and the office equipment simple but efficient. After having been presented to the secretary of the foreign minister and questioned in a very superficial manner and my passport examined and stamped, I was ushered into the presence of the foreign minister. This was Edward Benes who later became the president of the Republic. He was most cordial and seemed happy to see me. In very good English he expressed his desire and confidence that I would give them just what they needed in the medical service and gave me *carte blanche* to give all orders, administrative as well as medical, regarding the hospital located in the town of Cognac. Before leaving, I was given orders for my uniforms with the rank of major, and was told to report at the commissary where such extra equipment as helmet, revolver, etc. were issued to me.

Upon my arrival in Cognac, a three-and-one-half hour train ride, I was met at the station by a committee of doctors and nurses. There were two women nurses—Mary Lamosh, an American-Bohemian nurse, and Lucy White. Both of these very capable nurses were graduates of Wesley Hospital Training School, in Chicago, and it certainly was good to meet them. The doctors were all war-experienced Czechoslovaks, having been in the service since 1914. They were some of those brave men who went across Siberia by way of Archangel to England and France. I was driven by automobile from the station to the hospital, where I was introduced to the remaining members of the staff and assigned to my private office. After a brief consultation we repaired to the hotel where I was billeted—Hotel Orleans. There the lady manager assigned me to a two-room suite, very comfortably furnished, and to the table of honor in the dining room, where officers and chiefs of departments gathered for meals. While this was war, I must admit the meals we had were anything but skimpy, and the only

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thing I missed was sugar, in place of which we had the proverbial sprinkling bottle of saccharine solution. This deprivation did not last long with me, for in due time I received through the Red Cross sufficient sugar for my personal use, and many of the other officers of our hospital did likewise.

My work began immediately with making a complete round of the various places that were used for patients. For it must be remembered that the building itself was not sufficiently large to accommodate all. The main building was an old German villa; it had belonged to Germans who were in the wine business in Cognac but who had had to sacrifice the building for the period of the war, while they themselves were interned. The usual number of patients of all types under my supervision was 650. At one time, however—at the height of the influenza epidemic—I had 2,012.

The next move was to give the various men of the staff their assignments, as well as the nurses, the majority of whom were male. The equipment itself, for the treatment of wounds and performing of operations, was the very best that American hospitals were known for, and at no time was I in need of supplies or instruments. It is true that the operating rooms were improvised, yet they conformed very well to the strictest aseptic conditions. A regular pharmacist and a drug store were at hand. An ambulance corps with emergency kits was always ready with a doctor able to do any kind of an emergency operation.

A typical schedule of a day's work at this American Red Cross Hospital 113 was as follows:

7:00 A. M.	Breakfast
7:30 A. M.	Report for duty
7:30—8:30 A. M.	Make rounds of eight buildings in different parts of the town, including a Catholic church used as an emergency hospital for influenza cases.
9:00 A. M.	Return to main administration building. Report to military headquarters previous day's record. Telephone communication with headquarters in Paris.
11:00 A. M.—12:30 P. M.	Operations (Three operating rooms and one emergency dressing room were used for these. My part was mostly supervisory.)
12:30 A. M.—1:00 P. M.	Complete round of acute cases including those operated upon.

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1:00 P. M.	Luncheon
1:30—3:00 P. M. service required.	Rest, unless emergency
3:00—5:00 P. M.	Examination of new
cases arriving from dressing stations and other hospitals. Round of ambulatory patients ill with anything and everything.	
6:00 P. M.	Dinner
7:00—10:30 P. M. sion with staff.	Evening spent in discus-
10:30 P. M. bed.	Free for relaxation and

I should like to record my experience at this hospital during the influenza epidemic. The cases came on like an avalanche until I had no place to put them. Consequently, I appealed to the citizenry of Cognac. To my immediate aid came the Martelle and Henessey Cognac Manufacturing & Bottling Company. Mr. Henessey, a French deputy who spent most of his time in Paris but who was very much interested in the hospital, immediately came to my aid by allowing me to use the top floor of one of his large warehouses. It was a huge, well-warmed place. We established separate cubicles by hanging cloth partitions between patients. Emergency mattresses were made up, and we were ready.

The milk supply became acutely scarce and what we could get was of poor quality. That being the mainstay during the influenza, I was badly up against it. Knowing full well that regulations for American hospitals strictly forbade any alcohol being dispensed, I nevertheless felt I must take my courage in my hands and break this regulation, in view of the milk situation. Mr. Martelle offered me all the cognac I desired. After taking counsel with my medical staff, including Miss Lamosh and Miss White, we made up a solution of one part cognac to three parts of warm water, which we allowed the patient to drink *ad libitum*. Some of them, particularly those with high fevers, consumed a great deal. In fact, we recognized that they were a bit tipsy, though they were not unruly.

Up to this day I had had a mortality of 42%. To use the common phrase, they were dying like flies, and the post-mortem examinations all showed the same thing—an exudative bronchopneumonia and an

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engorgement of the covering of the brain. The very day following the free use of this beverage, perhaps coincidentally, the death rate dropped to 27% and never did it rise above that. In fact, it decreased so very rapidly that at the end of the fifth week of this terrific epidemic I had cleared the church and attic. After that, only sporadic cases came in and were much more easily controlled.

The type of surgery that was most commonly performed was the correction of maltreated fractures of all parts of the body. They were all infected and most of them required the extraction of massive particles of shrapnel, bullets, and what-have-you. Surprising was the healing that took place by secondary intention, especially when debridement (cutting away injured flesh and readapting parts) was done and the Carrel-Dakin solution was used. Regulations required antitetanic serum, and I never saw a single instance of serum sickness from that treatment although in several instances two or more injections had been given. There were only four cases of exsanguination (loss of blood) brought into the hospital, one of which was a genuine bleeder who died from recurrent hemorrhages. The cases of gassing both by mustard and phosgene were horrifying to behold. The face and eyes and extremities, especially where the soldiers had lain in puddles saturated with mustard gas, gave us the greatest of trouble. The gas inhaled was particularly destructive to the epithelium lining the respiratory tract, and the cough was so harassing that it could scarcely be controlled by anything short of opium, and that in turn was injurious to use because of the danger of patients drowning in their own secretions.

Another part of my duty, toward the later period, was to make the rounds of the various French hospitals throughout France where Czechoslovakian soldiers had been taken and to decide when they could be moved to my hospital. The territory was divided into four parts—north, northeast, south, southeast—and it took from ten days to two weeks to cover each of these parts by means of automobile or railroad.

In November, 1918, when the false report of the armistice came, such hilarity broke out in the hospital and in the town as would be difficult to describe. One incident in connection with this time of rejoicing may be considered amusing or it may be condemned. The priest of the town of Cognac asked me if it would be possible to bring into



1890



1895



1901



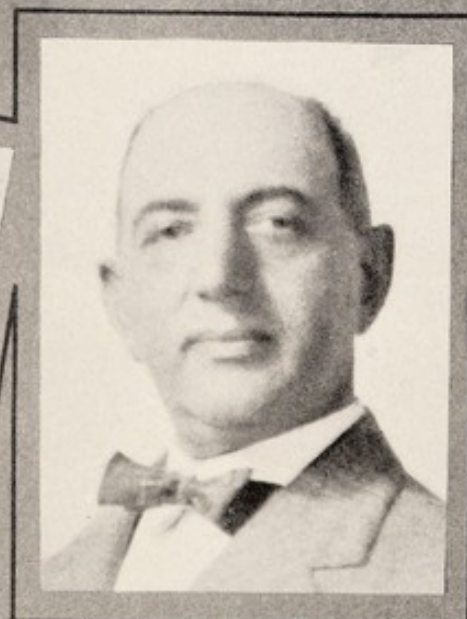
1918



1918



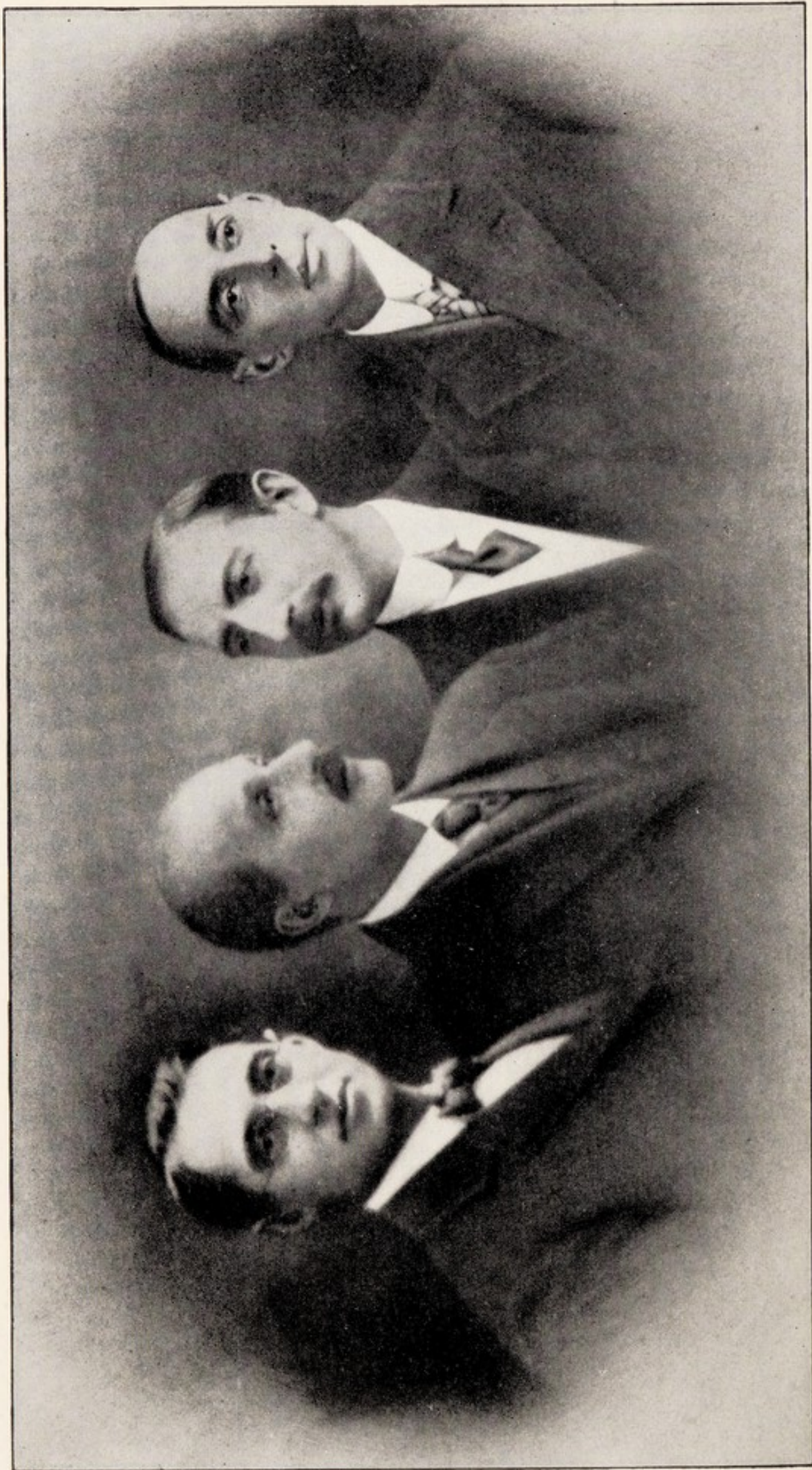
1919



1927



1935



Carl

Emil

Joe

Rudolph

THE FOUR DOCTORS BECK

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his church all those patients who were ambulatory, on crutches, in wheelchairs, etc., as well as some who were in their beds but able to be carried. This I agreed to do, and I shall never forget the most wonderful rejoicing there was on the part of these boys who thought they would never have to go to the front again. Some were crippled for life, while others so young and buoyant now felt relieved from the obligation for a life of service in the army. The enormously large church had no floor of wood, simply clay pounded down to the smoothness of marble. The usual central altar was surrounded on four sides with silvered railing such as only European churches can show, and I was instructed to have these men get in line for communion. Being among them and suddenly coming along to the young priest who was serving the wafer, I opened my mouth as the others were doing and took it like a good Jew. At that moment I thought that if a picture could be taken my expression of surprise would be something to behold! I also thought of a story of Nathan the Wise, wherein Nathan is made to say that "what makes me a good Christian to you makes you a good Jew to me," and that, after all, was a great lesson for me.

Two days after the false report, the news of the true armistice came. I gathered my flock of assistants, nurses, and other members of my staff together in our largest room and told them that the minimum number would be left in the hospital and the rest of us would take the train for Paris. Mary Lamosh, my superintendent of the hospital, was my companion throughout this trip, and we surely had a most wonderful time those two joyful days in Paris. We were also very happy to find on our return to Cognac that nothing unfortunate had occurred and that the work was going on as usual.

Two weeks later I was given notice by the American Red Cross in Paris that my hospital with all its equipment was to be presented to the Czechoslovakian government and arrangements were to be made for its evacuation. This required only five days. Four trainloads of patients and equipment were sent to Prague by a devious route, avoiding enemy country. Arrangements had previously been made with authorities at the hospital in Prague for reception of these patients, as well as of the equipment.

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It became my duty on arriving in Prague to present myself to the surgeon general of the Czechoslovakian army, General Petchirka, to present officially the whole equipment from the American Red Cross Hospital 113, at Cognac, for his disposition. After doing this, I was free to return to Paris to report again to the Czechoslovakian headquarters, where I was gleefully received by my old comrades, including Foreign Minister Benes. I was then told that they still needed me in the service, and I was asked what I would like to do. I was given the choice of going to Russia to evacuate the Czechoslovakian soldiers who had been wounded and captured there by the Bolsheviks or of taking four trainloads of Italians captured and wounded from Pardubitz, near Prague, to rehabilitate them in their various homes throughout the Italian country, as far as Palermo, Sicily.

I accepted the latter, and consequently was back in Prague a week later, ready to make this most interesting trip of my European stay during the postwar period. I may be excused for going a bit into detail because of some very amusing incidents, now so long past that I have no fear of ever being court-martialed for my part in them.

On arriving in Vienna I had a great desire to see some of my old cronies at the clinic. We had only a few Italians who lived in that city and the work of getting them home was quickly done by my associates, which gave me plenty of time. But I had very little luck—Vienna was not yet open to visitors, particularly those of an enemy country. So I had to content myself with telephoning the clinic and talking to some of the older men who had not served in the army.

When we had nearly reached Venice, I went over my list and found to my great dismay that there were no Italian wounded to be left there. I held a council of war with my associate officers in my car—for I had an entire car for myself and my adjutant, sleeping quarters, dining room, kitchen, and sitting room; no general could have had anything finer, even in peacetime. As a result of our council I decided to take my adjutant and leave the train in Genoa, meeting it again in Rome. The repatriation between Genoa and Rome would be carried out by my associates, as it had been done before. Asking at the station for a ticket to Venice, I was informed that that would be impossible unless I had an *order de transport* from the Czechoslovakian government.

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Not having that, yet not wishing to miss Venice, I divided the four trains into two divisions and sent on one division with half of my staff, while I took the other on to Venice.

When our trains arrived in Venice there was great consternation on the part of the authorities because they had had no notice that any such trains were arriving and it was not easy to convince them that I had official reason for being there. Yet here we were, and since I found four men willing to be repatriated in Venice, the authorities could do very little else but let us stay. This we did, on a sidetrack, for two days of sight-seeing in this great and glorious city—a city which I thought I would probably never have another opportunity of seeing. From Venice we had very good routing to Rome. There we were reunited with the other half of our staff with whom we remained for the rest of the trip until, on our return, I left my staff at Milan, and with my adjutant returned to Paris. Reporting again at headquarters, I obtained a commission from the Czechoslovakian Department of Education to organize graduate schools in the United States for Czechoslovakian students. To be sure, I had no definite plan but I thought something might be worked out. At any rate it hastened my return home, and perhaps prevented my staying there longer and maybe winding up in jail.

After saying good-by to my dear friends in Paris my adjutant obtained passports and transportation on the "Olympic." The return trip was one of the pleasant features of the end of my service. One of the particular pleasures of the trip was meeting Carter Harrison, our former mayor, who was also coming home from service in the Red Cross.

Returning to Chicago, I was still in uniform, for I had not yet received my honorable discharge from the Czechoslovakian government. I cut quite a figure in my beautiful powder-blue French uniform with its red-velvet collar bearing the insignia of a surgeon and the red cap of a colonel. This circus lasted only a few days, however, for then I received my discharge which ended my service in the French division of the Czechoslovakian army.

I must not close this section without saying that while in France, very active in my duties, I received a notification from the United States saying that I should report for duty at Kelly Field, as flight surgeon.

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Of course, such a thing had to be acted upon immediately, so I presented this order to the A. E. F. headquarters in Paris. There I was informed that there must be some mistake in the order, for surely it was an unnecessary move since I was already serving my country, better perhaps than I could do at Kelly Field. Matters were straightened out for me in very short order. Upon my return to the United States I at once offered my service to the United States government and was accepted in the Medical Reserve, of which I am still a member, with the rank of lieutenant colonel.

Postwar Activities and Connections (1919-1928)

After my return to Chicago, I resumed my work at the North Chicago Hospital and my connection as associate professor in the department of otolaryngology at the University of Illinois. There I did mostly didactic work, occasionally undertaking a surgical procedure for the benefit of visiting men. When Norval Pierce, head of the department moved from Chicago to California, I must admit I expected to replace him. However, for some reason unknown to me and never yet explained, one of my former associates was appointed acting head and then head, and I was made professor emeritus. Although disappointed at this time, I am sure that what was done must have been for the best interest of the institution.

A new trend of graduate medical education was developing, and there was a great curtailment of men going away from home for instruction. Many of the larger cities began the practice of having short, intensive courses in connection with annual medical meetings. In this way teachers were brought to the pupils rather than the pupils finding their way to the teachers. I was much interested in this movement, and from the start took part in a good many of these intensive courses, notably in Dallas, Houston, Oklahoma City, Los Angeles, San Francisco, Memphis, and Kansas City.

Intensive special courses are often arranged along the line of the instruction course of the American Academy. Two examples of this are the midwinter course of the Research Study Club in Los Angeles and the two-week course developed in Indianapolis by John Barnhill and now continued under the direction of McCaskey. Cincinnati also

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has, for the past three years, staged a splendid special course. Another such course is given at the University of Minnesota. As a matter of fact, many of these courses are supported by state universities.

One might go on enumerating these special courses. There are many of them, and they are a fine thing, but they still do not give what today is required to make a specialist. For this reason there is a need for such institutions as the Chicago Eye, Ear, Nose and Throat College, which has gone back since the World War because of this trend toward intensive courses, and, unless some other track is taken, will not last. The only thing that it still excels in is its clinical material. The eye, and the ear, nose and throat examining boards have had a great deal to do with determining the method of developing specialists as well as shaping the brushing-up courses. Just now, due to Dr. Harry Gradle's efforts, an attempt is being made to prepare men for better work in our specialties by a well-organized correspondence course. Dr. Frank J. Novak, Jr., is in charge of ear, nose and throat. I am not able to say any more about this than that I think it may become a fine steppingstone toward better training.

Veterans Hospital Service (1928-1938)

Shortly after returning from service overseas, I was appointed diagnostic and clinical surgeon to the temporary Veterans Hospital located at Grand Boulevard and 47th Street. This was an institution adapted from a large hotel, and so much work was being done there that it was soon found inadequate. And so the Hines Veterans Hospital was built at Hines, a western suburb of Chicago.

Colonel Hugh Scott was placed in charge of the new hospital as medical director, and having always been an organizer of medical and hospital institutions, he immediately set to work to develop special departments. One of these was devoted to diagnosis only, and was to serve as a clearing house for the proper distribution and treatment of cases sent there. This diagnostic center was staffed by qualified men in every specialty, and I received the appointment for a period of ten years as consultant in ear, nose and throat. The duties were to make diagnosis in otolaryngology one day a week, and in some instances to sit on a board of three or four consultants to decide on cases in regard to the

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degree of compensation, although not from the monetary point of view. It was the further duty of the consultant to see cases in the department of ear, nose and throat, at the request of the head of that department, and in rare instances to operate on difficult cases. Most operations, however, were performed by the head of the department. As time went on, operations by the consultant became fewer and fewer, for the obvious reason that the head of the department had become very efficient.

Over the period of ten years, the work was most pleasant, particularly the association with the various consultants as well as with the full-time men on the staff. The success of this more social side of that great institution was due in no small measure to Colonel Scott, to whom great credit must be given for making and keeping everyone happy and satisfied.

There is one type of case that I am free to mention now that I am no longer connected with the institution. That is, the large number of neuropsychiatric cases in our own field, many of whom were malingerers. This made it very difficult at times to make the diagnosis. Consequently, in justice to the veteran, he was invariably given the benefit of the doubt. Another point I should like to mention in this connection, is the splendid cooperation of the American Legion, which as everyone knows always stands for justice to the veteran, and yet, in any real case would never interfere in the decision of the medical men.

It should be mentioned here that Hines Hospital became one of the greatest centers for care of neoplasms. For that reason, if for no other, the service is of great value to the consultant, since it is his privilege, in fact, duty, to operate, and laryngeal sections are quite frequently done with very good results. It is also true that many cases are treated here by other methods than surgery, such as X-ray and radium, which, however, are not within the province of the otolaryngologist.

At the expiration of my ten years of service, I had the pleasure of seeing one of my own boys, Dr. L. B. Bernheimer, assume the position of consultant in otolaryngology.

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Illinois Eye and Ear Infirmary (1940)

In January of 1940, I assumed the duties of associate dean of education in otolaryngology at the Illinois Charitable Eye and Ear Infirmary. This I did at the urgent solicitation of Dr. Harry Gradle, and I am very happy to state that this work has proven to be a great boon in putting an end to my teaching inactivity. There had been an interval of seven years in which I had not done any really active clinical teaching of younger men, and this I missed very much.

At the Eye and Ear Infirmary my main duties consist in the education and training of residents in our special field. Aside from that, it is my hope that this institution, which is a very old one, will be able some day to develop some real special courses in advanced otolaryngology. Incidentally, this is the fourth time I have been affiliated with this institution—the three former connections were those of clinician on the staff and consulting pathologist in otolaryngology.

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Let me first take my brothers in their seniority. First, Carl, whom the rest of us looked upon somewhat as our "papa" because it was he who gave us the opportunity to study medicine and progress in it. Carl was educated entirely in Europe, graduating in medicine at the University of Prague. In his pre-medical education, particularly in the gymnasium, which corresponds to our high school, Carl was known as *primarius* for he was always the first in his class. Besides carrying a very heavy load of studies he gave private lessons to students who required a crutch, thus earning enough money to carry him along in a respectable manner. His course in medicine on the German side of the University of Prague was the standard prescribed course lasting five years with a year's postgraduate or advanced course in a hospital at the end of that time.

When Carl had finished this work he had an opportunity to become private physician to a patient suffering from tuberculosis. He took his patient to the Riviera and remained with him there until, after a long period of time, he died. Carl then obtained a position as physician on the Red Star Line on the liner "Antwerp," where he served five months before settling in his future home, America. Coming to Chicago, he immediately started in his practice, making surgery the major part of his work. This he has carried on almost to the present day. Suffice it to say that in the past ten years he has discontinued surgery because his son, William C. Beck, has completed an excellent training both at home and abroad and has developed into a splendid young surgeon. Although still very young he has already made his mark

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in the surgical world, particularly in the special field of vascular surgery at the University of Illinois. He is one of the busiest young surgeons at the Cook County Hospital, where his service requires more than two-thirds of his time. It is with a great deal of pride and promise that I look upon the future of this young fellow. William has two sisters: Frances, who is a sculptress of medical subjects and Helen, a happily married woman. More of brother Carl's associations and activities are described in connection with other topics in this book.

It is with a sad heart that I write of Emil, one of the finest men who ever lived. I say this not just because he was my brother, but because he was, as many people would gladly attest, really a humanitarian if there ever was one and a true physician of the old school. Emil became a doctor only a year after I did, graduating in 1896 from the same institution, and he immediately joined us—Carl and me—in our medical practice. He was too enthusiastic, if that may be said, in trying to help poor unfortunate patients, and I am sure I will be forgiven if I mention his good Samaritan type of work. Even as a student I have known him to be in the slums sitting up all night with some very sick patient, like a nurse, and returning to school the next day. Needless to say, there never was any monetary compensation. Emil had a scientific turn of mind and he loved to experiment on animals, yet insisted on being most kind to them. I will say emphatically that he refused to kill the animal unless it became absolutely necessary. The Society for the Prevention of Cruelty to Animals could never have complained at the manner in which he did his work.

Very early in his medical career Emil developed a treatment of chronic suppurative wounds that cured many sufferers and became internationally known; it was the use of Beck's bismuth paste. Many was the time that I would answer inquiries regarding this treatment saying no, it was not I; it was my brother Emil who had discovered that wonderful remedy. He was also a tremendous worker in malignancies and became recognized, at least in the United States, as an authority on diagnosis and treatment of cancer, especially about the long bones of the body. Like a flash did he spring at the opportunity of studying the use of the X-ray as soon as it became known, and

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while not the first in Chicago, he was one of the earliest workers in diagnosis and treatment by means of the Roentgen ray. The same is true regarding radium; he was the third man in Chicago to have a quantity of radium sufficiently large to treat malignancies as they were treated in those days. His diagnostic ability by means of X-ray brought him the award of a gold medal from the leading Roentgenologic society of America.

Humor was one of Emil's greatest acquisitions and he delighted in playing little tricks on people, though never on people whom he did not know very well. Having followed the teaching of rationalism in the spiritual sense he became very active in the Chicago Independent Religious Society and one of its directors.

Emil was a very frugal doctor, saving wherever he could, and when he passed away at the age of sixty-six he left his family—a wife, daughter and two grandsons—in very comfortable financial condition. This wealth accumulated in spite of his great charitable contributions, first to his relatives and then to many others, even strangers. On this point I might remark that he was an easy mark for tricksters but I used to notice that some beatings he took were well known to him at the time and he was chuckling because of the fact that while they thought he was being taken in he knew all the time that they were cheating him.

More is said about Emil in other places in this book, especially in connection with the North Chicago Hospital.

Emil's ashes rest below a tree on the campus of Berkeley, where he liked to sit and discuss things with some of his doctor friends and comrades during the last years of his life, which he spent in California.

And now Rudolph, who was rather a pal of mine. We had been raised together as little boys and we came to America together. While we were separated after that for a while it was for only a few years and we were then reunited in Chicago with the rest of our family. For years we were together here—the oldest sister, Rosa, the youngest sister, Hermina, and the four brothers.

Rudolph was a libertine and he carried this practice to the extreme. After he left his home in Clinton, Missouri, he joined brother

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Emil in Chicago and worked for a while in a wholesale clothing house. He was advanced to the position of assistant to a traveling salesman and that, we believe, was his undoing. Going out on the road with a much older man he fell into habits that were absolutely wrong for a boy of his age. One incident in connection with his leaving town with this salesman is amusing. In those early days I was a very sound sleeper and on this particular morning I did not hear Rudolph leaving. When I awakened I found a note saying good-by and promising that he would return my suit as soon as possible. Looking around I discovered that my new suit, cut in the very latest mode, was gone and a much worn suit left in its place. For a moment, of course, I was angry because I was very proud of my stylish suit, but one could not stay angry at Rudolph long and I soon forgave him. Many a laugh he and I had in later years about that little incident.

Upon his return to Chicago from his selling trip on the road Rudolph left the clothing firm and went from bad to worse. He became a bartender on South State Street in one of the toughest places in the "levee." Realizing that this was a very severe blow to the family he broke the family ties. I could not stand this and regularly, once a week, sneaked in to visit him. I was repaid by getting a fine free lunch which I confess I enjoyed very much in spite of the environment. Happily this libertine type of life lasted only a little over two years. Then a complete reversal took place, and like a prodigal son Rudolph came home. We were all very happy about it and were delighted that he did not wish to return to a business life but to prepare himself for a medical education.

In all my experience I have never seen a man with as little basic education as he had, make such rapid strides as he did in getting in shape to be admitted to the Chicago Dental College. He graduated from this institution, but before he had finished the late Dr. Brophy, president of the school, engaged him as teacher in dental anatomy.

Rudolph developed one of the finest practices of any dentist in Chicago, and it was of the type that was very remunerative. He became a great reader of German, as well as of English, and a collector of standard works. Like the rest of us, he became very much interested in the Chicago Independent Religious Society, with Mr. Mangassarian

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as teacher, although neither he nor I were ever members of this organization.

Rudolph was very sociable, yet I do not remember his ever attending a party or a dance. The ladies were very fond of him but he never showed any particular inclination in that direction and never married. An interesting thing to me was his shunning the district where he was once so popular but never shunning the people whom he knew there. Every year he spent three months abroad, visiting various parts of Europe. He lived with sister Rosa and was very fond of her and her two children.

And now comes the saddest part for me to relate—his illness and death. He was only forty-eight when he was taken ill with a cardinal symptom of severe headache. Without going into detail, I will say that we had more than twenty-five physicians see him during his illness, but it was my misfortune to have to make the diagnosis of his fatal condition, namely, tumor of the brain. I did this when we were two days out of New York, sailing on a slow steamer for Europe. Had we remained on board, we would have been compelled to have had him buried at sea. However, it was possible to transfer him to another boat and bring him back home, where he continued to suffer until his death. At the postmortem a tumor dropped out when the brain was removed, showing that he was actually operable. It was not a malignant disease. Had medical science then been advanced to the stage it now is, Rudolph might still be alive.

A picture of the Beck brothers appears opposite page 81.

And now, in this story of my very immediate family, I wish to tell a bit about my sisters. First, Rosa, the oldest of our family. She had the sweetest disposition of any person in the world. Her great task was to take care of us boys at the time when we most needed it. She made our home in Chicago perfect, in spite of the fact that at many times there were financial difficulties because all of the boys were struggling for an existence. One thing she did to lighten this financial burden proved to be her future happiness. She suggested bringing into the home as a boarder a nice young man named David Winternitz, who was a friend of brother Emil. He fitted so well into our company that we considered

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him one of our own. Soon my sister and he seemed to reach an agreement which culminated in a very happy marriage.

One outstanding accomplishment of sister Rosa was her needlework and another was her Bohemian cooking. And the future Mrs. Becks always had to hear the remark, "No one can make it as well as sister Rosa!"

Rosa lived to reach the age of seventy-two, although she never appeared that old. She never knew that she had anything the matter with her, but she died from cerebral apoplexy.

She was very happy in her family life, having two children. Her son, Carl, became a successful physician in general practice in San Francisco. He is what I might call "the apple of my eye." Even as a little fellow, I had hoped that he would become a great doctor and finally when he graduated from medicine at the Northwestern University I had determined that he should come into practice with me. But love interfered, and he heeded the call of the West. One thing must be mentioned and that is something which I claim is hereditary—his love for baseball. He makes yearly trips eastward to Chicago in order to see his favorite team, the White Sox, play a series of games. And, of course, during such times I see more baseball than I usually do these days!

My younger sister, Hermina, served as a good assistant to Rosa in that wonderful home of ours. In due time she determined that she, too, would like to enter the medical world. With that in mind she enrolled in the Michael Reese Hospital training school for nurses. On her graduation she immediately joined us at the North Chicago Hospital, where she served as superintendent of nurses to everyone's satisfaction.

One of our esteemed and valuable assistants there was a Doctor Buchsbaum, an expert pathologist and a great exponent in the study of the cause of cancer. During his service at the hospital he naturally met this superintendent frequently. Soon they also came to an understanding and married. Unquestionably in both my sisters' cases, love must have had something to do with it, but we brothers were too busy to notice these symptoms!

Hermina has three children: a son, who is a professor of zoology

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at the University of Chicago; a daughter, who is a prize-winning illustrator of biology textbooks; and another son, a struggling young oboe player, with a B.A. degree from the University of Chicago.

And now as to my own immediate family. I have been married twice, and I had one daughter and two sons by my first marriage.

My daughter, Elsa, is a practicing lawyer of ten years' experience, mostly in corporation law although she is engaged in general civil practice. She attended Francis Parker and the elementary school of the University of Chicago, Downer's Seminary in Milwaukee, Vassar College, and Northwestern University Law School.

As described in the section entitled "My Travels," Elsa was with me in the Orient, Philippines and Hawaii. She has also traveled fairly extensively in Europe. While not especially active in politics, she has held offices in various societies, being president of the Women's Bar Association of Chicago, and on many committees of the Lawyers' Guild and other organizations having to do with the advancement of women.

It was in my mind that Philip, the next oldest, would become a physician, but this did not come to pass. He had no love for medicine and was a happy-go-lucky type of fellow. His public-school education was followed by three years of schooling at St. John's Military Academy, after which he entered the business world. He has been successful in the wholesale liquor business and is a happily married man with two children. The younger of these, a boy, already speaks of the time when he can study medicine. Thus I may hope that the Beck progeny may continue in medicine. To be sure, I have two nephews, William C. Beck and Carl Winternitz, who are promising physicians and surgeons, but it would please me to have one of my own line enter medical life.

My younger son, Joseph, in whom I also saw the possibility of a doctor, turned to another profession—engineering. He graduated from public and high school in Chicago and went West to college—the University of Southern California. There he studied a special type of engineering, namely, aviation. However, he did not follow that line after graduation but got into air-conditioning as a special field. He has

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been in the field almost since its beginning and has made good in it. He has never returned East except for an occasional visit and states he can live happily only out West, in California.

All three of my children, I am glad to say, have been a source of great happiness to me. A picture of them appears opposite page 96.

Some twenty years ago I first became acquainted with the lady who was to be my second wife. She was then a professional nurse and was engaged by me to take care of my three children and the household in the absence of my first wife, who had been ill for a number of years and was in a sanitarium for nervous people. Ten years later it became my fortune and great happiness to be married to her and now, more than ten years after our marriage, I am glad to state that these years of my life have been most happy ones, due to her efforts.

Before our marriage and after she had left her work as a nurse in my home, she served as chief surgical nurse in the North Chicago Hospital in my department. She held this position until the time of our marriage, and no small part of my success during those years was due to her capable filling of that place. Although my practice grew by leaps and bounds I was able to carry on my teaching, both of the men who visited the clinic and of the men and women in training. It was she whom these youngsters usually sought when they wanted some favor from me, as they knew that she probably would have more influence than anyone else in helping them gain their point. And thus she held a very warm spot in all of their hearts, as expressed even to this day whenever they chance to meet her.

Trennie, as my wife is known to her friends, is a great favorite among our physician friends and their wives. Throughout these ten years of our married life she has invariably accompanied me to medical meetings and on medical journeys with the Examining Board. One particular couple stands out among our friends, namely, Dr. and Mrs. Burt Shurly of Detroit. Burt's wife, Viola, accompanied her husband on these medical jaunts as Trennie did me, and the four of us became extremely close friends, calling each other "pals." Burt and I enjoy being in each other's company; our wives enjoy being together even more, which makes for a happy "palship." (See picture facing page 97.)

MY FARM

(as told by the author's wife)

Since Dr. Joe mentions only very briefly his experience as a "gentleman farmer" on his fifty-eight-acre tract of land fifty miles from Chicago, I should like to give a more detailed description of this so-called farm, and tell some of the many interesting things which happened there. Some of these occurrences were very amusing, to say the least, and some, while amusing, were also sources of irritation such as one finds in any new venture.

I am certain that many of the readers who are acquainted with the author's professional ability have never heard of his ability as a farmer. Therefore I will endeavor to tell something about him in this role. Having followed him all through his farm career, I know both his skill and his shortcomings intimately, and as his wife dare express myself freely. It was not a profitable venture but it was certainly a never-to-be-forgotten experience, since during his and our ownership of that farm about everything that could happen did so—from burglary to the drying up of the water wells.

To start at the beginning. Always a very hard worker in his hospital, as well as at his office, and at that time with no opportunity for enjoyment of home life, Joe felt the need of a place away from the noise and heat of the city to which he could retire during his leisure hours for recreation and rest and where he could entertain his children and many friends, especially for week ends during the summer months.

Having visited a number of his colleagues and friends who were operating various types of farms in different parts of the country and



Joe, Jr.



Elsa

THE AUTHOR'S CHILDREN



Philip

*Viola and Burt Shurly*

Trennie
"PALS"

Joe

MY FARM

having always cherished a fondness for all sorts of domestic animals, he decided that he, too, wanted to become a farmer. This was in spite of the fact that he had never had any farm experience, having lived in towns and cities all his life. For a long time he had wanted to carry out a certain line of experimentation in connection with farm life, regarding the effect of different foods on various types of domestic animals. He also wished to make an investigation regarding the sense of smell in animals.

It took him quite some time to find a suitable farm, but he finally did so and made the arrangements for its purchase. The farm had a beautiful location in the midst of a rolling countryside, with a wooded background which occupied most of the acreage, leaving only about twenty acres of cleared land. This had never been tilled but had been used as pasture land for cattle during the summer months. A newly paved road running in front of the property was an added attraction, since paved roads were not very numerous at that time. This, he thought, would greatly increase the property value in case of a resale.

Always having an eye for the beautiful things in life, Joe was greatly attracted by the wooded background and the panorama of the surrounding countryside—so much so that he overlooked investigating the buildings in which the animals were to be housed, as well as the water wells. He found out later, much to his chagrin and sorrow, that all the outer buildings, with the exception of one barn, were so inadequate, both as to number and stability, that they had to be torn down and new buildings erected.

The house itself made a rather imposing appearance when seen from the outside. It had been built in 1870 and had a well-kept front yard containing many early blooming shrubs and perennials, as well as a rare specimen of a tree, a weeping elm. When the leaves came out on this tree in the late spring, it gave it the appearance of a huge umbrella and afforded a wonderful shade from the sun. The interior of the house was of the old style and devoid of any modern conveniences. The old kerosene lamp was much in evidence, as was the old pump in the back yard, with the usual dipper hanging on one side.

The little building so eloquently described by Chic Sale was there too; located in the middle of the back yard, all covered with vines and

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encircled with shrubs. A deep crescent was carved on the door of this roomy "telephone booth" and on the red paint was white lettering spelling out the words "Private" or "Privy," whichever happened to be understood.

All the buildings were included in the purchase, and as a goodwill measure, the old gray horse—the only animal on the place—was thrown in. As it was late in the fall when the deal was consummated—Thanksgiving Day to be exact—it was decided to close up the farm for the winter and reopen it in the early spring. The premium in the sale—the old gray horse—was taken by one of the neighboring farmers to work for his board until spring. However, when spring arrived, it was found that he had outlived his usefulness and had to be sold for a price equalling the value of his hide.

Joe decided to have the house rebuilt and modernized, installing electricity, bathrooms, and a water system. With no electric line running very close, he was advised to install a Delco Electric System, which at that time was much in use by the farmers in that part of the country. He tried this out but it proved unsuccessful since it required daily charging for many hours, making a deafening chug-chugging sound which was very hard on the nerves, especially when one was seeking quiet.

On the first day of April the following year, "Beck's Place" was duly opened. A caretaker was hired who claimed farming as a specialty, but who, it turned out later, knew nothing at all about the country. He set out from the city for the new home with a Ford truck and twenty guinea pigs. The guinea pigs were temporarily housed in an old corn crib, and the farmer found shelter in the house. His career was short-lived, as he found the job not to his liking and made a hasty exit after a few days' stay.

His sudden departure was caused by the unexpected arrival on the premises of a number of new guests, commonly called hogs. These were sent to Joe as a royalty on a recently published medical book. The publisher of this book was running a blooded-stock hog farm as a side issue, and on a visit Joe had paid to him a short time prior to this he had told Joe all about the splendid qualities of this breed of porkers. Joe, being all agog about his new venture in farming, de-

MY FARM

cided to take the royalties on his book out in hogs. These new arrivals came two days after the opening of the farm—six of them, all huge, fully grown, in six enormous crates. The caretaker was scared to death and afraid to release them, so he left them in the crates until our arrival the next day, when, with the aid of a neighboring farmer, they were released and supplied with water and feed from his own supply and installed in temporary quarters.

That ended the farm career of that caretaker, who decided that being nursemaid to piggies was not in his line. He packed his bag and took his departure for the city as soon as he could find someone to take him to the train. An advertisement brought a more experienced farmer, and the porcine guests were well cared for in spite of the fact that they consumed an untold amount of food.

Joe had no idea of the expense involved in feeding the large number of animals he was planning to have for experimental purposes and otherwise, especially with so many different breeds, each requiring different feed. However, his mind was fully made up, and having been told what a profitable venture farming could be, he was sure of success. He was not long in finding out how costly it was to feed a large number of animals, particularly as with no feed raised on the premises it all had to be purchased at top prices, with a little graft thrown in for good measure.

After the opening of the farm that spring there was much activity going on. Workmen were all over the place, tearing down, rebuilding, and installing various contrivances for properly housing the animals, also remodeling the house, wiring and installing plumbing for the water system, adding new rooms, bathrooms, etc. As the water for all purposes had to be drawn from a shallow well this soon dried up and, in addition to all the rest, a well driller had to be summoned. The remodeling proved to be a long-drawn-out job, as the men were hired by the day (on the advice of the architect) and they seemed to come and go at will. It was well on toward the end of the summer before all was in readiness to move in.

The new animals seemed to arrive in droves—a true Noah's Ark, except that they came, not in pairs, but in groups. Every week end a new addition to the herd arrived, changing the quiet country home

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to a noisy something that could never be described. Each new arrival had a different cackle, or ba-aa, or ma-aa, or moo—quite interesting, no doubt, but disturbing during the early morning hours. Many of these animals were gifts from friends or grateful patients who, informed about the new farm venture, wanted to show their appreciation for services rendered by donating some bit of live stock to "Beck's Place."

A beautiful pair of peacocks, sent all the way from somewhere in Texas, added great beauty to the place, especially on a sunny morning when the male would spread out his tail feathers like a huge umbrella. Unfortunately, he caught his leg in an open gate one stormy day and broke it and was found dead the next morning, much to our sorrow. The female died, no doubt from grief, a few weeks later.

Joe, having a certain fondness for goats, purchased six of the Toggenberg kind. These were true aristocrats and very choosy. Anyone claiming that a goat eats anything should have seen those goats. They had to have fresh water and food at each individual feeding; they would never eat left-overs, no matter how tempting-looking, but just turned up their noses and walked away. Special stalls had to be put up for their sleeping quarters. These goats were Joe's pride and joy, and he took great delight in watching them, especially at feeding time.

The full-blooded porkers were not so fussy, usually eating anything thrown their way. Despite their aristocratic name of Poland China, dirt was their joy, and they were true to the name of just plain "hog."

It was great fun at feeding time to watch the many animals coming out at a particular call, devouring their food, and when finished wandering away to rest up until the next meal. It was almost as good as a zoo. There were many animal casualties, some caused by automobiles when the beasts would meander out into the road, and some from sudden changes in temperature.

Early in August the house was all in readiness, and a big garden party and open house was given to celebrate the event. Everyone was gay, and it was a very colorful and gala occasion. Everything was new and lovely; even the food seemed to taste better in this new home.

As time wore on and Joe's experimentation was finished, he began to feel the pull on his purse strings more keenly. He decided to dispose of some of the stock, beginning with the turkeys, geese, and ducks

MY FARM

and some of the chickens. It being close to Thanksgiving there was a ready market for these. He also marketed a large number of sheep and the cow, which, being the sole specimen of that species, seemed very lonely all by herself among so many other different breeds of farm stock.

The following year Joe decided to raise only chickens, hogs, and goats. And so the guinea pigs, rabbits, and white rats were disposed of to various clinics. One morning the pigeons were all missing and were never seen again. Evidently confiscated during the night, they no doubt graced someone's dinner table that evening.

The fall of that year Joe decided that he would sell all the animals and close up the farm for the winter. He had had enough farm experience and had found that it was not a profitable venture after all. All but the goats were disposed of; these were boarded out until the following spring.

A short time after the house was closed it was burglarized. All household goods that could be carried away easily were stolen; only the heavy furniture was left. Luckily Joe carried some insurance and received some return from his loss, but it necessitated refurnishing the next year.

The year following, "Beck's Place" was renamed "Tren-Jo," since our marriage had taken place that winter and this combination name of Trennie and Joe seemed a more fitting name for the place, especially as we were planning to make our home there the following summer after our return from our European honeymoon trip.

We arrived home from this trip early in July and moved out to "Tren-Jo" the following day. That was a very happy summer, and the only drawback was the drying up of the water well, which necessitated a new drilling. This at last was successful, resulting in plenty of water then and ever since.

The goats had not done so well that previous winter, becoming infected with some disease, and so they had to be disposed of, much to the sadness of Joe, who was very fond of them. Thus Joe Beck's Animal Farm came to an end, and the only live stock remaining there were a dog and a cat.

The next year was the most colorful of all the years that the farm

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was in our hands. We moved out early, in time to plant plenty of flowers, and we had a thoroughly enjoyable summer. We gave many parties, and many of our friends came to visit us. There were no animals to care for, and all was peaceful and quiet. We often look back to that year as the happiest of our lives—if it were possible to be any happier than we are today. That was the last of the summers spent there as the following year, because of a prolonged trip to California and the East, we decided to rent "Tren-Jo" to some people we knew.

After that year we put "Tren-Jo" up for sale. In the meantime it was rented for various ventures. A children's camp was held there for some seasons. It lent itself well to this, on account of the woods and also because of the lake which was only about a mile and a half distant. At the close of the last year of the children's camp the place was rented to a large family with many children, who occupied the premises until it was sold, and "Tren-Jo" found a new owner.

We feel that our farm experience was an education. And although there were many happenings not to our liking, there are hosts of happy memories that are a joy to ponder over.

MY TRAVELS

In the early years, during the time I was attending medical school, I did very little traveling. I do, however, recall a trip East, during a vacation, and the inspection of Johns Hopkins Hospital in Baltimore, various Government hospitals in Washington, D. C., Bellevue Hospital, Mt. Sinai Hospital, and Columbia Medical School in New York, the University of Pennsylvania Hospital in Philadelphia, and Harvard Medical School and Hospital in Boston.

In the interim between my graduation from medical school and my trip to Europe to prepare for my specialty, my traveling consisted mainly of short trips out of Chicago. Only once during that time did I venture East; that was when the United States declared war on Spain. I went to Washington to offer my services to General Sternberg, to whom I had a letter of introduction from Dr. Nicholas Senn. At least I had a letter to him. But instead of accepting me, General Sternberg gave me a lecture on how important it was for me to remain at home to care for the civilian population. Only long after that war did I find out that Senn had "double-crossed" me for my own good by writing personally to the general that my motive for wanting to go into the service was to seek release from the sorrow of having lost my intended wife. I must admit that was true. Shortly thereafter I went to New York, where, during a month's stay, I visited some prominent medical men and their clinics.

My real trip, from a medical standpoint, took place in 1899, when I determined to take up a specialty and went to Europe to prepare for

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it. At that time it was universally believed that one must go to Europe to prepare for any specialty. During the greater part of my stay there I was at Prague, where my studies were at the Pathological Institute under the tutelage of Professor H. Chiari. After a year's work I decided that I would try to be either an ophthalmologist or an otolaryngologist, or both. Here was my opportunity to become the pupil of the great Professor Zaufal, the first man to perform a radical mastoid operation, and the great Professor Czermak, the leading ophthalmic surgeon of Europe.

After training in Prague, I visited Vienna, Leipzig, Halle, Berlin, Wurzburg, Heidelberg, Budapest, Zurich, Bern, Basel, Frankfurt, Paris, and London. Returned to this country, I stopped in New York, Philadelphia, and Baltimore before settling down in Chicago. In all of these places I visited the great eye, ear, nose and throat clinics and met the professors and their associates or assistants. The greater part of two years was consumed on that trip, and I could well use all this section in describing my experiences on that trip alone. Suffice it to say that aside from the training I had in medicine, I also heard much music, saw much art, and had a vastly enriching time generally.

Further traveling after that long trip was very much curtailed, and it was not until 1902, after I had joined the American Academy of Ophthalmology and Otolaryngology, that I began to travel again. Thereafter, every year I would attend the annual meeting of that society as well as the meeting of the section of ear, nose and throat of the American Medical Association.

By 1910, I had developed an extensive practice as well as a fine fellowship among otolaryngologists the country over, and had become a member of the American Laryngological, Rhinological, and Otolological Society. Invitations began to arrive with regularity to go to many state and national medical association meetings as guest, either to read papers or give clinics, and these invitations of course necessitated my traveling a great deal. In fact, that part of my medical activity at times became burdensome and hard on my practice, since it caused me to be away so much. Yet I did like it, and the fact that I always had such splendid help from my partners and associates made it possible for me to do this "barnstorming."

MY TRAVELS

In 1915, following my chairman's address to the Section of Otolaryngology of the American Medical Association at New Orleans, my suggestion that an American Board of Examiners in Otolaryngology be formed became a reality. Dr. George E. Shambaugh, Sr. called a meeting at the University Club in Chicago of the ten members who had been named by the five national societies of our specialty and, in addition, Dr. William Wilder, secretary of the Ophthalmic Board of Examiners. Ever since its organization this Board, of which I am proud of being a charter member, has been active in the examination and certification of otolaryngologists throughout the United States and Canada. Usually two examinations a year have been held in connection with the annual meetings of the Academy of Ophthalmology and Otolaryngology and the American Medical Association; however, at times a special or extra examination has been held. This work of the Board naturally necessitated much traveling. A more complete description of the activities of the Board from its beginning up to the present time appears in the last section of this book.

Three extensive trips I particularly wish to mention here. The first was made in 1918 in connection with my activities in the World War; the second was a trip my daughter and I made to the Orient in 1922, and the third was a trip to Europe on the occasion of my second marriage in 1927.

In 1918, I went overseas to serve as a doctor in the French division of the Czechoslovakian Army. I had charge of American Red Cross Hospital No. 113 located at Cognac, France. The reason for my being with the Czechoslovakian Army was that the Allies had made a strict ruling that no man born in an enemy country could go overseas with the American Expeditionary Force, no matter how long he had been an American citizen.

I value my war experience greatly, although it was full of obstacles and difficulties. I tell more about this war service in the section, "My Medical Life."

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The second of the three extensive trips I mentioned took place in 1922. My daughter Elsa and I sailed from Seattle to Yokohama, where we had our first look at Japan. We visited Kobe, one of the greatest harbor cities in the world, then Tokio, where we were entertained by my friend Professor Okada, leading otolaryngologist of Tokio, who showed me the work in the University Clinic. He also accompanied us to the mountain resort at the temple of Nikko, which is where I had the great pleasure of meeting Professor Albert Einstein.

My daughter and I next visited the city of Kyoto where there was much more to see in Japanese arts, but not so much in medicine. I did, however, see one thing that is worth special mention.

I was admitted to an operating room, the walls and windows of which looked filthy. The doctors and nurses had their hair uncovered, their hands ungloved. But the floor, which is so sacred in Japan, had a constant flow of water over it, so that I had to stand on a chair in order not to get my feet wet, since I would not take off my shoes and put on wooden stilts, such as the others were wearing. The operation was a laparotomy for carcinoma of the esophagus. After opening the abdomen the surgeons found that there were already palpable metastases present, so they closed it up without performing the gastrotomy. When I asked why they did so, they said they did not want to prolong the patient's life—they had too many people in Japan. It was shocking to me not to give him a chance, but to condemn him to death from starvation. I also asked why otolaryngologists did laparotomies. The answer was that the doctors in whose department the diagnosis was made must do their own surgery.

We then went to China, stopping first at Shanghai. Here I was asked by a group of English-speaking doctors to deliver a medical address. The medical school was the most meager institution I had ever seen. All anatomy was taught from pictures and charts; they did no dissection. I heard nothing of operations. Of course, it was quite different in the American Missionary Hospital and in an American nursing home run by a doctor and his wife, who was also a physician. I did find a Chinese doctor, an otolaryngologist, who had had his training in Philadelphia. He told me that it was practically impossible to get Chinese people to consent to an operation; all the patient wanted was

MY TRAVELS

medicine. I had an opportunity to keep in touch with this man for the next ten years, and he told me that this condition had not changed. One cannot help but see the big difference between the Japanese and Chinese medical man. How much more progressive is the Jap!

From Shanghai we went to Hongkong. Here, of course, the English have some good hospitals. Yet, here too, the Chinese are very reluctant to allow their loved ones to be operated upon except in an emergency. From Hongkong we went to Manila, where I found both Spanish and American progress in medicine and surgery. My great treat there was to visit the United States Military Hospital, in charge of Major Reynolds, who later was transferred to the Walter Reed Hospital in Washington. He is a good nose-and-throat man and a brother of our recent surgeon general. For the first time I saw a Spanish eye surgeon do the Baracchi cataract extraction by means of suction. I also saw for the first time the disease of yaws (similar to syphilis); also kala-azar—a rare skin manifestation found in the tropics; and, finally, I paid a visit to the large leprosy colony.

From Manila we went back to Shanghai for a short stay, then north to Peking, now Peiping. Here I found a real medical institution under the Rockefeller Foundation, known as the Peking Union Medical College. There were wonderful clinics in every specialty, and real anatomy taught by American-trained men. The eye man, Dr. Howard, and the ear, nose and throat man, Dr. Dunlap, were most gracious to me, but Dr. Taylor, General Surgeon, and Dr. Houghton, Chief of Staff, were my best informers. Drs. Robinson and McLain, in internal medicine, were also most delightful and instructive.

While in Peking a dinner was given in honor of Professor Ernest Fuchs, of Vienna, and myself. Almost everyone connected with both the American and Chinese universities was invited. This was my fourth pleasant opportunity to eulogize Professor Fuchs since he had come to lecture and teach in the United States and then in the Orient. The first had been at a luncheon given by Professor Fox of Philadelphia in connection with one of our annual American Academy of Ophthalmology and Otolaryngology meetings. The second had been at our Illinois State Medical Society eye, ear, nose and throat section banquet in Chicago. The third had been in Houston, Texas, where Professor

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Fuchs was giving a special course and I was a guest of the local eye, ear, nose and throat men. In Pekin, when the professor got up to speak, he was very complimentary to me regarding my medical standing as an eye, ear, nose and throat man, both in the United States and in Vienna. He also said that he hoped that when I rose to speak I would say something different about him than I had heretofore said. Of course, he knew full well that I would repeat, for the reason that I could pay him no higher compliment than what I had already said—that Professor Fuchs had taught ophthalmology to more Americans than any other man. The only variation I made was that, this time, I did not say "Americans" but "men, the world over." Professor Fuchs was very appreciative, and the dinner was in every way a happy occasion.

We went from Pekin to Tientsin, where we visited distant relatives, the Fischers. Through them I was able to become acquainted with some of the old German colonists, especially the medical men. I also visited the large American military contingent kept in those parts for the protection of American holdings.

We left Tientsin for Mukden on one of the coldest nights I have ever experienced. After staying in Mukden only one day we went south, into the interior of Korea. At Seoul we spent three profitable days sightseeing, shopping, and resting, because the weather was really warm, since we were so much farther south.

From Seoul, Korea, we traveled by water by way of Shimonoseki, Japan, back to Kobe. There we had the great pleasure of seeing the wonderful Pavlowa dance her exquisite "Dying Swan." The next day we went by train to Tokio and on to Yokohama. After a fortnight in Yokohama we left Japan for the Hawaiian Islands on the "President Wilson."

One day out of Yokohama we ran into a real typhoon which was responsible for a really dramatic incident. During the early morning of the second day out, while the storm was raging terrifically, the young ship surgeon bounced into my cabin, which was not locked. He implored me to come up on deck at once to save the life of a young woman, the manicurist, who was unable to get air into her lungs. It seems that she kept in her sleeping apartment a large bottle of ammonia water, which was smashed during the storm. Inhaling these

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fumes had caused the trouble, and the doctor wanted me to do a tracheotomy. I had just reached the deck when the boat gave a side-to-side lurch of almost forty-five degrees, almost capsizing. Everyone was violently thrown. I grabbed a rope, and in so doing pulled my right shoulder out of joint. The others had minor bruises. The patient was picked up, and she could now breathe; that is, she was saved from the tracheotomy, because the sudden shock of being thrown down on the deck had caused her laryngeal spasm to relax. The moral of the incident seems to be, "What's one person's loss is another one's gain!" My first thought when I had heard the story of spilled ammonia and had seen the patient had been that I would order a hypodermic injection of apomorphine, instead of operating myself or allowing the young surgeon, who was inexperienced, to do his first tracheotomy. But the eventful lurch of the ship made this unnecessary.

The next matter is to relate the story of my accident. It was very painful, being a subclavicular form of dislocation. There was an anaesthesia over the deltoid region, no doubt due to some nerves being torn. When I learned that three physicians, excluding myself, were on board, I had little doubt that my dislocation could be reduced without difficulty. Imagine my concern when I discovered that one was an ophthalmologist of twenty years' standing; another was the young ship's surgeon who was just graduated from a class-three medical school and had never even seen a shoulder dislocation; the third was a doctor from the Philippines, who had been out of practice for twenty years. Consequently, after talking the matter over with Dr. Smith, the ophthalmologist, I decided to have him and the young man follow my instructions and get that head of the humerus back into place. Of course, I had been out of general practice for years. Nevertheless, and this is a remarkable and interesting fact—when one is in dire need and distress one will recall things a long time forgotten. I called for ether to obtain complete muscular relaxation, only to find there was none on board; all they had was chloroform, and I would not take a chance with that. So after we enacted the various movements with the heel of my shoe in the axilla, I took a half grain of morphine in two doses, a big drink of whisky, and stuck a thick, unlit cigar between my teeth. Then we went to work. Three distinct attempts were made to replace

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the head of the humerus with the elbow close to the chest and the flexed forearm across the abdomen (Valpoe) but each one failed. I gave up, completely exhausted.

That night, while the storm still raged, I discussed the matter with my daughter, Elsa, who watched over me ceaselessly. We decided to wait until we reached Honolulu, where I could have really good attention. The following day there was comparatively little swelling from the manipulation, and since there were four more days before we would reach Honolulu, I decided that we should try once more to replace the dislocated head of the humerus. I urged this because I feared there would be too much exudate accumulate within the joint. Consequently, we repeated the procedure of the day before, and after two attempts the replacement was successfully accomplished. A fixation of the parts by adhesive plaster was all that remained to be done and, while I had much pain, requiring the constant use of anodynes, I felt much happier about the whole thing. During the rest of the voyage I had additional comfort, because the captain assigned me to the bridal suite and placed a special servant at my beck and call. I learned very rapidly to write with my left hand and I also practiced in pantomime almost every operation that I performed, employing my left hand only. This, of course, was in the horrible anticipation that I should lose the use of my right arm for doing surgery.

When we reached Honolulu I went at once to my old friend Dr. Morgan, who had me examined by a general surgeon (a former Mayo man). After taking an X-ray he pronounced everything O. K., and put on a better type of bandage.

After a week's stay in Honolulu, which was not as pleasant as it might have been because I had so much discomfort from the arm, we left for the mainland. Remaining only a couple of days in San Francisco, we headed for home. For the time being, I was totally disabled so far as doing any surgery was concerned. I went up to the Mayo Clinic for a check-up and was given a good prognosis for a recovery of the use of the arm, though they told me it would take several months. It appears that, aside from the traumatic neuritis, there was a tearing off of the lip of the glenoid fossa of the scapula. Sure enough, in about a month, I was able to begin operating and after a long time

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I obtained complete use of my arm. The anaesthesia over the deltoid region in an area about the size of the palm of my hand still remains, however.

The third long trip was the honeymoon trip, in 1927. We spent the greater part of our time in Sweden, visiting in the homes of my wife's many relatives there. While this was naturally a pleasure trip, nevertheless I spent many hours in Stockholm with my great friend, Professor Gunnar Holmgren, the leading otolaryngologist in Sweden.

I also enjoyed visiting Professor Barany in Upsala, of whom we all heard so much while he was in Vienna. I had previously met him in the United States. Our visit to London was very opportune, occurring during the celebration of the one hundredth anniversary of the birth of Lord Lister. It was a great treat to meet there Sir St. Clair Thomson and his associates, especially Mr. Nigus. They held a special meeting for visiting otolaryngologists—Gordon New of Rochester, Minnesota, and myself, from the United States; Logan Turner from Scotland, and many others. In Paris I had the pleasure of renewing acquaintance with LeMetre and LeMae; in Berlin with Von Eichen and Halle, and in Prague with Pretzechel, and in Vienna with Heinrich Neumann, Gustaf Alexander, and their associates. All of these men showed me much of their work. I also had the especial pleasure in Vienna of visiting my old professor and teacher, Jacob Hajek. He was much depressed because the socialistic political party had deprived him of many personal rights. He was compelled to live in very cramped quarters, whereas Neumann and Alexander were living in fine style. Why? Politics.

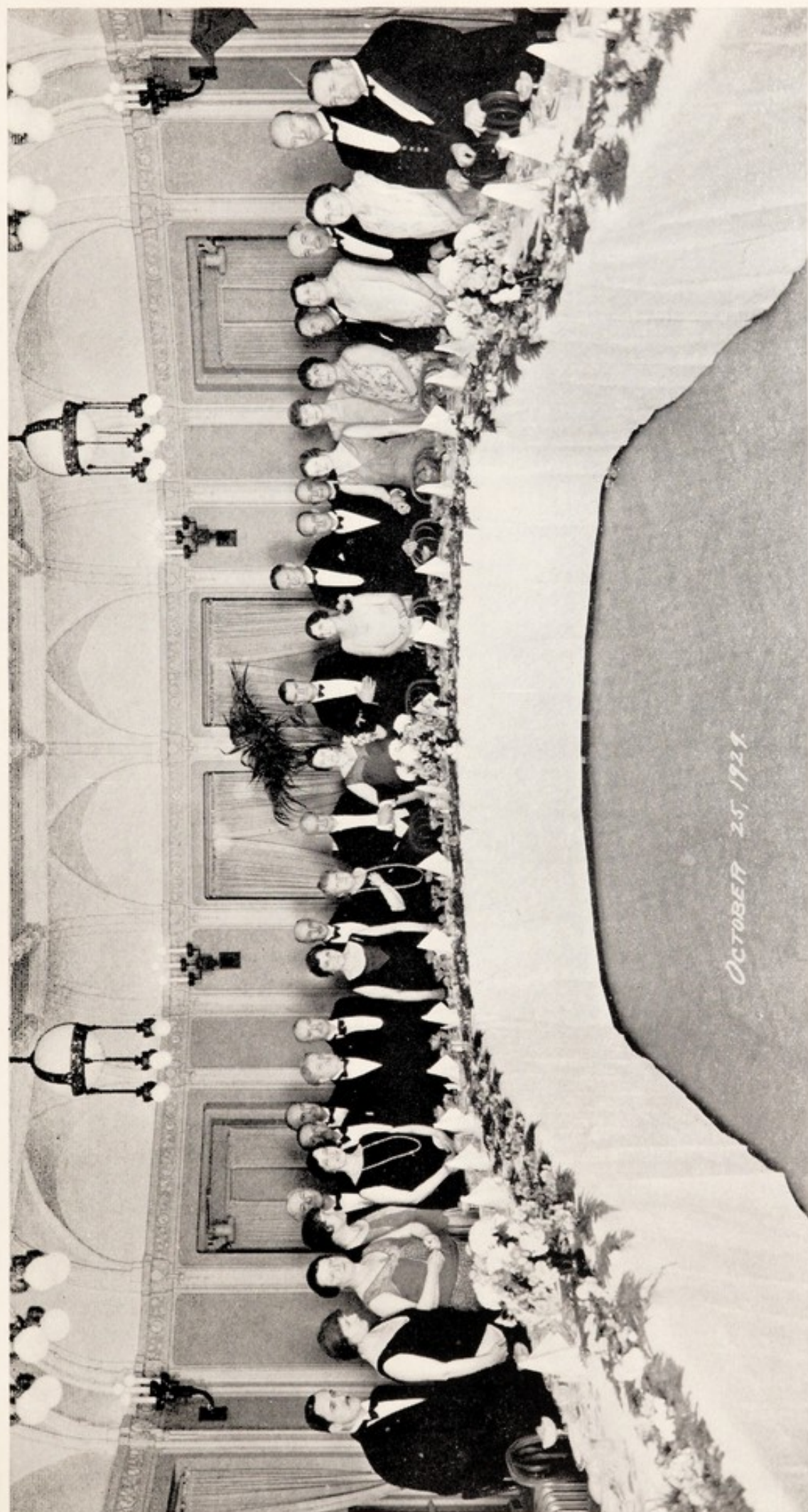
The next trip I wish to tell about is one to Central America. It was in company with the following otolaryngologists and their wives, also with other members of my family: Dr. and Mrs. Burt Shurly of Detroit; Dr. and Mrs. Woodson of Temple, Texas; Dr. and Mrs. Sedgewick of Denver; Dr. and Mrs. John Myers of Kansas City; Dr. and Mrs. Ross H. Skillern of Philadelphia; Dr. and Mrs. James Fisher of Asbury Park, New Jersey; Dr. and Mrs. William P. Wherry of Omaha, and their daughter Peggy, also Wherry's secretary and every-

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body's friend, Miss Claire McGovern; Dr. Robert Ridpath of Philadelphia, and Dr. Baseman, then of Wisconsin. This party was made up by Dr. Wherry as a post-Academy-meeting Carribean cruise.

We stopped first at Havana, where we were entertained by the physicians of that city—mostly otolaryngologists—and visited the medical centers and other places of interest. One of the outstanding things of medical note there was our glimpse of socialized medical practice. We visited the great club that gave each member for a very small fee, amusements and medical care not only for the member himself but also, at the same rate, for his family. The attending doctors received one hundred dollars a month for taking care of a definite number of people. Of course, each doctor was on duty only one or two months a year, so that all the doctors got a part of these fees. I am well acquainted with other methods of state medicine, such as those which exist in England and in Austria, but this seemed superior to them all. Little did I think then that we in the United States would so soon be as near that sort of thing as appears today. I hope that some kind of arrangement will be made to take care of our semi-indigents, but I hope we never get state medicine because I am convinced that our medical men would never progress under it.

From Havana we went to Cristobal, where we remained a couple of days. We lived on board the ship, which was a fruit liner of the United Fruit Company White Fleet. The cabins were very comfortable, and the food and steward service were excellent. We took the narrow gauge railroad trip along the great canal, seeing the wonderful locks working in fine precision. We called on the Governor of the Canal Zone, who happened to be a medical man, and were royally entertained by him and his family—probably due to the fact that Dr. Burt Shurly knew them personally. We went down to Panama City where we enjoyed walking on the street known as the "Fourth of July." Reaching our boat, we sailed for our destination—Port Lemon—where our boat would be loaded with bananas. It took two days and three nights to complete the loading job, and there was not much sleep to be got while it was going on. We had expected to leave the boat for a trip into the interior to visit the ancient city of San Jose, but rain and landslides the week before prevented us from making that trip.



OCTOBER 25, 1921

BANQUET PRECEDING POST-ACADEMY CARIBBEAN CRUISE



GIDEON MCDONALD VAN POOLE
The Author's Friend and Sponsor

MY TRAVELS

Instead, we went by train on an excursion to banana and coffee plantations, which we enjoyed very much. We saw something of medical interest on that trip, too.

There was on our train a man who had been bitten by a very poisonous snake while he was cutting down banana plants. He surely looked very ill. He had received an injection of serum on the spot and was on his way to the hospital at Port Lemon. Before we left, I visited the hospital and saw him, practically recovered.

I failed to mention that while at Panama City we visited the splendid experimental station where Dr. Clark was working on the preventive treatments of kala-azar, malaria, snakebite, and worm diseases of animals. We also visited the fine hospital in Balboa, where we saw the usual run of cases and a lot of Leishmanosis.

Then on to Havana, which seemed to us like coming back home. There we visited several night clubs and gambling houses where we had a great deal of trouble with our wives, who wanted to break the bank and nearly broke us.

Reaching New York after nineteen days away on a pleasure trip—alas, what did we find! We had heard very little news about the Wall Street crash, and I particularly remember the look on Ross Skillern's face when he found that he had sustained terrible losses. Personally, I had no such investments, but most of our party had, so our parting was a bit sad. (See picture facing page 112.)

Our next big trip, in 1931, was what I might call "Over Land and Sea to Hawaii." My wife's niece, Edythe, accompanied us, and the trip proved a great success from every point of view. We traveled to the coast by car, going over the southern route and stopping at Springfield, Illinois; St. Louis, Missouri; Cairo, Illinois; Hot Springs and Texarkana, Arkansas; Dallas and El Paso, Texas; Tucson, Arizona; El Centro, San Diego, and Los Angeles, California. We sailed on the steamer "Maui," which took six and one-half days to Honolulu. Taking our car with us gave us additional pleasure while on the Island. Our friends, Drs. Van Poole and Pinkerton, met us at the dock and saw that we were lodged in a comfortable cottage of the Royal Hawaiian Hotel. John Henry, as I call Dr. Van Poole, and I had been good

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friends for many years—since the days when he paid me visits at my clinic at the North Chicago Hospital. He is one of the seniors on the Island in otolaryngology as well as ophthalmology, and he is ever alert for new developments in his special field. I soon discovered that he works very hard—too hard. Yet I could readily see how this seemed necessary as he is so well liked by everyone on the Islands, enjoying the confidence of all his patients. His wife, Peggy, is a wonderful companion and inspiration to him, and she and my wife quickly became fast friends. (See picture facing page 113.)

I soon found myself occupied in the practice of these two specialists; they used me as their consultant daily, except Saturday and Sunday, for three hours in the forenoon. I enjoyed this work thoroughly; it kept my mind occupied and still left me plenty of time to visit and rest. I was also working on an atlas of malignancies. To that end, our niece, who was a good typist, assisted me. My visits to the other physicians, especially the otolaryngologists, were extremely interesting, as were the conferences held every Thursday morning at Queens Hospital. They were under the leadership of Dr. Larsen, an excellent medical man who was medical supervisor of that hospital. The morning it was my turn to present a paper I showed lantern slides of my tumor cases, which appeared to be appreciated.

We had planned to remain in Honolulu through the winter but I received an SOS from my partner that the bottom was dropping out of my home practice. Consequently, we decided to curtail our stay and return to Chicago. Since it would be hazardous to motor over the snowy mountains of the Santa Fe trail, we decided to sell our car to Dr. Larsen and to travel from California to Chicago by rail. This we did, stopping off only at the Grand Canyon.

Our next trip of importance was made to insure the recovery of my wife from a severe case of bronchopneumonia. This trip I sometimes speak of as "Chevyng through Florida," which means that we purchased a Chevrolet car and by slow stages, making plenty of stops for rest, we made a glorious motor tour to and through Florida. On the way, we stopped in Chattanooga at Hotel Lookout Mountain and visited the park with its many memorial art structures. In Jack-

MY TRAVELS

sonville we visited our doctor friends, Taylor and Boone, the latter of whom is one of my "boys." The thing there which we remember most is the alligator farm—I got some fine close-ups on a movie film, especially of those big jaws opening and suddenly snapping shut.

Then we went on to St. Augustine, where we stopped at the Ponce de Leon. After a tour through the old Spanish prison, we left for Daytona Beach and Miami. My wife was almost completely recovered by this time. We spent about a week at Miami Beach and on the mainland. Having our "Chevy" we were able to go to all kinds of places; Coral Gables, with its million-dollar swimming pool, was an outstanding sight. Then came a real tourist adventure—going from east to west by the Tami-ami Trail, a real wonder of road construction. The weather was perfect for enjoying the scenery of the Everglades. After spending the night and part of the next day at Fort Myers, the home of Thomas Edison, we went on to St. Petersburg, the haven of old folks. We had never seen so many old, so very old, people congregated in one place, and we noticed in amazement some of their peculiar habits as, for instance, looking through open windows into a dining room to see how people put their food into their mouths. Perfectly uncouth, and yet not so considered in St. Petersburg! After the concert in the park, we drove about the city and decided that while we were old we were not that old, and so we left for Tampa.

We crossed the marvelous bay on a fine bridge and drove on over splendid roads. In Tampa we visited the old Spanish part of the city, but enjoyed best of all our modern Hotel Floridian. We remained there a week, then found our way to Pensacola by way of Tallahassee. Here we visited our friends, the Heinbergs and the Lichkoffs. This visit was especially enjoyable, since I had the opportunity to mix business with pleasure, being in the office daily with these men, helping in diagnosis and treatment. I also had the pleasure of talking to the medical men at a meeting of their society, as well as at a get-together in their fine hospital. Besides, I met the chief of the Naval Air Force, but that I shall discuss when I talk about the army and navy. Another interesting thing here was a fishing trip which took us to the island formerly used for isolation of the immigration department contagious patients. Dr. Heinberg, being the temporary health department officer,

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took us to the island on a government yacht. There we were served a most wonderful fish mess by the government cook.

We returned to Chicago by way of New Orleans, where we visited the Lynches and Weils—and Memphis, where we visited the Levys and Sheas. Then came the long home stretch. In the city of Decatur we were stopped by a sudden change of temperature—a drop of about thirty degrees. When we awoke in the morning to get an early start for Chicago we found ourselves snowed in by one of the heaviest March blizzards we had ever seen. We had to leave our car there and take a much belated train that crept to Chicago in about eight hours instead of four. In the city we found every means of conveyance tied up—no cars or cabs were available; only a truck was to be hired. And in this unusual way finally ended our interesting experience of “Chevy-ing through Florida.”

One of the longest tours in the United States that my wife and I have made may be described as “From Coast to Coast with the American Board of Examiners.” Starting from our home, which was then at the Palmer House, we left with a small number of the board. We went first to Omaha, where we were met by Dr. Wherry and whisked to his home for the day; then west again to Cheyenne, our second stop. There we were met by a doctors’ committee, and Mrs. Beck and I were assigned to a namesake otologist’s home. Dr. and Mrs. Beck were very kind indeed. I noticed that Dr. Beck was limping and carried a cane. He was so friendly I felt free to ask him, while we were driving over the mountain roads, if he had been injured lately. He replied, “Not lately, but about twenty years ago. It was while doing a paracentesis of an eardrum in a very septically sick child. The child turned its head sharply, causing the instrument to fall out of my hand. The knife hit my leg and the point dug into the flesh.” Dr. Beck told me that following this, he had a much swollen leg (septic phlebitis) which necessitated a very high amputation, in order to save his life. At the time I saw him he was wearing an artificial leg and driving the car with it. That was some accident!

After a chicken dinner at a mountain resort, we went to our special car and were picked up by the fast express for our next stop, the fol-

MY TRAVELS

lowing day, at Salt Lake City. Here we were met by some local otolaryngological celebrities, but left after only one hour's stay, promising to stop for a longer time on our way home. The following morning we were met at the Los Angeles station by a committee of doctors—Chester, Bowers, McKenzie, Brown and several others. I had forgotten to say that enroute we were joined by Drs. Coates, Carmody, and some others of the Board.

The stay in Los Angeles was a complete success, both from a social standpoint and by reason of the examinations which we had come for at the Los Angeles General Hospital. Here we met Dr. Hasslinger of Vienna, who was conducting some special courses for otolaryngologists. The examinations were trying, since we had a large number of men to be examined in pathology. I had to have Dr. Nelson of Oakland help me since neither Schall nor McGregor came West. We all worked very hard, but after it was over we had a fine time at the dinner of the Board. Leaving Los Angeles for the East we again had our compartments in a special car. We returned by way of Salt Lake City where Drs. Stauffer and McHugh did the honors during our three-hour stay. Our next stop was made at Denver, where the local men outdid themselves in making our day's stay a happy one. Most of the men went out to play golf. I visited some of my friends, including Dr. Levy, an old pal of mine.

After a fine dinner given by the Denver doctors and their wives we went on to Kansas City. Here we were met by Dr. John Myers and his gang of otolaryngologists, who put us into buses and showed us the places of interest of the city. (To me it was of double interest because that city was the first big place I had visited as a boy, after coming to America. For Kansas City is only forty miles from Holden, Missouri, the town to which I came from old Bohemia.) The crowd finally wound up at Sam Robert's Castle, which he called his home. It was a wonderful place built in a park. The evening was a delightful one. Professional singing of negro spirituals and some fine singing by one of our Kansas City otolaryngologists, Dr. Teale, added to our enjoyment. But the great treat was the outdoor meal of fine steaks prepared on the barbecue by Sam Roberts, personally.

We left Kansas City for St. Louis, Missouri, where we attended the

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annual meeting of the Triological and American Broncho-Esophagological Societies. After three days we pushed off for Philadelphia to hold the second American Board examination of the trip. This was held in connection with the annual A.M.A. meeting. We of the Board worked very hard at Temple University, where the examinations were to be held, to get ready for an early start. Again a hard day's work, accomplishing in one day what we now do in two. We completed the work that night in order to be ready to leave for Atlantic City where the American Laryngological Association was to hold its meeting. This was at the Shelbourne, and we surely enjoyed a fine meeting and a splendid program. And the daily strolls on those wonderful boardwalks were worth coming to from anywhere.

At the conclusion of that meeting we made our last stand at the American Otological Society meeting, held that year at Briargate, New York. Trennie and I, however, went to our old hangout, the Hotel Commodore in the city itself, where we always felt so much at home. During this meeting I devoted more time to the social side of things than to the scientific, but I do want to mention two papers and demonstrations that were of especial scientific interest. First, the work done—experimental as well as surgical—by Sir Ballance and Dr. Duell on facial nerve paralysis; and second, the paper by Dr. Samuel Crow on the cat experiment of Weaver-Bray who made sounds pass through tissue by mass transmission from a loud speaker in one room, through the auditory nerves of a living cat, by means of electrically conducting force, into another room where the sounds were received and heard. As soon as the cat was dead, so was the transmission of the sound. I consider both these contributions of great value.

Leaving New York City, my wife and I stopped to visit a patient, as planned beforehand, at his home at Bemus Point, New York, one of the millionaire show places on Lake Chautauqua. We remained overnight as I wished to make a thorough examination of the patient's throat. He had a highly radio-sensitive tumor at the base of his tongue, which we had been treating by means of radium. It had disappeared completely, following repeated insertions of radon seeds. It looked as though we had accomplished a cure and when, after the examination, I told the family that the growth had completely disappeared, everyone

MY TRAVELS

was very happy. Seven months later, however, the situation was different, for the growth not only came back, but with such vehemence and with such severe hemorrhages that they could not be controlled. The patient expired from starvation, dehydration, exhaustion, and sepsis. Everything was done that medical science was capable of doing, such as transfusion, ligation of vessels, and cautery, but to no avail.

Leaving Bemus Point we reached Chicago without incident, after our very full and interesting coast-to-coast trip.

"Barnstorming" with one of my associates is the next traveling venture that I shall briefly describe. About eight years ago I came to realize that the time might not be far off when I would not be able to do so much work, either in surgery or in taking part in so many scientific programs. Consequently, I began to accept lecture invitations on the condition that one of my associates would be featured with me on the program. In fact, I made him do the greater amount of talking and demonstrating since he could do it to my satisfaction and to that of the members attending. In Lafayette, Indiana, we presented "Plastic and Reconstructive Surgery about the Head and Neck," and "Tumors about the Head and Neck." Both these presentations were accompanied by very complete demonstrations by means of lantern slides and moving pictures. In Bay City, Michigan, we gave the same program. In Roanoke, Virginia, we gave a two-day course in "Malignancies about the Nose, Pharynx, Larynx, and Ears." This was in connection with a course that Dr. Gill puts on every year. In New York City, at the Laryngologic Section of the New York Academy of Medicine, we presented the subject, "Malignancies of the Larynx," with special emphasis on laryngectomies. In St. Louis, in connection with the Interstate Medical Congress the subject was "Surgery (especially electrosurgery) versus Irradiation by X-ray and Radium in Malignancies about the Nose and Throat." In Rockford, Illinois, "Extrinsic Carcinoma of the Larynx, with Glands," was the subject. From these few activities—and I am sure there were others—one will see that there were two principal subjects selected: Plastic Surgery, and Malignancies about the Head and Neck. It has always been my greatest ambition to cure and relieve patients afflicted with cancer.

MY BASIC INFORMATION

The diagram on the following pages, and the outline accompanying it, were made with one thing in mind: to show the reader what I considered for myself a fairly well-rounded education with the least amount of schooling. It is not my notion that this is superior to the present-day method of education, but since I did not have the opportunity to attend school up to the time I entered medical school I thought it might be of some interest to my friends to know how I prepared myself. This outline also shows the non-medical subjects in which I have been particularly interested all of my adult life.

The anatomic, combination male-and-female chart, which is purely schematic, shows one hundred structures and aims to demonstrate the important ones that make for a human existence. Not that this is at all the exact number, nor anatomically correct as one finds it in the textbooks, but one hundred is an easy number to remember. The same is true of the outline of one hundred subjects, many of which I have briefly reviewed. It is true that I have not mastered every subject mentioned, but if the reader will do me the honor to examine what I have written, both in scientific medical articles and in semi-medical and non-medical ones, he will find that I have had a fair degree of experience with most of them.

And now I shall briefly address myself to the diagram "My Basic Information" or, as I would like to entitle it, "Numerologically—The Best One in a Hundred." This applies not only to the front and back view of the *homo* but to the outline of the one hundred subjects as well. My thought is that, since there are certain parts of the body that

MY BASIC INFORMATION

play a greater role in the physiology than others, I would arrange them in numerical fashion from one to one hundred and subdivide them into groups, indicated by distinct black-and-white patterns. In each group there is one which I believe is more important to our body economy than the others and which I therefore wish to designate as a *superior structure*. In the voluntary and involuntary muscle group, for example, the *heart* is the superior. In the glands, the *thyroid* is the superior, and so down the line. In the bones, the *skull* is the superior; in the nerve structure the *medulla oblongata*; in the internal organs, the *liver*. In the vascular system I think of the *aorta* as the superior, while of the special sense organs I believe the *eye* is the superior. The other three are all by themselves: *stomach, intestines, lungs*. Each by itself is a superior.

Of course, my minimum of one hundred structures is so small that perhaps every one of them should be designated as indispensable or superior. However, what I am after is to find that one among all, or at least the one in the hundred, which I want to designate as the *supreme*.

In order to find that one and see that the whole of the one hundred—but especially the big ten of the superiors—agree, I like to imagine a debate among these, letting the remaining ninety structures vote to decide by majority which of them all is the *supreme*.

On the third ballot the vote is unanimous for the *heart*. Thus we have designated for us the supreme structure—the heart. Not only is the heart important from the physical standpoint, but, in the realm of the poet, too, it is often spoken of as the most important. The pastor of the Chicago Peoples Church, Preston Bradley, often refers in his prayers to the “Heart of Love” when he means God in the Highest. “God of the Physical” is to me the most appropriate definition of the heart. Personally, I have been heart conscious for more than forty years because of being afflicted with an irregular heartbeat which the doctors call extrasystolic with fibrillations. I have worshiped at this deity, hoping that the end will come to me quickly by way of a heart attack.

And now as to the outline of the one hundred subjects of human interest. In each group of five the first mentioned is also called *superior*.

MY BASIC

CLASSIFICATION OF THE

1A. SCIENCE

Medical science
Biology
Physics
Chemistry
Electricity

B. ARTS

Painting
Sculpture
Literature
Poetry
Medical art

3A. MANUFACTURING

Steel etc.
Clothing
Flour
Coal products, oil, gas
Celluloids

4A. EDUCATION

Elementary (public school)
High school
College preparatory
College professional
Self education

5A. LAW

Criminal
Civilian
Corporation
International
Unwritten

6A. POLITICS

Republican
Democrat
Socialist
Independent
Communist,
Farm Labor, etc.

7A. FARMING

Grain
Livestock
Truck & vegetable
Fruit
Cotton, hay, etc.

8A. BUILDING

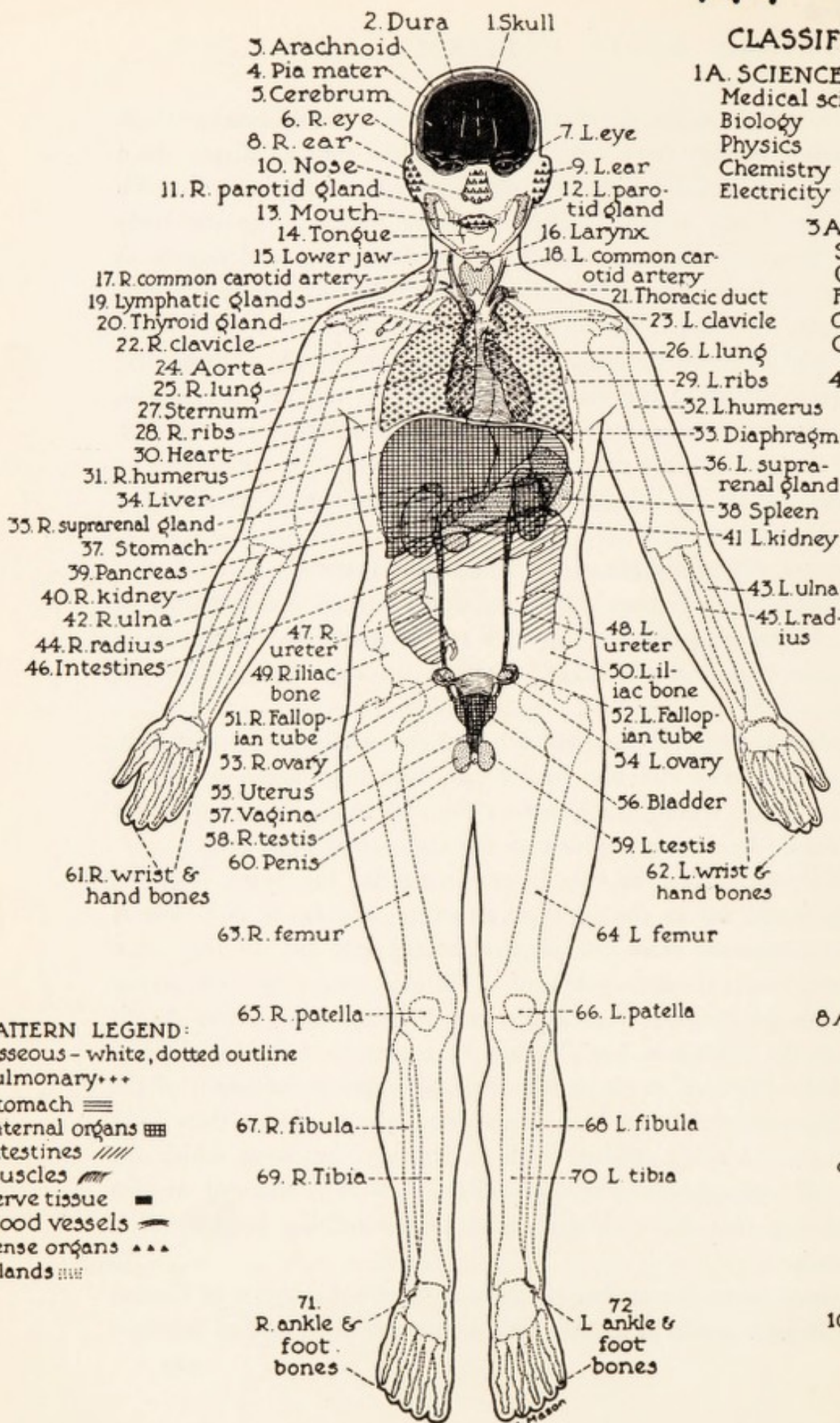
Homes
Factories
Stores
Roads (concrete, etc.)
School, univ. & public bldg.

9A. ARMY

Air force
Infantry
Cavalry
Tanks
Gas

10A. SPORTS

Baseball
Football
Golf
Fistic arena
Basketball or track



INFORMATION

PAIRS OF SUBJECTS

2A. RELIGION

Protestantism
Catholicism
Judaism
Atheism
Rationalism

B. PHILOSOPHY

Albert Einsteinism
John Deweyism
Will Durantism
Bertram Russellism
Robert A. Millikanism

3B. BUSINESS

Department stores
Chain stores
Small business stores
Wholesale (big) business
Govt control

4B. ECONOMICS

Bank
Insurance
Stock markets
Realties
Hoarding

5B. ORDER

Police
Military
Secret service
Publicity
Parental

6B. PRESS

Newspapers
Journals & magazines
Books
Mail
Handbills, window-
signs, billboards

7B. LABOR

Common labor
Skilled labor
Organized labor
Independent labor
Govt-controlled labor

8B. TRANSPORTATION

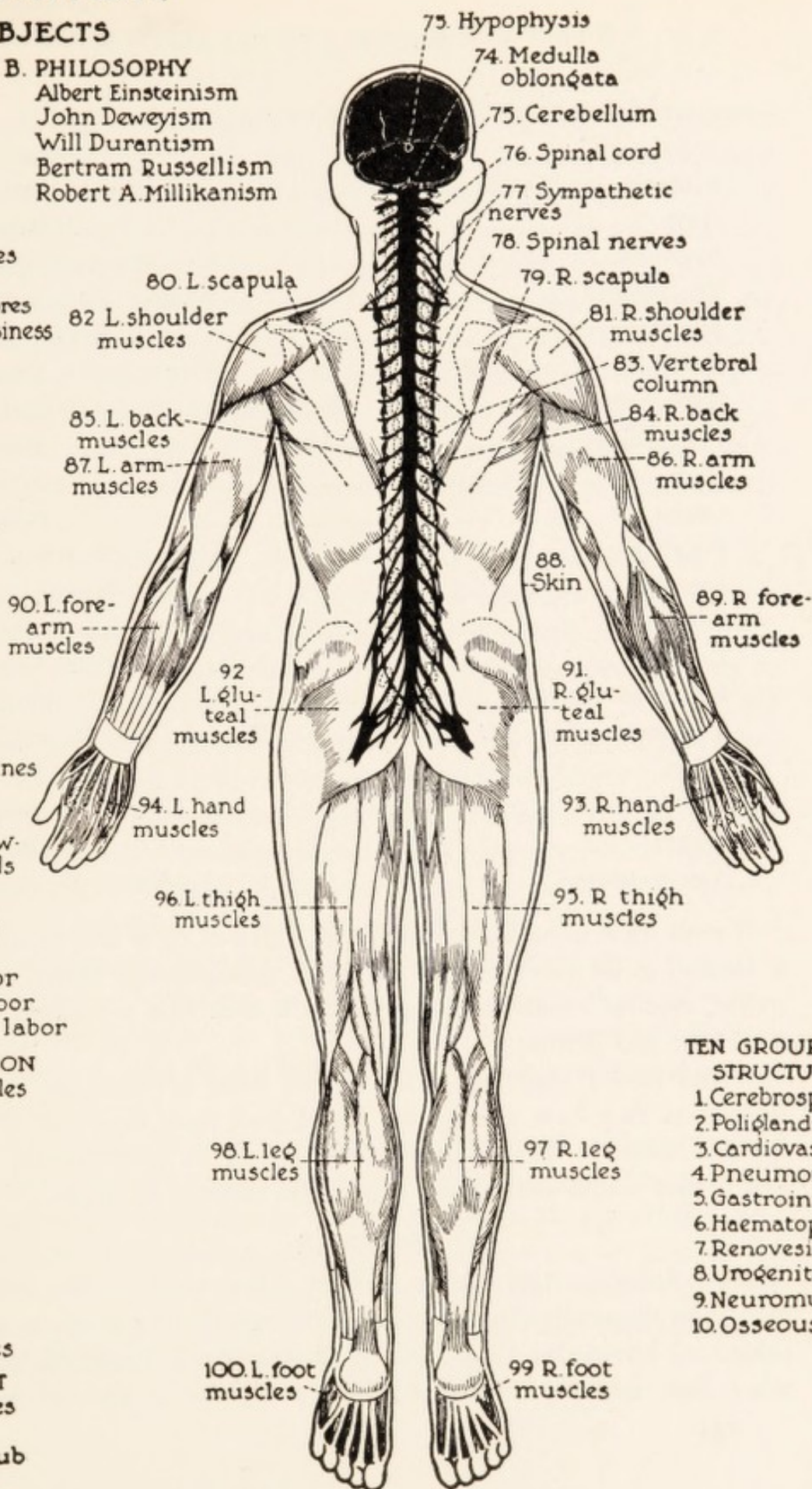
Walking & bicycles
Auto
Railroad
Water
Air

9B. NAVY

Ships
Submarine
Air force
Marines
Explosive mines

10B. AMUSEMENT

Motion pictures
Radio
Social, home, club
Night clubs
Legitimate stage



TEN GROUPS OF STRUCTURES

1. Cerebrospinal
2. Polyglandular
3. Cardiovascular
4. Pneumonic
5. Gastrointestinal
6. Haematopoietic
7. Renovesicular
8. Urogenital
9. Neuromuscular
10. Osseous

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Consequently, we have the following twenty superiors:

<i>Subject</i>	<i>Superior</i>
SCIENCE	MEDICAL SCIENCE
ARTS	PAINTING
RELIGION	PROTESTANTISM
PHILOSOPHY	ALBERT EINSTEINISM
MANUFACTURING	STEEL, ETC.
BUSINESS	DEPARTMENT STORES
EDUCATION	ELEMENTARY (PUBLIC) SCHOOL
ECONOMICS	BANKS
LAW	CRIMINAL
ORDER	POLICE
POLITICS	REPUBLICAN
PRESS	NEWSPAPERS
FARMING	GRAIN
LABOR	COMMON LABOR
BUILDING	HOMES
TRANSPORTATION	WALKING AND BICYCLING
ARMY	AIR FORCE
NAVY	SHIPS
SPORTS	BASEBALL
AMUSEMENTS	MOTION PICTURES

I shall want to be the sole judge of which of these twenty superiors is entitled to be matched with the *homo supreme*—the Heart. It is, of course, *medical science*, and that makes it clear that my material gods are Heart and Science.

And now I shall talk a little about some of these one hundred subjects as they have affected my life. I shall limit myself to them as I found them in these United States, mostly in contemporary times, and as they would interest and engage the majority of people.

SCIENCE

Medical Science. Apart from Medical Arts, which is the subject I have most frequently discussed in my writings, there is to me no greater subject of knowledge than Medical Science. As a matter of fact, the other four sciences enumerated here really are a part of Medical

MY BASIC INFORMATION

Science. In pre-medical education a great deal of time is devoted to *biology*, there termed comparative anatomy. At the time of my medical training the frog served as the standard animal for study. But much more fascinating is the development from the union of the male and female sperms to the ovum, then on to the mature man. Still more fascinating is the study and analysis from the amoeba on through the whole kingdom of living things. How well do I recall my first reading the works of Darwin, Tyndall, Haeckel, and Huxley. No novel ever written fascinated me as these great scientists' writings did. More recently there was a book which I would place in this class and which I read over and over again—Professor Pupin's *From Emigrant to Inventor*.

Physics. While attending medical school I was compelled to study and pass an examination in this subject for entrance into medicine. Having been denied the study of physics in high school I was much more receptive to it and I found it very interesting. How startling to me was the law of gravity as discovered by Sir Isaac Newton, the Avogadro Law, and the rest of them! How clearly I recall that space left for what later came to be the element, radium!

Chemistry. The first contact I had with chemistry was in medical school. We had two teachers, Wessner and Galloway, who were also my classmates. The great thrill was to analyze about ten unknown chemicals contained in a small box of crystals. In the more advanced classes I enjoyed physiologic chemistry and pharmacological laboratory work. At present, chemistry has reached such heights that one is very little surprised at reports of progress. The radio programs of DuPont called "Better Living Through Chemistry," I find very interesting and educational.

Electricity. Many of Edison's inventions have been perfected during my lifetime, including the incandescent light which has become one of his greatest contributions to human happiness. In my lifetime, too, Marconi won his place as one of the immortals when he gave us the radio. As a physician and surgeon I have had considerable experience with electricity, and I believe its most convincing value comes from the use of diathermia, both surgical and non-surgical.

FIFTY YEARS IN MEDICINE

ARTS

Paintings have always intrigued me, and in my travels I have taken great delight in visiting galleries to admire pictures. I am partial to portraits, especially those of rich coloring. I am no judge of great art, but I know what I like. Groups of people depicting certain historical happenings fascinate me. Next to paintings of people, I like those of animals, and then landscapes. In Chicago, our Art Institute is glorious; I am only sorry not to have taken more time to visit it oftener.

Sculpture, too, is magnificent. In my travels I have also seen great examples of this art, particularly in the Louvre in Paris, the Zwinger in Dresden, the Corcoran Gallery in Washington, and the Vatican in Rome.

Literature is one of the greatest of liberal arts and one that makes life worth living. As I look back to my early days of reading, I remember that I enjoyed best reading novels. As soon as I learned to read English I got hold of a copy of *Gulliver's Travels* and I think I read it at least six times. Then I became interested in detective stories, but as I approached my medical career I limited my reading to medical subjects. Scientific books took much of my time, and what fun I had trying to understand those giants—Darwin, Tyndall, Haeckel, and Huxley.

I began reading Shakespeare when I started going to the theater, each time reading the play before I saw it on the stage. I think I can truthfully say that I saw and read every play by William Shakespeare that has been staged, besides many of the others. German literature has always been a great treat for me, especially such standard works as those of Lessing, Schiller, Goethe, and Grillparzer. Translations from the French of Balzac occupy a large place in my bookcase, and I often pull out a volume and read a few pages of this great writer. I also enjoy my fine set of the *Secret Memoirs of Foreign Courts*, as well as my Spencer, Stevenson, Thackeray, and Longfellow sets. The contemporary novels that are constantly appearing make much conversation, but I want to make a confession—I don't remember having finished reading a single one of them! When *Anthony Adverse* and *Gone with the Wind* were given to the reading public I said that here were two novels I would finish reading but, alas, I failed.

MY BASIC INFORMATION

Ever since Dr. Preston Bradley founded the Book Review of the Peoples Church, I have become much more interested in current books. While I attend very few of these reviews I do receive a mimeographed copy of each. These I read, thus keeping up in a small way with modern literature. Magazines and journals also make up a great body of literature; in fact, so much is being printed that it is impossible to cover any great part of it. *Esquire* and the *Readers Digest* are about the only general magazines I manage to find time for. Naturally, my reading of medical journals and transactions is no small matter, but I shall have more to say of that elsewhere.

Poetry is an art of which I don't possess much understanding, although I like to listen to a fine poem well read. I also like rhymes and have even done some rhyming myself. Since belonging to the Peoples Church and so frequently attending its services, I have found great pleasure in listening to Preston Bradley's reading of one or more poems preceding his sermon. Another kind of poem I like is the dramatic poem which is acted out, either by a combination of reader and dancer, or done in song as in some parts of the opera. And finally, there are those "racy" verses, as Shakespeare's "She on Her Back and He on Her Belly," that have a strange fascination for me. I have made quite a collection of limericks and rhymes in medical language—these I am sure will never be published. I have often wondered why medical men, who are or should be exemplary individuals, almost to a man like this type of thing!

Medical Art is very different from Medical Science. As a matter of fact, the success of a practitioner really depends on this art. The manner of approaching a patient, the obtaining of history, the explaining of the pathologic changes, the diagnosis and treatment of individuals, and the ability to converse with persons in different stations of life or of various nationalities is a great art. In the old days I often marveled at the way most general practitioners employed this art, especially their manner with a very sick patient and when meeting the family of the patient when the prognosis became very grave.

In the performance of surgery the arts play a large part. Especially is this true in the so-called esthetic plastic and reconstructive surgery. And finally, one finds many physicians who possess the artistic ability

FIFTY YEARS IN MEDICINE

to sing or play, paint or model, woodcarve or photograph. Of all these arts, photography is the only one to which I can lay the least claim and I must admit that my work in that field is not at all good.

RELIGION

Protestantism is the most representative group in the United States, made up as it is of many sects. I have been in churches of most of these sects and admired much of the service that is given to the people. Surely they have the spirit of the good, the true, and the beautiful. In all of them God is supreme and Jesus Christ is the one to whom obeisance is given. Yet I must say that for myself they did not satisfy, because they were neither liberal enough nor rational enough for me.

Catholicism is the next largest religion in this country. Ever since my childhood days I have been very closely associated with Catholics. In Bohemia, where I was born and lived my early years, I knew only two kinds of religion: that of the Jew, and that of the Catholic. And when, at the age of fourteen, I came to the United States to the small town of Holden, Missouri, I was entered in a school that was conducted by Catholic Sisters. I shall always cherish the memory of being taught by the Sisters, who were most kind and patient with me. The services in a Catholic Church were difficult for me because most of what was said was in Latin and I did not understand it. However, the ceremonies and regalia always inspired me. The images of the saints, especially those of the Holy Family, and the pictures of the Last Supper, the Crucifixion, and Jesus shown in so many artistic productions, made a marked impression on me as they must do on anyone.

Judaism. Born into it, I should be very enthusiastic about it, especially since it was impressed upon me as soon as I was old enough to learn to read Hebrew. My grandfather, with whom I lived, was a top Rabbi (*Ober-Rabiner*) and insisted upon my reading the Bible in Hebrew when I was only eight years old, translating it into German. Every time I made a mistake I received a sharp blow on some part of my body. I became so thoroughly averse to this method of teaching that I began to hate the man as well as the book. I grew up among Jewish people more or less orthodox, until my thirteenth year when I was to be con-

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firmed (*Bar-Mitzvo*). But at the last moment, in the presence of the old Jewish patriarchs, I refused, and so disgraced my grandfather. But I could not conscientiously promise what was asked of me as a Jew.

Coming to the United States, I found that there were two distinct types of Jews: the Orthodox and the Reformed. I thought I could attend the Reformed Congregation, but it never came to pass, because in the small town where I lived there was none. However, when I came to Chicago, I found myself attending one of these Reformed Temples occasionally. When I began to study medicine I visited the liberal lecture platforms and in due time I became affiliated with the Ethical Culture Society which I have already mentioned. My first marriage was into a somewhat orthodox Jewish family, but I was never compelled or even urged to attend the Temple. Furthermore, my three children never did become confirmed to the Jewish faith. They all became liberals.

As time progressed, I noted in my practice of medicine a constant increase in the Jewish patients, especially of the Polish and Russian types. When I began my practice I had had mostly non-Jewish patients and those who were Jewish were Austrians, coming from Bohemia and Hungary. There was also a noticeable change in our North Chicago Hospital. When we had started, most of the doctors were non-Jewish Yankees, but gradually one Polish or Russian Jew after another came in. There was nothing wrong with them, but somehow they did not seem to fit into our way of social thinking. My brothers and I had been connected with the St. Joseph's Hospital and the Columbus Hospital, as well as with the German and German-American hospitals where we seldom met any of the Jewish doctors. As I advanced in my specialty and became known outside of Chicago, I had many patients referred to me, the majority of whom were non-Jewish.

The organization which I built up was made up of four assistants of whom only one was a Jew. As time went on, that same ratio prevailed until the time of the Great War—1914—when the Jewish boys increased, especially those of Polish parentage. Concurrently, the local practice was increasing in Polish and Russian Jews. When in 1928, the North Chicago Hospital broke up, I joined the staff of the Michael Reese Hospital which had, and still has on its staff very few Polish or Russian doctors. Neither are there many Polish or Russian patients,

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there being another Jewish hospital in Chicago, the Mt. Sinai Hospital, where staff and patients are almost exclusively Polish, Russian and Rumanian Jews. Gradually my assistants, as well as my patients, came to be of the Polish and Russian types, so that I decided it would be advantageous to join the staff of the Mt. Sinai Hospital.

One important statement I should make here is that my second marriage was not to a Jewess, but to a liberal-thinking American woman of Swedish parentage.

Now as to the Jewish question in America in its relation to the rest of the world: that we have prejudices as to the minorities, especially the Jews, there is no denying. How much religion has to do with these prejudices is hard to say. Personally, I believe the economic situation is responsible. As Sinclair Lewis said in the title of his book, *It Can't Happen Here*, and I thoroughly agree with him, as long as we have our Constitution and its Bill of Rights, which make the foundation of our democracy. Yet in spite of these safeguards to liberty, anti-Semitism, anti-Catholicism, and anti-color do exist and are making themselves felt more and more in business. I have no quarrel with anyone who does not wish to associate socially with some individual or group, but when prejudice appears, causing a boycott, then I think it is un-American and that something should be done about it.

Atheism. There are many liberals classified as rationalists who in reality are atheists. Most of these liberals do not like to put on paper or even state that they are atheists, because atheists are often mistaken for agnostics, or unbelievers. I am sorry for the individual who is an agnostic. The clearly defined atheists are, I believe, very rare, and should make easy conversion material to a theist, but not necessarily to a deist, who must follow some definite dogmas. I am furthermore convinced that most atheists do have some form of religion. It is not my purpose to enter into any dissertation on the subject of religion. However, I am sure that almost everyone has his religion.

Rationalism. To define Rationalism as a religion is perhaps not correct, because I believe that in all the religions mentioned rationalism is present. Yet I am referring to a movement that is in itself known as Rationalism. I received my information and teaching on this subject from Dr. M. M. Mangassarian, at that time (the early years of this

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century) of Chicago, but now of Los Angeles. It was he who organized a society known as the Independent Religious Society of Chicago. I became one of its ardent supporters and seldom missed a Sunday lecture by Mangassarian. I was always accompanied by my three brothers, and our post-lecture arguments over the teacups were always very spirited. The many lectures that Mangassarian delivered were surely of unusual educational value. He would choose great men of both the past and present and, being a real teacher, would draw a lesson for all his listeners from such presentations. I recall lectures on Shakespeare, Emerson, Lincoln, Garibaldi, Thomas Paine, Ingersoll, Bruno, Mark Twain, Washington, Jefferson, Hamilton, Goethe, Schiller, Robert Burns, Dickens, Tolstoy, Darwin, Nobel, Spencer, Thackeray, Longfellow, Theodore Roosevelt, Napoleon, and many others.

When Mangassarian went to live in California, I was left without an affiliation of any kind. After about three years my future wife, Miss Trendell, and I began attending the services of the Peoples Church which was, and still is, under the leadership of Dr. Preston Bradley. He is a very liberal man in his religious views, and I soon found he was nearer being a rationalist than any leader I had met since Dr. Mangassarian. Neither sect nor color is at any time discriminated against in the Peoples Church. I like Dr. Bradley's views as expressed in his sermons, lectures, book reviews, and radio talks. Such earnestness as his is seldom met with, yet many of his talks at banquets and other such places are full of humor and most refreshing. To know him personally is a great privilege and I have gained much from him along the line of rational thinking in religious matters. I am happy to possess most of his lectures and reviews. I have also been fortunate in the formation of many friendships with members of the Peoples Church. In this connection I should like to mention our friendship with the president of the Board of Trustees and his wife, Mr. and Mrs. Walter Hermsdorf, who have become our dearest friends. They are such splendid rationalists!

PHILOSOPHY

Will Durantism. In 1931 there appeared a publication entitled *Living Philosophies*. Four out of the five philosophers whom I have chosen to

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mention here were included among the twenty-odd men named in that book. Will Durant was not mentioned, yet to me he is one of the outstanding modern philosophers. My personal contact with him at the Peoples Church Forum, although brief, was most satisfying. The simplicity of his philosophy of life as he expressed it appealed strongly to me. His book, *The Story of Philosophy*, published in 1926, is one of the finest compilations of the sort that I know of.

Albert Einsteinism. I am taking the liberty of calling him and his ideas an *ism*, a liberty which I am also taking with the other four philosophers I have chosen to speak of here. To read about Albert Einstein is fine, to hear him lecture in German and English must be a still greater pleasure to many, but to me both reading and hearing him were most difficult because I did not possess education enough to understand him. I can, however, speak with a great deal of satisfaction of talking with the great Einstein on several different occasions. At these more informal times one can better appreciate the philosopher who is so calm, self-possessed, and clear thinking.

Not long after the World War, Einstein came to the United States and I heard him lecture at the University of Chicago on his theory of relativity. He spoke in German, and I did not understand what he was talking about. It was thrilling to see the great turn-out of students, professors, and others. During that visit it became my great pleasure and privilege to meet Dr. Einstein. The one thing I especially remembered his saying was that there would have to be some place in Europe—and he thought in Palestine (although he did not talk like a Zionist)—where Jewish students could go, since he felt there would be increasing restrictions on their attending European universities. How true that statement has become!

I next met Dr. Einstein several years later at a mountain resort hotel in Japan, where I was touring with my daughter. We were together one whole evening and a good part of the next day. I shall never forget some of the remarks he made regarding life, especially his statement, "We live so that others may live."

The next time I met Dr. Einstein was after he had left Germany for good. He came to Chicago, and his friends gave him and his wife

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a breakfast at the Standard Club and heard the real first-hand story of what has proved to be the greatest persecution of the Jews in recent times. How happy we all feel that this great man is now living in these United States at Princeton, New Jersey, where I am hopeful of visiting him on my next trip East.

John Deweyism. I met this great man in 1895, following a lecture on "Education and Democracy" at the University of Chicago. I thought then how fortunate the men and women at this university were who had Dewey as a professor. "Education and Democracy" appeared later (1913) in book form. On reading it I again became enamoured with the character of the man. Later, when reading Will Durant's review of the Dewey work, I was most gratified to find that his views coincided with mine. How can anyone do without having John Deweyism in his blood, or better say in his brain!

Bertram Russellism. Here, too, I had only a few moments of personal conversation with the man after his lecture before the Forum at the Men's Club of the Peoples Church. In choosing Russell, as well as Einstein, I have varied from my purpose to limit myself to men of contemporary age in the United States, since Einstein was German-born and Russell was born of English parents. Yet Russell has spent so much time in this country that his foreign birth may be well overlooked. His experiences in England, India, China, and Russia are of great value and his writings contain much that is worth while.

Robert A. Millikenism. My acquaintance with this scientist and his philosophy is one of my most precious memories. In *Living Philosophies*, Milliken's views on religion and science are thoroughly and clearly elucidated. What interested me especially was the knowledge of his friendship with Albert Einstein. My hearing Milliken at the Chicago Orchestra Hall on his last public appearance was a great privilege. It is conceded that Nobel prize winners are outstanding individuals. Milliken, however, especially merited receiving that prize for he is not just an outstanding individual but a great man.

MANUFACTURING

One may wonder what connection manufacturing has with medical practice but as I stated earlier, it is my belief that no well-rounded

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medical education should stop with the mere knowledge of the technicalities in that field.

Steel, etc. A common statement is "as steel goes so goes the market," and when one considers the many ways in which steel is employed one can readily understand why such a slogan has come to be so universally believed. I have had the pleasure of visiting two great steel plants—in Bethlehem, Pennsylvania, and Gary, Indiana—where I enjoyed the explanations of expert guides regarding the most interesting processes in the production of steel.

Clothing. In the manufacturing of clothing I have had personal experience, for I was employed in a men's clothing factory when I was only twenty years of age. I had had a fairly good knowledge of the clothing trade, having served as an apprentice in my uncle's retail store in the small town of Holden, Missouri. My brothers, Rudolph and Emil, were employed in the same firm, the Kuh, Nathan, and Fischer Company, which, by the way, is still in existence.

Flour. "The mills of the gods grind slowly, but they grind exceedingly well." My first impression of a flour mill in this country was gained from the one located in Holden. As a boy I used to love to watch the miller grind the various grains for flour—wheat, rye, corn, etc.

Coal, Oil, and Gas. This combination of substances can well be considered as one. Coal mines are a favorite sport of mine, especially in the past ten years or so, since I came into a family of coal miners in and near Springfield, Illinois. My wife's nephew, who is connected with a coal mine, has taken me down in one of the Peabody mines and explained to me everything in the modern production of coal. Homer, being a mine boss, loves to tell about all kinds of coal mines, and we have a grand time talking of soft and hard coal mines, charcoal and coke.

Oil, of course, came into its own when automobiling began. On a weekend spent at an oil camp in Beaumont, Texas, I surely learned a lot about the drilling and pumping, refining and consuming of oil and gas.

Celluloids. While this product has long been known commercially, it was first used in a small way—for buttons, combs, and collars, all of which I sold while working in my uncle's store in Holden. The cel-

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luloid collars I wore personally! But the great increase in the production of celluloid began when the moving-picture industry started and celluloid films were used. Soon photographic plates were made of celluloid instead of glass. In X-ray work celluloid was substituted for glass for diagnostic pictures. And the final glory came to celluloid when DuPont developed the cellophane products.

BUSINESS

Department Stores. I well remember Etters Store in our little town of Holden many years ago. It had everything except drugs and liquors, these being omitted because a special legal license was required! I was employed in a department store in Chicago before I thought of taking up medicine. It was known as "The Leader," and Dernberg, Gluck, and Horner were the owners. My first job was to sell home furnishings, then all-wool undershirts, and yard goods.

Chain Stores. Beyond enjoying strolling through the big Woolworth and Kresge stores and observing the people shopping there, as well as the multitude of objects of all kinds for sale, I have had no personal connection with these.

Small Business Stores. The backbone of all business, until department and chain stores came into being, was the small, privately owned business. Even now, the great American public is often influenced by local pride, as well as necessity, to patronize the small business man. This is especially the case in smaller towns. Many of my early days in this country were spent in one of these small stores—a clothing and furnishing goods store for men and boys owned by my uncle. I shall never forget nor regret what I learned in that store, even though I was only fourteen years old when I began working there as an apprentice.

Wholesale (Big) Business. As I have already stated, I worked for the wholesale clothing house of Kuh, Nathan, and Fischer when I was only seventeen years old. My job was in the manufacturing part of the concern, and there I learned how woollens were woven, the specific names of the varieties of cloth, how to prepare cloth (by sponging) so it would not shrink after being made into a suit, how suits were cut, following a pattern (before electrically driven machinery was installed) and finally, how the manufacturer accepted the finished

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suit from the cutter and tailor. Most of these processes took place outside of the factory, in the homes of the seamsters.

Government-Controlled Business. Personally, I have received checks from the United States Government during two periods: once when I, as a member of the American Red Cross, served in the French Czechoslovakian Army, and again when for ten years I served as consultant in the department of ear, nose and throat at the Veterans Bureau at Hines, Illinois.

EDUCATION

Elementary Public School. There are, of course, many changes in the public school of today from the time when I first came to this country and had my first school experience in a Catholic convent, because I was too large to go into the first-grade room of the public school. I shall never forget the wonderful time I had going to school in America, as compared to going to school in Bohemia.

High School. How sorry I am that I had no opportunity to enjoy high school because of having to work for a living at that age! I have always wished that our high schools would devote more time to practical instruction about the care of the body, with special reference to hygiene and preventive medicine, even including such an ordinary thing as "nose blowing." Many persons become hard of hearing because of ignorance on this matter. Sexual matters, too, I believe should be discussed more freely in high schools, and I understand that this is beginning to be the case in spite of objections from some quarters.

College. This, too, is entirely foreign to me as far as any personal experience goes. Oh, how I envied youths who were able to attend college! I must confess, however, that the sports which they were able to enjoy—baseball, football, etc.—were a great point of my envy!

Professional College. These colleges, of course, exist in great variety. I shall, however, confine myself to those in the field of medicine. I have already referred to my personal experiences as a medical student, and no doubt will do so again; but here I should like to go somewhat into detail about medical college education at that time as compared to now. The progress which has taken place in this field in these fifty years can scarcely be overemphasized. When I began, for example,

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anatomy was perhaps taught just as efficiently, but the equipment as well as the cadaver material was extremely crude. The whole curriculum has been changed and much more attention is now given to research. The professors, too, are chosen differently now, those who teach the basic sciences usually being full-time, paid men. In my day, neither medical students nor teachers had the time to spare that men and women seem to have now. Today less and less time is given to lectures and discussions, and conferences and seminars have almost entirely taken their place. As the time nears graduation at the finish of the four-to-five-year period, the medical students are lined up for the year of internship, without which no man can now obtain a diploma. In my early days there was no compulsory internship but a man went right into practice. If one were so fortunate as to obtain an assistantcy to some big man, that was his great good fortune. Most of the men went to small cities and country towns, often moving later to larger ones. The automobile had a great deal to do with some of these changes, also the fact that standards of education were raised, and all inferior types of medical schools were done away with. The development of hospitals, too, has had a good deal to do with the changing education of physicians, and today the standardization or classification of hospitals is like the standardization or classification of colleges—class A is the thing.

Self Education. Here I speak from experience. I consider myself a self-educated individual since there has been very little schooling or tutoring in my life. Aside from a bit of premedical tutoring when Mr. Oscar Kohn gave me some lessons in higher mathematics and Latin, I had no educational help except that, after my medical-school graduation, while on my European trip, I took some conversational French lessons. Throughout my life I have had to learn things mostly by rule of thumb, although Sister Marie Irvin at the Catholic convent in Holden gave me a good start, teaching me some of the fundamentals. During the entire period of my practice of medicine I have constantly associated with doctors in connection with my membership in many societies, and I have done much reading in connection with the preparation of papers.

Nor must I forget the educational benefits of my European trip

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when I was preparing to be a specialist. That whole trip was filled with the greatest opportunities for self education, not only in medicine, especially in the ear, nose and throat field, but in general education, including the gathering of all sorts of information, the observation of the varieties of people and life in different parts of the world. This was equally true of my trip to the Orient and of my service "over there" during the World War. Self education is a great method, and I am still at it at the age of sixty-nine.

ECONOMICS

Banking. Much could be said on this subject, but my personal experience in this field has been so slight that my observation would be of little value.

Insurance. There was one amusing incident in my life connected with insurance, worth narrating. My first policy was taken out in the New York Life when I was twenty-six. When the agent asked the date of my birthday I had to stop and think, because I was born on the Jewish New Year—*Rosh Hashana*—which that year had fallen on October 9. Two years later I took out some more insurance in the same company and gave my birthday as September 22, for that was the date of the Jewish New Year that year. The agent came back, excitedly returning the policy to me because he said I had falsified my birthday. It took a good deal of explaining and a rabbi's looking up what day the New Year had fallen on in 1870 (September 26) before all was straightened out.

Stock Market. When so many people, especially doctors, were putting their earnings into buying and gambling on stocks, I did not do so but rather put mine into my own business—the North Chicago Hospital. At one time I was the heaviest stockholder in this institution, but I disposed without profit of more than one-third of my holdings to my then associate, Dr. Harry Pollock. As time went on the hospital proved to be a much better investment than the stock market. I did, under great pressure of salesmanship, buy some things on the stock market, but I never held anything for more than a short time. Therefore, when the 1929 crash came, I was not a loser as most doctors were.

Realties. During the good times I was seized with a desire to own a

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farm not far from Chicago, and so I purchased sixty acres of wooded land near Libertyville, Illinois. Here I bought a home and indulged my hobby of raising domestic animals. I actually spent nearly fifty thousand dollars before I gave it up—or should I say before it gave me up! The story of this experience is told by my wife in earlier pages of this book.

Among my experiences with realties I should also include the building and ownership of part of the North Chicago Hospital, already mentioned.

Hoarding. I don't envy the persons who hoard; I really am sorry for them because of what they missed when they did not spend. I know intimately a man who has been hoarding, all the earning period of his life. I know he has accumulated a lot of money, and I really believe he has enjoyed hoarding it much more than he would have enjoyed spending it. On the contrary, I have always spent freely, and now I have nothing but a lot of friends—which the hoarder has not. Money spending is constant, and saving is only the exception for most of us.

The deposit box in the safety vaults is an excellent place to hoard anything valuable and forbidden such as gold coins, which some hoarders take out to other countries where I understand they make a great profit in the exchange. I have always had the conviction that government officials should have the right to search and seize the contents of boxes in safety-deposit vaults. It would be of especial value in adjusting tax schedules, although I realize it probably is against the best ideas of democracy.

LAW

Many of us will agree that, next to medicine, law is the greatest of the professions. Of the many varieties of law I have selected five which I feel are the most important to the greatest number of people in the United States at this particular time. This is a subject in which I have great interest and on which I have conversed much with my daughter, Elsa, who is a graduate in law and has been in practice for the past ten years.

Criminal Law. In connection with this topic let me relate an inci-

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dent which occurred to me many years ago. Shortly after I graduated in medicine, while I was doing intern work in Chicago, I received a call from a bakery shop on South Halsted Street, very close to St. Ann's Hospital. At the time I saw the patient, a very nervous woman, I also met the husband. He was insistent that I arrange for the poor woman to be sent to an insane asylum. When I refused he became very angry. The next day I was arrested on a warrant sworn out by the husband for stealing fourteen dollars from the cash drawer of the bakery, and I had to defend myself in the police court against a charge of petty larceny. Albert Louer was my lawyer. I was discharged, but the papers carried the news under the heading "Doctor Steals Money from Till," and I was greatly upset about the matter.

Civilian Law. The most important civil case in which I had to defend myself was on the occasion of my divorce from my first wife. I was represented by Attorney J. J. Healy and did not attend the proceedings myself. Mrs. Beck received her divorce and I had to part with most of my valuable possessions (hospital stock, insurance, and in the event of her death the residue to the three children). I had another case against me, when I was sued for malpractice by a charity patient from Cook County Hospital. I had operated on his mastoid, and he claimed I caused his deafness. This time I was defended against malpractice by an English insurance company, and the case was thrown out of court because of insufficient evidence.

Corporation Law. The only contact I had with corporation law was in defending building-law charges in the corporation of the North Chicago Hospital when the new hospital was contemplated, or rather, ready to be built. Members of the city building and health departments visited the building site because a garage was being built next door, and the law was that the hospital could not be built until the garage was completed. No suit was brought, however.

Later, the North Chicago Hospital was in court in bankruptcy and receivership proceedings, but as this was after I had lost all my stock holdings, I was a disinterested party.

International Law. I might have become mixed up with this formidable law when I brought with me from the war in France a Bohemian private who had served as my orderly. I obtained permission

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for him to stay in the United States for a year, and I was held responsible for his return to Europe at the end of that period. I failed to make a report on him but when I finally inquired about him, some three years later, I found that he had taken out his first naturalization papers. Since then he has become an American citizen. He married an American-Bohemian girl and they had children. Because of this, I am not sure whether, if the case had been followed up by the Government, it would have been considered as coming under international or federal law. Reading about international law and talking it over with different people who are informed on the subject, has led me to set my heart on my daughter Elsa's becoming a diplomatic representative from the United States. Will I succeed?

Unwritten Law. Although technically there is no such thing as unwritten law, everyone knows that it does exist. The one unwritten law recognized by most persons is the case of a husband finding that some man has broken up his home by stealing the affection of his wife. If the husband shoots and kills the other man, the jury will often discharge the murderer because of the so-called justice of the unwritten law. This is especially true if there be small children. In the South it still is common, though not so much as in former times, for the lynching of a colored person to be sanctioned by unwritten law.

I want to put on record here my idea of the utilization of criminals, especially lifers for murder, for crime-preventive education and valuable medical research.

I should like to take one of those criminals before a moving-picture camera—sound recording—as well as before a microphone broadcasting from coast to coast, to serve as a lesson for our youth to prevent crime, especially murder. It is known that fear of pain is the greatest deterrent of crime, and the medical procedures that I will describe are pain producing. I realize that the immediate reaction on the part of most readers will be that this is something so cruel, reminding one of the Spanish Inquisition, that it should not be tolerated. Yet I am convinced that this method is better than any education so far used for the prevention of murder.

My thesis is this: There are many peripheral parts of the body which are very sensitive. These, when irritated in different degrees

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by different methods, such as pressure, electricity, heat, etc., will cause acute pain. This pain can be instigated by irritation and modified by the use of some anaesthesia. These sensitive places are (1) supra-orbital nerves; (2) cornea; (3) tear ducts at the punctum; (4) external ear, including the tympanic membrane; (5) teeth; (6) eustachian tube; (7) nasal mucous membrane in the upper strata; (8) pharynx and larynx and trachea; (9) finger and toe nails at junction of flesh (cuticle); (10) phalanges of fingers and toes (joints); (11) urethra; (12) rectum; (13) skin.

I shall not describe here the details of producing these severe pains and suffering. Suffice it to say that by passing sounds and by scratching and pricking the sensitive surfaces, pain can be produced without any lesion or permanent injury being caused. Electric currents can produce plenty of pain. Pressures and stretching are effective in producing pain.

When the criminal reacts to these pains before the radio and sound picture his responses must surely impress youths, who will then think more than twice before they kill. There may be social reasons why this cannot be used, but some modification of this idea may some day in the future be found practicable.

ORDER

Police. It has been of great interest to me to see the changes that have recently taken place in our policemen. Younger, more intelligent men now make up the force. My contact with the Chicago Police Department goes back about thirty-five years, when brother Carl and I came to know Captain Schuettler, who later became chief of police. We were very good friends. His secretary, Jimmy Markham, was one of our most intimate friends and police-force matters were always "dished up" to us fresh from headquarters.

When my son, Philip, was a boy of eight or nine he was very naughty. By prearrangement with Jim he was taken to the police station and shown the prisoners there. This gave Philip a healthy scare, which had a very good effect on his behavior.

In regard to *Military Order* and other types of order in society at large, I am thankful to say I have had little experience. As to *Parental*

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Order, I recognize as all parents worthy of the name must do, that the first duty of the parent is to look out for the youngsters. If they do not, there comes the necessity of outside influence or even in some instances, institutions. It is sad when this occurs, as it often does, as the result of lack of parental order.

POLITICS

I am very happy to say I have never played any part in politics, whether national, local, or medical. Naturally I have my personal views and opinions in national politics, and I do not mind saying that I have but once in my life voted other than a Republican ticket. In local political affairs, it mattered very little as to party—it was always the choice of individual that determined the way I cast my vote.

PRESS

At this writing I am a bit in doubt as to whether or not we have a free press, but we must consider that these are very strenuous times. This is, I think, the first time that I have mentioned "these times." I had hoped to avoid the whole present-day national and international situation, for never for a moment did I believe that there was going to be anything like another war. Even now I shall persist in my plan and confine myself to my own personal experiences and viewpoints. And so it is only the medical press that interests me personally.

In Appendix A the reader will find a list of articles that I have written and published. This shows the fondness I have for the medical press! Although I have always been aware of the fact that my English was not of the best, yet my articles have received some attention, which seems to show that the people to whom they were addressed at least understood me. It has always amused me to note that when an article appeared where I had someone assist in the writing, it was always so recognized!

FARMING

I have been among farmers ever since I was a small boy in the old country. When I came to the United States, I was at once thrown into contact with farmers, because the little town of Holden, Missouri, was in the very center of a great farming region. Almost all of its in-

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habitants had been raised on a farm, and everybody in town was his or her own fruit-and-vegetable gardener, to say nothing about stock-and-fowl farming. In my later years I again wanted to return to the soil and to that end purchased the farm described by my wife in a previous section.

Grain. Grain, of which there are many kinds, is the principal product of the average farmer. In various parts of the country different grains predominate but in the main we in these United States are corn and wheat producers. In the country where I was raised (Johnson County, Missouri) we were known as great wheat farmers.

Live Stock. Live stock varies a great deal with different farmers. However, an average farmer will have a little of everything. So it was that when I went into "gentleman farming" I bought all sorts of domestic live stock. I had neither a great quantity nor did I insist that they must be pure bred, although of course I wanted only healthy and sturdy stock. Nor did I limit my live stock to the usual kinds, for I also had dogs, cats, rabbits, guinea pigs, white rats, and mice. What was my object? Well, I wanted to see life in the largest scope, watch its reproduction and, incidentally, make some observations on the influence of olfaction on sexual function.

Truck and Vegetable Farming. To me this occupation, both when I was a boy in Missouri and later on my own farm, was one of the greatest pleasures of the life of the out-of-doors. To watch the first radishes and lettuce come up, followed by beets and carrots, then by new potatoes and corn was always a great delight to me.

Fruit Farming. My observation of the tremendous pineapple industry on the Hawaiian Islands is one of my outstanding memories of my trip to the Orient. The way carloads of pineapples are brought to the cannery and prepared for subsequent shipment to the United States is well worth seeing. All the fruit is canned, since the raw fruit is not permitted to be sent to the mainland because of the danger of transmitting the tsetse fly.

While flowers are not strictly in the fruit line, yet surely very few farmers or persons in love with the out-of-doors would want to be without flowers. To me, flowers appeal almost as much as so-called living things, and while they do not actually propagate or consume food

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in the human sense, yet they do both these things in their own way. *Cotton, Hay, Etc.* Aside from seeing many thousands of acres of cotton both growing and being gathered, I know very little personally about the industry. What interests me particularly about it is the economic problem. For if cotton exporting does not increase until it reaches its former high level, and if the farmer in the South cannot get rid of the raw material, he naturally will not plant it, and then the colored workers of the South will become one more unemployed mass.

Fresh-mown hay has the sweetest odor I know. One of my cherished memories is sleeping in the hay as a boy. We boys used to hide unripe fruit in the hay and what additional flavor seemed to be added to it beyond that which it had when picked ripe from the trees! Or was I imagining it? Do you farmer boys remember looking in the haymow for stray nests of hens' eggs?

I hear on good authority that many of our farmers are bankrupt, yet I have lived long enough to have observed that often a bankrupt farmer will, either by change of his habitation or through some other circumstance become a very prosperous individual.

LABOR

It is difficult to separate farming from labor, yet I feel that the arrangement I have made in my outline is correct. However, since I have had no personal experience in this field worthy of note, I am not discussing the subject here.

BUILDING

Homes. Construction is as important an index to prosperity as is the manufacture and sale of steel. We talk about a boom in building, especially in the building of homes. In these many years I have seen great varieties of domiciles put up and torn down. When tenement houses and apartment buildings came into being in the cities, the individual American-style home went out.

Factories. When I compare the early construction of factories with that of modern times, I marvel at the progress that has been made. Much of this has been due to the development of electric power. Health conservation in factory buildings is increasingly regarded as important,

MY BASIC INFORMATION

particularly ventilation, safety devices, and lighting. Nor is it at all extravagant to believe that factories will be air-conditioned in the near future, as indeed will all other buildings here considered.

Stores. Stores, big and little, are one of the bulwarks of our business. One interesting change that has come about in my day is from the simple sign, with gold or silver letters, to the neon-tube lighted sign, mostly red, in the window or over the door.

Roads. Since automobiles have so markedly increased, good roads have come into being. When one considers the old dirt, cinder, and gravel roads and then the concrete roads which have replaced most of them, one cannot help marveling. It is interesting to travel by motor from state to state and to see the difference in road building.

Schools, Universities and Public Buildings. What pleasure I have had seeing these built in the modern style as compared to those old ones that are still permitted to stand! Here in Chicago I think of our great new post office building and our city and county building, which is now more than twenty years old, yet still modern and practical. The Chicago skyline surely sets off some of our great buildings. The development of office buildings especially designed for physicians is in marked contrast to the practice common in small towns and in the East, where doctors usually have their offices in connection with their homes. In former days the doctor visited the home; now the scene of his visits is, to a marked extent, changed to the hospital, especially in cases of serious illness. Besides general hospitals, there are many special hospitals, each built and equipped for its specific purpose.

TRANSPORTATION

Walking. There are not many professional or amateur hikers, but I believe they are the real walkers. Personally, I feel that I did not do enough walking in my period of greatest activity. Now that the automobile is so handy I seldom walk, and consequently I become tired very quickly when I do walk. Of course, I think my having grown heavy (fat!) is also an important reason for this. I should like to caution everyone not to permit himself to get stout in later years. It's an unnecessary disease.

Bicycling. When I went to medical school this was my mode of travel

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back and forth, eight miles daily. In those days the "bike" was poorly built, and the tires were of solid instead of inflated rubber. I believe that when the roads are so constructed that bicycling can be done with safety along with the automobiling, it will become one of our greatest means of travel. It is dignified, "sporty," healthy, and economical.

Practically extinct is the old *horse and buggy*, yet when I first began my general practice it was the accepted way for a doctor to get about to make his calls. Even in large cities this was true and I myself had a horse and buggy until the electric automobile came into use.

The Automobile is now, of course, our greatest means either for pleasure riding or for transportation. My personal experience with automobiles is, perhaps, a bit unique. I well remember seeing one of the first "autos" and riding in it. It was during the Columbian Exposition in Chicago in 1893, and it was a hansom cab which was run by means of electricity (storage batteries of enormous weight and size). Children ran along beside it in the street, making fun of the people riding in it.

Not long after this, the first clumsy gas car with friction drive came out, and my brothers, Carl and Emil, and I invested in one. Most of the time we spent out riding in it we were stalled, so I soon sold my share and bought the first real good-looking electric car, known as the "Detroit." I was very proud to own it and I had the distinction of being arrested for speeding in it, going at its full limit of twenty-five miles an hour! I had this electric car only about six months when I ran over a bicycle rider, hurting him a bit and smashing his "bike." I was insured and got out of the trouble without difficulty, but decided then that I would never again drive a car and I never have, although I have seldom been without one. My surgical nurse became my chauffeur, and in order to economize both in time and money I married her—at any rate that's what she says! However, it has always been a pleasure to have her do the driving. Besides, I have always said—even in those early days—that a surgeon should not spoil his technique by driving a car, because the wheel transmits to the hands a great many vibrations that make delicate movements difficult. Of course that is not so much the case now with the improvements in the automobile.

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Railroads. It may be surprising to some readers to learn that the lowly handcar of former days played a part in doctors' work, especially in country districts. When trains were not available at the needed time it was quite usual for the doctor to engage a handcar and to be propelled over the rails for a distance of as much as twenty-five miles to make an emergency call. I often employed this means of travel in the early days of my practice.

When I first started to study medicine the only kind of a car we had was the mule or horse car, but it was not long before we got the cable car. Watching the progress that has been made from this up to the elegant, spacious streamlined electric cars of today has been amazing. Of course, the railroad has been one of the commonest means of travel for me, personally, both professionally and for enjoyment. The air conditioning of trains is of particular interest to me since my son, Joseph, has been in that business for several years; in fact, ever since he graduated from the engineering department of the University of Southern California. I tell of some of my trips on the railroad in the travel part of my story.

Railroad shops and freight-train service are, after all, the life of the business of railroads. I well remember that in our little town of Holden, Missouri, when a railroad-division shop was located there, it was one of the town's greatest assets. And, oh, how I remember the many rides with my baseball teammates in the caboose, when railroad fares were impossible and yet we had to get to the neighboring town and, more important, home again. One thing I never did do was to ride beneath the cars, but I will admit that on two occasions when a boy I "bummed" my way in a freight car in company with some hoboes.

Water Transportation. Ships today are, of course, quite a different thing from the time when I came over to this country in 1884 in the steerage of the single-funnel steamship known as the "Rhine," the slow boat of the North German Lloyd. It took my brother Rudolph and me almost three weeks to cross from Bremen to New York. What a difference when I crossed again fifteen years later! During the years of my medical school life in Chicago I had very little opportunity of getting about on the water. I may mention one trip from New York to Boston on what was then a luxurious pleasure boat. Also a trip

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from Chicago to Milwaukee, and from Chicago to Cleveland and Erie.

Here I must confess that I never did get any real pleasure from being on the water or in the water. I never learned to swim, as most boys and girls did. I never of my own volition hired a rowboat. Nor was I ever in a canoe, and I was always very much afraid of sailing vessels. Once I came near drowning when I fell out of a sailboat—or shall I say rather a tub—in the presence of the entire crew. It was during a summer vacation on a large inland lake in Wisconsin when I was invited to go on a sailboat race. The captain gave a command to “hike,” because he wanted to make a short quick turn to maneuver the boat ahead of a new adversary. I did not “hike” because I did not understand the command, and so I was the cause of the boat’s capsizing. It went down quickly and I might have done the same if help had not come at once. That experience was probably, to a great extent, the cause of my never wanting to go in or near the water. However, I have always been much interested in all kinds of water sports, such as the regatta. I particularly enjoy seeing sailing races on Lake Michigan and I like watching those fine divers and swimmers who are always present at beaches and swimming pools, especially in California.

Air Transportation. I have had very little personal experience in flying, and I have never liked it. However I am, and always have been, much interested in aviation. This is no doubt chiefly due to the fact that my son Joseph is an aviation engineer. When Joe was a boy in high school and I gave him his choice of going with me to a Cubs-Giants ball game or to the banquet held in honor of Admiral Byrd’s return from his first trip to the antarctic, he chose the latter. I knew that, apart from the adventure appeal, he wanted to hear Byrd because he wanted to learn all about the flying that was done on this expedition. In due time Joe was graduated from the University of Southern California with special qualifications as an aviation engineer. While he was going to school and afterward I often talked with him about aviation and learned a great deal about the problems and possibilities of air transportation.

I myself have been in the air only three times. Once was in France during the War, when a young daredevil pilot on a practicing field

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took me to the heights and without warning did a nose dive (which is what gave me my great fear of flying). Much later I went up with my wife in a primitive hydroplane for the short trip from Wilmington, California, to Catalina Island. My third air experience was traveling back to the mainland in a larger plane (an amphibian) which landed at the airport in Los Angeles.

ARMY

Although this is named first, I believe that today, with the marked progress in naval aviation, one would think of the navy as of greater importance in the protection of our country. At this writing, the question of armaments and methods of defense is being made a great point for honest evaluation as well as for propaganda.

Air Force. My observation of the past fifteen years, both at home and abroad, on this subject of aviation in the army has been plentiful, and I have found of great interest the progress that is being made. At Dayton, Ohio, at the Wright Field (at one time known as the McCook Field) through the kindness of the commanding officer I was shown plenty of plane construction as well as the fundamentals of instruction in flying. While in France and England, and also in Czechoslovakia, during the year 1927, I was surprised at the large number of planes and fine young men who were being trained in the air force, especially as compared with the number at the time of the Great War.

Here in the United States it was my privilege in 1935 to visit the airdromes in San Antonio, Texas, especially the Reynolds Field, to see there all that an uninitiated visitor was permitted to see. In April, 1939, a doctor friend of mine who went to the Reynolds School to pass the examination as flight surgeon, gave me much information regarding the great progress that is being made there. He had with him pictures which he, as a candidate for examination, had been privileged to take. These were most interesting to me, and I found it gratifying to see that the United States had gone to work to be prepared to defend itself against the world in order to live in peace.

Infantry. This still remains the strong arm of the army. My personal contact has been practically one hundred per cent with men in this department. The doctors, nurses, and orderlies with whom I had

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anything to do during my service in the Great War were attached to the infantry. In caring for these infantrymen, however, it was never my privilege to get anywhere near the front line; I did all my army work at a base hospital during the War, and in the Veterans Administration Hospital at Hines, Illinois, after the War.

I should like to mention here my activities before going overseas, in the teaching of plastic surgery to several groups of men, both in Chicago and St. Louis, who were commissioned to go over in that special service. While waiting for arrangements to be completed for me to go across with a company of American men joining the new ally, Czechoslovakia, I also did some examining on the medical advisory boards. This experience was most interesting, especially with some of the poor Americans who were trying their best to avoid service.

I well remember one case which the Board was most gratified to have cleared up satisfactorily. The man, with the aid of a skunk doctor whom, unfortunately, the government could not reach, was rejected at the Draft Board because of a suppurative ear. Because he acted suspiciously, he was referred to our Board. I found him a sullen-looking man, with a foul-smelling discharge from the external ear canal. On wiping the ear, I found the greater part of the depth of the canal filled with a very red-looking mass, like granulation. On placing an A fork on top of his head, he referred the hearing to his good ear. However, on masking his good ear, he heard ordinary conversation. I was especially suspicious, because the granulation-like mass looked so very red. I washed the ear with marked force, and to my surprise out came that red mass — a piece of raw meat! Beyond was a perfect tympanic membrane. Our neuro-psychiatrist was so angry that he gave the man a real slap on his face — even though he knew that criticism might come to him for so doing. The man confessed that he had been aided by a physician and that the foul-smelling discharge came from limburger cheese. That man was surely unfit for line duty; I found out later that he was sent to South Carolina to clean out mule stalls for the entire duration of the war.

Tanks. During my stay in France, in 1918, I had occasion to ride in an English tank while it was practicing going over some very rough land, including heavy brush and trees. It mowed down everything in

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its way and at the same time gave me a great shake-up. No older man, who is not accustomed to such exercise, should ever do such a foolish thing. The following week I thought surely I would die; I had to have medical attention for my vertigo and for the marked soreness of my abdominal muscles. I suppose the more modern tanks do not have the same effect, yet I shall not try riding in one of them or advise any of my friends to do so.

Gas. I recall with sorrow the horrible examples of gassed individuals who came under my observation. I don't know today which was worse — phosgene or mustard. Now that gas has been ruled out — and I hope the nations will stick to their promises — there is no need to worry about those horrible trachial, bronchial, and lung complications. But who knows what each of the nations has up its sleeve? Yet thus far, in the Spanish, Japanese-Chinese, Italian-Ethiopian conflicts, and in the present European War, harmful gas has not been employed.

The death ray, so wonderfully demonstrated in some of the "make-believe" movies, seems to be a joke altogether. Yet no one will deny the great possibilities of wireless action. There is one gas that may become a great factor for us in the United States, especially in the matter of defense, and that is helium.

NAVY

Ships. The protection of any country by the superiority or efficiency of its navy is what gives its people peace of mind. Since agreements between nations are so often no more than scraps of paper we have cause to feel insecure, especially when we recall how insincere some of the nations were when they, at the invitation of President Hoover, got together and agreed to limit the size of their navies. They made Uncle Sam scuttle many of his still serviceable ships, only hurriedly to build new and enormously larger ones. I cannot resist saying that to see the navy pass in review, as I have seen it do on several occasions, is a real thrill. The battleships, cruisers, oilers, with the officers and sailors on duty, make any American feel great.

Air Force. When I first read of the air force of the navy, I could not in my wildest imagination realize how important it was. It required

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personal observation and official explanation for me to understand. This came to me down in Pensacola, where Vice-Admiral Mitchell showed me the great number of planes in peace-time training. I can best compare the little amphibian planes to a flock of ducks rising out of the water, flying and landing on either land or water. It looked as if there might be a thousand planes, yet in 1930 there were only 276 ships there.

In the Canal Zone I saw some big bombers at the Field of France, which is the naval airport at the Panama border.

SPORTS

Baseball. This is to me one of the finest sports. While it was not the first form of athletics that I learned, it was the principal one in this country, and I really was willing to get a licking (and I got one quite often) for playing hookey in order to play ball with the boys. I was the first in my little home town of Holden, Missouri, to organize a baseball nine. It was sponsored by a clothing store, which furnished the wine-colored, corduroy-trousered uniforms. From the beginning I was a ball fan, always talking baseball and reading everything about it. Even to this day I keep posted on the leading players in several of the leagues, including their percentages in fielding and batting. I have attended many ball games, and my associates, knowing my great love for the game, often told a white lie for me, saying that I had been called in consultation and would not return to the office that day. Now that the radio has come into its own and as my wife is not so much of a fan as I am (especially since she got hit on her head with a foul fly) we usually stay home and listen, and I have grown to find it almost as much fun — and far less effort — to listen to a game via the radio as to go to one at the ball park.

Football. In my early years I learned only one kind of football — rugby. Not until I came to Chicago in 1890 did I really see the game of football as it was played then, with kicking and mass piling up. In those days Eckersoll, Herschberger, and Catlin of the University of Chicago were the great stars. I saw only a few games in those days. However, when the more open game became popular and forward passes were featured, I became more interested. One year,

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when "66" Grange of the University of Illinois was the great star of stars, I took my boy Joe down to Champaign to see the annual game between the universities of Chicago and Illinois. It was a rainy day, and what we saw was a wonderful game of skidding in the mud. We improvised raincoats out of some oilcloth and sat right through the game. I came home thoroughly chilled and felt sure I was going to develop pneumonia, but it was only a case of pneumonia-phobia.

Golf. In the early days of golf only rich people played, but it did not take long before small nine-hole golf clubs were being organized. The "Idlewild" in Homewood, Illinois, became my club. What enthusiasm, what expectation of golf championships possessed me! I ordered a special set of clubs through the professional instructor and started out taking two lessons a week. Besides this, I played every moment of my spare time. At the end of two weeks, I found that I must either stop playing golf or give up my practice of medicine, which at that time was not very large. In other words, I discovered that it takes too much time to play golf. And so I practically gave it up, going out only occasionally on Saturdays and Sundays. I used only one club—the midiron. I could do everything with it well enough to suit me. To the great disgust of my opponents I used to do a bit of clowning by using the club like a billiard cue when I put the final shot into the cup.

After a number of years had passed, in which I had gone back to my first love, baseball, I again became actively interested in golf. We were living at our country home in Libertyville when the townspeople organized an eighteen-hole golf club; I was one of the founders. On the club's opening day something occurred which was of great moment in my golf game, and to this day I think there must have been some outside influence brought to bear. On a short hole — 170 feet, bogey three — I made the hole in one. Believe it or not! It was reported in the *Chicago Tribune* as one of the great features of the occasion, and I had some explaining to do to my out-of-town friends, to whom I had always said that I was no golfer. I know this, however, to my sorrow — had I kept up my golf and my walking, I should never have grown so stout. On the other hand, I often read

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of some older person's keeling over while swinging with some effort at the golf ball.

Prize Ring. This is surely a sport which is enjoyed by many, and I suppose that the contestants, too, must find much satisfaction in this game yet I, for one, cannot see where their fun comes in, what with getting beaten up so frequently. I am sure it is fine to learn self-defense and when the fighting is done according to the rules one must consider prize fighting a good sport. I myself, have seen many fights and to this day I never miss the broadcast of an important fight.

There is one boxing incident which I would like to tell about, since it concerns my own experience with the gloves. When a boy in my little Missouri home town, the members of our boys' club frequently settled little "set-to's" with the gloves. I was pitted against a boy toward whom I had a grievance. Never before this occasion had I had on a pair of gloves. My opponent was a much lighter and shorter boy, but he had had previous experience in boxing. On squaring off he feinted with his left at my head, and my chest was left wide open. I knew nothing about how to prevent having my wind knocked out, and that was what happened when my opponent delivered a hard blow in my midsection, between chest and abdomen. All I could do was drop to the floor to prevent more punishment. I well remember the soreness for days after, and never again did I try the fistic art.

Track. I had a little experience with this sport when a boy in Holden. It was very common in small towns to organize a fire-protection department as a volunteer proposition. Our town went into this with all possible earnestness. The young men were the first to offer their services and were trained by a paid teacher. The training was put on the basis of a sport. Each year the many hundred companies so organized throughout the country had a national convention. One feature was the winning by the best companies of medals and prizes for appearance, equipment, and efficiency, particularly in running or in getting to a pretended fire. I was trained to run 220 yards, and one year at Fort Scott, Kansas, I won second prize for covering that distance in $29\frac{3}{4}$ seconds. In those times, believe it or not, I was tall and light weight.

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AMUSEMENTS

Motion Pictures. These have developed during my lifetime. Two of my most memorable visits to Los Angeles were those when I had the time and opportunity to go to the studios and see pictures actually being made. The first time was in the days of silent movies. What a contrast when, fifteen years later, I saw "talkies" being made! Much of my enthusiasm for the movies has been due to the companionship of my dear wife, Trennie, for we always enjoy seeing the movies together and then discussing them. When the movie actors also became radio stars our interest in them grew still greater.

I should perhaps mention here the moving pictures I have made with my Bell and Howell, and later with my Eastman. They have been a source of great entertainment to me and to my friends. I should also mention my movietones made on 16-millimeter film, both the scientific ones and those of social value.

Radio has been one of my greatest amusements for many years. From the beginning of radio manufacture by Westinghouse I have always owned a radio. The latest was a present to me from my boys (those who had their training with me) on my sixty-fifth birthday. I like most kinds of programs but prefer the drama as broadcast from Hollywood by some of our greatest stars. I prefer our American methods of broadcasting to those of the English, although one does get "fed up" on the advertising barkers. The short-wave radio programs, especially those from foreign capitals are very important in these times. Much is now being said about progress in television, but I believe it will be many years before it is practicable for home use.

Legitimate Stage. Shakespeare's plays, which were once one of my greatest pleasures as well as a liberal education to me, are nowadays seldom produced. I am glad, however, that grand opera in New York City approaches very nearly the grandeur of its golden days as to artists, properties and audiences. The Saturday broadcasts of that company are one of my great joys.

I must not forget my own two experiences on the legitimate stage. The first was in a small-town amateur troupe in Holden where, in "Mrs. Jarley's Waxworks," it was my part to wind up the various figurines, like the doll in the "Tales of Hoffman." The second was when I

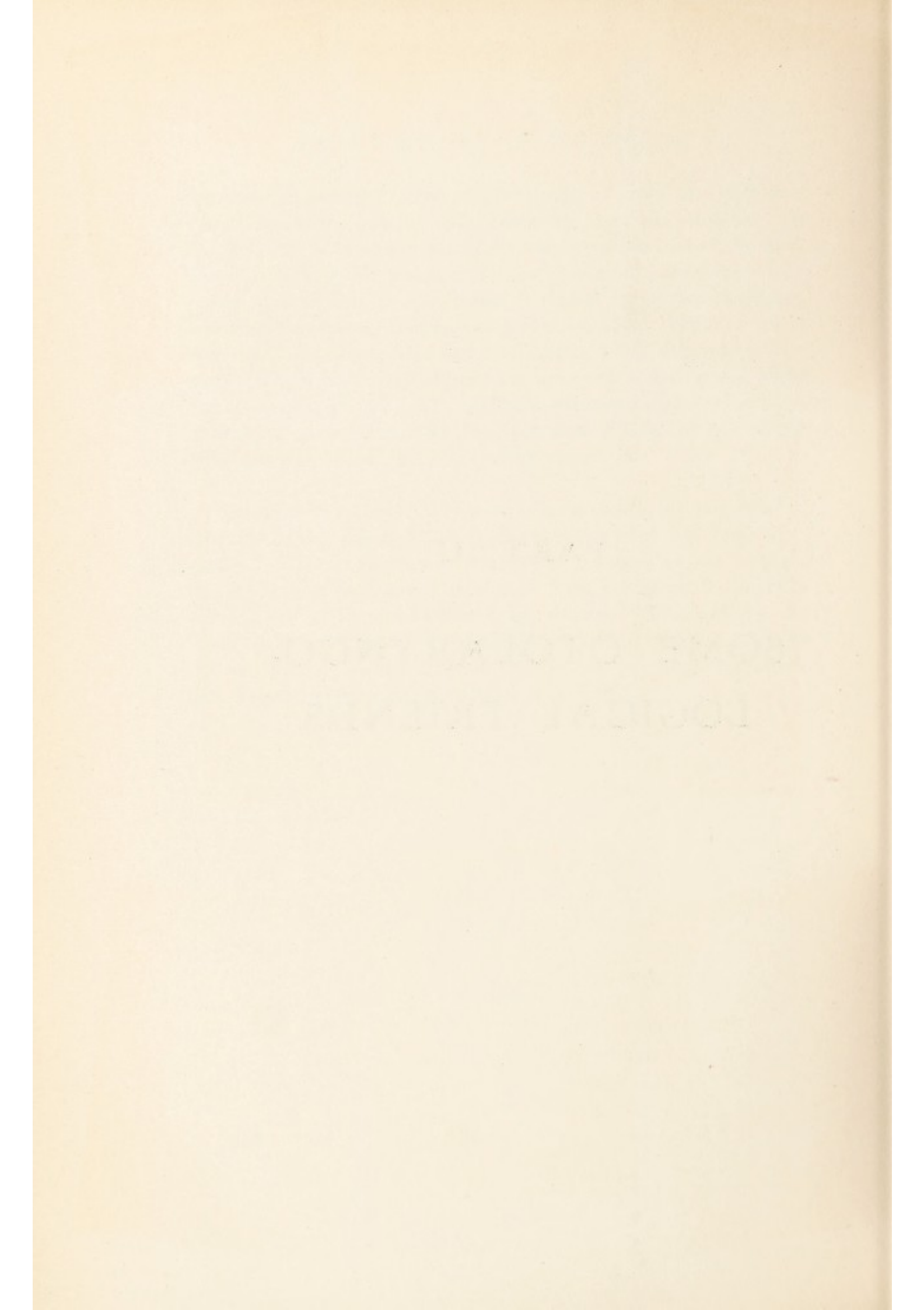
FIFTY YEARS IN MEDICINE

first came to Chicago; I rehearsed for a part as leader of a mob in a French Revolution play in which Marat was the main character. On the third day of rehearsals an elderly lady, who was one of the mob, was a bit slow in her movements. The gentleman instructor — who proved that he was no gentleman — rushed rough-shod upon her, swearing like a cavalry trooper, and pushed her about. Southern young man that I was, I had never heard of treating a lady thus, particularly a poor elderly lady. I approached the 250 pounds of flesh and asked him to apologize to her. The gentleman instructor turned on me and pushed me out with an order for three days' pay, at the rate of one dollar per day. That ended my acting career.

And so ends the report of my experiences during my fifty years in medicine in the subjects which it pleases me to term "my basic information." These subjects total exactly one hundred — my standard number and an easy one to remember! This number is the same as the number of anatomico-physiologic structures illustrated on the "combined-homo" chart. I realize that this may seem to many an oversimplification of the complexity of life, but an analysis may show that all real essentials are included in both lists.

PART III

SOME OTOLARYNGO-
LOGICAL FRIENDS





Chevalier Jackson



Ernest Schmiegelow



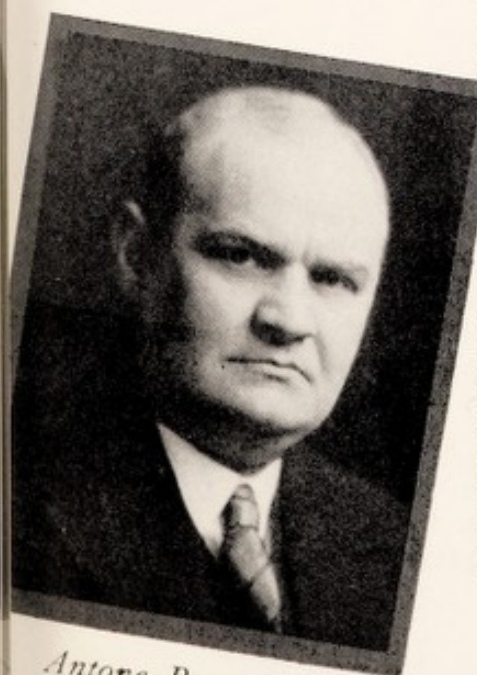
M. D. Lederman



Robert Levy



William Sauer



Antone Precechtel



Gunnar Holmgren



Sir St. Clair Thomson



William Mullin



Teddy Lyster



Robert Lynch



William Ballenger



Stanton Friedberg, Sr.



Robert Barany



Hanau Loeb



John Murphy

EIGHT OTOLARYNGOLOGISTS, DECEASED

EIGHT OTOLARYNGOLOGISTS, DECEASED

I should like to write about every one of the otolaryngologists with whom I am well acquainted, but since that is impossible I have decided to present them in groups, illustrated by photographs. The first group is that shown in Plate XI, facing page 161, which pictures eight of my most intimate friends who have gone to their reward.

William Mullin

"Bill," as I was wont to call him, I learned to know at a meeting of the Academy in Denver. I saw him again, when the western section of the "Triological" met in Colorado Springs, where Bill lived and practiced otolaryngology. His two teachers, as I recall, had been Solenberger and Solly. His "side-kick" and later partner was Frank Dennis, another great otolaryngological friend of mine. Another of the old guard in otolaryngology in Colorado was James A. Patterson. On one of my early visits to Colorado Springs "Pat," as he was known to his friends, took us—Frank Dennis, T. E. Carmody, Bill Mullin and myself—into the mountains one evening to a club where we had a fine steak dinner and a great evening of reminiscing. I can see the fellows before me now. How wonderfully young and jolly Bill Mullin was! Later I visited the Mullin family in their home in Cleveland, where Bill went to be in charge of the ear, nose and throat department at the Crile Clinic.

Now about Bill on the American Board of Examiners. It was there that I came to appreciate truly Bill's character. He and I were agreed that when a man reached a certain age, not too old, he should

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be shelved for a younger and more energetic man, but we were never able to convince Wherry of this truism. Bill Mullin was one of the strongest men on the board and it was a great loss to it as well as to everyone that he passed on so early in his career.

Teddy Lyster

When I first met this fine gentleman in Washington he was very active in the office of Surgeon General Gorgas, whose nephew he was. This was soon after the United States went to war with Germany.

After the World War was over, Teddy Lyster came to Chicago with Isaac Jones and we spent a most enjoyable two days together before he continued west to his new home and practice in Los Angeles. Jones and Lyster were forming a group with Eugene Lewis and Sam Ingram, a neurologist. This group was very successful, and on one of my visits to Los Angeles I visited their clinic. After some years the larger group broke up, but Lyster and Jones remained partners. It was a great pleasure to see Lyster so happy and doing so well in the specialty of ophthalmology. His early death was a great shock to me.

Robert Clyde Lynch

I believe I could write as much about Bob as about all the rest and still not tell all that is in my heart and mind. My first glimpse of this man was in his operating room many years ago, at the New Orleans Eye and Ear Infirmary, shortly after Dr. King, his predecessor, had been killed in an accident. A number of otolaryngologists, members of the Triological Society, were attending the meeting of the southern section. We had arrived in New Orleans early in the morning and immediately after breakfast went over to the clinic that had been arranged for us. Joe Martin, one of Bob's right-hand men, met us and we quietly sneaked in without Bob's seeing us. One of his assistants whispered to him that we were there. He was doing a tonsilectomy under general anaesthesia and I will never forget that round, boyish, smiling face as he modestly and slowly turned about and said "Good morning." Following the operation he welcomed us with a short speech, and introduced his staff to us. There were many men attending the meeting and I well remember the very enjoyable

EIGHT OTOLARYNGOLOGISTS, DECEASED

time we had. Bob was a wonderful host who at once won the admiration of all.

Beginning then and from that time on, Bob made great strides as an otolaryngologist. The whole South talked about Lynch, and it was not long before he became a member of all the national otolaryngological societies, contributing richly to their proceedings.

I should like to record here Bob Lynch's experiences with suspension laryngoscopy. I had just returned from New York where I had learned of the Killian's suspension apparatus, and I had been fortunate enough to purchase the only one left. Bob and his wife were visiting us at this time and I arranged a special clinic at the North Chicago Hospital in Bob's honor in order to demonstrate suspension laryngoscopy. He was very alert to the demonstration and staged a most rapid come-back in presenting his modification of the Killian apparatus and the instrumentarium that goes with it. These were unique in that they were made of gun metal. At various conventions he reported a series of cases successfully operated by that method. Right there he made a tremendous hit with the American laryngological profession. He next came out with his summation of sinus operations by having a procedure which became popularized as the Lynch External Radical Sinus Operation. His laryngectomies became the talk of the country and he soon developed one of the largest clinical and private practices in that field.

Mrs. Beck and I always enjoyed visiting the Lynches as well as entertaining them in our home. However, it was not until he and I were named by the section of the A.M.A. to represent it on the board of examiners in otolaryngology that I really learned to appreciate Bob. What a grand member he was, so courageous and yet always so kind! No one could come in contact with him and not love him. You can imagine what a terrific shock it was to receive William Wherry's telegram saying that Bob Lynch and Joe Stuckey of Lexington had been killed in an automobile accident. Bob left a fine family — his wife and two boys, Mercer and Bob, Jr. The former had his training in otolaryngology at Mosher's, and Robert is now graduating in medicine in New Orleans. The boys expect to be associated in practice.

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William L. Ballenger

When I first returned from my European training in otolaryngology, Bill, as I always called him, was one of the first of my old acquaintances in that field whom I looked up. After telling him of my experiences, he suggested that I be his clinical assistant at the University of Illinois—ear, nose and throat department, also having a clinic of my own at the Chicago Eye and Ear College. Bill was a self-made otolaryngologist, and was an assistant to Dr. Morrow Brown, head of the department at the P. and S. College, succeeding Brown at his death. Bill joined what was then the W. O. O. L. (Western Ophthalmological, Otological and Laryngological Society)—which has now become the great American Academy of Ophthalmology and Otolaryngology, largely through his efforts. Bill had me join that society early in my career and I am most grateful to him for it.

Bill had great talents, especially in art. He could draw and model and he made good use of both of these talents in his publications and teachings. He developed a great practice of work referred from all parts of the country. He was a great teacher and in those old times his demonstrations of surgery were most dramatic. Crowds came to see him operate. I was always given an opportunity to show what I could do. Side by side, Bill and I worked until he was forced to retire from practice because of illness.

Attending the meetings of the various medical societies with Bill was always a treat. Never will I forget the meeting of the British Medical Society (Otolaryngological Section) in Toronto when, in the presence of a great galaxy, including Kelly of Scotland, Sir St. Clair Thomson, Mackenzie, Logan Turner, and many others of England, and General Birkett, Wishart, and Goldsmith of Canada, our townsman, Otto Freer, attacked Ballenger for inventing the Ballenger swivel knife for submucous resection of the septum. Freer did not know that Bill and I were in the audience, because we were just interlopers. I insisted that Bill retaliate and he did, with all the fervor of an American hothead—an act which won for him many a friend.

Bill wrote one of the best of textbooks on ear, nose and throat, for which I helped him arrange the reference list of foreign literature. Several editions of this book were printed.

EIGHT OTOLARYNGOLOGISTS, DECEASED

Ballenger was one of the most daring otolaryngologic surgeons. He used to say that chronic disease, especially if it were suppurative or malignant, must be treated most radically. I was influenced by that attitude, and soon became like him, a radical worker—so much so that I found it a bit difficult to adopt the more sane and conservative attitude that most of the profession followed in later years.

In 1911, Bill, in company with John Murphy of Cincinnati, Thomas Halsted of Syracuse, and Thomas Moore of Huntington, West Virginia, went abroad and was wonderfully received at the European clinics, particularly in Vienna. In fact, Bill had what I considered a most unusual honor bestowed upon him in being asked to operate at the Vienna Clinic. This was an occurrence which I do not believe had happened before or has happened since, excepting of course to students operating while taking courses. This honor was undoubtedly due to the remarkable contribution that Bill had made to rhinologic surgery by devising the swivel knife for the resection of the cartilaginous portion of the nasal septum.

On his return trip Ballenger developed a very sore toe. He suspended an electric light over his berth in order to heat the part, then fell asleep. The light slipped down on his foot, causing a terrific burn. Ballenger had a constitutional affliction, diabetes, and very often fell into a deep slumber. No doubt the sensation in the tissues was reduced; anyway, he did not wake until it was too late. On arriving in Chicago there was great consternation in the family as well as among his medical friends, because not only was his foot in danger but his life. Amputation was urged near the knee, but refused by the wife as well as the patient. Instead, a most unusual thing happened and I really hesitate to go into details, but having permission to say this, I can state that a Christian Scientist was permitted to treat Dr. Ballenger, and to all appearances he seemed to overcome the severe acute conditions so that amputation did not become necessary. I personally do not believe that Christian Science had anything to do with it, but the fact remains that he became well enough to be moved back to Economy, Indiana, his home town. Here he lived with his wife and adopted daughter for more than a year, suffering a great deal with pains in that leg.

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During this period, at a time when he seemed to have become stronger, our mutual friend, John Murphy, at that time chairman of the middle section of the Triological Society, invited Bill to come to the meeting and take part in the surgical program. Bill was anxious to do this. It was necessary to get him about in a wheel chair, and when the time came for the operation he was wheeled into the arena opposite his patient who was prepared for a local middle turbinectomy by the use of Ballenger's specially devised knife. When I recall Bill's pale face and emaciated body, I feel ashamed—and I am sure the rest of the men who were there must feel the same way—that such a thing was permitted, even though it was insisted upon by Ballenger himself. Bill inserted the nasal speculum and focused his mirror light in the patient's nose without a single tremor, but when he raised his right hand, holding the knife, he fell back into the chair, and the knife dropped out of his hands as did the speculum. He was quickly wheeled out and put to bed to recover from the shocking experience, and the operation was completed by one of the assistants of Dr. Murphy. This sad experience ended Ballenger's surgical career.

A short time later I paid him my last visit, in company with his nephew, Howard, and another friend, George Suker, now passed on. It was very tragic to me, not only because of his loss, but on account of the circumstances surrounding his illness and death, and also because we were the only three physicians attending a world-famous man's funeral.

Bill's nephew, Howard Ballenger, is one of our well recognized otolaryngologists in Chicago and a real friend of mine.

Stanton A. Friedberg, Sr.

Stanton was trained by Fletcher Ingalls and his associates in the field of otolaryngology. Our real contact began when we both took the civil-service examination at Cook County Hospital. We were attending a meeting of the Chicago Laryngological Society when he received a telephone message that we had made first and second place (only two places were to be had). I can see him as he came over to my seat and with great glee whispered the news into my ear.

We worked very hard at the hospital, but certainly enjoyed it. One

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incident that occurred in our service should, I think, be mentioned. I drew a bronchoscopic case of the right bronchus—the first case after that of Dr. Fletcher Ingalls was reported from the Presbyterian Hospital. Stanton was so greatly interested in that case that I made up my mind he should have all the bronchoscopic cases that came into the hospital thereafter. Consequently, I made a bargain with him—that he let me have all the plastic and repair cases about the head and neck in exchange for bronchoscopic cases. We carried out our agreement, and while I got the best of him in numbers, he had great fun pulling things out of the lungs and esophagus.

Stanton was very much interested in the history of medicine, and it was at his suggestion that I joined our local medical-history society. He also belonged to a group of otolaryngologists who met once a month at individual homes. He and I did enjoy these gatherings, especially meeting with our seniors in that group: Otto Freer, Otto Stein, Norval Pierce, Gordon Wilson, Charles Robertson, George Boot, John Fletcher, and George Shambaugh.

When the Great War came, Stanton joined as an officer and after some home training went overseas. I met him in Paris and was distressed to see that he was not feeling very well. He had a bad ear which kicked up every so often. I had seen this ear during the quiet period and always felt that it might some day be a source of trouble. A short time after he came home from France he saw his friend, George Shambaugh, about his ear. Shambaugh in turn called Pierce. They both diagnosed the trouble as acute exacerbation of a chronic process and felt that Friedberg must have an immediate operation on the mastoid. The simple mastoid was followed by a complication—lateral sinus thrombosis, necessitating reoperation which Shambaugh and Pierce performed. It was not long before Stanton developed general meningeal symptoms and within thirty-six hours he was dead.

My heart went out to the young widow, who was known and admired by all for her devotion to her husband. She lost one of the finest men it has been my privilege to know.

Their little boy, Stanton, has since grown to manhood, and I have been watching him make good as an otolaryngologist. I predict that he will go far in this field. He is a member of one of the otolaryngo-

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logical reading clubs and, while not yet a member of our local laryngological society, he has been heard from on several occasions, reporting for the staff members of the Cook County Hospital, in whose service he is.

Robert Barany

An Austrian, teaching at Upsala, Sweden, Barany won the Nobel prize in 1914 for his scientific contribution in the field of the physiology of the equilibrium. His discoveries played an important role in life-saving, as well as in the testing of aviators during the last World War. It was proven later, however, that these tests were of little value as a military aid.

Barany established his fame in Vienna while he was in the neurologic clinic, from which he was transferred to the otologic side because of his work on the static apparatus of the ear and its relation to the rest of the brain and spinal cord; in fact, to the rest of the body. The Barany turning and caloric tests became, and still are, household words and actions of every well-trained otologist as well as neurologist. In fact Barany created a new type of specialist, namely, a neuro-otologist. While there were many questions about the static labyrinth left unanswered during Barany's lifetime—and which remain unanswered still—we can say without contradiction that his work opened up much to be investigated and proved.

Barany came under my personal observation during his visit to the United States as a guest of some of our national societies, and during an American Academy meeting in Minneapolis, I learned to know him quite well. However, not until I visited him in Upsala did I learn really to appreciate this great little man. Not only did I see him in his laboratory day after day, but my wife and I met his wife and children and were entertained in his home. He appeared very happy at his work, but I was surprised to find a different sort of scientist—one who had changed into a real clinician. He demonstrated to me his new frontal sinus operation, making a new naso-frontal duct on the anterolateral part of the nose. This was not, to me, a rational procedure, yet I did see some cases which he had successfully operated on. He also showed me his new idea of performing the radical mastoid operation

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without making any skin flaps. This, too, did not appeal to my sense of radical surgery. But the final disappointment came when he kept telling me that most pathologic conditions about the nose and throat—in fact, about the greater part of the body—should be designated as rheumatism and could best be taken care of by osteopaths. He was so insistent upon his ideas that he extracted from me a promise to have them published in America in the *Journal of the A.M.A.* When I finally asked him just what he meant by rheumatism; that is, what was its pathology, he stated, "It is a chronic oedematous state of infiltration about various sensitive areas."

When I returned to Stockholm and told Gunnar Holmgren of my visit he said, "Yes, it is too bad that science changed that man so much!" I was disappointed that Barany had not told me anything of his theories of the static labyrinth, nerve pathways, etc. But I was glad that he had taken me to a laboratory and introduced me to a young Spanish otologist busily working on animal experiments there. It was Lorento de No, who later came to this country and is now with the Rockefeller Foundation.

Hanau W. Loeb

Loeb was one of my sincerest friends and a great help to me in connection with my medical publications. He was a very severe critic, especially about my English. But aside from the literary part of our association we became very fond of each other. Loeb was recognized as being a first-class otolaryngologist. He enjoyed a very fine practice in St. Louis where he was chief of staff of the Jewish Hospital and dean of the medical department of St. Louis University. He had a great ability for organization and was the head of many medical institutions, as well as being editor-in-chief of the *Annals of Rhinology, Laryngology and Otology*. He was a member of all the national societies in our specialty. During the World War he was a major and very active in his duties.

Loeb was a prolific writer on medical subjects and a fine teacher in otolaryngology. He was a member of the American Board of Examiners in Otolaryngology, and it nearly broke his heart when he had to resign from it due to ill health. Loeb was well known for his

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fine character. He was a fine family man and I don't think he ever drank or smoked. He did like to eat well, however, and his corpulent build showed evidence of that. He was a good companion; I enjoyed being with him and I profited much by his good advice. He did have one characteristic which I very much regretted: he was hard-headed, and it was extremely difficult to change his mind. He was also quick to anger and showed his feeling plainly.

John W. Murphy

Murphy was a prince of a fellow. Very early in my otolaryngological career I met this gentleman, and although he was much older than I we were like two pals. I always looked forward to seeing him and would often visit him in Cincinnati—about as often as he would come to Chicago. Of course, we also always met at medical meetings. I nicknamed him "Honest John," because in any discussion one could always tell just where he stood. He was a great worker and had a fine private practice as well as his clinic.

Murphy had many friends in the profession, which accounted for an occurrence that was quite unusual. The council of a society in our special field brought in the names of men to be elected as officers. It had always been the custom to accept the council's choice, but on this particular occasion the constitutional rule was invoked and John Murphy was nominated from the floor for president. There was no reflection on the member selected by the council, who was also of the highest caliber, yet John was elected by a great majority by ballot — proving beyond doubt his popularity with his associates.

EIGHT OTOLARYNGOLOGISTS, LIVING

Next I should like to talk about eight living men, otolaryngologic friends who are pictured on Plate X, at the beginning of this section.

Chevalier Jackson

To have seen this man progress in his special field in bronchoscopy and esophagoscopy has been a great pleasure to me. Recently, at his request, the specialty has been renamed to express just what it means, namely, bronchoesophagology.

I knew Jack, as we called him, before the advent of the bronchoscope. At that time he was located in Pittsburgh, engaged in the special practice of rhinolaryngology. Very early in its history Jackson was quick to develop the science of bronchoscopy and soon afterward the late William Ballenger and I visited Jackson in Pittsburgh with the idea that we might become expert in bronchoesophagology.

We were received very cordially and shown every possible courtesy. Everything that Jackson and his team had developed in their special work was demonstrated for us. We saw instruments that Jackson had already perfected, histories of cases where foreign bodies had been removed successfully. We were permitted to work with instruments on a cadaver and on a dog. We stayed only two days, but we were sure that we were well on our way to mastering bronchoscopy and esophagoscopy. Ah, but what a change came over us when, after our return, we tried it in our actual practice! We soon found out that it was a very highly specialized field, and I took pains to convince some of my friends of that fact.

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Jackson has been eminently successful, especially since going to Philadelphia and particularly since being at Temple University. He has carried off many national and international honors, and the special publication related to his achievements will make a wonderful volume in the history of medicine. One of his later contributions is his autobiography, *The Life of Chevalier Jackson*, which is excellent reading.

Jackson's son, C. L. Jackson, is making good in his father's field; in fact, I should say he has already made good. He is a splendid example of Jackson's school, which numbers several hundred men and women. I want especially to mention the fair sex, because Dr. Chevalier Jackson has always been most kind to the women physicians; in fact he is dean of the Women's Medical College of Philadelphia.

I could go on telling wonderful things about Jackson, but I will content myself with saying that to me he is the ideal friend, colleague, and otolaryngological expert.

Ernest Schmiegelow

I had of course, heard about Schmiegelow when foreign doctors were mentioned, but it remained for me to learn to know him when he came to the United States as a guest of some of our national otolaryngological societies. When he came to Chicago I had the pleasure of being with him quite a bit, and we began a really fine friendship. Later on we resumed our pleasant relationship in Copenhagen where my wife and I visited him. To my great regret I could stay there only two days. Yet even in that short time Schmiegelow and his younger otolaryngological associates showed us many things in his clinics. Schmiegelow did one especially outstanding piece of work, namely, the plastic reconstruction of laryngo-trachial obstruction by means of prolonged rubber tubes held in place by wire to correct cicatricial strictures. Of course, the procedure has been modified and perfected, yet the idea and first application of the procedure must be credited to him.

M. D. Lederman

Always a very friendly man, Lederman was no showman but a fine gentleman and scholar. I always appreciated the fact that whenever

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he visited Chicago, if only for a day, he would pay a visit to my office. On one occasion while visiting me, I did what I always like to do namely, show off my patients. I presented a case of chronic suppurative otitis media with an attic perforation and much vertigo. The patient was a physician's wife and a very good personal friend of ours. Lederman suggested, "Why don't you use some of my Sulzberger's Iodine Dusting Powder in that ear?" He then explained what it was and how to use it. I accepted his suggestion and later was able to record my first case of cure of chronic otitis media suppuration by means of iodine boric dusting powder.

Since then I have seen so many cases of that type get well that if only for this one reason, I would like to say right here, "Thanks, Lederman, you did a fine job in bringing this remedy to the attention of the otolaryngologist." I was able to make one of the earliest reports on the successful use of this powder in a large series of cases and I know it is used by many others with great success.

Robert Levy

Before I was recognized as even existing in the specialty of otolaryngology, Bob was already nationally recognized as an expert, particularly in the management of the upper respiratory position in tuberculosis cases. He has been honored by being elected president of most of the national societies of otolaryngology, and has been a great contributor to their programs.

Levy was, and is, loved by all his contemporaries; Francis Lederer, one of my own youngsters who went out to Denver and learned to know Bob, recently returned from there filled with admiration for him. Unfortunately for me, I see Bob all too seldom, since he does not come East as often as he formerly did, and I get out West all too rarely.

William E. Sauer

This gentleman is really a contemporary of mine and whenever we meet I am sure there is mutual affection. Sauer's modesty is an outstanding quality of his, and to him can also be ascribed the title of standpatter of square-dealing. I like to think of Sauer in

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connection with times when there are family difficulties, such as sickness; he has always been ready with such good practical advice.

Sauer is, and has always been, an indefatigable worker in his private practice, which has always been very large. He is a scholar and a good teacher, having charge of the ear, nose and throat department of the St. Louis University, and has developed many newer features in teaching, particularly in the clinical aspects. Bill has trained some very good men in his own office. One in particular is Vivian Wood, whom I should like to mention here as an excellent otolaryngologist who now finds himself in the front ranks in our field. Sauer's many hospital connections as consultant are also well known in St. Louis. He is a traveler and an interesting conversationalist on almost any topic. A member of our great national societies he has, while perhaps not so prolific with his pen as many others, contributed liberally to otolaryngologic literature. Sauer's scientific papers have been many. One of the best of them was, as I remember, a study on the hypophysis cerebri and its surgical approach.

A fine family man and a great friend is William — Emil, as I like to call him — Sauer.

E. Preczechtel

Only twice in my life have I met this gentleman, yet I can truthfully say that there does not exist a finer and better informed otolaryngologist. Especially is this true in the borderline subjects of our specialty. The reason for this is undoubtedly that he was for some time associated with the general surgical clinic of Maydl in Prague.

My first meeting with Preczechtel was in Chicago, when he came to the United States to visit and attend one of the national congresses of our specialty. I believe he presented a paper but I have forgotten the details. Later, I visited his clinic in Prague. This was in reality my old hangout, because I had had considerable training on the Bohemian side of the general hospital. (There were two definite sections—one for Bohemian patients, the other for German.)

While in Prague I saw Preczechtel do a very difficult operation on an esophageal diverticulum and also a laryngectomy, as well as seeing a large number of cases he had previously successfully operated

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upon. And I did appreciate his very cordial and friendly reception of my wife and myself in a social way. Preczechtel has been and still is, in spite of present conditions, active in his teaching and practice.

Gunnar Holmgren

Long before I met my dear friend Holmgren, I had read and heard about him. Several of my older otolaryngologist townsmen, coming home from Europe, told of a young man at the Stockholm otolaryngological clinics. His fruitful effort as editor of the publication *Acta-Otolaryngologica* made a great impression upon me, especially when he undertook to publish articles in German, French, and English.

However, I did not have the pleasure of meeting this grand gentleman until my wife and I were visiting in Stockholm in 1927. I attended his clinic of otolaryngology at the Sabatsberg, Sjorkhus. Here I learned much, especially about cancer of the nose and sinuses and particularly the value of endothermic surgery. But more memorable than anything else was Holmgren's geniality and friendliness to all his colleagues. It was possible for me to meet his younger associates, Oehngren and Nylin, the latter of whom is at present chief of the Upsala otolaryngologic clinic, following the late Professor Barany. Nor must I fail to mention Holmgren's fine young nephew, Dr. Leonard Holmgren, who came to me at the North Chicago Hospital for six months' experience in American medical life.

Sir St. Clair Thomson

Sir St. Clair is dean of them all—and long may he live to enjoy the results of his many endeavors! His textbook, like Politzer's, will, I am sure, be reprinted many times, because it is such a fine book and every new edition includes all the latest worth-while things. I believe I have met Sir St. Clair, either in Europe or in this country, five different times, but I think my first meeting, when I was over there, he would not remember. It was when I was getting my training and was introduced to him in the company of several students from different parts of the world.

My next meeting with Sir St. Clair was in Toronto, Canada, in 1906, during the meeting of the British Medical Association. The late Dr.

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William Ballenger and I attended the great meeting together. I recall that the eminent English brain surgeon, Sir Victor Horsley, gave the main address and that, in the otolaryngologic section, we had the pleasure of seeing and hearing several of the big men from the British Empire. Sir St. Clair was the leading spirit of that meeting. We appreciated his kindness, as chairman, in recognizing us (probably informed of our presence by our Canadian friend, the late Dr. Wishart) and in introducing us to the section.

The next time we really met it pleased me that he remembered my name from my meager efforts in the transactions of the Triologic Society. He was the guest of this society and presented his monumental work on laryngo-fissure for the cure of cancer of the larynx. I had the honor to be placed on the program with Chevalier Jackson to open the discussion of his paper. But I was so impressed by it that I forgot to read my notes, and all I could say was, "Thanks for the honor"; neither could I add a thing after Jackson had discussed the paper.

Then, during the World War, or rather, just at its conclusion, I had a fine half hour with Sir St. Clair in his celebrated home at 11 Wimpole Street. A few years later he visited Chicago, following a British Medical Association meeting in Winnipeg, Canada. I cherish very much a group photograph of Chicago otolaryngologists and their wives, in which he is the central figure.

My next and last meeting with the grand young-old man was on the occasion of the one hundredth anniversary of Lord Lister, which took place in London in 1927. Sir St. Clair had been one of Lord Lister's surgical assistants. I could say a great deal about this marvelous celebration, but let it suffice that I have never witnessed a greater gathering of medical celebrities. On the afternoon of the presentation of credentials by men from all parts of the world, all except the Americans appeared in multicolored capes, gowns, or uniforms. The Swiss, Italian, and German physicians were especially gorgeous in their array. Our American group—Mattas of New Orleans, Dean Lewis of Hopkins, and Cunningham of Harvard—appeared in black cutaways and striped trousers, but I was proud of them in their simplicity.

To get back to Sir St. Clair, I want to add that my letters from him, although only too infrequent, are among my great treasures.

THE CHICAGO LARYNGOLOGICAL AND OTOLOGICAL SOCIETY

Since the figures in the group photograph of this society (Plate XII facing page 192) are numbered, I am following that arrangement in discussing my friends in this organization. As with other groups, many seeming omissions are accounted for by the fact that the friend is mentioned in connection with some other organization. The index will reveal the pages on which these descriptions occur.

Abraham Hollender (1)

I well recall when Abe came to the North Chicago Hospital to become my brother Emil's assistant in general surgery. Unfortunately I had no place for him at the time when he wanted to begin his training in otolaryngology, but I advised him as best I could and he followed my advice. Abe progressed rapidly. He joined forces with another man who had trained with me for a short time—Morrie Cottle. That partnership did not last very long, but long enough for these two to publish a book on physiotherapy. When Abe established his own practice he became even more interested in physical therapy and was a power in a national society devoted to that specialty. He was a very successful practitioner as well as a member of the otolaryngological department of the University of Illinois. He later wrote a book alone on physiotherapy which was well received by the profession.

It was a great surprise to me when I was told that Abe had moved to Miami Beach, Florida. I am happy to learn he is very successful down there.

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Arthur Geiger (2)

The son of a great German physician of Chicago, whom I had the honor of knowing, Arthur is one of our very well recognized otolaryngologists. He is also very active in medical political work. For several years he has been one of our state medical examiners. Arthur is a very keen observer and I enjoy talking medical practice with him. He is not a frequent speaker at our society but is active in the American Legion and he belongs, as I do, to the medical post of Chicago.

Olga Gustafson (3)

Dr. Gustafson is one of the very few women eye, ear, nose and throat specialists in Chicago. I have had the privilege of knowing her well since she officed on the same floor in our building. I also have the pleasure of knowing her socially, since she and some of her Swedish friends are very good friends of my wife and myself.

Michael Kahn (8)

What a shock it was while on a recent medical trip to hear that "Mike" had passed away suddenly while preparing to perform an operation. I was in Philadelphia attending the sixty-fifth anniversary party of George Coates, and Bob Sonnenschein came to me to inform me of our mutual loss.

Mike was one of the most likeable fellows among Chicago otolaryngologists. His perpetual smile, which unfortunately does not show in the group picture, was one of his very nicest characteristics.

He did a good job while on service in the otolaryngological department of the Michael Reese Hospital and made many contributions as a member of the Chicago Laryngological and Otological Society. I remember one in particular, "Primary Osteomyelitis of the Temporal Bone." At the time he passed away, Mike was chairman of our No. 1 Otolaryngological Reading Club, a group of which he was very proud.

William Smiley (9)

For several years Bill has been connected with Ira Frank, although he now has his own practice also, as well as being one of the senior

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attending men in the department of otolaryngology at the Michael Reese Hospital. He attends the meetings of our society faithfully and has presented some very interesting papers. Bill is also a great reader and a fine reporter, especially on French medical literature. This he does for one of the reading clubs, and it was there that I learned to know him and admire him for his sterling qualities, although previously I had often heard Ira Frank talk about him in glowing terms. All in all, Bill is one of the most capable and best-liked men in our field.

Maurice Cottle (10)

Since he had a short period of training with me, I have naturally watched Morrie's progress in both the special field of the eye and that of the ear, nose and throat with great interest. Other than the book that he published with Abe Hollender, I have not seen much of his published work. I know that he commands a good practice and that he is fond of medical photography and a student of histopathology.

G. J. Musgrave (16)

I remember George as far back as the time when he became a member of our society, and I have watched his progress in our field with a great deal of satisfaction. His arguments in discussing sinus disease have been both refreshing and convincing to me.

George has been teaching at Loyola University Medical School for a long time. He is also on the staff of Mercy Hospital in the department of otolaryngology. He is one of my dear otolaryngological friends, whom I enjoy meeting at the Bar of Joy when we gather for the reading club.

G. W. Mundt (18)

One of the faithful fellows at our meetings and very liberal in his discussions, George is also active in the clean form of medical politics. He is one of the senior members of his reading club, to which he contributes a great deal from the practical side of our special field. He is a counselor of the Chicago Medical Society and is strong in our state medical society, as well as being a member of the house of delegates of the A.M.A.

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I feel especially grateful to George for his habit of saying kind things about me whenever an occasion presents itself, and I am surely glad to call him one of my friends.

T. J. Williams (23)

One of the English-trained otolaryngologists, Tommy is a member of the Royal College of Medicine. He is a prince of a fellow and very capable in the field of industrial medicine, being the otolaryngologist for the Bell Telephone Company in Chicago. Tom is very fond of literature and is a great writer on other than medical subjects. He was at one time very active in one of the otolaryngological reading clubs but is now one of the senior inactive members. During the World War he occupied an important position. Tommy has always been very appreciative of my efforts and has expressed his friendship by showering books and magazines upon me, for which I am very grateful. It is a pleasure to number him as one of my close friends.

Vincent Mueller (24)

Vincent is not an otolaryngologist or a physician but is one of the ablest gentlemen in the surgical-instrument business, particularly in our special field. He and his son-in-law, Mr. George Wallerick, and several of the men of his company have been very kind to me and of great assistance in designing instruments. The Beck-Mueller ether vapor machine and the Beck-Mueller tonsilectome are two of these, but there are at least forty others in the planning of which I have had a part, and which have been of help to me and, I hope, to other otolaryngologists. I am glad to have this opportunity to express my deep appreciation to V. Mueller and Company and to name them among my otolaryngological friends.

Jerome Strauss (25)

One of our outstanding Chicago otolaryngologists, Jerry is also well known throughout the country. He is a senior attending member of the otolaryngological department of the Michael Reese Hospital and a very active member of our society as well as of some of the national societies, including the Triological.

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Jerry and I have been very friendly and have had many good times together, especially at the monthly meetings of our reading club, to which he contributes much, particularly from his reading of foreign literature.

Sam Salinger (28)

Sam is probably one of the most outstanding otolaryngologists in Chicago, as well as being known throughout the country. This is partly accounted for by the fact that he has written very voluminously, especially in the *Archives of Otolaryngology*, for which he has done splendid reviews dealing with sinus disease. Sam is particularly known for his special liking for and success with rhinoplastics, to which he has contributed quite a number of successful little wrinkles. These wrinkles are actually contributions — not operations to take out wrinkles; for that (lifting faces and taking out wrinkles) is one thing that Sam will not do.

One of the seniors in the Michael Reese otolaryngological department, Sam is always striving to make that department better. As one of the senior attending men there myself, I have watched with somewhat envious eye the keenness with which Salinger goes at diagnosing a case.

He is an untiring worker in investigations of malignancies and some of his best work can be found in the reports on the prognostic value of one or another type of treatment in cancer. His fearlessness in attacking from the scientific point of view what he believes to be questionable is refreshing at all meetings, but particularly in our Chicago Laryngological and Otological Society.

Salinger is a member of my reading club and we all look forward to his reports of foreign literature—at least this was true until very recently, when there have not been any articles worth reporting on. Salinger is a member of most of the national special societies and contributes richly to their programs.

Ira Frank (29)

Not much later than I, did this fine man began the practice of otolaryngology. At first he was associated with one of our senior oto-

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laryngologists, George Morgenthau, but he soon became self-sufficient. He has always been very successful in private practice and is still active at the Michael Reese Hospital. Ira was trained principally in Vienna. He always had a great affection for one of his teachers there, Heinrich Neumann, whom I too knew and admired. On two of Neumann's visits to this country to give courses to American otolaryngologists, Ira and I had the pleasure of looking after his welfare. On his third visit to this country, only recently, neither Ira nor I had a chance to see him. He came as a refugee from Austria, remained in New York City for a very short time, developed a rapidly growing carcinoma of the stomach and passed away.

Ira has been president of our Chicago Laryngological and Otological Society and has contributed many articles to its transactions. He is also an active worker in the Triological Society, of which he has been a member for a good many years.

Ira and I have been very good friends for many years. During the World War we joined forces in giving courses on the cadaver in plastic surgery about the head and neck, and later published jointly a stereoscopic card volume on the course.

C. B. Younger (30)

Younger was one of the seniors of Northwestern Medical School, which was a stronghold in the days of Dr. Casselberry, Fritz Menge, George Marquise, and others. He was elected president of the Chicago Laryngological and Otological Society much later in his lifetime, and I am happy that he was, for he passed on shortly after serving in that capacity. Younger was considered one of the quiet but hard workers in our special field, and although I was not closely associated with him, I thought of him as one of my otolaryngologic friends.

I. W. Mosher (31)

I did not know this man very well, but I often had an idea that perhaps we in Chicago were going to be able to boast of a Mosher, too. But he passed from our midst early in his career. Since his death I have heard many fine things about him by those who knew him well.

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James E. Lebensohn (32)

Jimmie is a very good laryngologist. Early in his activities he contributed considerably to the literature, but in recent years he has been identified more with ophthalmology and is connected with that department in Northwestern University Medical School.

Jimmie and I have always been very friendly.

Samuel J. Pearlman (33)

One of our strongest men in otolaryngology, Sam was associated for a good many years with Robert Sonnenschein; in fact, almost to the end of Sonnenschein's active practice. Sam has been and still is a very hard worker. He is one of the attending men in otolaryngology at the Michael Reese Hospital, with a very large service. He has also been for several years attending otolaryngologist at the Cook County Hospital. Sam is a member of the Triological Society and of the American Broncho - Esophagological Association. He has written valuable articles in our special field and has contributed much to the discussions in the Chicago Laryngological and Otological Society meetings.

I have always been very fond of Sam and am glad to call him one of my friends.

Carl Christoff (34)

Carl is one of those lovable characters and a genuine friend. He is associated in practice with George Jordan, and they appear to be made for each other, so well do they work together. Carl has for years been connected with the Illinois Eye and Ear Infirmary, where he is active as one of the senior attending men. One does not hear much from Carl at the society meetings, but at the reading club or sitting down with him privately one surely enjoys his otolaryngologic information. Carl is considered one of our good men, and I am proud to number him among my friends.

George J. Dennis (35)

A former president of this society and a fine gentleman, George handled the job of executive splendidly and during his year as president was

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responsible for some fine papers and discussions. Yet there have not been many contributions from his pen. George has long been one of the best otolaryngologists in Chicago, and his patients have the highest regard for his judgment and skill.

George and I have had many hours of pleasant discussion together, and I am happy to name him as one of my otolaryngological friends.

Daniel Hayden (37)

Dan is one of the strong fellows in the department of otolaryngology at Rush Medical College, and following the relinquishing of the headship of that department by George Shambaugh, Sr., Daniel Hayden has become its chief. He is carrying on well and is developing a splendid staff of younger men. Dan is fond of otolaryngologic literature and is active in one of the reading club groups, as well as being a frequent contributor to the programs of the society. Dan is much respected by everyone. While he and I have not been very close, I hope I may claim him as one of my otolaryngologic friends.

As I write this, I think of a remark Norval Pierce once made to me, "Joe, you like everybody, don't you?" Well, I think I do, but I like some people better than others!

Thomas Faith (39)

I knew Tom as an ophthalmologist, although he was one of the men who practiced all four branches. Tom was the brother-in-law of William Fisher, who for a long period was a leading ophthalmological teacher and a great cataract operator. Tom, I always felt, was overshadowed by his brother-in-law, yet he was a very able teacher himself, especially in the clinical branch. His genial countenance always called forth an answering smile, and I always enjoyed a nice long chat with him. He passed away altogether too early in his life and is still missed by many of us. He was one of my best beloved friends.

Alfred Lewy (40)

No history of Chicago otolaryngologists could be written without naming Al among the leaders. Although a graduate of the homeopathic school, he became not only a member of the Chicago Laryn-

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gological and Otological Society but one of its presidents. Al is one of the most prolific contributors to our literature, and his discussions are especially valuable. He is a member of the Triological Society and the American Otological Society, to both of which he contributes valuable material. He is also chairman of the meningitis committee of the American Otological Society, and as such reports to that society every year. For the past few years I have had the pleasure of being associated with Al in the first otolaryngological reading club, where he reported on the literature of the *Monatschrift der Ohrenheilkunde*, the specialists' journal of Vienna. He also abstracts for the *Archives of Otolaryngology*.

For years Al has been one of the attending surgeons at the Illinois Eye and Ear Infirmary, a post which requires much labor and time. Recently he has had the pleasure of watching the progress of his son, Bob, who is one of our younger otolaryngologists.

I have often differed with Al on medical matters, but as a friend among otolaryngologists, I cannot think of a better one.

Howard Ballenger (41)

The nephew of my friend of many years, William L. Ballenger, Howard has followed very well in his uncle's footsteps as an otolaryngologist. He has kept up his clinical work in his connection with Northwestern University, on whose faculty he is. He has also kept up his attendance at medical meetings, being a member of the Triological Society and of the American Laryngological Association. He is also a member of our local special society and has been its president.

Howard has written many articles, especially on the subject of ear, nose and throat conditions in childhood. He is on the staff of our Chicago special hospital for children where he does considerable work. He lives in our beautiful suburb of Hubbard Woods and does a great deal of his private work there. Personally, I think Howard is one of our finest fellows.

C. F. Yerger (42)

For a time Yerger was an active worker in our society and contributed a great deal to its transactions. However, for some reason he took a

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fancy to the eye and now we seldom hear from him. He was very active on the staff of the Illinois Eye and Ear Infirmary, as well as being an attending man at the Cook County Hospital.

Walter Theobald (43)

Walter has played quite a figure in our society, having been its secretary for many years; in fact, at this time he is again its secretary, having been interrupted in that office to serve as president. As a member of the Triological, too, he is most faithful in his attendance and does his share in contributing to the success of the meetings, both in their management and socially, especially in our section.

Walter is a home-trained product, having served under the tutelage of Norval Pierce for a number of years. When Norval left for California, Walter took over the practice and no doubt added to it, for Walter is a very busy man. He is connected with the University of Illinois in the department of otolaryngology, as well as being one of the attending men at St. Luke's. Walter and I have been very good friends for years, and I have a warm spot in my heart for him.

Louis Ostrum (44)

One of the most constant out-of-town members, Louis is always willing to discuss papers or to present some interesting subject. Back in the earlier days I remember that Louis told about doing a submucous resection of the septum without packing the nose. He also tried using metal clips instead of ligatures to stop the bleeding in tonsilectomies.

Louis and I have been personal friends for years.

Ulysses Grimm (46)

For a number of years I had known this gentleman by name and reputation but never had the pleasure of meeting him or of hearing him speak. Finally, at a social gathering at his summer home, neighboring my own, we met, and from that time on enjoyed a most pleasant friendship. We had common problems as commuters and country gentlemen and frequently bemoaned our losses of some animal or other and the fate of city men dabbling in farming.

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While Grimm's scientific contributions are not frequently cited in literature, his earnest work at the Illinois Eye and Ear Infirmary, where he served for a long period of time, has been most gratefully appreciated both by patients and confreres.

In recent years I have lost track of Grimm, but recall our friendship with pleasure.

Will Walters (47)

This confrere in otolaryngology was really only an acquaintance, although whenever we met it was on the most friendly terms. Will Walters was a very successful specialist in Evanston, and otolaryngologists of the North Shore regard him highly. He was one of the earliest members and a high official of the medical fraternity, *Nu Sigma Nu*, to which I have belonged since my junior year in medical school. Later in Will Walter's life he went south to spend the rest of his days in leisure.

William A. Evans (48)

William was one of my very dear medical friends, as well as my teacher in pathology. He became the Chicago Health Officer, but was very soon gobbled up by the *Chicago Tribune* to syndicate the column on health problems for the public. He was the forerunner of all columnists on health in this country, and a great authority on medical topics in general. Dr. Evans never practiced medicine for gain but gave his services gratis to many worthy human beings. He had many friends, but his own selection of intimate friends was few.

One in particular I should like to mention because the friendship was of such interest. That was Ben Reitmann, president of the National Hobo Society of America. Evans and Reitmann could very frequently be seen walking downtown from their homes on the south side to the loop. On one occasion I walked with them, just listening and not saying a word. What were they talking about? Socialism, anarchism, nihilism—and if it had been at this particular time no doubt they would be talking nazism, fascism, communism, Hitlerism, and all the other *isms*. Not that they were personally associated with any of these things, for there never were truer American citizens

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than these two, but they just liked to talk about them. The Dill Pickle Club of Chicago, the hangout of Ben Hecht and other liberal thinkers, was another rendezvous for us, as was the Chicago Press Club, where Evans, Opie Read, and myself often enjoyed conversation after a so-called wine rausch. In those times the Press Club really represented something quite other than it did in later years, and we joined it together because of the wonderful relaxation that one obtained in associating with the Bohemian type of individual. Evans was one of those individuals.

But now comes the real story about Evans and myself—one which I think will grip some of the youngsters who do not have the privilege he and I had in this case. A Dr. B., a personal friend of ours though a much older man, became ill and confined to his home. He was a teacher in one of our leading medical schools, and when he first fell ill there was a daily visiting list of from ten to twenty-five medical men, but in time the number of visitors dropped off to only a few, and finally only Bill and I were seeing Dr. B. We finally decided between us to alternate spending the night with him because he really needed special care in regard to his urinary apparatus. Such devotion as Bill exhibited in this case was to me an example that I wish I could present to every medical man in these times. Nurses were plenty. Dr. B. had a large family, including a son who was a doctor, but he was happiest when Bill and I took care of him. And so for two straight years, until he passed away, it was our pleasant duty to care for him. I mention this particularly about Bill Evans because I know he will live in the minds of many doctors as a shining example of the true physician.

Otis MacLay (50)

One of the earliest secretaries and subsequent chairmen of this society was Otis, and well do I remember his difficulties in getting sufficient material to fill his programs—that is, with papers. Men preferred to present cases and to report them subsequently in the literature. In thinking back to those times, I am now convinced that that was a better way to spend the evening at the society than the way we spend it now, listening to a lot of papers read with very little discussion.

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MacLay presented one outstanding paper before this society, an anatomical one on the measurements of the sella turcica in a large number of subjects. He also quoted richly from the literature. This paper had a follow-up of a great deal of clinical investigation on hypophysial tumors, particularly in reference to Roentgenology of that area.

Otis was a Casselberry trained man and a teacher of recognized ability at Northwestern University. He never appeared very robust in health, and while I am not acquainted as to what caused his demise, I know it was much too early.

George Boot (51)

Here was a character! I could go on talking about George for hours, and it would always be on the right side of the fence! Honest to the core, diligent beyond possible description, very scientific, although never much interested in the research. Yet I must take that back, for he did a very nice piece of investigative work on animals as to the cause of cancer from irritation, by use of turpentine.

George spent much of his time at Cook County Hospital, where he was the senior otolaryngologist for a number of years. He loved bronchoscopy and esophagoscopy and after my dear friend, Stanton Friedberg, Sr., passed on, George did my broncho-esophagoscopy cases with remarkable success. I was very sorry when, after a long period, this association terminated.

George's likes and dislikes were very definite, and when he disliked an individual, let us say a doctor, he would be extremely cutting, particularly in open discussion, to the great discomfiture of the opponent. I can see him now with a little black bag in his left hand, his pockets stuffed with books and papers and another bunch of them under his arm or in the other hand, for he was an indefatigable reader, both in English and in German. I never heard George use a cuss word, yet there is an anecdote that I always like to mention when I speak of George Boot. It refers to his passing the civil-service examination for attending man at the Cook County Hospital. One of the examiners put the question to him: "Differentiate between syphilis, tuberculosis, and carcinoma of the larynx."

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Answer by Boot: "A useless question—a little poem:

There was a young man from Greenwich
Had the pox, the pip and the itch,
His name was McNabs,
He also had insects and parasites—
Prescribe just for fun,
For this son of a gun!

Now wasn't that the real truth from the practical standpoint! You could do nothing for a man who had those three diseases, so why trouble to make the diagnosis?

In spite of the desire of some of the examiners to throw out Boot's paper because of this rhyme, it was decided to ignore it, and Boot passed the examination with a high mark.

George passed away in the prime of life, and I consider his death a great loss to otolaryngology. He never belonged to a national special society and never wanted to. Why, I do not know. He surely had all the qualifications. But he was a member of our Chicago Otological Club.

Harry Kahn (52)

One of the old timers, Harry was practicing otolaryngology before my time and was a senior attending man at the Michael Reese Hospital. He was a short, stocky, very strong looking fellow, with a smiling face and a peculiar little speech defect—a sort of hesitation. He had many friends among the profession at large, and his patients, of whom I had quite a number in later years, always referred to him as "our dear Dr. Harry." He was not a true otolaryngologist in the sense of limiting his work to that field, because he knew general medicine and used it to very good advantage in the treatment of his patients. One of the greatest compliments paid me as a young otolaryngologist was when one of his very close friends, a young dentist, developed a severe acute mastoid disease and Harry called me in to perform the operation. I think that one little encouragement on his part gave me as much incentive toward surgical aspiration as anything I can at this moment think of.

The saddest thing to relate regarding Harry Kahn was his going out of the practice of otolaryngology when he was stricken with a hemiplegia with which he was permitted to suffer over a long period

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of time. My altogether too infrequent visits to his home were very painful because he wanted to talk to me and couldn't.

Charles Robertson (53)

My "buddy," that is, Charles, and I both served in the World War, though not exactly in the same regiment. As a youngster in otolaryngology Charlie was located in Iowa, where his father before him was a well-known physician and surgeon. When he came to Chicago he represented the type of self-made specialist, a great deal on the order of William L. Ballenger. He immediately became active in the clinics of Henrotin Hospital (Polyclinic), where he became one of the instructors to postgraduate men and a busy consultant on the staff.

Charlie married the niece of the once great President Carranza of Mexico, and had by her two children who were considered the most beautiful children on the North Shore. Returning to Charlie's activities during the War, he was responsible for developing a stationary testing ship for training aviators; the same pattern was subsequently adopted as an amusement affair at our Chicago Century of Progress.

In the later years of his life Charlie severed his downtown office connection for practice in Waukegan and moved out to the North Shore, where he took great pride in his home and flower garden. Charlie belonged to that group of men known as the Chicago Otolological Club. This was a club organized by Otto Stein to meet once a month in our individual homes and to discuss only our failures. I often wonder why such a club has not again been organized by others.

The finale to Charlie's life, which occurred in his prime, was an emergency operation for appendicitis, from which he never recovered.

Norval Pierce (54)

I have already mentioned Norval in connection with the University of Illinois, but the real Norval should be described from the beginning of his otolaryngologic career or even before that. I have been told that Norval was an assistant of Christian Fenger, that he loved music, particularly singing, and was very much devoted to the study of otolaryngology from the broadest possible standpoint. So it was that he became one of our earliest members of the national otological and

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laryngological societies. At their meetings Norval was very active on the program, usually having a paper. The banquet would open as regularly as clockwork with a song by Norval—a song that became as inseparable from him as anything could be. It was "On the Road to Mandalay."

One thing I should like to comment on is the appearance of Dr. Norval Pierce. The old saying about always looking as if one had stepped out of a bandbox certainly applied to him. Of course, clothes do not make the man, but Norval also had everything that goes with them.

After he and I became emeritus professors at the University of Illinois, Norval went to California to live in a beautiful spot called Delmar, where to this day he lives and enjoys the beauties of nature.

Otto Stein (53)

Otto was an otolaryngologist before I entered the field and was trained under the tutelage of Casselberry; that is, he was to a great extent self-trained, as many men were in those times. Very early in his practice he became a member of the American Academy of Ophthalmology and Otolaryngology and soon its treasurer, which office he held for several years. He was a member of other national special societies and was always ready and willing to discuss papers. I remember that on many occasions Otto would stand up for his opinion, perhaps the only man against the majority. Otto taught postgraduates in the Chicago Postgraduate School up to the day he left Chicago a few years ago. He enjoyed a lucrative though small practice and was very keen minded in judgment of surgical problems. He organized what I have already mentioned a number of times, the Chicago Otological Club, and asked me to assist him in this. This club proved to be the most profitable and entertaining society I have had the privilege of belonging to. Unfortunately the World War came along, and it was suspended and never reestablished.

About ten years ago Otto decided to leave Chicago and move to California, where he built a beautiful home at Palo Verdes, where he lived until two years ago, when he passed away following a severe surgical operation.

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THE CHICAGO LARYNGOLOGICAL AND OTOLOGICAL SOCIETY



DR. JOSEPH BECK'S SIXTY-FIFTH BIRTHDAY PARTY
LAKE SHORE ATHLETIC CLUB CHICAGO SEPTEMBER 26, 1935

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THE AUTHOR'S SIXTY-FIFTH BIRTHDAY PARTY

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Otto Freer (58)

A pioneer in otolaryngology in Chicago, Freer was one of the gentlemen of the Fletcher Ingalls group. He, like the rest of them, was associated with Dr. Ingalls for a number of years before beginning individual private practice and never left Ingalls' service in his clinic at Rush Medical College.

Otto Freer was considered a very fine scholar; he possessed the ability of reading and speaking several languages and became internationally known for his writings. In fact, when I was a student and visiting different clinics in other countries, it was Freer that they wanted me to tell them about. He belonged to a family, most of the members of which became very prominent in one field or another, becoming writers, professors, artists, etc. Freer taught many specialists the smaller but important things in otolaryngology, for which they were very grateful. In his later years he perfected the operation and instrumentarium of what is known as the submucous resection of the nasal septum and to this day he is quoted in that particular operation. He was also one of the very earliest laryngologists to employ radium in cancer of the larynx.

Freer was a member and at one time the president of the American Laryngological Association, which he cherished greatly. Here comes the sad part of the story of his life. He fell prey to a chronic ailment from which he suffered for several years and, not having much worldly goods, his last days were not as happy as one would wish for such a grand man.

Edward Norcross (60)

Ed is one of the better type of otolaryngologists, a much beloved man and one of whom I am very fond. For a good many years he has been one of the leading otolaryngologists at St. Luke's Hospital. He was at one time president of our local society and has contributed a great deal to it. However, he has joined very few of the national special societies although he is surely qualified to do so.

Charles Long (61)

One of our regular fellows was Charles, working hard and talking

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earnestly in the society. He was its president and took part in all the meetings. He passed away all too early in his life, and his death was a great loss to us all. He was indeed a real friend.

John E. Rhodes (62)

Most probably the first one of Doctor Ingalls' group of assistants, Rhodes practically paralleled Otto Freer in his activities although not in his writings, which made Rhodes less known internationally than Freer. I have very pleasant recollections of Rhodes' telling me anecdotes of his teachers in otolaryngology—about their primitive manner of teaching and the difficulties that they had as compared to ours. This, by the way, is the same feeling I have regarding the contrast between my early experiences and those of the young men of today.

Dr. Rhodes was much sought by general practitioners, who nicknamed him "Daddy Rhodes," for he was like a father to them, helping out in the most difficult conditions. He, like the rest of the Ingalls group, remained faithful to the end to the great teacher they had.

Right here I believe is my opportunity to say what I feel about E. Fletcher Ingalls. Knowing him was a great privilege. I learned to know him best after he was confined to his home with a heart ailment which compelled him to stay in bed a great part of his days. I don't believe I have ever spoken of this to anyone, but I often used to sneak away from important duties just to have a visit with this grand old gentleman, and I know that he was glad to see me. How wonderful he must have been to the fellows who worked under him.

T. W. Lewis (69)

One of the remaining Ingalls men, Lewis is a very regular worker in the Rush Medical School Clinic. I believe that he has been an active teacher of otolaryngology in one place longer than any other man of my knowledge. He was recognized as a very fine technician, especially in the routine operations of septum resections and tonsilectomies.

Very late in his activity he was selected as president of the Chicago Laryngological and Otological Society and through his work and the fine cooperation of the former secretary, Walter Theobald, who came back for another period, Lewis had a very successful year.

CHICAGO LARYNGOLOGICAL AND OTOLOGICAL SOCIETY

Morris Fishbein (71)

Although not a member of the Chicago Laryngological and Otological Society, Morris Fishbein is in the group photograph since he was our guest on this special occasion. I am glad this was the case, as it gives me an opportunity to say something about a man who could well be placed in that group I have spoken of as medical masters. Not as a surgeon or a medical man in any special scientific endeavor would he take his place there, but as a medical organizer who stands for progress in the American medical profession.

Morris Fishbein is a household word among American physicians and, aside from little differences, he is universally approved of and liked. As a speaker on medical subjects, emphasizing organization, policies, ethics, principles, etc., he has no equal. And his talent for rapid repartee, especially in a debate or discussion, is most gratifying. His humor is one of the outstanding factors in his speech-making, but one cannot get the full benefit of his performance without seeing his facial expressions.

Morris Fishbein is one of our leading medical historians, and whenever our local medical historical society meets and I anticipate that he will be present, I attend the meeting with additional joy and satisfaction. I remember that on the occasion when the photograph was taken, his topic was "The Birth, the Life and the Never-Dying Chicago Laryngological Society." I wish I had a copy of that speech!

Austin Hayden (72)

A real figure in medicine was Austin Hayden, particularly in otolaryngology. At the very beginning of his medical career he demonstrated great aptitude for organization and making friends. It appears as though he had read the book, *How to Make Friends and Influence People* long before it was written and published.

Hayden was secretary of our society over a period of years, and during his regime great progress was made in the type of program given. He was a true politician in medicine. Hayden became the treasurer of the American Medical Association and after holding that office for a number of years he was advanced to that of trustee and later secretary to the Council of the A.M.A.

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The real field of Hayden's special interest was that of hard-of-hearing and deafened individuals. He was an active worker in the Chicago League of the Hard of Hearing, becoming one of its directors, as well as president of the national society known as the American Federation of the League of the Hard of Hearing. Constantly appearing on the program at meetings of special societies, he endeavored to stimulate the profession to make use of all ways and means possible in the better diagnosis of types of deafness and the correct application of hearing aids. Therefore, when one says audiometer one might as well say Hayden, for he was its great champion. Austin was a real comrade of mine, and while many years my junior he was ever championing my causes and for this I am most grateful. His unexpected death occurred in the summer of 1940.

A. M. Corwin (73)

One of the Fletcher Ingalls men, Corwin remained in Ingalls' office for many years before going into his own practice. A very good clinician and teacher, he was often spoken of by those whom he taught as a "noble fellow." When I asked them to explain what they meant by noble, it was that he would never press for an answer but let it go at that!

Corwin was our poet laureate, and we could always depend on him for a poem apropos of any subject whenever occasion arose. At the time when the group picture was taken he was our president, and I well remember how beautifully his poem fitted in with Morris Fishbein's talk that evening. He made an admirable president and one of his qualifications was his ability to act as toastmaster par excellence.

Irene Snyder (75)

Miss Snyder was the official stenographer of the society, and I wish to recall to all who had the privilege of discussing papers before the society how hard she worked to get their remarks in the best shape for publication. She was the good friend of all the fellows.

CHICAGO LARYNGOLOGICAL AND OTOLOGICAL SOCIETY

Margaret Wolff (76)

Miss Wolff, Austin Hayden's secretary, is a great help in the arduous job of secretary of the society. Always very friendly and smiling, yet very busy, we all appreciated the way she went about her many duties during the number of years Austin was secretary. While she is not a physician, I number her as one of my real otolaryngological friends.

Dwight Orcutt (77)

At the time this picture was taken, Orcutt was still doing ear, nose and throat work, but for some time now he has confined himself to ophthalmology. I always associate Orcutt with John Cavanaugh because they were such close friends for years.

Burton Hazeltine (78)

Like Sauer, Burton never did become a member of our society, since he was a homeo. Yet to most of us he was counted as one of us, for he took part freely in discussions and on several occasions presented instruments and cases. His presentations and discussions were always most interesting. He had much to say about asthma and its successful local treatment.

Burton is a member of the original Chicago medical round table and his work often takes him to various out-of-town medical society meetings. His success as an otolaryngologist is seen in his wonderful private practice; his hospital connections, too, are of the best.

Burton has a wide range of information on things other than medicine, particularly in the field of art and literature.

George T. Jordan (79)

At the present time, George is the president of our local society. He is head of the department of otolaryngology at Loyola University and is associated in practice with Carl Christoff; much of their hospital work is performed at Mercy Hospital. George has for years been active in the medical side of military affairs.

George has been a great friend of mine. He is much interested in the work of the reading clubs which I organized, and often expresses himself as to their value.

READING CLUBS

Some fifteen years ago I came to the conclusion that one would have great difficulty in keeping up with medical literature by oneself even though his reading were limited to his specialty. In order to solve this problem I called together all the boys who had had their training with me and who were in Chicago in practice and discussed with them ways and means of surmounting the difficulty. Consequently, certain journals were assigned to the different individuals. These they would read, make notes of their reading, and then at a stated date come together to report on the results of their reading.

The immediate success of this experiment was so startling that we formed a permanent organization, naming it Joe Beck's Reading Club. The initial membership consisted of eleven men. More than half of these were able to read French and German, and thus the most important journals of these languages also were reviewed. The meetings were held once a month following a light dinner at which a social time was enjoyed. In addition to the reports on the reading, brief and concise reports on important and interesting cases were given. This part of the program of the reading club proved to be one of the strongest reasons for its existence.

In less than six months I was urged not to limit this valuable exchange of information to just my own boys but to enlarge the membership to include others. Consequently I undertook the formation of five such reading clubs, selecting for each group members compatible both socially and scientifically and varied in number of years of experience. Since the organization of these five groups, now more than

READING CLUBS

ten years ago, there has naturally been quite a change in the membership. However, the underlying idea remains the same—that of a small group, preferably between eight and fifteen members, covering both the American and foreign literature. The discussion of these articles is the “meat” of the meeting, and while at times the attendance is sparse, owing to one reason or another, the end result when the year is over is considered to be of great value.

I have had the satisfaction of having attended all these various groups at different times — more in former years than now — and I believe the institution is a permanent one. There are no dues or officers, except a secretary who acts as chairman of the meeting and makes the assignments for reports. I have a further reason for gratification in the fact that similar reading groups have been organized in other cities. They vary, of course, in type and manner of procedure, but the end results are the same. The photograph facing page 193 shows these five groups gathered together with some of my contemporary friends, particularly members of the Board, on the occasion of my sixty-fifth birthday. I am most grateful for the expressions of friendship I received that evening at their hands.

THE "OLD GUARD" OTOLARYNGOLOGISTS OF CHICAGO

The evening the photograph of this group was taken some of the members were absent, since there was, the same evening, another special gathering which some were attending and others were out of town. Among those of the "old guard" who had gone to their reward at the time of this gathering were Otto Freer, John Roach, Arthur Corwin, Charles Robertson, Stanton Friedberg, Sr., Otto Stein, George Boot, and several others. The biographical paragraphs follow the order of the arrangement of the photograph, Plate XIV, facing page 208, beginning with the front row and going from left to right.

Noah Schoolman (I-1)

A very busy clinician in this city, Dr. Schoolman was connected with two institutions — the Illinois Eye and Ear Infirmary and the Mt. Sinai Hospital. His membership in the Chicago Laryngological and Otological Society was a great joy to him and he loved to discuss many subjects from his personal experiences. Unfortunately his health failed early in his life and he had to retire from active service. He has the pleasure now of watching the progress of his son, Joe, who I believe, is destined to be successful in the same field — otolaryngology.

J. Gordon Wilson (I-2)

Chicago is proud of this otologist who is internationally known for his clear views on the anatomy and physiology of the ear. The head of the otolaryngological department of Northwestern University, he

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has long been a leader and has contributed much to the literature of our specialty. He is a member of all the national otolaryngological societies and a past president of both the American Laryngological Association and the American Otological Society. He has always been very active in the study of otosclerosis and is the chairman of a committee of the American Otological Society for research on this important subject.

Wilson was an active member in the "once a month" meetings of Chicago otolaryngologists, devoted to the discussion of our failures. I have always liked Dr. Wilson, but must confess finding him not very easy of approach.

George Fiske (1-3)

Early in Chicago's history of eye and ear specialists, this man became a leader in this field. A member of the American Otological Society and recognized as an authority in the ear specialty, he became associated with a group of physicians at a private hospital known as the Marion Simms Hospital and also at the Polyclinic which later became the Henrotin Hospital. Ophthalmology was his greater preference. George was elected president of the Chicago Laryngological and Otological Society quite late in his career and served in that capacity to the great delight and satisfaction of its members.

George is a great friend of mine and we have spent many pleasant hours together. I remember with especial enjoyment our poker games, in which he usually won from the crowd — I took particular enjoyment in his winning from Morris Fishbein! George not only keeps on working but walks with a springy gait which, combined with his youthfully stylish dress, cannot help win for him admiring glances.

G. M. McBean (1-4)

Dr. McBean was assistant professor in otolaryngology at Rush Medical College for many years. I remember him chiefly for his work early in the time of the use of the bronchoscope. I found him always most kind and an extremely interesting man to talk to. Unfortunately for

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me, I too rarely had occasion to meet him during our years as conferees in Chicago.

T. I. Melville Hardie (I—5)

At this writing Hardie is our senior otolaryngologist yet, although he has reached a grand age, he is still active in the practice of our specialty. When I went to medical school, Hardie was my professor — not in otolaryngology, but in normal histology.

Dr. Hardie was for years known as a fine tennis and golf player.

Recently I had the pleasure of presenting him with "Joe Beck's otolaryngological walking cane." This occurred at the annual joint dinner meeting of the five otolaryngologic Reading Clubs, which takes place the night of September 26th, which is my birthday. The cane is so constructed as to contain a combination instrument made up of a nasal and ear speculum as well as a tongue depressor and metal laryngeal mirror; it also contains a flashlight and a small reflecting mirror. It is properly engraved, and when Dr. Hardie passes on, the cane goes to the next senior otolaryngologist, and from him to the next and so on, each time with the addition of a metal ring, properly inscribed. I like to think of this cane as being a sort of perpetual thing to be remembered by.

George E. Shambaugh (I—6)

George E. Shambaugh is one of America's outstanding otologists although he practices in the entire field of otolaryngology. For many years he has been the head of the department in our specialty at Rush Medical College. George is a member of all the national societies in our field and past president of most of them. He is a frequent contributor to their programs and his discussions are always most interesting and instructive.

For several years George was the editor of the archives of otolaryngology, also co-editor of the yearbook of ear, nose and throat. He has written a large number of interesting articles, many of which deal with his studies of the tectoral membrane of the cochlea.

CHICAGO 'OLD GUARD'

Robert Good (II—1)

For many years Dr. Good has been a very busy otolaryngologist. Yet he is always ready to show others how things should be done, as he sees it, though hard to convince that there may be another equally satisfactory way. He is a regular attendant at our meetings of the Chicago Laryngological and Otological Society and has contributed very liberally to its discussions.

Early in his career, Dr. Good described a method of intra-nasal drainage operation of the ethmo-frontal sinuses by means of a rasp. Later he emphasized the correct operation of the faucial tonsils. He also developed the moving pictures of such operations as septal resection and intra-nasal operation on the tear sac. He and his son developed an electric headlight which carries their name, and it is truly a good light. I personally take delight in wearing it, preferring it greatly to the ordinary head-mirror.

For a long time Dr. Good was the head of the department of otolaryngology at Loyola University. He is a delightful gentleman, and I particularly admire his contagious enthusiasm for his work and his ideas concerning improvements in the specialty.

John Campbell (II—2)

Long before I entered the field of otolaryngology, this gentleman was associated with Dr. Morrow Brown, my professor in this specialty at the old Physicians and Surgeons College. Campbell is a very consistent worker and a fine man. Unfortunately for us all he does not come to our meetings as often as he formerly did. That same complaint might be lodged against most of the remaining "old guard" who, if they realized how much their attendance meant to the younger men, might make a greater effort to be present.

Albert H. Andrews, Sr. (II—3)

There has seldom been a meeting of our local otolaryngological society when this co-worker in the field of otolaryngology and I did not meet. This applies also to the meetings of the American Academy of Ophthalmology and Otolaryngology, where for many years he has been active on the programs.

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Andrews was co-editor of the yearbook of eye, ear, nose and throat. He also published for several years a practical periodical known as the *Journal of Ophthalmology and Otolaryngology*. It went out of existence at about the same time — the World War period — as my *Index of Otolaryngology*. He contributed richly to the literature of our specialty, especially in regard to daily practice.

Andrews was much interested in the perfect construction of tuning forks, which he did with his own hands. Postgraduate teaching was one of his great accomplishments, and there are many otolaryngologists throughout our country who have pleasant and helpful memories of his teaching.

A hobby of Andrews has been archery. He displayed his ability with the bow and arrow at one of our meetings at French Lick, and I tried it under his tutelage. I'll never forget my experience; I learned that persons with long noses must be very careful when that tense cord is let go with the arrow. It caught the tip of my nose, and though this happened more than six years ago I still imagine I can feel that sharp sting at the end of my nose.

Elmer Kenyon (II—4)

One of the remaining Ingalls men, Kenyon has been identified with the subject of speech correction during the greater part of his otolaryngological practice. For many years he has been connected with the otolaryngological department of Rush Medical College, teaching that particular branch of our specialty. He is a member of most of the national societies in our field and often discusses and presents subjects at their meetings. One rarely meets a finer gentleman than Dr. Kenyon, and I am proud to be one of his many otolaryngologic friends.

Frank Brawley (II—5)

An otolaryngologist in the former years of our association, Brawley has, for a good many years now, been an ophthalmologist. There was in Chicago some years ago one of the strongest groups of specialists that were banded together anywhere. In this group were Frank Alport, Casey Wood, Thomas Woodruff, Gilmore, and Brawley. They all worked at St. Luke's Hospital where they constituted what

CHICAGO 'OLD GUARD'

was well described in an address of Alport as a "Special Hospital within a General Hospital." Frank was the rhinolaryngologist and the otologist. He was especially renowned for his work in diseases of the sinuses.

On one occasion, which I will never forget, Frank came to my rescue. I was sued by an unscrupulous individual on whom I had performed a mastoid operation in the charity ward of Cook County Hospital. He claimed that I had made him deaf through careless surgery. Frank's forceful testimony was of considerable value, although I really should not have had to defend myself against such an unwarranted charge.

Frank is very popular with the American Academy and this year (1940) is its president. That honor is one of the greatest that can come to a man in medical life but Frank Brawley is well deserving of it, being one of the greatest of fellows as well as greatly talented in his specialty.

“JOE BECK’S SCHOOL”

Shortly after my return from Europe in 1901, after a two-year period spent there in obtaining my special training, a young physician by the name of Cornelius Leenheer came to me. He had already developed an eye, ear, nose and throat practice of about thirty different patients a week, although he had had no training in these specialties. He proposed to me that I train him in exchange for his practice. Since I had no patients of my own I readily accepted the proposition, and we began to work together. His patients were notified of a change of address and I was introduced as his chief.

That was the beginning of my school. “Cor” was the first of forty-four men who enlisted with me for a period of a year to assist in office practice, hospital work, and daily dispensary duty, in exchange for instruction and supervised practice in the otolaryngologic specialty.

In the following pages I have described briefly the “boys” who have trained under me. For the reader’s convenience these are arranged in the order (left to right) in which they appear on the photographic page (Plate XV), facing page 209.

Harry G. Nelson (1)

Always eager to learn and one of our consistent hard workers, Nelson made good his stay. He carried with him the good wishes of all of us when he returned to Cincinnati to establish his practice.

I saw him there several years later, and was glad to hear the other doctors of that city speak well of him.

‘ ‘ JOE BECK ’ S SCHOOL ’ ’

Coleman C. Burns (2)

The son of a physician, Burns was recommended to me by some of our mutual friends in Memphis, Tennessee. A true southerner and a perfect gentleman, he was well liked by all his fellow workers, as well as by the ladies. Although getting off to a somewhat slow start, before his time of training was up he blossomed out and gave evidence that he would succeed.

Subsequently, I met him on a vacation trip of mine to Texas, and he told me that he was getting along nicely in our specialty.

Max Bornstein (3)

This young man entered into service with me at about the same time Dr. Heinberg did, and these two made up a team, becoming quite inseparable and working well together. This was toward the end of the existence of the North Chicago Hospital and at the time we were thinking and talking about building a new hospital.

Dr. Bornstein was a good pupil and an eager worker, always ready for any emergency. He was a congenial sort of fellow well liked by all the boys.

After finishing his training he left for Louisville. It was at a time when that city was in real need of a modern trained otolaryngologist, and Max made good right from the start.

I have met Max only once since he left my service — several years ago while attending a meeting of the Academy at French Lick. He looked fine and gave a good account of himself.

Merle E. Scott (4)

Merle was very eager to learn, and no task was ever too hard for him. The surgical nurses always praised him because he was so willing to assist them in their duties. Due to his interest in this direction he was given surgical opportunities, and I think he did more tonsil and adenoid operations than most of the men during their training. It was a hard year because, due to some unavoidable vacancies in the assistance group, Merle was carrying more than one man's work.

In due time he finished his training and left to set up his own

FIFTY YEARS IN MEDICINE

eye, ear, nose and throat practice in his home town in Ohio. Since Massillon is a great center for steel production, he has much work from various steel companies.

Dr. Scott early obtained the American Board certificate. He belongs to the American Academy, the meetings of which he always attends, taking the intensive training courses given there in order to keep up with the times. I visited him on one occasion in his home town and saw evidence of his success, of which I am proud.

Charles Chamberlain (5)

This man did most of his service at the North Chicago Hospital during my trip to Europe, for which reason Dr. Pollock had more to do with his training than I. I know that everyone spoke highly of him, and that he did his work conscientiously and was always ready to assist wherever needed.

He finished his training in the usual time and went to establish himself in special practice in Hamilton, Ohio, where he has remained ever since and where I understand he has been quite successful.

John E. Mulsow (6)

This young man was the bright clown of the crowd, not that he acted funny or foolish, but he had the natural faculty for giving things a humorous turn. He was good at sketching characters and at our get-together evenings for the purpose of medical discussion he invariably had something to pass around to get a laugh out of the crowd.

Dr. Mulsow worked very hard at his training, proving his clinical application. The only trouble I had with him was having him keep good history records of patients—and he was not the only one! They all learned to write two words: *Status idem*, which told little or nothing.

When he finished his training he went to Milwaukee, where he entered the office of two old friends of mine, the Drs. Franz Pfister and J. J. Brook. He is still in the same office, going on with Dr. Brook, following Dr. Pfister's retirement.

Dr. Mulsow has done some creditable work in the Milwaukee General Hospital in ear, nose and throat, where he is head of that department. He has published several articles and has contributed a



THE "OLD GUARD" OTOLARYNGOLOGISTS OF CHICAGO



HARRY G. NELSON



COLEMAN C. BURNS



MAX BORNSTEIN



MERLE E. SCOTT



CHARLES J. CHAMBERLAIN



JOHN E. MULSON



MAX KULVIN



ED. M. FEIMAN



JULIUS ERCHOVNY



JOHN D. FOUTS



L. GUERIN



JOSEPH C. BECK



I. HARNICK



W. WELLS BAUM



FRANCIS I. LEDERER



ADELE C. BROWN



ARNOLD E. KRAUFFMAN



WILLIAM G. JOHNSON



C. J. WEINBERG



EDGAR W. GARDNER



FRANK NOVAKUR



PAUL HARDINGER



OTTO ROTT



LAWRENCE J. HUGHES



L. BENNO BERNHEIMER



J. LUNCEFORD BOONE



MAURICE SNITMAN



RALPH SPAROULE



HORACE G. MERRILL



HENRY E. GOLDBERGER



EARL L. VERNON



JEANETTE M. SHEFFERD



L. W. MORSEMAN



FRANK MCHUGH



PHILIP ROMONEK



J. M. SUTHERLAND



M. REESE GUTTMAN



JOS. MER'SHON



A. M. BERMAN



CH. LEENHEER



HARRY L. POLLOCK



EMIL DEUTSCH



HECTOR LA REAU



W. PHANEV

JOE BECK'S SCHOOL

‘‘JOE BECK’S SCHOOL’’

fine piece of investigation work on X-ray of the larynx. He takes considerable interest in the activities of the Milwaukee Ophthalmological and Otolaryngological Society. He is also a regular attendant of the Chicago Laryngological Society, as well as belonging to the American Triological Society and the American Academy.

Even after finishing his training with me he has remained interested in my personal welfare, and I, in turn, have become very fond of him.

Max Kulvin (7)

Max came to me quite late in my period of activity, in fact, after the North Chicago Hospital went out of my hands. I was doing my hospital work at the Michael Reese Hospital, where Max had served his internship a few years before. He assisted me there, but the greater part of the instruction — or shall I say reviewing — was done in my downtown office. He had had ophthalmologic and otolaryngologic training in Vienna and had also done general work in the Veterans Bureau shortly after the War, so that he was really a more advanced man. He was always jovial, yet took his work seriously; he was especially fond of reading medicine, and he learned easily.

There arose an opportunity for him to obtain a civil-service position with the Veterans Hospital at Hines, Illinois, in the department of eye, ear, nose and throat, and I advised him to take it rather than to stay out his full year with me. I gave that advice especially because at that time I was consultant in the department of otolaryngology at Hines and I could see that Max got all that was coming to him. This was not necessary, however, because Max soon had scores of friends at the hospital from the chiefs of staff down to the orderlies. For a long time he was second man in the department but today he is chief of the eye, ear, nose and throat department and is performing a great job. I have much joy in his progress, but I wish he would do some writing along medical lines, since I believe he is well able to do so.

FIFTY YEARS IN MEDICINE

Julius Prohovnik (8)

Julius came to me after the North Chicago Hospital was out of existence. Most of his training was done at the office, although the usual hospital-assistant service was included. This service was done at Michael Reese Hospital where I was doing my hospital work and where Julius had already served his internship.

After his year's stay, he established himself on the west side of Chicago in close proximity to Mt. Sinai Hospital, with which he became affiliated in the ear, nose and throat department. Julius is an individualistic sort of fellow, a good technician, and interested in research. He likes to write and would like to teach.

Edward Feiman (9)

Feiman came to the North Chicago Hospital during the World War, while I was overseas. It therefore became the duty of Harry Pollock to look after his training. Unfortunately, Harry was so busy that he could not give Feiman a great deal of individual attention. Consequently, when Feiman's time was up I feared he had not received the training I had hoped he would receive and so advised him to get more. However, he returned to Canton, Ohio, where he established himself in special practice, continuing to do some general work for a steel company there. He is a fine fellow and well liked. I saw him in Canton recently and found him, as always, generous and kind.

John Fouts (10)

This big young fellow came to me through friendly recommendations. He was very determined to learn the practical side of otolaryngology. He could never see much use in looking into the microscope, thinking that the pathologist would tell him what he needed to know about such matters. His interest lay in the treatment of patients. Later on he wished he had studied slides a bit more because everyone else was doing it.

John returned to his home town of Dayton, Ohio, where he made good right from the start, soon leaving Dr. Harris, with whom he was first associated there, to set up his own practice. He became much interested in esophagoscopy and bronchoscopy and took great delight

“JOE BECK’S SCHOOL”

in showing his collection of foreign bodies which he had removed by the bronchoscope. Fouts is very well liked by his Dayton confreres and recently was made chief of staff of his hospital there.

Leon Guerin (11)

Leon was one of the last to go through his training at the old North Chicago Hospital. He was a fine, energetic fellow whose pleasant and refined manners had a very soothing effect upon patients, especially after an operation when a local anesthetic had been used. Patients used to tell me how much they liked him, and I discovered that it was largely because he would calm them when their nerves had been severely tried.

After Dr. Guerin had finished his year's training, he went back to his home town of Milwaukee, where he became associated with Dr. Grove, one of my good friends. Later he established his own practice in otolaryngology. He is doing very well, and I am always very glad to see him, as I frequently do, both in Milwaukee and Chicago.

I. Harnick (12)

Physician friends in Toronto, Canada, recommended Harnick to me. He worked like a Trojan, and I found him seeing patients on Saturday afternoons after everyone else had left and the office was supposedly closed.

After finishing his training he went back to his native town but, finding that he needed more experience in order to practice by himself, he went to New York City, where he did some intensive post-graduate work in otolaryngology. Again he returned to Toronto but soon moved to Buffalo, New York, where he felt there was greater opportunity for him. Recently he wrote and told me that he had been very successful despite the prolonged business depression.

W. Wells Baum (13)

This young man came to me recommended by his brother Harry, of Denver, Colorado — a very good friend of mine. He looked and acted so boyish that I took him home with me, and he remained in

FIFTY YEARS IN MEDICINE

our home for the greater part of the year. I soon found out that Wells was quite pessimistic about many truths in medicine and I labeled him in my own mind as a doubting Thomas. However, he was just one of those young people who love to be shown, and with his quizzical mind, always doubting a thing until it was proven, he learned a lot more than some people learn by just taking things for granted. He never shirked his work, in fact, I found him many times working in the hospital overtime. He was known by the other boys as the good fellow who would take over their service and responsibilities so they could get away from their duties. When I discovered this and put an end to it, he was on the verge of tears, so much did he want more and varied experience.

Wells went back West, first to be with his brother in Denver and then joining a group of physicians in Salem, Oregon, where he has become a leading man in our specialty.

William Noonan (14)

Here was one of the finest little Irishmen of American birth whom I have ever met; in fact, if one could use the word "sweet" about a man, that word could certainly be used in regard to Bill. He was a most conscientious worker during his training and always a gentleman toward everyone. His interest was in the ophthalmology part of the work and he took to it naturally.

In due time Bill became associated with one of my contemporaries, Dr. Murray — or at least they "officed" together for some time. Later he established himself in uptown Chicago, where he has developed a fine private otolaryngological practice. He still likes the eye and has been doing some clinical work in that department at the University of Chicago. He is a member of the Academy and frequently attends its meetings. I see Bill often at our Chicago Laryngological and Otolological Society, as well as occasionally in a social way, with his fine wife and daughters.

Francis L. Lederer (15)

In taking this man for training I knew that here I had a very different sort of candidate. In the first place, he was a relative of mine,

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a second cousin; secondly, I had vaguely made up my mind he should be associated with me in my practice; and lastly, I recognized that he had some superior qualities and a more-than-usual preliminary education.

At the start, I advised that he should do more “interning” and assisting in general surgery and medicine in the North Chicago Hospital under the tutelage of Drs. Carl and Emil. Of course, he was also to keep in close touch with what was going on in ear, nose and throat. After about a year he showed such aptitude for borderline work, which in those days was my favorite field, that he and I soon began developing new ideas, especially technical improvements. He was of great help to me in the most difficult and complicated cases. Recording, photographing, plaster and wax casting were some of our joint hobbies, especially in plastics and malignancies. One of Dr. Lederer’s greatest contributions to my work was his cooperation in developing our Gwathmey Rectal Anaesthesia, as well as the vaporization of ether combined with suction. The Beck-Mueller machine was the final product.

Now came the time for Lederer to be doing actual surgery. While there was some operating at the North Chicago Hospital for him to do, such as occasional tonsilectomies and adenoidectomies, or the puncture of an antrum, it was not enough. Consequently, arrangements were made for him to go to Europe, where I had many friends who would give him opportunities to learn. About that time he fell in love with a beautiful girl, also related to me on my mother’s side, whom he married and took to Europe with him on a honeymoon, and perhaps to aid him in his studies.

In due time he came back, a much learned man. Everyone was happy, and I had visions of retiring from strenuous activities much sooner than my confreres. This dream was of short duration, however, as Frank was destined for a much larger field than mine in the ear, nose and throat department of the University of Illinois. This was my own school, where I had worked and lectured for many years; in fact, Frank had assisted me there and even at times substituted for me at lectures. Dr. Norval Pierce, then head of the department, took a great fancy to him, making him the acting head of the department when he

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—Pierce—took a year's leave of absence. Later, upon Dr. Pierce's retirement, Frank was made head of the department, Dr. Pierce and myself being made emeritus professors.

Dr. Lederer has made great progress in every way. He has published much that is worth while, especially his textbook on ear, nose and throat, which received many well-deserved commendatory reviews. Dr. Lederer has given unusual opportunities to many young men in his department.

Adele Brown (16)

This very pleasant and capable young woman came to me recommended by some Toronto physician friends. She was the fourth woman physician who received her training in otolaryngology from me, if I include two who did not remain the full period of one year. I soon found that Adele was a very apt assistant. Anaesthesia in ear, nose and throat cases appeared to interest her most, and she was a fine anaesthetist. Consequently, instead of employing the regular anaesthetist, we often had Adele administer the anaesthetic by the ether vapor method.

After her training Adele went back to Toronto, where I had the pleasure of meeting her while on one of my visits to that city. She was associated with Dr. McAlpin, one of the otolaryngologists there. Later she came to the States and now practices otolaryngology independently in Buffalo, New York.

Arnold Kaufman (17)

A Beau Brummel in appearance, Arnold always looked so much as though he had just jumped out of a band box that it always seemed rather shocking to see him clad in a surgical gown! Arnold worked hard and was much interested in research problems. I recall that he was one of the earliest investigators to prove that nutritional changes could produce bone changes in the cochlea similar to otosclerosis.

After his training he set up an office in Chicago but soon went back to Syracuse, New York, where he developed a very nice practice in spite of the hard times. I have seen Arnold on several occasions at Academy meetings and am happy to know that he is well liked in his community.

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Frank J. Novak (18)

When Frank was still at Lewis Institute Frank's father, a general practitioner and a good friend of mine, asked me if I would look after his boy if he should go to medical school. Of course, I promised that I would.

In due time Frank entered the University of Illinois Medical Department, from which he graduated after a four-year course. Hospital internship was not necessary, but students were encouraged to serve as interns before going into practice. Consequently I took Frank to the North Chicago Hospital, where he did his one-year all-around service with emphasis on eye, ear, nose and throat. Following that, he remained another year or more to intensify his special training.

As had so often happened before with some of "my boys," Frank fell in love with one of our fine nurses and of course carried her away by marrying her. He located at a downtown office, and made proper hospital connections. After some changes, he landed at the Lake View Hospital, where he became the chief of the ear, nose and throat department and also one of its directors, at one time being president of the Board. He also became a member of the attending staff of Cook County Hospital and a member of the local otolaryngological societies, the American Academy, the Triological Society, and the American Otological Society.

Dr. Novak's interest in pathology of ear, nose and throat has won for him recognition in our specialty. While being active as clinician at the Illinois Eye and Ear Infirmary, he found time to study histopathology. He organized a small group of men to spend an evening together once or twice a month showing preparations and discussing their importance in practice. I have enjoyed occasionally attending.

Dr. Novak acted with Drs. Schall, Seminov, and myself as consultant to the Registry of the Surgeon General's laboratory. He is on the faculty of pathology of the American Academy and has just been appointed one of the examiners of the American Board.

Frank is one of my staunch friends and one of my great champions. He has always shown me the greatest respect and appreciation for any little thing I may have done for him. I feel that he is one of my closest friends.

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Paul Hardinger (19)

This former student of mine at the University of Illinois came into my service through the introduction of the senior Hardingers, father and brother, who were in general practice downstate.

While he was always smiling and full of fun, yet he did all his work in "apple-pie" order and nothing was too much for him to undertake. One memorable thing about him was his great strength; he could lift a patient from the operating table onto the cart with the greatest of ease.

I don't know whether Paul became heavier as time went on, as I don't remember ever seeing him after he left us. But I do remember very pleasantly what a fine type of man he was and especially do I recall that wonderful smile.

I have heard that he became a member in the family medical set-up as one more Hardinger doctor, with otolaryngologic experience.

C. J. Heinberg (20)

As mentioned before, this young fellow and Max Bornstein were in training together, and I can state unhesitatingly that both of them had more than the usual amount of practical experience. At the time they were with me the number of assistants had been reduced somewhat but the practice had increased. "C. J." was not altogether new to us as he had had some previous training with one of my brothers. He was an ardent worker and well liked.

His training finished, Heinberg went back to his home town of Pensacola, Florida, where he became associated with my dear friend, Dr. Lischkoff, who had a very large practice. The two remained in partnership for several years. I had the pleasure of visiting them during this time and seeing them carry on a really great practice. After several years, "C. J.," who was always very ambitious, went into practice by himself and later became associated with a group of physicians and surgeons in group practice — a private clinic.

Dr. Heinberg became certified very early, and soon joined the Academy, the meetings of which he attends with great regularity. I always see a great deal of "C. J." at these times, and often our families also are together.

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Edgar W. Gardner (21)

Coming into our service well recommended this young man, after the one-year period of training, became associated with my friend the late Dr. Joseph Bergeron for a brief period. Since then Gardner has been in independent practice in Chicago, but unfortunately I am unable to remark further on his progress for I almost never see him.

Maurice Snitman (22)

This young man came into my service about the same time as Dr. Guttman and the two worked side by side, getting on well together. Dr. Snitman had the reputation of being somewhat of a playboy, but I could not say that it interfered with his work. To be sure, he, like most of the men, might have thought himself harshly treated by me at times, but I never had it in for any of the boys and if I appeared to scold it was because I wanted to impress some important fact on that individual.

After the year of training Dr. Snitman stayed on, because Dr. Pollock, who was associated with me, and I planned to use him as a permanent assistant. This association lasted only a short time however, because when the North Chicago Hospital closed Dr. Pollock took Dr. Snitman as his assistant in surgery, which he was doing at the Grant Hospital. I, with Dr. Guttman, was doing mine at the Michael Reese.

Dr. Snitman remained with Dr. Pollock for several years; in fact, until Dr. Pollock's son returned from his training to join his father in practice. Then Snitman worked with Dr. Novak at the Lake View Hospital and at present he practices independently. He was always eager to teach and has done some excellent anatomic work at Northwestern University. He was also associated with the Illinois Eye and Ear Infirmary as one of the clinicians and has done some splendid teaching of resident physicians there in anatomic study and surgery on the cadaver. He is one of the outstanding men in Dr. Novak's group in the study of pathology.

Dr. Snitman has always remained my loyal friend and has recently become one of my operating surgeons. He has lately become affiliated with the Research Hospital of the University of Illinois in the department of otolaryngology.

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Ralph Sproule (23)

The North Chicago Hospital was a very busy place at the time Ralph came to me for his preliminary training in otolaryngology, and I certainly appreciated both his help and his attitude toward my patients. He was with me at the same time as Dr. Kaufman, and these two men worked well together and gave my patients superb attention.

After a year of splendid work Sproule joined with a group of otolaryngologists in his home town of Milwaukee and soon developed a practice there. He made rapid progress in the specialty, becoming certified early and joining the Milwaukee Otolaryngologic Society as well as becoming a steady attendant of the Chicago Laryngological and Otological Society. He is also a member of the American Academy, the College of Surgeons, and the American Triological Society. I knew that Sproule would make good, and he has.

Dr. Sproule has remained my staunch friend and I am always happy to see him and to watch his medical progress.

Otto Rott (24)

This young man was an early member of my "school," being my fourth student. He came to me partially trained from Dayton, Ohio, where he had been an assistant, mostly in eye work, at the Old Soldiers' Home. He soon showed such an aptitude in the scientific and research side of our specialty that I wished him to have more than the usual year's training to fit him to become my assistant. The literary side of the work, too, appealed to him, and he was of great help in the preparation of some of my articles, since he possessed a keen mind and a good sense of the use of the English language. In fact, he was associate editor of the *Index of Otolaryngology*, which was published at this time.

It was during the earlier period of his training that the North Chicago Hospital came into being. That presented a fine opportunity, not only to give Rott better training, but to work out a training ground for the further preparation of men in the specialty, as well as a place where many could come to see us work and demonstrate new methods. Teaching thus became a main object at the hospital, to the concern of many private patients, although at no time was anything

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done against the best interests of the patients or anything which could in any way be considered as experimental.

After more than three years in Chicago, during which time Rott fell prey to the fair sex in the hospital and married one of our fine nurses, he became a little tired of local otolaryngological practice, so I obtained for him an association with one of my friends in Spokane, Dr. Vesey. Now Rott, with his little family, enjoys a happy home there, has many friends, and has developed a fine practice of his own. He has kept abreast of the times in both scientific and literary sides of the work and is a member of various otolaryngological societies, including the American Otological Society.

Lawrence Hughes (25)

About a month before ‘‘Cor’’ Leenheer, my first student, finished his training with me, this man arrived for training in otolaryngology. At that time the service agreed upon was from one to two years, according to the choice of the man himself. The routine called for assisting in operations at two different hospitals from eight to ten, in office practice from ten-thirty to one-thirty, at the free dispensary from three to six, and also for house calls and Sunday forenoon visits to the hospitals and office.

At the conclusion of one year Dr. Hughes went to Grand Rapids, Michigan, to start his practice. But being much in love with a Chicago young lady he decided to marry and start his own special practice nearer that city. This he courageously did in Elgin, Illinois, and succeeded in developing a fine practice. Together with an older otolaryngologist, Dr. Schneider, he comes to Chicago every month to attend the Chicago Laryngological and Otological Society meeting, thus showing his interest in keeping up-to-date in his work.

B. B. Bernheimer (26)

‘‘Murph’’ came into training with me through mutual friends not of the profession. I rather feared to take him on because he was so good looking and I knew human nature and the weakness of the fair sex, as one frequently finds it in hospitals. But my fears were unnecessary as the man had already fallen in love. In order to assure him a suc-

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cessful career, I advised him to marry before beginning his training.

A month before his year was up, "Murph" left for Europe, to get more surgical training in Vienna. Most of "my boys" did this as I was not able to give them the required amount of surgery.

After his return Bernheimer was associated with one of his old friends, Dr. Deutsch, for a short time and then began his own private practice. He also joined the staff of the Michael Reese Hospital where he soon became well known and in time was advanced to the rank of associate. He became a member of the local Laryngological and Otological Society, where he presented his share of papers. He also joined the American Triological Society.

Being much interested in malignancies and having a particular aptness for this type of work, he joined Dr. Cutler in the Tumor Institute of Chicago as its otolaryngologist. Furthermore, he followed me as consultant in the otolaryngological department of the Hines Veterans Hospital when I resigned because of my decision to discontinue surgical work. That position carries with it the necessity for surgery in more difficult cases, especially malignancies. Great opportunities exist there for seeing all kinds of complicated cases, especially in the tumor section, where Dr. Max Cutler is also a chief consultant.

Dr. Bernheimer has always been most kind to me and recently offered to be one of those to do my surgery, just for the asking. What better spirit could be shown!

J. Lunsford Boone (27)

Dr. Boone gave every evidence of friendliness, yet I had the feeling that he did not understand my intense desire to teach the boys what I wanted them to know, and for this reason I wonder if he thought I treated him a bit too harshly. Yet the only idea in my mind was that this young man *must learn*.

In due time Boone finished his training with me and went east for more training and surgical experience. Later, New York doctors told me how much they liked him. A few years afterward, when visiting in Florida, I found Dr. Boone happily married and in practice in his home town of Jacksonville. My dear friend there, Dr. Taylor, spoke very well of him, which pleased me very much.

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Henry E. Goldberger (28)

This gentleman was the third student to present himself to me for training. Dr. Goldberger proved to be one of my most conscientious assistants in the clinic and was always eager to learn and willing and ready to carry on in whatever difficulties we encountered in our operating work. He also helped in the building up of my practice. At that time I was doing my surgery at the Chicago Eye, Ear, Nose and Throat Hospital, which was still in the old building on Washington Street.

After finishing his training with me, Goldberger began his private practice in Englewood. He did not specialize in otolaryngology but did quite a bit of that work along with his general practice. After a few years he became chronically ill and died, too early, from carcinoma.

Earl Vernon (29)

I believed this Iowa country doctor who said he wanted to become an otolaryngologist, because he looked and spoke so honestly. He carried on to the satisfaction of all of us, answering every call promptly and properly and being always eager to learn. Earl had a fine fund of dry humor. He was friendly with the other boys in training and the patients all liked to be treated by him. I was much pleased with his work as assistant and I was conscious of the fact that he was increasingly leaning toward work with the eye.

After training, Earl became associated with one of my own contemporaries, Dr. Frank Allport, who upon retiring turned his practice over to Vernon. Industrial eye work is now Earl's special field, and he is connected with one of the finest hospitals in Chicago, St. Luke's.

I always like to see Vernon and appreciate his wholehearted loyalty and friendship.

Jeanette M. Shefferd (30)

This young lady was the first woman physician who came to me for training, or rather for more training, since she had been with Dr. Otto Stein's Clinic for several months before she came to me. She was particularly interested in the study of pathology of the ear, nose and throat and did a considerable amount of work in that line. Of

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course, she received her clinical training too, and became well informed.

Toward the end of Jeanette's training period I received a request from my friend, Dr. George Richards of Fall River, Massachusetts, for her service as an assistant. In due time Dr. Richards came to Chicago, met her, and was satisfied to take her on, not just as an assistant but actually to become associated with him in his practice.

During her association with Dr. Richards, I visited them in Fall River. Later Dr. Richards moved to Boston and left his entire practice in Dr. Shefferd's capable hands. I have not seen Dr. Shefferd since that time, but have heard that she is very successful in her practice.

Horace G. Merrill (31)

This man was sent to me for his preliminary training in otolaryngology by Frank McHugh of Salt Lake City. Merrill came from Provo, Utah, and after his year's training went back there. He did not remain, however, but went further west and settled in San Diego, California. Here he established himself in the special practice of the eye.

Horace was tremendously interested in his studies and very enthusiastic about his work. We all liked him.

He has now become well known in California and has held offices in local and state societies. I know that he travels about quite a bit and that he attends the Los Angeles Research Club, to which he liberally contributes.

I like this man very much and am sorry to see him so seldom. Located with Dave Higbee and Frank Dennis, two of my good friends, I feel he must be very happy.

L. W. Morseman (32)

Morseman came to me when I had with me in training the largest group of men and women I ever had. Consequently I did not have the best opportunity to give him the personal attention he was entitled to. Also, I was away a good deal at this time, so to Dr. Pollock should go the credit for his training. Nevertheless, I found out that he learned his otolaryngology very well.

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Following his year of training he went to Hibbing, Minnesota, where he joined his brother in practice. On a visit to Chicago some few years later he told me how well he was doing.

A. M. Berman (33)

This last of the boys whom I had determined to see through a period of training with me, became one of my very pleasant experiences. It was also a difficult one, for the following reasons. In the first place, the clinical opportunities that the majority of my boys had with me became fewer, because about the time Al came with me I stopped doing my own surgery. However, I had the satisfaction of seeing him trained by some of my very able associates.

In the second year of Al's training with me I was successful in obtaining for him a position at the Illinois Eye and Ear Infirmary as one of the adjuncts to the service, and now that he has finished his three years, I feel he has done a good job in perfecting himself as an aspiring otolaryngologist. He is now located in Aurora, which is what we may call a suburb of Chicago, and near enough to give him the opportunity of continuing his clinical work here.

Al is so faithful and so appreciative of what I have been able to do for him that on the days on which he is in the city he comes to my office and assists me in any way possible.

Frank McHugh (34)

McHugh was one of two of the Mormon faith whom I had in training, the other being Merrill, of Provo, Utah. McHugh proved to be one of the kindest of men. I do not believe he ever exchanged a cross word with anyone in the hospital. In fact, on more than one occasion I found him there after hours, visiting with the patients and exchanging pleasantries with doctors and nurses. He took his work very seriously and I never had a more faithful or alert assistant.

After his training McHugh went back to Salt Lake City to join a group of medical and surgical specialists as the eye, ear, nose and throat member. Upon several occasions I have visited that clinic and have seen him at work. All the members of this very energetic group like Frank McHugh. On one trip to Salt Lake City I was accompanied

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by my wife, and we both appreciated Mac's hospitality, particularly the memorable tour of the city's high spots in his company.

Philip Romonek (35)

Like Baum, this fine young fellow came at the time when I was living alone in my apartment, my family being away, and so I took him to my home to live. Both these youngsters were good company and I enjoyed them. Phil did not at first impress me as having any real desire to learn, until one night an emergency arose and he distinguished himself by his prompt and capable action.

I had performed a laryngectomy on a cancer patient. On about the sixth day after the operation the patient developed a facial erysipelas which appeared to extend into the trachea, causing the formation there of masses of dried mucus. During the night the patient suddenly became dyspnoeic, and something was rattling tightly in the trachea-bronchial tube. Dr. Romonek, who was on night duty, was called and without hesitation or delay inserted a bronchoscope, causing the masses to be expelled and saving the patient from death.

After training Phil went back to his home city, Omaha, where he at first was associated with Dr. LaMere. When Dr. LaMere moved to California, Phil took over his practice, which he is handling very well. He often attends the national meetings and on several occasions has made some contribution in the otolaryngologic field.

Jacob Sutherland (36)

Suave, easy-going, Sutherland learned readily and was always smiling and cheerful. He made many friends with my patients. One in particular took such a fancy to Jake that he financed a trip to Europe for him for the purpose of getting more training.

Returning to this country, Sutherland settled in Detroit and immediately made good. There, too, his unfailing good-nature stood him in good stead, both patients and doctors liking him greatly. He has continued to develop, being president of his local otolaryngological society and attending regularly the meetings of some of our national societies and often contributing papers or discussions. I have a great pride in seeing him do so well.

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Jerome Fishman (37)

Fishman came to me after I had given up the North Chicago Hospital. However, I had taken on three other hospitals, Michael Reese, Henrotin, and Mt. Sinai, and it was possible for me to give him considerable training in addition to what he had already had, after a very good fundamental training and two years' resident service at the Illinois Eye and Ear Infirmary.

For three years Jerry assisted me at these hospitals and in my private practice, being especially efficient in preparing patients for operations, their reception and stay in the hospital and their post-operative care, both at the hospital and office. All our patients liked him. He was a hard worker; there was never too much work for him whether by day or night. And he was able to do real emergency work in our field—an ability which he had ample opportunity to demonstrate.

While still in service with me, Jerry started to build up a practice for himself. I insisted that he do more surgery independently, which he was able to do in connection with his work as associate attending man at the Illinois Eye and Ear Infirmary and at the Mt. Sinai outpatient department.

Jerry is now in practice for himself and is doing very well. He belongs to one of the reading clubs and does much medical reading.

M. Reese Guttman (38)

I don't remember who referred this boy for training, but he had been one of my students at the University of Illinois and had had his internship at the St. Louis General Hospital. He showed a great aptitude for learning, and so I favored him quite a bit while in training. After his year's work he established himself on Twelfth Street as an otolaryngologist, but before long came back for more work.

I took him on as a junior assistant, along with Dr. Snitman. He remained with me in my private practice for about fifteen years — until July 1, 1939. I placed much confidence in him and tried to advance him wherever I could, placing him on the faculty of my department in the University of Illinois Medical School and on the staff of the Michael Reese Hospital and the Mt. Sinai Hospital and making him my first assistant.

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He was a determined individual, a hard and fast worker, and gained experience rapidly. I saw to it that he was made a member of many of the societies of our specialty and was given opportunities to present papers. Together we presented many demonstrations throughout the country in our favorite field of malignancies and plastic surgery. When I retired from active surgery he took over this work although I was always present, standing at one side so as not to interfere in any way. My patients became accustomed to being treated by him in my office, and gradually Dr. Guttman began taking over more and more of the practice, with corresponding demands on the office income. At last I decided it was wise to sever our connection. Thanks to my other "boys," I have plenty of expert surgical assistance.

It was a great disappointment to me that our association did not work out, but I am sure Guttman will get along alone and I wish him luck.

Joe S. Marshon (39)

This young married man entered his training service at a period when I had a large number of assistants in training. He was of a retiring nature and while he always appeared very friendly, he was not "chummy" with any of the boys.

During his year of training he was blessed by the birth of a son, born at the North Chicago Hospital. One morning after the mother was feeling fine Dr. Marshon asked me to call on her. When I entered the room, I found a group of nurses and of my boys there. The baby was in the mother's arms. Everyone smiled broadly, including the baby's mother and father, and they shouted, "His name is Joe Beck Marshon." And so I became the baby's godfather.

Dr. Marshon was of strong build and had a reputation as an athlete, holding several championships, but all of this he kept well under cover. He was a good student and I foresaw a great future for him. What a tragedy when only about a year and a half after establishing himself in active practice in Portland, Oregon, he developed a serious and hard-to-recognize abdominal malady. It was thought to be a liver abscess and there was an exploratory laparotomy. An acute yellow atrophy of the liver was found, which proved very rapidly

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fatal, and Joe passed into the Unknown. He was, I believe, the first one to pass on, of the boys I trained.

Cornelius H. Leenheer (40)

As mentioned at the beginning of this section, "Cor" was the first man to enter my informal otolaryngologic training school. He was one of the most courteous and capable of them all. Our association was very pleasant and I regretted its termination.

While working with me, "Cor" also had a similar association with Dr. Mann as ophthalmologist, and at the end of the year decided to limit his work to the eye. Since this took him somewhat out of my field, I feel that I made a partial failure in my first training effort.

One incident I should like to chronicle here. Cornelius and I began the assembling of my collection of anatomical and pathological preparations. We decided that we needed a very large specimen of a tympanic membrane with the anulus and the ossicles. Consequently we set to work on the head of a horse which Leenheer had got hold of at the stockyards. Not having previously looked things up in the veterinary anatomic literature, we were doomed to disappointment. With our primitive instrumentarium it took us about three hours and plenty of hard work to obtain the tympanic membrane and ossicles — which proved to be very little larger than those of the human structure!

Leenheer practiced ophthalmology as an associate with Dr. Mann for more than fifteen years, having a very fine practice. He was a member of the Chicago Ophthalmological Society. He was always very much interested in the militia and was for many years a member of the National Guard. During the World War he was a major in the medical corps. His death occurred shortly after the War.

Harry L. Pollock (41)

Harry came with me while Otto Rott was still in training and my school was beginning to take shape. I was being visited by more and more out-of-town otolaryngologists and I had trained our special nurses and all the group to work together to make any clinic I might organize a success. Both Harry and Otto were excellent assistants

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and while it was not possible to give them as much surgery to do as I wished, they had an excellent opportunity for gaining experience in the after-care. It must be remembered that my clinic was made up entirely of private patients.

Harry and I were first cousins. We had both been raised in Missouri, in small towns about thirty miles apart, and we had started to study medicine about the same time. When he came with me he was my senior in general practice, and I was his in age and in otolaryngology. We got along splendidly and he fitted into my organization well, especially on the business side, which was my weakest point. He taught me many things about money, but not how to save it!

Before Otto left me for the West I decided to make Harry an associate. At the same time we took on three young fellows and a woman for training.

Our practice grew by leaps and bounds as did our acquaintance with out-of-town otolaryngologists. Harry's ability enabled me to accept many invitations to national, state, and regional meetings. He was very active in the management of the North Chicago Hospital and remained so until it was torn down. When the new hospital was built Harry and I decided to end our very pleasant and profitable partnership as he wanted to be near the new hospital, and I was interested in a downtown office. We remained the best of friends.

Today Harry's son Fred, well prepared both in Boston and Chicago, follows in his father's footsteps, even to the point of being associated with me. I believe him to be one of the coming men in our field.

Emil Deutsch (42)

It was wartime over there, and it looked very much as though we were going to be drawn into it. I knew that if war came I would be in it somewhere, and I wanted Dr. Pollock to be well provided with assistants. So I took on this fine young fellow who came to me recommended by an optician friend of his and mine.

Emil seemed to be about the mildest man I had ever encountered—a perfect gentleman, of Hungarian breeding. Oh, but how deceptive

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was his mildness when it came to doing business! Harry, myself, and all the office force recognized that Deutsch could sell an operation, and for more money than any of the rest of us! Consequently we soon decided that this would become part of his work while in training. He was a good and obliging student, with a preference for the eye, and so I made him the ophthalmological assistant. He did this work very well, being especially good in refraction, which, of course, was due to his previous experience. I should not forget that he also had a good eye for the fair sex. This became apparent one summer when he went for his vacation to the north woods of Wisconsin and while there met and married.

It happened that while he was away one of our faithful old patients — a German woman on whom Emil had recently performed a cataract operation— developed pain and marked injection in that eye. Of course, Emil's patients had been left under the care of his junior, but I decided the patient should be seen by Dr. Deutsch and wired him to come home, giving the reason. But love was stronger than my command and so I was compelled to call in outside help. Much later Emil came home, very repentant. Nothing had happened to the patient, but I felt that Emil's action would have a bad influence on the rest of the boys and so I asked for his resignation. He was about through with his year of training, so he decided to go to Europe to complete it. We parted good friends.

After his return Deutsch started out on his own and made a phenomenal success. He soon quit ear, nose and throat practice and limited himself to the eye. This was a masterful stroke. He did excellent work and soon had as his patients many wealthy and influential people.

Dr. Deutsch has always been most friendly and appreciative. Perhaps he should feel so, for had he remained with me he might well have become a full partner, which would not have been so greatly to his advantage.

Hector La Rue (43)

A post-war student with a wonderful approach to patients, was Hector. Always gentlemanly and restrained, he was much liked.

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After his year's stay, Hector established himself in the practice of otolaryngology on the northwest side of Chicago and soon became a member of the staff of the Martha Washington Hospital, a fine institution with a splendid medical staff. La Rue has a nice home and family in one of our pleasant suburbs. While not prolific with the pen, he is a fairly regular attendant at the Chicago Laryngological and Otological Society meetings.

William P. Haney (44)

This gentleman was sent to me by his cousin, a patient of mine, who lived in Omaha. Haney had just come up from Mexico, where he had been in general practice for some time.

I took a liking to Bill right away, as did everyone else in the office. He had a quieting effect on us, and I came to consider him more as a contemporary than a pupil. I soon recognized in him a very practical doctor. He was especially valuable in handling complicated cases.

After his year or more of training Bill went back to Omaha, where he became associated with Dr. William P. Wherry, with whom he is still in practice. So steady has he been in his practice and of such great value to that office, that Wherry could be away attending to the multifarious duties of the Examining Board and of the American Academy.

Bill Haney and I have become great friends and I look forward to our meetings both in Omaha and Chicago.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION

This society is one of the oldest in the family of the Congress of American special societies. To be a member of this illustrious body is indeed an honor, for since its membership is definitely limited to one hundred, it stands to reason that only the very best men in this special field have been selected. While there are other societies with memberships of equal scientific attainment which are not limited in number, this association claims for its membership the highest standards in the profession when the social attitude is also taken into consideration. For friendly contact and informal exchange of views and opinions among its members are considered a definite purpose of the organization. The American Laryngological Association is truly the honor society of laryngologists.

For the convenience of the reader who wishes to refer to the photograph (Plate XVI, facing page 240.) I have followed that arrangement (from left to right, beginning with the front row) in writing about this group of my otolaryngological friends. Where there are gaps, the index will lead the reader to the page where those friends who belong to other organizations are discussed.

John F. Barnhill (1—3)

"Uncle John," as many both old and young otologists speak of John Barnhill, is a much beloved friend of mine. It seems as though I have always known John, and I look forward to every meeting in the hope of seeing him. 'Way back, when we were both young in

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otolaryngology, we had several special things in common, such as wanting to widen our sphere of activities from ear, nose and throat to some of the larger surgery of the head and neck. John liked to work on the thyroid gland, and I on neoplasms and plastic surgery about the head and neck. Anatomy was always John's long suit, and to this day he is recognized as one of the greatest teachers of surgical anatomy about the head and neck.

For years he and his Indianapolis otolaryngological associates have carried on a special several weeks' course which has developed, until now it is a well-organized institution with the University of Indiana solidly behind it. John has also for several years been associated with the midwinter course given by the Los Angeles Research Study Club. His anatomic dissections and operations on the cadaver are much-appreciated courses. In these John is assisted by his right-hand man, William J. Mellinger, who has been carrying on a great part of this work since Uncle John has been less able to work hard than in former years. I do not like to talk about John's ill health, of which he has had his share, but I want to say that seldom have I seen a man stand the gaff of so much suffering and keep on working. While not now in active practice, which he gave up to a great extent when he left Indianapolis to make his home at Miami Beach, he still sees his patients in consultation and does a great deal of writing, both medical and otherwise. John has written many papers, most of which have been published, as well as two textbooks, the first on otology, in collaboration with his townsman Wales, and the second on otolaryngology with special reference to anatomical dissections, with William Mellinger. This second one is a masterpiece in the first printing and promises to be even better in the second edition.

John belongs to all the national special societies and has been president of most of them, as well as being on many councils. He has always taken a great interest in the American Academy and has many times been active in giving instruction courses. When he was elected president of the Academy, he did me the great honor of proposing my name to the council to be the honored guest at his meeting and the recipient of a gold medal, which I value greatly for its significance. I could go on eulogizing John Barnhill but I wish to close by hoping

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for John and his good wife many more years of joyous life in his beautiful home in that wonderful country, Florida, which they have learned to love so much.

William B. Chamberlain (I—4)

So recently departed from us, this great friend of mine was an ex-president of this society which he loved and to which he contributed so much. I recall vividly his presidential address of only two years ago. I will miss him so much. Bill was a very practical man and fearless in expressing what he believed right and rational in the care of patients.

There is one incident I wish to mention in which Bill came to my rescue. It occurred in New Orleans, long ago, when I was chairman and Bill was secretary of the Otolaryngology Section of the A.M.A. Dr. Skinner of Kansas City, a radiological expert and a very good friend of mine, came to our section meeting to listen to Bob Sonnenschein's paper on radium in the treatment of malignancies of the throat, with report of cases. It was something very new and was an attractive feature of the program. Bob had a fine though brief paper, giving a splendid review of the literature on the subject. When Dr. Skinner, as a visitor from another section, asked the privilege of the floor to discuss the paper I was very happy. But he opened up with such a severe attack on "Sonny," calling the paper nothing more than "scissors and paste," that I soon became not so happy. To add to my discomfiture several of our older members objected to the type of discussion. Norval Pierce and Emil Meyer made a motion that Dr. Skinner's remarks be expurgated from the transactions. But when I started to put the motion to a vote there came three separate amendments from the floor. I was floored by my ignorance of *Robert's Rules of Order*. At this point Bill Chamberlain came to my rescue by asking me to answer a long-distance telephone call and offering to settle the trouble on the floor while I was away. Of course, there was no such call, but oh, what a relief to escape until things calmed down!

Bill was an active member of most of our national special societies, appearing on many programs. For years we met at these various meetings and always had good times together. Bill took delight in

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kidding me, and I would lead him on by seeming to be a bit sensitive when he did so. One of our later good times was at his beautiful home in Cleveland, where he and his charming wife entertained a group of medical friends.

James A. Babbitt (I—5)

Jim, as I like to address my long-known friend, has an enviable reputation as a prince of a fellow and everyone's friend. This is a rare possession, especially in one's own home town! Babbitt has done a great deal of work on the ear, and I believe his reports will stand the test. He has done more by his recent enthusiasm for the work of Lempert in fenestration operation on the labyrinth to stimulate others in finding out what there is to it, than has any other man.

Jim did a fine job as secretary of the American Laryngological Association; having so many of his Philadelphia townsmen active in the same society made the task easier. In 1939, Jim was elected president of this society and had a very successful year, culminating with the fine meeting at the Westchester Country Club at Rye, New York. Jim is active in the other national special societies also. I always enjoy his clear-cut discussions and wish I had the command of the English language that he has. But more enjoyable than anything else are his warm handshake and his pleasant smile.

Charles J. Imperatori (I—6)

Imperatori is one of the outstanding New York otolaryngologists, and I am one of his great admirers. I well remember, in those early years when I visited New York City for the various meetings, that active young man, always contributing from his experience in clinical work. When bronchoscopy and esophagoscopy came to the foreground, Imperatori was always somewhere on the program with such pioneers as Jackson, Iglauer, Carmody, and Mosher. Later, he was very active in reporting the transactions of the American Laryngological Association. His recent textbook on otolaryngology is not only of aid to specialists but is a distinct help to beginners in this specialty. One of his duties, which is by the way an advance in the society's reports of current news, is one I don't enjoy; it is that black-bordered card

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notifying us of the passing of one of our members. Imperatori is a member of most of our special societies and is always contributing a paper or case report, presenting new instruments or contributing in discussion something of value out of his vast experience.

In addition to all this, he has for several years served as editor of the society's transactions. This past year he was elected to the office of secretary and in this capacity was a great aid to Babbitt.

Gordon Berry (II—1)

This outstanding otolaryngologist from one of our smaller cities — Worcester, Massachusetts — has accomplished much in the progress of the study of the hard of hearing and the deaf. Being handicapped himself by the loss of some of his hearing has no doubt influenced him to endeavor to better the social and psychologic conditions of others in the same situation. He has written many interesting articles on the subject of aids to hearing. In one of these he presented nine commandments for a hard-of hearing person to observe; I have made much use of these in my practice and with very gratifying results. The one of most help is: "Do not be ashamed to say that you do not hear well and to ask people to speak louder and more clearly."

Gordon Berry was at one time president of the American Federation for the Hard of Hearing, and during his tenure he did much to advance the improvement of hearing, through mechanical aids and lip reading. He is also past president of the American Broncho-Esophagological Society and a member of all the national special societies, contributing frequently to their programs. I always enjoy meeting Gordon and my years of working with him on the council of the Broncho-Esophagological Society were a great pleasure to me. In 1940, he was paid the honor of being elected president of the American Laryngological Association.

I must not fail to mention Berry's love for the art of painting.

John D. Kernan (II—2)

This New York man is recognized for his ability in the broncho-esophageal specialty, especially as it refers to chest surgery. For years Kernan has been writing on subjects in this field; to me his

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article on chondritis of the larynx, with its complications and their successful management, was extremely valuable. Kernan was the first to recommend helium in the treatment of suppurative conditions of the lungs. A past president of the American Broncho-Esophagological Society, his address was filled with the hope of much good that would and could be accomplished in this field.

I am sorry that I do not know Dr. Kernan very intimately, but whenever I have had the opportunity of meeting him he has been most gracious.

Gordon B. New (II—4)

It can be said without contradiction that Gordon is the best technician in the field in the larger work of a laryngologist and the one who is best qualified to speak with authority from personal experience. Earlier in my activities I used to meet Gordon much more frequently than now, and I frequently had the feeling — what is the use of my reporting ten successfully performed laryngectomies when Gordon will throw a slide on the screen with a tabulation showing his conclusions based on 286 laryngectomies. Yet all these great and glorious reports were expressed with modesty and conservatism. Gordon is a fine man, and I have always had a high regard for what he says on any subject.

I well remember when New began to function at the Mayo Clinic, for I used to visit there long before he came. Much of the type of surgery that Gordon and his associates, especially Figi, are doing, was performed at that time by the general surgeon of the clinic. The late Drs. Judd and Charles Mayo were the main ones doing external laryngeal work, maxillo facial, plastic work, and tumors.

Gordon is a member of most of our national special societies and has served as president of some of them. At present he is a member of the examining board, in plastic surgery.

Joseph B. Greene (II—5)

Many years ago, while on a vacation visit to Asheville, I had the great pleasure of meeting Joe, and ever since we have been good friends. At that time, another dear friend of mine, Dr. Briggs, since deceased,

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was the senior otolaryngologist in that city. Now Joe is the outstanding otolaryngologist there. He is especially qualified to discuss the subject of tuberculosis and has made some fine contributions on that subject to our special field. One seldom finds a better companion than Joe, and the many friends who know him, including myself, will all attest to that fact.

John H. Foster (II—6)

This man is the senior otolaryngologist in Houston, Texas, a city which can boast of several excellent men in our specialty. To me John represents the ideal gentleman, and I know he must enjoy the confidence of his medical confreres as well as of the laity. He is always eager to learn and is a member of our national special societies, the meetings of which he always attends. He has performed some very fine operations and when one mentions Houston, Texas, the name of John Foster immediately comes to mind.

DeForest C. Jarvis (II—7)

This gentleman does me the honor of calling me "Uncle Joe," and so I turn about and say that I am proud of my nephew Jarvis. The artistic temperament sticks out everywhere in Jarvis; his eyes blink so convincingly that I imagine he must be quite a ladies' man; his speech is so correct in every particular that I almost fear to speak in his presence. One believes everything he says at the time he is speaking — and then one goes home and thinks it over.

Jarvis is the Triological Society master of ceremonies, No. 1. No banquet would be complete without him, and at the reception to our new members he is the one who makes them feel comfortable and sees to it that they meet the older fellows. Another of his activities in the Triological is his quick organization of the octet, usually with Gordon Berry or Lyman Richards playing the piano.

When I used to receive mimeographed copies of the voluminous correspondence of the allergy group, I wondered where he got all the time to do it. Finally, I would like to record his love of nature, especially of flowers. There is but one Jarvis and I hope he will long go on in that fine way of his, emphasizing the lighter side of life.

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C. Stewart Nash (II—8)

Nash is secretary of our Triological Society and has for a number of years been very active in various national special societies, contributing his share to the scientific programs. His early contribution to the subject of otosclerosis, while not discovering the cause of the disease, was most valuable.

Rochester, New York, and Nash are synonymous to me. I often wonder why Nash has not availed himself of the opportunities offered by the great Eastman plant to work out something of interest to us otolaryngologists. Of course, I could ask him and find out, but I do it here perhaps more effectively.

Samuel McCullagh (II—9)

Not very frequently seen at these national special society meetings, McCullagh is recognized in his home city of New York as one of the real fellows. I had the pleasure of watching him one time at work at the Manhattan Eye and Ear Infirmary and I really enjoyed some of his comments and quips. He did not know who I was, and I was told that when he was informed as to my identity, after I left, he made a very flattering remark about me. We are all subject to flattery and I must confess that his remark pleased me tremendously.

Curtis C. Eves (II—10)

Eves may not be large but he is mighty active in our specialty, particularly at the various national special meetings. It is not always the man who rises to read papers or to discuss them who is of such value at these meetings as men like Eves, with whom it is wonderful to talk during the recess periods, say around the table while enjoying a morsel of food or a glass of good beer. I always like to talk and discuss cases with this Philadelphia man.

Louis H. Clerf (II—13)

Clerf is a pupil of Jackson who has gone right ahead to become one of our leading laryngologists. While broncho-esophagology has always been the greater part of Clerf's work and that with which he has become identified, yet his laryngeal work, especially in malignancies,

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is of outstanding merit. What I like about all the Philadelphia men (Jackson's boys) is that they never for one moment forget their master, and Clerf is always real in his appreciation of Jackson's work. Clerf, like his co-worker, Tucker, has added a great deal in the special field of bronchoscopy and esophagoscopy. They are very active in the national society of that specialty and each has been its president.

James W. McKinney (II—14)

This southern gentleman has been one of my real otolaryngological friends. Mac and I visited each other a number of times when we were younger, and I always looked forward to his visits to me at the North Chicago Hospital.

McKinney has held a high place in otolaryngology for many years, and I hope he will continue to do so for many more. He is a member of all of our national special societies. When several great fellows like Mac, Shea, Levy, Lukel, Simpson, and Blassingame can work so happily side by side, Memphis must certainly be a wonderful place to live in.

Henry B. Orton (II—15)

What an otolaryngologic skyrocket climb! I used to see Orton at meetings and always enjoyed talking to him, but one seldom heard from him on the floor. Like a newborn, Orton appeared with some fine reproductions of neck dissections, made at Mosher's course. The answer is Mosher. It is wonderful what a bit of encouragement does for a young man.

Newark is so close to New York City that one would almost speak of them as one, and Orton has made good in an uphill fight for surgery in what most men call inoperable cases of cancer of the neck. I admire his courage because a good many years ago I stuck out my neck as he did and got well stepped on. Orton has since organized his work into much better classifications, and one of his more recent reports on over a hundred laryngectomies with a high percentage of cures of five years and over, and many cases of fewer years but with good expectancy, was music to my ears. I am sure when I foretell a good future for Orton that I have the agreement of my otolaryn-

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gological friends. Many places often become the property of some one great otolaryngologist, but let us remember one cannot live forever.

Karl M. Houser (III—2)

One of the power drivers of the younger set in otolaryngology is Karl. He appears frequently on the programs of our national special societies, and one can be assured of hearing or seeing something worth while. I could enumerate quite a few of his publications and praise them to the heights, but that would just be repeating what I have already said—he is good. Aside from that it is pleasant to discuss with him personally the subject of teaching, in which he seems to be tremendously interested.

I cannot refrain from mentioning one particular article — on sulphanilamide — that impressed me very much, especially since it was written at the time when the knowledge of sulphanilamide was still pretty meager. Yet two years later, when he rechecked what he had said, he proved the wisdom of having withheld his final judgment.

Fletcher D. Woodward (III—3)

If I were to want to know the answer to a mastoid infection problem, it seems to me, from what I have heard this man say on different occasions, that I should like to accept his good judgment, especially when it comes to the indication for operation. His clear thinking and very clear way of stating the facts to an audience distinguishes him among otolaryngologists.

Although not in a great center of clinical material, yet his teaching at the University of Virginia places him with the men who are doing such excellent work in instructing young people in our specialty. Personally, Dr. Woodward is one of the most genial gentlemen one could meet on any occasion. He belongs to all of our special societies and is a great credit to every one of them.

Thomas C. Galloway (III—4)

One of the key men in Chicago in our specialty is Tom Galloway. Tom was on my service at the Cook County Hospital. At that time



Fifty-Ninth Annual Congress
 AMERICAN LARYNGOLOGICAL ASSOCIATION
 THE HAMILTON HOTEL BALTIMORE, ATLANTIC CITY, N. J. - JUNE 1917

J. C. G.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION



65th ANNUAL MEETING—
AMERICAN OTOLOGICAL SOCIETY - INC.
HOTEL CHESAUT—ATLANTIC CITY, N.J.
MAY - 1932.

THE AMERICAN OTOLOGICAL SOCIETY

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I never thought he would make a specialist in this field, which only goes to show that appearances are deceiving. Today Tom is looked upon as an authority on malignancies of the upper respiratory tract. He is an authority on ear, nose and throat conditions in children's diseases, especially in that awful condition, aseptic tracheo bronchitis of infants and children. A very busy practitioner in one of our larger suburbs, Evanston, Tom is also a good teacher both of undergraduates and graduates — at the Northwestern University for the former and at the Cook County Hospital Post-Graduate School for the latter. Tom Galloway is very active in our local society and everyone looks forward to discussing with him subjects on which he is particularly well informed. He is clear and concise and what he says can be truly depended upon.

In the national societies he is progressing in importance, and I predict that he will be one of the leaders in our specialty in the very near future. I have special gratification in mentioning his activity and regularity in attending the No. 2 Reading Club, where his discussions receive the most thorough analysis. Personally, of course, I count him as one of my own fellows. He even knows what I like in the way of a good story and never fails me.

Anthony P. Voislowsky (III—5)

This fine fellow has now gone to his reward. I knew Tony for many years. When we both were very young men in our special field I used to visit Tony in New York, and on one occasion he came to visit me at the North Chicago Hospital. We also used to meet at the Triological. We met more frequently after his son, Van Rensselaer, began to attend the meetings and urged his father to come too. Tony did not have much to say from the floor but oh, what a joy it was to talk things over with him between sessions! He enjoyed a very fine practice and all of his New York colleagues had only praiseworthy things to say of him. Seldom have I felt the loss of a friend so much.

H. Marshall Taylor (III—7)

Marshall is one of the outstanding otolaryngologists in this country, especially in the South. He is a leading authority on the effect of

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water on the nasal accessory sinuses of swimmers and he has contributed a great deal by his publication on this subject. He is a noted bronchoscopist and esophagoscopist and an ex-president of the American Broncho-Esophagological Society.

I had the pleasure of visiting him in his home town of Jacksonville, Florida, and got an eyeful of those alligators that he at one time employed in his study of water on the nasal cavity. Marshall is a member of all of our national special societies and has contributed much to their programs.

Lyman G. Richards (III—8)

I take especial pride in recording the marvelous progress this young man has made in otolaryngology. I remember him as a small boy in Fall River, where I visited his father, the late Dr. George L. Richards, who was one of our strong pioneers in the East in otolaryngology. Lyman was very energetic right from the start, establishing his practice in Boston. He has contributed richly to American literature in otolaryngology. Among his later publications is a textbook, *Otolaryngology for the General Practitioner*, which has had a splendid reception. I know it will do a great deal of good.

Lyman is a member of all our national special societies. After many years service as secretary of the American Broncho-Esophagological Society he was made its president in 1940. He is also chairman of the transactions of the Triological Society. As an example of the good fellowship in this society let me record here an amusing little incident regarding Lyman and myself. At one of the banquets of the Triological Society he and I, attired in appropriate costume, put on a stunt song of original verses about the membership. We set it to the tune of "Mr. Gallagher and Mr. Sheehan," and had a good time with it ourselves as well as causing much merriment.

Frank H. Wanamaker (III—9)

This friend of mine has surely made great strides toward the top and is now considered one of the leading otolaryngologists in the western part of this country. He is located in Seattle, Washington. Wanamaker has recently reported on a subject that is of very great interest

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to me because I have myself been much concerned with the same type of work, namely, congenital malformation of the ear in cases of acute middle-ear infection.

Frank B. Kister (III—10)

This man has a heart of gold and a handclasp that expresses the affection of one friend for another. I have known this Portland, Oregon, fellow for a long time and appreciate his friendship.

Frank is not a man of many words but whenever he reads or discusses a paper, it is both pleasant and profitable to listen to him. Sinus disease happens to be a favorite subject for Frank to discuss, and one is always sure to get practical points from his experience. He belongs to most of our national special societies and is active in them.

J. McKenzie Brown (III—11)

Mac is one of the major men in otolaryngology in this country. He has been writing especially on the complications of mastoid disease, septic lateral sinus thrombosis. In Los Angeles, where he has a very large practice and has an otolaryngological service at the General Hospital, he is also very much identified in the activities of the mid-winter courses of the Research Club.

Mac constantly attends the meetings of our national special societies and at the American Academy we look forward to his discussions. At present he is president-elect of the American Laryngological, Rhinological and Otological Society.

I am very fond of John McKenzie Brown, and am happy to be his friend.

Henry M. Goodyear (IV—2)

Not very often does one find such rapid and successful progress made in the otolaryngological field as Goodyear has made. Very courageous he is, in supporting what he believes to be right and in praising freely something he finds to his liking. He has contributed largely to the literature and I want to call attention to his last article on the principles of successful operation for chronic suppuration of the mastoid, especially emphasizing the way he handles the eustachian tube

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in order to get a closure of the tympanic end. Only time will tell whether other men will obtain the same good results.

So many good men have come out of Cincinnati! His confreres there should be very proud to call him one of their own. Goodyear is a member of most of our national special societies and has contributed much to their programs.

Mervin C. Myerson (IV—3)

"Uncle Joe" is what I am to him, and I am very proud of my adopted nephew. Myerson is very versatile in otolaryngology, having followed a very good man, namely, the late Dr. Yankauer, in bronchoscopy. He began very early to show great promise, especially in sinus disease. Recently he presented a fine paper on the subject of the varieties of ostii to the antrum of Hymore. More recently he has shown himself well qualified to deal with malignancies of the larynx and he goes very boldly at the petrosa when the apex is involved.

I have always felt sad that this energetic man does not have an appointment at one of the big clinics in New York. I am happy to know Myerson and hope he will yet reach that high pinnacle in otolaryngology. I know he has many friends.

Francis E. LeJeune (IV—4)

It is a sufficient recommendation to say that LeJeune was a pupil, associate, and assistant of Clyde Lynch. Yet it is the personal value of the individual that counts, and LeJeune is a self-reliant man, a fine gentleman, and a good friend. Clyde's sudden death was a great loss to LeJeune, not only in the work of a busy office and clinic but as a friend. I recall Clyde's complimentary remarks about LeJeune and his hope to be able to take it easy when his son Mercer and LeJeune would work together. Yet that was not to be.

LeJeune has gone right along and done some fine laryngological work. His movie film of diagnosis and treatment is a splendid piece of work. I have become very fond of LeJeune. I especially appreciate his kindness to Mercer Lynch, who is making good in New Orleans and is a member of our special societies, contributing his share to the programs.

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Harold Tobey (IV—5)

Harold is not only one of Mosher's five fellows but he is also a team by himself and a strong individualist. His descriptions of case reports are classics to me, and I always reflect on how refreshing it is to hear facts rather than fancies. Harold is a real sinuologist if there ever was one, and I never enjoyed anything more than his critical review of radical transorbital sinus operations. Harold, like his brother, George, is charming to meet, and I hope to continue to meet these two delightful personalities for many years to come.

George is even more of a comrade of mine than Harold. He, like his brother, has always enjoyed a fine reputation as an otolaryngologist. He became nationally renowned for his contribution to the spinal fluid pressure test in connection with lateral sinus thrombosis, known as the Tobey-Ayers test. George is a past president of the American Otological Society, and as a result of his presidential address in which he recommended a more thorough study of meningitis, a permanent committee under the leadership of Dwyer is now active, making progressive reports yearly. George has stimulated the surgical work on the middle ear in chronic suppuration, and today's conservative mastoid operation is a direct result of that work, although the ossiculectomies are not done any more.

To go back to Harold, his outstanding work has been on the asthmatic, particularly from the rhinologic point of view.

Charles T. Porter (IV—6)

One of Mosher's trustees in the department of otolaryngology at the Boston Eye and Ear Infirmary, Porter is recognized as an exceptionally well-informed otolaryngologist. He is constantly reporting to our national special societies, of which he is a member. I have known him for a long time and am always happy to meet him.

Porter was one of a quintet in the Infirmary. I always thought of him, the two Tobeyes, Smith and Harry Cahill, as the five strong men of Dr. Mosher. Unfortunately, the last two have passed into the great beyond. They were grand fellows and good friends of mine. They contributed much to otolaryngology, no doubt due to the personal influence of Mosher, just as the other three are still doing.

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Forrest J. Pinkerton (IV—10)

About seventeen years ago, when I first visited Hawaii, I had the pleasure of meeting "Pink" for the first time. He was associated with Van Poole in the practice of otolaryngology in Honolulu. Since I remained only for a few days at that time, I had very little opportunity to get acquainted with him. However, later I had several opportunities to meet him and his family when they visited Chicago and at various meetings.

My real visit to the Island came ten years ago, when my wife and I remained there for six delightful weeks. During that time I saw Pink at work as well as at play. Among other things he took me over to the island where the special hospital for the care of lepers is located. There I saw many ear, nose and throat lesions of leprosy. Pink, who was especially qualified along that line, explained some of his very interesting findings to me.

Van Poole and Pinkerton then had a very large practice together, but for the past three or four years Pink has carried on his practice independently. He keeps up with present-day activities by coming over to the mainland fairly regularly, especially since the clipper 24-hour service has been established. Pink is a member of the American special societies, to which he contributes reports from the Island. He and I have become fast friends over these years.

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The next group picture is one of the attendance at a banquet of the American Otological Society held at Atlantic City in 1932. This American national society is one of the oldest of them all; it is a sister society of the American Laryngological Association with which it meets annually. These two societies are members of the Congress made up of all the American societies of the different specialties; this Congress meets every five years. I have always felt proud to be a member of this society, because its fellowship means so much to every otolaryngologist.

I am happy to note the presence in this group picture of some of the pioneers of our specialty. My mention of the members present can, of course, be only a superficial one, yet it is a way of singling out some of my otolaryngological friends to whom I wish to pay tribute.

I begin with the front row and go from left to right, following the photograph facing page 241.

Lester Mead Hubby (I—2)

This quiet gentleman has for years held a warm spot in the heart of his colleagues, and I do enjoy meeting and talking to him. I am only sorry that I have not had much personal contact with Hubby, which I realize is my loss.

R. L. Wegel (I—3)

While not a physician, Mr. Wegel is truly a scientist in otology. I have many times heard him discuss physics and sound, and after a

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time let it go at that — in other words, he was talking 'way over my head. When the startling report of the Weaver-Bray animal experiment first came to be discussed before our society, Mr. Wegel's opinion regarding it was very valuable.

It was quite different when I visited him at the laboratory of the American Telephone and Telegraph Company, where so much investigative work regarding hearing is going on. On several occasions when in New York I have taken great delight in visiting him and in asking all kinds of no doubt, to him, foolish questions, but he is very gracious and tries to make it plain for one of our kind who wishes to know but who has little basic education in these fundamental branches. Mr. Fletcher, the chief of the research department, is equally kind when I visit that laboratory, where they keep so busy improving those wonderful audiometers and hearing aids.

Philip D. Kerrison (I—4)

It is so long since I have had the pleasure of seeing Phil that I am really homesick for a good get-together. Kerrison was very active in his earlier days and has contributed much to the literature of otolaryngology. His textbook comes first, and while it is especially true in this field that by the time a textbook appears from the press it is already "old stuff," yet "old stuff" is in most cases good to follow. Kerrison's book is still much in use as a handbook of dependable information. Also one of the still much-used instruments in mastoid surgery is the Kerrison bone-biting forceps, used especially when taking away that last part of the aureous tympanicus.

Bernard J. McMahon (I—7)

McMahon is one of our younger men who has gone quite a way in otolaryngology. I have watched his work with a great deal of admiration and I would like to prophesy that he will become one of our leaders. Mac is a good teacher, and I have heard his St. Louis confreres say that he stands out as a very scientific thinker on whatever subject he happens to be talking. His recent paper on the histological findings of the mucous membrane of animals treated with ionization is really a fine piece of work. Mac is a fine pathologist, and I hope that

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he may some day take part in giving our American Academy special courses on histopathology of the ear, nose and throat.

Frederick L. Jack (II—3)

One of the grand senior otolaryngologists in America, Jack is also one of the much beloved gentlemen. So erect when walking along and so pleasant a conversationalist, he makes a very happy impression on his associates.

Early in his experience as an otolaryngologist Jack worked hard to improve the condition of the deafened by an oscicular manipulating procedure. Although not performed at this time, the same principle — that of making the sound reach the labyrinth — is employed in the fenestration operations.

I am sorry I am not able to speak about Dr. Jack as intimately as I can speak about many of my otolaryngological associates, yet on all occasions when we have met he has been most kind and friendly.

Edward B. Dench (II—4)

What a man was this Dench! When I first began work in the specialty, one of my first textbooks on the ear—and I am sure it was the book used by most otolaryngologists—was Dench's. How vividly do I remember the first time I saw and heard Dench discussing papers at one of our national special society meetings! A magnificent specimen of manhood, he stated his opinions very emphatically, whether others agreed with him or not. He was a very lovable character, and while I was so much younger, at least in otolaryngology, he was always most kind to me. I liked him very much.

I always looked forward to Dench's talks at national meetings until later in his life, when nature was most unkind and he could not speak clearly. I was sorry to see him thus, but happy that he still wanted to come to the meetings to greet the fellows, or had I better say, to give them the pleasure of greeting him.

Dench will not soon be forgotten—he was one of the strong men in American otology.

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Francis R. Packard (II—5)

A great medical historian as well as an otolaryngologist, is Packard. I shall always remember his lecture in Chicago before the Medical Institute on the two Hunter brothers, the great English anatomists and physicians. In our national special societies, Packard is much beloved, and has been honored by being elected to the presidency of many of them. He is a very friendly man and I always enjoy talking with him.

Ed McGinnis (II—7)

Another young, oh, so young, man and friend was taken from us when Mac died. He was one of the kindest fellows I ever knew and one of the most ambitious. He was among the last of the boys taught and trained by the late Fletcher Ingalls. Being connected with the Rush Medical College where McGinnis taught otolaryngology for a number of years, I knew him well. Mac and I were consultants at the Hines Veterans Hospital, Mac specializing in the broncho-esophagological field. He was very fond of this specialty and developed quite a reputation in it. He was also one of the early members of the American organization in that field and a member of its council, as well as belonging to the other national special societies and being frequently on their programs. Mac was a pioneer in the intranasal ethmoid operation, on which he was frequently quoted.

E. Ross (II—8)

Another of my dear friends, Ross was just reaching the top when something happened to his splendid body and he left us. In one of the *Journals of Otolaryngology* is a report of his paper and one month later a note of his death. It was uncanny. Ross was closely associated in his scientific work with Gordon Wilson at Northwestern University. He was associated with a group of doctors, in Waukegan, headed by Frederick Beasley, but he did his teaching at Northwestern University. He was especially interested in pharmacological research work and published several very fine articles along those lines. I remember one of his early contributions on the combined uses of cocaine and adrenalin and their influence in reducing the toxicity of cocaine. His

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papers, presented at the meetings of the American Otological Society, were always well received.

Ross is missed by all of us Chicago men and I am sure by many men elsewhere.

Harrington Graham (II—9)

Harry and I have been friends for a good many years, and I trust we shall long continue to meet at the national special societies meetings. He is a member of most of these societies and usually contributes to the programs. I recall with great pleasure Harry's visits to the North Chicago Hospital, where I enjoyed his constructive criticism of my work.

Harry was always very fond of art; he had a niece who painted and he took great delight in having her study in Europe. Harry traveled quite a bit, especially in Europe. He is a prince of a fellow and I am happy to call him my friend.

Eugene R. Lewis (II—13)

One of my very good friends of long ago, Gene was still in Davenport, Iowa, when I used to see him frequently. He would come to visit in Chicago and would time his visit so as to attend the monthly local meeting of our otolaryngological society. During the World War, Gene was very active, having joined the medical staff in the department of aviation along with Isaac Jones and Teddy Lyster. After the War, these three, together with a fourth man (Ingram) went west to Los Angeles, where they started one of the first special group clinics in a nice small building. That group appeared to be very successful, yet in time it broke up, Isaac Jones and Ted Lyster remaining together but Gene going independent.

For a good many years Gene attended many meetings of our national special societies, often reading papers and discussing much. I confess that I sometimes found him and his theories rather up in the clouds, although they did sound very ultra-scientific.

C. C. Charlton (II—14)

Charlton is one of our most popular members and with reason, for he is so very kind to everyone. Atlantic City being somewhat of a resort

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town, Charlton has a chance to observe and treat many patients referred to him. Recently what seemed to me a very amusing thing occurred when Charlton came out to San Francisco to attend the A.M.A. meeting and read a paper on the good effects of Atlantic City ocean air in cases of atrophic rhinitis. It takes considerable courage for anyone to come to California and make claims for a climate other than that of California. Yet here was Charlton standing, like Gibraltar, solidly for his Atlantic City fog versus San Francisco fog—and I was with him, just for fun.

James H. McCready (III—1)

I have not seen this fine fellow for a long time but well do I remember my visit with him while attending one of the meetings of the American College of Surgeons. I recall one of the earliest bronchoscopic explorations for malignancy and a diagnosis from a biopsy of which he was in charge. I also remember, at this same meeting, the wonderful time we had socially—something that he was as fond of as I. It was fun being together in Pittsburgh, where we had many mutual friends.

Henry L. Swain (III—4)

By his contemporaries Swain was called Harry, but I never felt I knew him quite well enough to address him thus. He made such a fine appearance that I often reflected on the grand impression he must make on his patients. I always enjoyed hearing Swain speak in discussions. He always had a pleasant laugh and he seemed so good-natured that I sometimes wondered if he ever got angry with anyone!

Herbert S. Birkett (III—5)

Among the older outstanding otolaryngologists in America is General Birkett. While a citizen of Canada, we never considered him anything other than one of us. The otolaryngologic department of the McGill University was in his charge until very recently, when he was relieved by one of his faithful assistants, Dr. David Ballon. Yet in my mind Birkett will always remain its chief.

The General has brought a great deal of credit to American otolaryngology. He was very active during the World War. He must

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feel great satisfaction at having trained many good men among the English, especially McNally. The General is the possessor of the Honor Medal of the American Academy and is a member of all of our national special societies. He has been president of many of them and has taken part in most of their programs.

As a friend, I have none better.

Max Goldstein (III—7)

Way back when I was a neophyte in otolaryngology, Max was already a master. This is not because he was so much older than I, but because he started to specialize much earlier. I have a great deal to thank Max for, in connection with what he did for me in the earlier years in my attempt to publish my results in clinical work. *The Laryngoscope* carried two or more of my articles every year. Max also published one of my first X-ray atlases, at what must have been a financial loss, since it was very expensive to produce and not very many copies were sold.

Max's monumental work has been his studies of the education of the deafened child, the fruition of which is the Central Institute for the Deaf. This institution is a great credit to him and a fine addition to St. Louis' medical assets.

Max has always been a very good friend to me, as he has been without exception, to all otolaryngologists. Max has been an officer in most of the national special societies and his journal, *The Laryngoscope*, is a big contribution to our specialty.

Edmund P. Fowler, Sr. (III—8)

A great otolaryngologist and a great friend is Ed. I might stop right here, and that would be all that need be said. Ed is, however, so very productive in the matter of practical clinical experiences that I desire to enumerate some of them. The audiometric studies of different ear conditions, especially in children, are to my mind his outstanding work. The aids to hearing, especially the more modern types, he has carefully studied and reported upon. To sit with him in council, as has been my pleasure in the Triological Society, is a real pleasure and satisfaction.

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Fowler has a son, by the same Christian name, who has progressed so rapidly that it must be a great satisfaction to his father.

Lorento De No (III—9)

One of Professor Cajal's research students from Spain, in the field of neuro-otology. I first met De No in Upsala, Sweden, where he was working in the laboratory of Professor Barany. Several years later he turned up in St. Louis, where he had come to the Central Institute of the Deaf to help Dr. Goldstein there and otherwise. After several years, during the course of which he presented some research papers to the American Otological Society, he went to New York and became one of the workers of the Rockefeller Institute. It is hoped and expected that now he will be able to present some real results of his research work in otology.

I have greatly enjoyed meeting De No on various occasions and especially on one visit of his to Chicago in company with his nice German wife.

John B. Rea (III—11)

An ex-president of the American Otological Association, Johnny is one of the hard-working men in the field and a great friend of many younger otolaryngologists. Always striving for the truth, Rea has many times taken issue with the essayists, and very frequently I have felt that he was right.

Johnny is always genial and happy, expressing these traits by his genuine and pleasing smile.

Arthur Duell (III—13)

For many years Duell was one of the leading otologists, and was always listened to very attentively either when reading a paper or in discussion. When I first began my otolaryngological practice I read about Duell's gold bougies, which were used in treatment of strictures of the eustachian tube. One of his later contributions to our special field was that of repair of facial nerve paralysis. He, with Sir Arthur Ballance, did a fine piece of research work on nerve transplants for the purpose of correcting facial nerve paralysis. Many

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articles have appeared from the pens of others, corroborating Duell's and Ballance's experimental and clinical work.

Arthur Duell died much too early, just when he was at the zenith of his ability. He never seemed to me a very approachable man, although he was always most kind.

C. C. Bunch (III—16)

A physicist rather than a physician, Bunch has always taken a large part in the activities of otolaryngology. He, like Alden, is associated with Dean and the other fellows of the otolaryngological department of Washington University in St. Louis. From the beginning of the development of the audiometer, Bunch has always been working at it to improved the effectiveness of the new highly diagnostic apparatus.

For me to sit down and talk to Bunch is always a great pleasure, and I value his friendship.

M. H. Lurie (III—18)

Always enthusiastic about research problems regarding the internal ear, Laurie's reports to the American Otological Society were invariably full of enthusiasm. While I have never taken part in such very scientific matters, I appreciate their value and importance to progress in otology.

In addition, I greatly admire Lurie's wonderful laugh and happy smile, both of which denote, I trust, his perpetual good humor.

Arthur M. Alden (III—20)

Alden is one of the very energetic members of that group of fine otolaryngologists in St. Louis, and a great credit to Dean, Proetz, and the others at Washington University.

Recently Alden became very ambitious in offering great success in curing hay fever, the bone of contention among otolaryngologists. This was to be accomplished by means of ionization. While there were many men who disagreed with Alden, myself among them, nevertheless, I never had any doubt of his sincerity in this work. I have always greatly admired this friend and am happy to have the privilege of knowing him.

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Douglas Macfarlan (III—21)

One of the outstanding otolaryngologists in this country is Macfarlan of Philadelphia. He is also a very excellent writer of papers in our field, and it is a genuine pleasure for me to listen to him, both as a reader and in discussions. I only regret that he does not come more frequently to the meetings of our national special societies.

Louis Fisher (III—24)

Fisher was another one of my great friends who was taken from us early in life by a horrible automobile accident. Louis was a very well-liked man among his confreres. He did some wonderful work, especially during the War, on the vestibular apparatus of the ear. He contributed much to the book of Jones and Fisher. Louis developed the diagnostic feature of neuro-otology when he worked up the cases of Frazier Clinic.

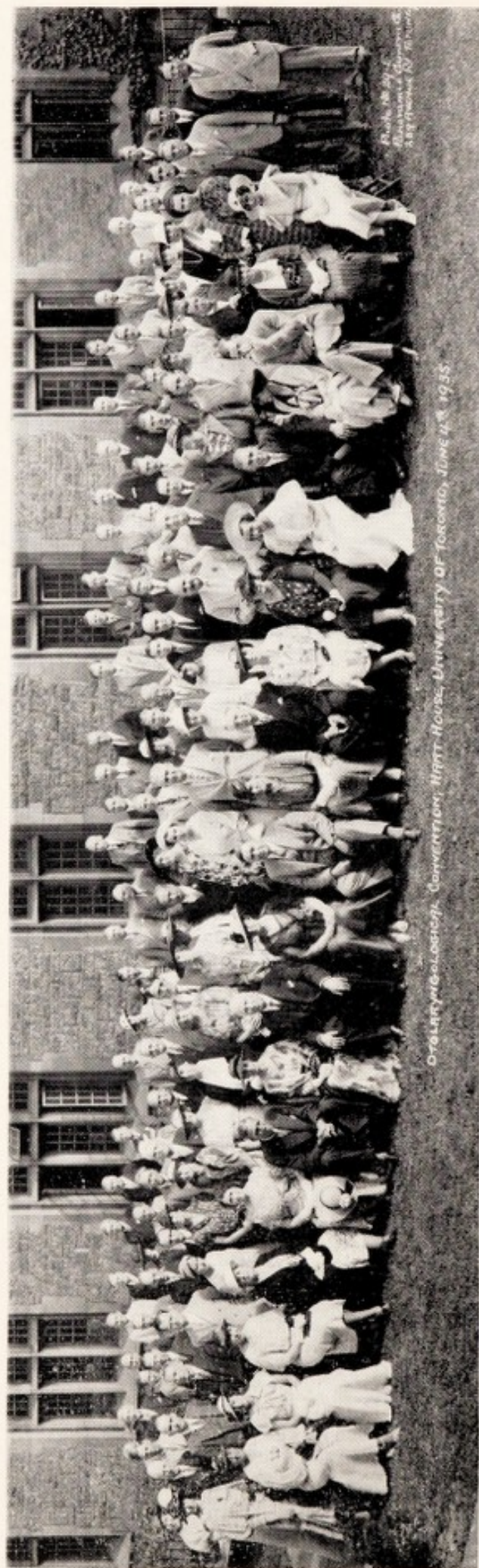
Personally, I was always happy to meet Louis. One occasion I shall never forget was when he, Hasslinger, and I spent a whole evening in my home discussing everything conceivable from *a* to *z* in otolaryngology.

H. Lee Simpson (III—26)

Detroit has many good otolaryngologists, and Simpson is certainly one of them. I have had quite a number of talks with Simpson, during the course of the meetings of several of our national scientific societies. One which I remember in particular was at such a meeting in Canada. It was during prohibition days in the United States and Simpson had gone into one of the jobbing liquor stores and purchased some good whiskey to take back to Detroit. On the train I told him he would have trouble in getting it into the States, but Simpson said the liquor salesman had assured him he would have no trouble if he just kept the bottle, unwrapped, in the pocket of his overcoat, and Simpson believed him. The Canadian revenue officer came through the train, saw the bottle, and listened to Simpson's story. Then he laughed and told Simpson that the liquor salesman had informed him correctly—provided he could drink the whiskey up before reaching Windsor bridge!



THE AMERICAN BOARD OF OTOLARYNGOLOGY



Orthognathognath. Convention, Night House, University of Toronto, June 4 & 1935.

Photo. by
Miss M. J. J.
University of Toronto
Ag. 1935

THE AMERICAN TRILOGICAL SOCIETY

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL SOCIETY (The Triological Society)

This society is considered by many the leading otolaryngological organization. While it is true that those organizations that belong to the American Congress — the American Laryngological Association and the American Otological Society — are considered of the very highest standard, still the Triological Society is made up of members who belong to the Congress as well as those who would be eligible were the number in each of those two societies not limited to one hundred. As a matter of fact, the admission requirements for the Triological Society are even more demanding than those of the other two because an entrance thesis is required. On several occasions while I was serving on the thesis committee, I saw men rejected who surely would have been accepted in many other societies. In other words, a very high standard for admission has been established, not alone through the thesis requirement, but because the committees on admission and membership, as well as the council, go over the applicant's credentials so very thoroughly.

The history of the Triological is very interesting; in brief, it is this: several years ago the younger element in the national special societies determined that there was a need for a society made up of high-class men for whom there was not room in the two societies with limited membership. The work accomplished by the Triological shows the wisdom of the decision to form a new society. The photograph of this organization (Plate XIX, facing page 257) is quite

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unusual for the Triological inasmuch as it shows a rich admixture of the fair sex — wives and friends of the members.

This meeting, which was held in Toronto under the presidency of Perry Goldsmith, was one of the largest and finest gatherings that the society ever had, as well as being very profitable from the scientific point of view.

At the meeting in Chicago at which I had the honor of serving as president, the attendance was marred by competition with the Century of Progress, as well as by the fact that it was one of the hottest days one could possibly imagine in Chicago and the meeting hall was not air conditioned.

In addition to its three-day program, the society has an annual banquet that surpasses in interest most such functions of other medical organizations because the vocal and instrumental music and the speakers come from within the membership itself.

The Triological Society has, aside from its annual meeting, four midwinter meetings in different sections of the country — East, South, Middle West, and West — each under the leadership of one of its vice-presidents, who acts as chairman. These meetings are of particular value to invited prospective members and serve as a sort of pledge system, as well as being helpful in giving the program committee an opportunity to obtain material for the annual meeting.

As stated above, the membership of this society is made up of men who are members of the other national societies and so are mentioned elsewhere.

THE AMERICAN BRONCHO- ESOPHAGOLOGICAL ASSOCIATION

Having had the honor of being one of the founder members of this society — for no other reason, I suppose, than that my work in laryngeal diagnosis and treatment bordered on these specialties — I wish to express my warmest appreciation for having been elected to this membership. I am aware that I have contributed very little to the work in this society because from the beginning of my experience I felt that all cases of the bronchial tree, as well as of the esophagus, belonged to a specialist who confined himself to this field. And so it was my great pleasure to be connected with such men as Stanton Friedberg, Sr., George Boot, and Edward McGinnis, who performed all operations and manipulations in this field on my cases. More recently I have had the pleasure and privilege of having Paul Holinger take care of any such cases that came within my practice. It was therefore a great surprise when, a few years ago, this society honored me with its presidency, which honor, I reiterate, could not have been for anything I had done for the society.

It is always a great pleasure to attend the meetings of this group and to hear the marvelously progressive men in this field — particularly the father of American broncho-esophagology, Dr. Chevalier Jackson. Most of the members of the American Broncho-Esophagological Association are naturally, members of several of the other national special societies. Two other societies whose work borders on this specialty have made wonderful contributions to the Broncho-Esophagological Association, namely, the American Association for Thoracic Surgery and the American Gastro-Enterological Association. Both of these fields are very often encroached upon by the broncho-esophagologist and vice versa.

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

This, the largest special medical society in the world, is of course made up of the two special fields of ophthalmology and otolaryngology, as these two specialties have been, and still are, practiced jointly by men throughout this country, especially in the smaller towns. It is the many hundred members of this type that this society has especially in mind, and its yearly meetings demonstrate the important place it holds in the medical profession.

I wish I could tell here of the many individual friends of the academy that I have made over the years that I have been a member, but I must limit myself to life and senior members, since after all, it is they who are my real contemporaries, rather than the younger men. I wish I had a photographic illustration of the membership at one of its annual meetings. Lacking this, I shall show a page from my autograph book which contains more than seventeen hundred signatures of academy members. The present membership numbers more than twenty-five hundred.

I well recall joining the academy in Cincinnati in 1901. It was known then as the Western Ophthalmological, Otological and Laryngological Society, and was called "Wool" for short. Several years later it was given its present name. It appears that this change of name was a signal for great progress. The eastern cities took hold, and the first meeting of the new organization was held in New York City. At that time very few of the prominent otolaryngologists of New York, Boston, or Philadelphia belonged to the society although

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there was always a good representation of prominent ophthalmologists at its meetings.

I feel sure I am correct when I say that the great change came when the academy began to devote considerable time at its gatherings to the instruction courses. These were initiated by an easterner, Dr. Greenwood, of Boston. However, the real activities of the academy began when the very active council was formed, with William P. Wherry as secretary. His ability as an organizer is what made this society achieve its great success. The various subdivisions are well manned by separate secretaries under Wherry's management, he being entitled "grand secretary." Both the commercial and scientific exhibits are great attractions to the members, and every year they become larger and more interesting. One of the big features is the motion-picture hall in which the attractions alternate daily between eye, ear, nose, and throat. These movies are in charge of the respective secretaries.

The social side of the academy meetings, intended not only for the membership but for their ladies and friends, brings to the meeting a greater attendance. Two special evenings — the banquet and the varieties — are always "tops." One day, usually the last one of the meeting, is always set aside for golf, at which grand prizes and cups are given. Another feature is the annual group dinner, the various groups being known by the name of the teacher, such as the Dean boys, Mosher men, George Coates group, Joe Beck boys, etc. There are about fifteen groups altogether, the largest being the Chevalier Jackson class. I always look forward to that function; I know my boys have a fine time and so do I.

Recently the council adopted a motion that the Palmer House in Chicago should be the meeting place every other year, because it has been found to be the best place centrally located. It has also adopted the recommendation that the transactions should appear quarterly, as do the bulletins, which have always attracted the members and proved valuable reading.

One other important activity in connection with the meeting is the examination by the two boards — the Board of Ophthalmology and the Board of Otolaryngology. These are held two days before the regular meeting, which always begins with registration on Sunday

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morning and the president's reception in the afternoon. In the evening of that day, for the past ten years, I have had a special meeting, independent of the academy program, of a small group interested in the fundamentals, especially pathology. It is not a society in any sense of the word but is intended to stimulate the men in these special lines. Special luncheons and dinners are held throughout the gathering, and finally there is the business meeting, which usually closes the official meeting.

Last year a new organization within the academy was formed at the suggestion of the council, an honor society composed at first of the past presidents and each year adding three new members in addition to the retiring president, after he has served his years on the council. At the first meeting of this new organization it was my honor to be elected its first president, with McKee the first secretary. At the October, 1940, meeting the organization will be completed, and it is expected that one of its first duties will be to sit in judgment on the awarding of prizes to the scientific exhibitors.

HONORARY MEMBERS

Hans Brunner

This gentleman is well deserving of the great honor he has won of being elected to the honorary list of members of the American Academy, from the standpoint of scientific attainment as well as his integrity as a man. Of rather recent arrival in this country, Brunner has already shown marked progress in establishing himself in practice and in winning the appointment of assistant professorship in otolaryngology at the University of Illinois. He is very active in our local and state societies, both in presenting papers and in discussions.

Personally, I have always been very fond of Brunner, particularly since he is a pupil of the great Alexander of Vienna.

F. Nager

While I have limited my descriptions to contemporaries and mostly to Americans, Nager, like Sir St. Clair Thomson, represents that type of otolaryngologist who is the very best. He is a teacher and a scholar, much loved by the many Americans who have had the oppor-

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tunity to meet him on his various visits to this country. Particularly fortunate were those who met him during his stay in Los Angeles, where he was one of the invited guests to give the course at the midwinter session of the Research Club.

Nager's scientific attainments are so numerous and the list of his published works so long that all I can say here is that it would be well for our younger men, particularly, to study them. At least those who are able to read in the German language will find these publications available to them.

It was a great pleasure for me to meet Professor Nager and I am hopeful that when peace once again reigns in the European world we may meet again.

LIFE MEMBERS

Emil Amberg

A life member of the academy since 1906, when he first joined the society, Amberg represents the old school of American otology as transported from Europe, where he had his training. This delightful fellow's greatest activities have been in another society, the American Otological, where he has contributed considerably, especially in the discussions.

One of the outstanding things I think of in connection with Amberg is his great belief and desire that specialists be standardized or classified according to their merit. In one of my own *Indexes of Otolaryngology*, on which he was a collaborator, he reported from the Detroit Otolaryngological Society on the subject, anteceding, I believe, every other reference to this question.

Melville Black

Next to Levy, Black is the senior otolaryngologist in Denver. He has long enjoyed the reputation of being one of the best otolaryngologists in this country. In the early days of the academy he was a regular attendant and quite active in the transactions of the society. Unfortunately nowadays it is with him as with so many others—we do not see him as often as we would like. I miss Black, for I always enjoy conversing with him.

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Nelson Miles Black

A real pal of mine is Nelson. For years we visited back and forth between his office in Milwaukee and mine in Chicago. He has been there for the greater part of his active medical life and has a fine ophthalmic practice. Nelson, being a doubting Thomas, always provoked in me an argument regarding the relation of chronic infection, especially in the sinuses, to the eyes.

In later years, Nelson moved to the sunny clime of Florida. I wish him long life and happiness.

W. D. Black

Each fall, as regular as clockwork, Black would come from his office in St. Louis and appear at the door of the North Chicago Hospital to spend from two to three weeks there. What a wonderful time we had together! He would talk about fishing, for that was his great sport. In fact that was one of the reasons why he made his routine stop-over in Chicago — he was on the way to the great lake region of Wisconsin.

"W.D." was a member of the academy before I was, and in its early period contributed much to its transactions.

John E. Brown

John and I went into the academy together, and he was one of my closest friends. Our families, too, met frequently, especially at our academy meetings and in his home at Columbus, Ohio. How we do miss John and his fine wife!

John was one of the earliest men to write on Herpes Zoster Oticus, and is frequently referred to in the literature of the otolaryngological special field.

Don M. Campbell

A Canadian of great proportions, both of body and heart, is Don. Were I to mention one particular man who has always given me good sound advice in difficult times it would be Don. I could say so much more about him, but it is enough to say that here is a real fellow and a real friend.

AMERICAN ACADEMY

Ewing W. Day

One of the oldest members of the Triological Society, Day has been its treasurer for many years. He was named as the man best able to handle the society's finances with the greatest amount of good for the society, for he knew how best to invest it. For several years now he has been retired from active practice. His son, Kenneth, carries on.

In the scientific world Day was a leader for many years in the field of otology, and for several years he and Chevalier Jackson were associated in a private ear, nose and throat hospital. Now he enjoys the ocean down on Cape Cod. Nevertheless, he still comes to our national meetings, where he is always the clown of the crowd, and he and I have a good time together.

Frank L. Dennis

My acquaintance with Frank began in Colorado Springs, where he was associated in otolaryngologic practice with Bill Mullin. From that time on, he and I met many times at our national special meetings, as well as at my North Chicago Hospital clinic. In later years Frank moved to California where he now lives, in retirement from practice but still keeping busy. I am told that he does some of the finest woodwork in San Diego.

John Donovan

It is long since I have seen this grand old man, yet I want to mention my experiences with him in this otolaryngologic world. While it is true that he visited my clinic many times, I visited his city only once, and at that time our discussions were not medical.

He, as well as his wife and his partner, was a great hunter and I did none of that. Their stories of true experiences in the mountains of the west and of what they brought down with their guns there were real romance. On one occasion I allowed John to talk me into going bear-hunting with him and went to the trouble of completely equipping myself for the hunt. The day before the trip was to start I developed a very severe hand infection, which resulted in an operation, and thus I was saved from the ignominy of *not* bringing down my first bear.

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Harry Friedenwald

This learned gentleman seemed to vanish from the bright lights of otolaryngology very early in the days of my contact with him, a contact which was most pleasing and profitable. I soon found that his interest lay in another field than medicine, namely Zionism. He has no doubt made a great success here, but not being a Zionist myself I lost track of him, for which I have always been sorry. I don't believe I have ever met a deeper thinker in the philosophy of medicine, particularly in our own special field.

C. W. Geiger

A neighbor and a great frequenter of my clinic at the North Chicago Hospital was Geiger, of Kankakee, as well as one of my students at the Eye, Ear, Nose and Throat College. When I say student, I should explain that he gave me a great opportunity to learn from him, for he appeared to be far advanced in some of the subjects that interested us both. Our friendship thrived on our common interests. For example, we both liked the national game so well that it brought about many trips to the ball park.

Geiger's associate at one time, Jesse Roth, was perhaps responsible for a good many of Geiger's characteristics. Jesse was one of my earliest co-workers in organizing reading clubs, and a great polyglot.

Sol M. Hartzell

I seldom see Hartzell any more, but I recall how early in his activity he used to visit my clinic. It was when my dear friend Dr. Gibson, the senior of the Gibson-Hartzell group, used to come to the meetings of the academy. What a shock it was to receive a telegram at one of these meetings, telling us that Dr. Gibson had had a very serious automobile accident on his way there!

Hartzell has a splendid reputation as a specialist in Youngstown, that great metropolis of the steel industry.

C. W. Hawley

I admire this man because of his grit. I don't know how old Dr. Hawley is, but I do know that he was an otolaryngologist many years

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before I entered that specialty. Hard of hearing, he was one of the earliest men to wear the type of hearing aid known as a fan and worn between the teeth. He did not mind its conspicuousness, for it aided him to hear people. The cheerfulness with which this man looks upon life this present day is something to be marveled at. I consider Dr. Hawley a great find in otolaryngologist humanitarians.

Joe Heitger

Joe was another of the regular visitors to the North Chicago Hospital. He began his practice at Bedford, Indiana, then went to Louisville, where he married. Then, after traveling clear across the continent to California, he became restless and traveled back to Louisville again.

Joe is a great literateur. I think he reads everything in otolaryngology and can refer to it at a moment's notice. His comments, anecdotes, and stories about the various men in the profession, particularly those connected with his alma mater, the University of Michigan, are always refreshing. Whenever we meet, Joe is in the center of a crowd of fellows, entertaining and informing them.

Henry B. Hitz

When Milwaukee was still a suburb of Chicago, Henry commuted to the North Chicago Hospital, as I did to his office in Milwaukee.

My greatest difficulty with my friendship with Henry was that I could scarcely ever convince him about anything. Yet we always were, and still are, the very best of friends, although I do not have the opportunity of seeing him as often as I used to see him.

I would like to mention here Henry's gift to me of the original extractor of foreign bodies from the esophagus, which he himself made and which I had the honor and pleasure of presenting at the time of my presidential address at the American Bronchoscopic Society.

Henry must be very happy that his son, who has made for himself a splendid reputation in Milwaukee, is now taking over for him.

Sam Iglauer

One of the first men whom I met in my specialty at the time of my training was Sam. We met at the *Allgemeine Krankenhaus* in

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Vienna at Politser's Clinic. Sam had big eyes and a big mouth, but I did not at that time think that so much knowledge and wisdom could come forth from it as did in the years that followed. Year after year we would meet at the academy meeting and enjoy reminiscences of our European days.

In my very early years of otolaryngologic practice, when I had more time than patients, I continued my amateur baseball playing in Lincoln Park. I was informed by some of my friends that Sam had said that he had accidentally discovered me on those sandlots of Lincoln Park and that I had refused to recognize him. It is quite likely, because I always played under an assumed name. Sam likes to twit me about that.

Bronchoscopy and esophagoscopy and big borderline surgery make up Sam's special field. In the earlier years I used to accuse him of stealing my thunder, because he and I would often be working on about the same presentations in our specialty. His friendship means very much to me.

J. M. Ingersoll

We were appointed the same year on the committee of examinations for the academy and served for a period of three years, until the real board of examiners came into existence. Ingersoll was one of the otolaryngologists in Cleveland until the last few years, when he changed his residence to beautiful Miami Beach. From there we hear of his work in the most glowing terms.

John and I have had one big study in common, namely, the embryology and comparative anatomy referable to the ear, nose and throat. It is most unfortunate that we could not have continued further our research studies together along this line.

Samuel J. Kopetsky

One of my real old contemporaries is Sam, and I am pleased to call him my friend. That word is too often used loosely, and one would do well to measure friendship by some sort of yardstick. Were I to do so with Sam, I would say that the attribute I respect most in him is that he uses his scientific attainments to benefit human suffering.

A M E R I C A N A C A D E M Y

Another splendid attribute which I have learned to appreciate over a period of many years, is his citizenry. When I first met Sam he was a member of the National Guard. Ever since then he has always been in the midst of military studies, particularly as they related to otolaryngology. The third thing I admire about Sam is his straight shooting in medicine, politically. Having enjoyed the confidence of his confreres, particularly in his own state of New York, he has gone right up to the top of the ladder so far as office holding is concerned, now being president of the New York State Medical Society. The house of delegates of the A.M.A. has many times heard from this gentleman, and otolaryngologists have been well represented there through his influence.

Personally, Sam and I have enjoyed each other's company as we visited back and forth. I wish I might have the opportunity of visiting him more frequently for I always receive a most cordial welcome.

It goes without saying that Sam is a member of most of the special national societies; he has even held the presidency of some.

E. F. LaForce

Frank LaForce is another specialist in a smaller city — Burlington, Iowa — but he is more than that to me. For one thing, he is the brother of the inventor of the adenectome, which is a good mate for my tonsilectome. Both of these instruments continue to be used many years now after we devised them, and so I hope that Frank, who is a good friend of mine, will pardon my making use of him to make this reference.

Secord H. Large

There has not been a meeting of the academy since 1904 that Secord has not attended. It happens that this year is the termination of his office as treasurer of that society, as well as the one where he is the honored guest of the academy, which makes my remarks very pertinent.

Many years ago, twenty-two to be exact, I received an invitation to come to Cleveland to remove Secord's tonsils. I was to do it according to his way, that is, under local anaesthesia. While every

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attempt was made to make it painless, I knew it hurt him, and I was sorry to have to do that, but I felt he forgave me.

Secord and I have enjoyed a wonderful friendship. Together with our families we made a grand and glorious trip by car to the International Otolaryngological Congress in Boston—one of the earliest motor tours I remember. It is with great anticipation that I look forward to the next meeting of the academy in Cleveland where opportunity will be given to do this great little man homage.

D. D. McHenry and E. S. Ferguson

Oklahoma City is a place I enjoyed visiting very much when I was invited to take part in the programs of its clinical week a few years ago. I had then the opportunity of visiting these two men who for years had honored me with their visits to the North Chicago Hospital. Both of them are splendid otolaryngologists and great fellows, too.

I enjoyed watching their practice, for it was so individualistic yet while they are not associated, the management of their cases was practically the same. McHenry is very fortunate in having his son in active practice with him.

John O. McReynolds

One of the outstanding men in the academy, McReynolds belongs to the old school, in which men did an equally good job in eye and in ear, nose and throat work. I recall many meetings where he and I had interesting discussions, even though we often differed in our views.

Mac is a very active man in the American College of Surgeons and one of the busiest practitioners in our specialty. It is most interesting to spend a day visiting in his offices. Dallas, where he practices, has many good men in our field.

R. C. Matheny

It is only at our state meetings that I have had the pleasure of getting together with Matheny. There, at the annual banquet, this gentleman excels as an after-dinner speaker. Galesburg is the town where he has been for many years and where he has developed a large practice.

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Myron Metzenbaum

For years the academy meeting was never complete without "Metzi," as I called him. He liked to do an operation on the septum which brought him considerable popularity. He says he replaces the dislocated cartilage — in youngsters especially. He also has a great liking for the correction of deformed noses for the esthetic effect.

Metzi has a very fine character which I have always admired. Many are the times we have got together either in his home town of Cleveland or at my clinic in Chicago to talk over old days.

Horace Newhart

Always working to help the hard of hearing and the deafened, Newhart's activities followed very much the pattern of Austin Hayden's. He, too, was president of the American Federation of the League of Hard of Hearing. Deafened school children will always be in his debt for his efforts in making routine classroom tests of hearing. Horace practices in Minneapolis, where he also fills an important position at the University of Minnesota. Recently he served as president of the Triological Society. Horace is a very earnest fellow and is much loved by the men in our specialty. I am very fond of him.

William W. Pearson

A contemporary laryngologist is this fine fellow. I am sorry that I have never had the opportunity to see his very successful office practice in Des Moines, but I have always enjoyed his visits to me, as well as our talks on the many occasions when we met at academy meetings. Recently both he and I enjoyed celebrations of anniversaries of our years in practice, arranged for by mutual friends.

G. L. Selfridge

For years the leading otolaryngologist of San Francisco, Selfridge always used to attend the national meetings. He has kept up his great interest in otology. Recently he did a splendid research job on the effect of toxic substances on the eighth nerve and the use of vitamins thereupon for the relief of deafness. He and I were always most sympathetic to each other's views and personalities.

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Edward C. Sewall

How I admire my dear Ed and his wonderful work in otolaryngology! Sinuses are his great pet, and he has given us some of the finest thoughts about the management of diseases of the sinuses, especially the radical work which, when it becomes necessary, is so rationally treated by him. What is most forcefully brought out is the convincing way he has about stating his beliefs as to what's right or not in a case of severe sinus infection.

Personally, my many contacts with him, although too few for the number of years we have known each other, are among my choice possessions.

C. A. Veasey, Sr.

Another of the old school who practiced well in both branches — eye, and ear, nose and throat. What a wonderful trip we had together one summer out west! It was early in my special medical career, and I was invited to one of the larger western general meetings; in Seattle, to be exact. After the meeting, Veasey and I and a couple of others made up a quartet to go in someone's motor car first to the automobile races at Tacoma, then to the beautiful park of Mt. Rainier, and then on to Portland, Oregon. Many years later, my daughter Elsa and I stopped at the Veasey home in Spokane for a fortnight, and Veasey and I became very good friends.

In his work Veasey has the fortune of having his son with him, whom I know to be a well-trained man who follows well in his father's footsteps.

C. B. Wylie

Always present at every academy meeting, Wylie would usually visit my clinic for a few days just before going back to his home in Morgantown, West Virginia. He does not know it, but the old surgical nurse there nicknamed him "whiskers," for Wylie had one of the finest looking beards. The gentleness of this man, both in his manner of speech and in his action — with the aid of the beard — made him truly distinguished. He is a real friend.

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SENIOR MEMBERS

Fred Baily

Fred Baily, also known as Fritz, was best known to me through Lee Wallace Dean and Mrs. Dean, Fritz's sister. Fred was a very frequent visitor to my clinic, in fact he came each month when he visited Chicago to attend the Chicago Ophthalmological Society meetings. On my first visit to Iowa City I was astounded at the size of the practice this man commanded and I often wonder how he managed to keep it up day in and day out.

The artistic temperament is very strong in Fred; he loves opera and visits Chicago during the season. The past few years he has not come to visit me so often, and I miss him.

Frank W. Brodrick

A household word at the North Chicago Hospital was Frank's, so often did he visit me and my clinic. Although a busy man, he kept up his clinical investigation, a thing which unfortunately many men in smaller cities forget to do. Of course it matters greatly what training a man has had, and Frank had his from the old Vienna school. We often reminisced about those old fellows, most of whom have passed on, yet their great work, or the result of it, remains in such men as Frank. Recently he distinguished himself both as secretary and president of our Illinois State Medical Society.

Frank is the senior otolaryngologist at Sterling, Illinois.

E. H. Brooks

Like so many of my contemporaries, Brooks, of Appleton, Wisconsin, seldom shows up any more. The reasons are quite clear to me. Earlier in one's life there is more ambition; knowledge and information are more necessary and one finds them more interesting; thirdly, as one grows older there are so many things that have to be done, such as the every-Friday bridge party; and lastly, during these last ten years every doctor has had to put up with depression, repression, and suppression. And now I fear the upheaval of the world will add oppression.

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Brooks and his sister, a very fine lady physician, used to visit my clinic very frequently, often staying for several days. They made a grand impression on us all, and I consider them among my good friends.

J. M. Brown

Brown of Los Angeles, is now a life member of our beloved academy, where he and I have so often met and talked things over. He is never on his feet much at meetings, but I get more unadulterated clear thinking about any subject or paper we listen to from him whenever he does express himself, than from almost anyone.

V. A. Chapman

I am sorry not to have had the opportunity of cultivating the friendship of this man, but perhaps I know more about him and his sterling qualities than he thinks I do. One of my own trained men, Sproule, is an associate of his, and both the junior and senior Hitz and Dr. Seaman have been in Chapman's offices in Milwaukee for a good many years.

Chapman has left a mark in otolaryngologic literature by his expressed views on septic sinus thrombosis.

J. Sheldon Clark

Another of our fine otolaryngologists, as well as ophthalmologists, is Clark of Freeport, Illinois. All these men in smaller cities must do both the specialties and do them equally well. That's the reason one so frequently finds great men among them. J. Sheldon at one time had the desire to come out in medical literature, and he rightfully did so when he described the intra-nasal approach to the tear sac. He was one of the early ones to see the possibilities of such procedure.

Clark was another fellow who loved travel. His tales of Professor Jonesco, whom we both knew, still stand out in my mind.

Lee Cohen

I have known this fellow intimately ever since I have been practicing otolaryngology, and his visits to me, as well as mine to him, have been many. Lee has always commanded a very large private practice. In

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later years he has specialized in rhinoplasty, in which field he has very few equals.

The social side of our friendship is enjoyable, too, and usually when I visit Baltimore with my wife we spend most of our time at Lee's beautiful country home, where our pleasure is made greater by reason of his grand trio of daughters and charming wife.

C. C. Cott

"Little Chester," it was when I first met him at his father's in Buffalo. This was when I was still very young in otolaryngology and Cott, Sr. somehow took a fancy to me — why I don't know, but I have been always grateful for the way he spoke about me to patients and doctors. And now Chester is a senior member of the academy! That makes me feel very happy but at the same time very old.

I cannot recall so many of Chester's activities on our programs as I can remember of his father's but I do know that he is a very earnest clinician and a very busy practitioner. I am sorry that Chester does not come to visit me as he used to do. Anyway, good luck, Chester — young, old boy!

M. M. Cullom

Long ago I remember that on one of my visits to Nashville I stopped at Cullom's house. We both were much younger at that time and had very different ideas on life from those we have now. I shall never forget the earnestness with which Cullom did his daily golf-swinging practice indoors, having a machine with a golf ball tied to a string which would tell on a dial how far the ball would have traveled outdoors. Cullom never questioned the validity of the claims for that apparatus, quite contrary to most otolaryngologists, who always have to be shown claims for a scientific statement! One of many fine attributes of this man was that he always enjoyed the confidence of his people, and he surely had a fine practice.

J. Hal Foster

Foster is one of the oldest members of our academy, being an honorary fellow, having joined the society in 1894, the year of its foundation.

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It is a great pleasure to see Dr. Foster present at practically every meeting. While not very active on the program, his conversation and his genial, smiling manner are very pleasing to everyone. He was the first secretary of the academy and he held this position for a number of years. I am sure it must be very gratifying to him to have seen the society grow from its small beginning in 1894 to its present state.

T. E. Fuller

In the good old academy days there were always two men from Texarkana to answer the roll call — Mann and Fuller. The latter was so often at my clinic that I often was a bit more free with him than was customary and would ask him to assist in our routine work. It was always a genuine pleasure for us all when he came to visit.

Fuller's discussions of the papers presented at the academy always showed sound thinking and usually were drawn from his personal experience.

Harry Gradle

I could begin by telling how Harry and his brother played in Eugene Street, where I also lived and where we had the pleasure of having Dr. and Mrs. Gradle as our neighbors. Harry, a graduate of Ann Arbor in medicine, long ago reached the heights in his professional career. While he is not an otolaryngologist but purely an ophthalmologist, I am allowing myself the pleasure of recording his achievements in our specialty. During his regular internship at the North Chicago Hospital Harry would very often visit my clinic. In fact, he became what one might call today a part-time resident. Harry loves to tell about how I once had him remove a cinder from the surface of a cornea while I was busy doing a tonsilectomy and had him collect three dollars for it; then, while still operating, had him put the three dollars into my stocking. I will not vouch for the truth of that story.

It is a great privilege to be able to acknowledge here Harry's kindness to me. This is something that has always been true, but I am thinking particularly of a recent instance when he had me appointed to the position of associate dean of education at the Illinois

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Eye and Ear Infirmary. I am enjoying the work of teaching now as never before; to teach a bunch of wide-awake residents one really has to know one's business.

There are so many distinguished things to be said about Harry that I wish I could take the space to say them. Let it suffice, however, that he is a regular fellow. As president of the American Academy, as chairman of the instruction course, as leader of the correspondence courses, and as prime mover in many other activities, he has done himself proud.

Gordon F. Harkness

A pioneer in both the branches, Harkness of Davenport, Iowa, kept right up with the rest of the leaders. To become a chairman of his section in the Triological Society was a distinct honor, and to be on the council of some of the national special societies must be a gratification to any man. Harkness is worthy of all these honors, and I am proud to call him one of my best friends. When we were young we often visited each other and always had a great time. It is still fine to see the man and I hope that he and I may meet and visit together many more times.

W. H. Haskin

It is long ago that I first joined the Triological Society but Billy's coming up to welcome me to the society is as fresh in my mind as if it had occurred yesterday. Haskin was the secretary of the association for a good many years, and he surely had some great programs.

We all remember Haskin's great interest in people's teeth. I remember we used to speak of the suction cleaner as recommended by Haskin.

Recently I had some fun when going to New York City from Rye, New York, with Billy and his pal James G. Dwyer, in recalling how Billy took me to task for recommending to membership men whom I didn't really know well enough to do this for. He criticised me in open meeting for it, and at the time it hurt, but it taught me a lesson — not to recommend anybody just because you want to be a good fellow.

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Harold Hays

I am wondering how this fellow looks, it's so long since I have seen him! We are such very good friends that I lament this lack of visiting. I know I have been in New York many times and I suppose that Harold has been to Chicago, but we just don't meet. Harold used to be a frequent attendee at our national special societies.

Harold has done much for otolaryngology. He was the first one to so nearly visualize the pharynx by an instrument not unlike the cystoscope. I am sure that the very popular instrument that came later, the nasopharyngoscope, was a direct sequel to Harold's presentation. His textbook had many subscribers, and I think the illustration of the ear speculum to show the otoscopic picture, was one of the first. But the stupendous thing Harold did, was to establish a special private hospital for ear, nose and throat cases. I remember how thrilled I was to be shown by him over his hospital, filled with patients. His office, too, was always filled to overflowing. I am wondering if it's still that way. I hope so.

S. G. Higgins

Milwaukee just could not get along without Sam. I mean otolaryngologically. At least that is my honest belief. When Nelson Black left Milwaukee, Sam came into his own and surely made good. His recent visit to India to get the best information on the intracapsular cataract, shows his enthusiasm. Sam is a hard worker in ear, nose and throat and besides his practice he is consultant to the ear, nose and throat department of the Veterans Hospital in Milwaukee. In the good old days Sam used to visit my clinic, but of late I miss him.

Lee M. Hurd

Lee, one of my contemporaries, has very recently been honored by the Triological Society by being elected to the high office of president. It was a pleasure to discuss a paper read during his administration.

Hurd has always been a man for practical application of his information. Sinus disease and asthmatics have been the subject of most interest to him. Recently he made a fine moving picture in color of the operative technique on the sinuses on a cadaver.

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Lee loves to travel, and I am sorry that I could not avail myself of his kind invitation to go to South America for the International Surgical Congress. A visit to his private office in New York as well as to the Postgraduate Hospital, where he is chief of the nose and throat department, is one of my pleasant recollections.

H. M. Ivins

Cedar Rapids is quite a city, but Ivins is plenty big for the work in ophthalmology and otolaryngology there. Having "barnstormed" in that town, I know whereof I speak. Ivins presented to me a case of a young music teacher who had what I diagnosed as adhesive middle-ear disease, and for which I advised an unusual type of treatment for these adhesions, known to some as Pfannenstiel treatment. I shall not go into detail, but it will suffice to say that Ivins carried out the treatment and improved the patient's hearing (both ears) from voice contact to twenty feet. As the result of that case, he told me his practice increased very much. So did mine, for this music teacher happened to have tremendously wide-spread connections. Yes, I received patients from as far away as China as a direct result of her recommendation. I mention this case because it was one of my most interesting experiences and I cited it in my book on applied pathology, calling it the "West case."

Ivins and I have always been close friends and I always used to look forward to his monthly visits to my clinic.

Isaac Jones

This gentleman first came into the limelight of otolaryngology with the publication of the textbook by Fisher and Jones. This was one of the earliest treatises on the diagnosis and treatment of labyrinthian affections, particularly as allied to brain surgery.

"Ike," as we are wont to call him, was very active during the World War and was one of the first of the fellows to go overseas after we entered the War. There was a triad, known to most of us, made up of Gene Lewis, Ted Lyster, and Isaac Jones, which was practically inseparable. So, after the War, these three moved from the East Coast to the Pacific Coast where, in company with Ingram,

J. L. Atkins
455 Spadina Ave.,
Toronto, Ont. Canada

R. L. Reardon
422 W. Cumberland Ave
Knorrville Tenn

G. B. Truller

Washington
R. L. Lott
Charleston, W. Va.

E. F. Chase
Seattle Wash

Earl W. Handley
7635 Lemmon Ave.
Chicago Ill

G. B. Birch
Washington Union
St. Louis, Mo.

S. Oscar Russell
Ohio State University
Columbus, Ohio

Herman Semmes
2003 Wilshire Blvd
Los Angeles Calif

Edgar Taphin
39 Lincoln Park
Newark, N. J.

O. M. Stephenson
255 Washington St
Chicago: Ill.

W. W. Caldwell
36 W. Randolph St
Honolulu Honolulu

Maurice Kaplan -
4010 N. Madison St
N.Y. Ill

Dr. Kate S. Deennot
411 - W-6 3rd St
Chicago

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another pal of theirs, they opened a private otolaryngologic, ophthalmologic and neuro-otologic clinic. It was always a great pleasure to me to visit them out there, for they seemed such a happy lot. I believe they were very successful. Isaac became very much interested in the functional tests of hearing and, in company with Prof. Knudsen, constructed an audiogram of the most scientific type.

Socially, Isaac and his genial wife have always been the center of all entertainment whenever otologists come to Los Angeles, and their fine estate is most admired and appreciated by us all.

W. E. Keith

On the first page of the autograph book that the Kansas City boys presented me there are some very nice words composed by Keith. Although I feel these words are too flattering to me, yet I take pleasure in copying them here, crediting them to Keith's great ability as a "complimentarian."

Presented to Dr. Joseph C. Beck, an honorary member of the Kansas City Society of Ophthalmology, Otology, Rhinology, and Laryngology by some of his friends in Kansas City who have been helped by his contributions to medical literature, inspired by his personality, and who admire his courage and honest statement of facts as a surgeon of many years of experience.

Keith is a very active young otolaryngologist, and I am amazed when I consider that he is already a senior of our academy though he is scarcely more than a youngster. The splendidly organized K. C. Eye, Ear, Nose and Throat Society is known from coast to coast in academy circles as one of the liveliest bunch of otolaryngologists and ophthalmologists anywhere. Their roster of the guests they have entertained is marvelous. Their get-togethers in former times, when poor Bob Forgrave wielded the cocktail shaker at the annual academy afternoon party, were a joy. And to all this Keith, as much or more than anybody, contributed.

Carl L. Larsen

There is a very warm spot in my heart for Carl. He is endeared to me by the many happy meetings we have had together, not only in

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this country but abroad also. I am referring to the time when a large group of American physicians, under the leadership of Dr. Peck of the Interstate Medical Association, met in Stockholm, where my wife and I had been summering, and I spent some time with them. Carl is one of my reliables when any of my patients travel to his city of St. Paul and require help. Though I don't mean to imply that that's anything unusual; we all have such associations among the real specialists of the country.

Fritz Lassen

I learned to know Fritz well when attending one of our academy meetings out west and recognized in him a real student. I have had the pleasure of having him visit me at my clinic and also of treating some of the cases that he referred to me from his city of Pueblo, Colorado.

One in particular, was that of a Sister of Charity who had one of the most difficult cases of sinus disease and asthma I ever saw. It was a particularly interesting case because it showed that no matter how small the surgical interference in her nose — even the removal of a polyp — the response would be a marked relief of the asthma. When I finally did the Sewell-Ferris Smith-Denker radical operation with the removal of the entire mucous membrane of the septum (Beminghauss) on the obstructed side, she became asthma free and permanently so. Lassen had started the cure and I finished it, which in German means "Lassen."

Louis Levy

I remember one evening when my "play boy" Levy drove me to his home for dinner. He was trying to avoid a well-deserved scolding for delaying the meal, and never before had I sat beside a man who went so fast that it made my head swim, yet at the same time I never felt anything but safe. I am making a real point of this, because I believe I am judging Louie correctly when I imply that that is probably the way he does everything—swiftly and safely.

Louie's hospital, which he built in company with some other eye, ear, nose and throat specialists of Memphis, was very nice but it

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had the one fault that all smaller, private, special hospitals have, namely, the lack of a good general staff.

Levy has always been ambitious as well as capable and he finds time to attend most of the meetings of the special societies. It is at these gatherings that I see him most frequently now, but I well remember the pleasant times we used to have together when he visited my clinic at the North Chicago Hospital.

M. A. Lischkoff

Being a southern gentleman makes Lischkoff stand out as a sort of acceptable "high-brow." Not that there is anything high-brow in his attitude toward me or anyone else, yet I cannot find a better word for him. There is something superfine about his qualities. To his patients he is most gentle and kind, yet very firm. I spent quite a time with him in his home town of Pensacola, when one of my boys, C. J. Heinberg, was associated with him in practice. We surely had a good time during my visit. Lischkoff is a "regular" at the academy meetings and I always look forward to seeing him and his beautiful wife.

George W. MacKenzie

The outstanding American impressario in otolaryngology is George. For years before the disturbances in Austria, he would each year take over to Vienna a group of men for an intensive course in otolaryngology. It really became a very popular thing, and I am sure that it was very profitable to the men who had the rare privilege of going with George. He himself is an excellent teacher, and consequently the time before and after the visit to Vienna was also well spent. I am telling this from hearsay but it is hearsay which came to me from a dependable source.

I have known George for many years and believe him to be one of the most forceful men to discuss a paper. His own presentations, especially on the vestibular apparatus, are most convincing. We have had many rather heated arguments both on the floor of a meeting and privately, yet never have I found George burning angry — just a little hot under the collar, perhaps. I like George very much.

FIFTY YEARS IN MEDICINE

J. L. Maybaum

One of New York's most promising otolaryngologists, Maybaum established his reputation there long ago. Recently at one of the meetings of the New York Academy of Medicine, where he was chairman, he conducted a most wonderful meeting, I am told, emphasizing the work on the fenestration operation on the semicircular canal for the cure of deafness.

Maybaum is a member of our leading national special societies and contributes a great deal to the discussion of otolaryngology.

Wm. F. Molt

I have seldom heard Molt discuss or read a paper, yet I know that he has one of the keenest of minds and knows much about our specialty. Broncho-esophagoscopy finally fell to his lot, being his special liking. I used to see Molt at my clinic so regularly that if he ever failed to show up I feared he might be ill. Of late our meetings have usually been confined to the academy gathering.

E. G. Nadeau

One of several doctor brothers, each a "top-notch" in his special field. I also knew their father who conducted a successful hospital in Marionette, Wisconsin. Nadeau, the otolaryngologist is located in Green Bay, Wisconsin, where he has a large territory to draw from, and it certainly keeps him busy taking care of that practice. On more than one occasion it was my pleasure to talk to the men in that city and I always liked to go back because everybody was so kind.

Nadeau used to visit my clinic occasionally, but he was trained in the East and I suppose that's where he goes to see what's doing. I am glad that one can always count on his being at the academy meetings.

C. M. Oberg

Early in my teaching career Oberg came under my observation. I would actually wait for him after I finished working because I so enjoyed talking to him. I did not know why at first, but it was all explained later. He, like my wife, had the Swedish trend of mind. Oberg, a tall, fine-looking man, must make a fine impression on his

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patients. I value his friendship, including the pleasure of card exchanges at Christmas.

F. V. Overman

For a good many years I used to meet Overman both at academy meetings and on his visits to my clinic. He is one of the well-thought-of otolaryngologists in Indianapolis. I feel grateful for his many remembrances of me. What I mean is that the highest compliment one colleague can pay to another is to consult him professionally. And how wonderful it is to be able to say, "There is nothing much wrong with you."

John B. Potts

Harold Giffors, Sr., of Omaha, raised John as he did several other good eye-and-ear men. Very soon after John joined the Academy he showed that he had "it." His papers and discussions were among some of the best in our transactions. That group had a tremendous amount of private material and John was always busy. Now for a few years he has not been permitted to do any physical work. What a pity!

Everett Powers

I want to compliment my friend, Dr. Powers, of Carthage, Missouri, upon the study of a case which through his kindness came under my care. To go into the case would take up too much space, yet I never had a plastic operative facial case that presented so many problems, and Powers prognosticated them when he brought the case to me. The boy was so horrible to look at that his ignorant family hid him in their barn and kept anyone from seeing him and him from seeing any outsider. The psychologic problem was most interesting, because the boy acted more like an animal than a man. I performed twenty-three separate operations on this boy. All of them were done under general anaesthesia, because the patient was absolutely unagreeable. I am glad to say that while the boy is still no real beauty, he has grown to manhood, human activities, and the ability to earn his own living as a janitor. To Powers goes the credit of getting this boy out of the hideout where he might easily have gone insane.

FIFTY YEARS IN MEDICINE

John A. and Fred J. Pratt

I first knew these brothers way back when they were practicing in Aurora, Illinois. What a wonderful change they made when they moved to Minneapolis! For years the program of the academy carried the name of one or the other of the Pratt men on it. John A., whom I knew a bit better or at any rate longer than Fred, presented a paper which stopped many a rhinologist in his tracks from amputating the middle turbinate for fear of affecting the sense of smell. Fred, on the other hand, liked to talk about the resection of the nasal septum. How pleasant it always was to see them at my clinic!

M. Ravdin

A genuine personal friend over a long time is this fellow. The families were always close to one another and I have been many times to the home of Ravdin.

Ravdin enjoys the greatest respect both of his townsmen and of his professional colleagues. He has two great sons, one Bernard, who is taking care of his father's big practice, the other Isadore, who occupies the chair of research surgery at Temple University in Philadelphia and is known very well to all the general surgeons throughout the country.

What happiness this family must feel to have three such great doctors in one family. Ravdin, himself, is one of the best posted and most well-read men in America, at least in otolaryngology. He loves to travel, and now that Europe is "out" and he must confine his visits to this country, it is my gain, for I will see him at least once a year, whereas formerly I did not see him so often.

J. E. Reeder

I can't help thinking of the transillumination of the sinuses whenever I see Reeder.

I used to see a lot of this man; in fact, some years ago I thought that he was one of our own Chicago boys. Not until Gittins came to the academy meetings with Reeder did I realize my mistake. I well recall his visiting my clinic. On one of my recent visits to Sioux City, I again had the pleasure of seeing my friend Reeder.

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Sam E. Roberts

What glorious times Sam and I have had in these twenty-five or more years! Kansas City was the big city nearest me when a boy, and of course I always looked forward to a trip there. Among my most pleasant recollections of the city are those connected with attending a medical meeting as an invited guest. Sam seemed to be my guide most of the time. The autograph book, a page of which is reproduced on page 280, was presented to me by the K. C. otolaryngologists some twenty years ago, and I am glad that Sam's name heads the list. To try to extol Sam's fine professional qualities would take a number of pages, so I shall just say that there never was a finer friend than Sam.

Hiram J. Ross

I first met this man at the Cook County Hospital where he served as one of my interns and came under my surveillance, assisting me as he did in my otolaryngologic service. I recognized his great aptitude in this field and I surely expected that he would eventually develop into an otolaryngologist.

Following his hospital service he returned to his home town of Danville, Illinois, and soon was commissioned as lieutenant in the medical corps, in due time going overseas. Upon his return after the War, he settled down in practice and went at it in all earnestness in Danville. He decided at once that he wanted to become the best man in that community, doing everything in a general practice with a predilection for diagnosis and treatment of the surgical specialties. He visited many of the largest clinics and gained much by attending the meetings of the various medical societies, especially the A.M.A. He was early elected as a member of the American College of Surgeons. He is always in attendance at the congress of the college.

Ross established himself in Danville in the most complete and modern way, becoming a member of the hospital staffs at both St. Elizabeth and Lake View.

I have had many contacts with Ross throughout these years and have watched with satisfaction his progress and success. Recently, while attending the state convention of the American Legion, I stayed

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at his home several days and was with him in his office and hospitals. I enjoyed it all so much, especially learning, really for the first time, to know Ross well. I found that he is one of the best informed medical men in every branch of medicine. I may say that he comes as near as possible to being a specialist in the major branches, especially in genito-urinary surgery, in which he is the consultant at the Veterans Hospital Facility of Danville.

Ross told me that some time ago he decided, as did most of us, that he would like to have good assistants who eventually would become associated entirely in the practice, thus increasing it, as well as giving him the opportunity to get away to meetings and on vacations. I cite Ross as a perfect example of what happens to most of us who adopt the idea of making our associates our partners in our private practice. Ross showed me how futile is the effort. He had had three men, at different times, and in each instance they dealt him a body blow for his well-intended effort. I have great sympathy for his ideas on this subject because I, as well as many other men in medicine I know, have had similar experiences.

I asked him, "What is the remedy?"

Ross replied, "Don't touch 'em. Do all you can yourself as long as you can."

Clarence Rubendall

What a wonderful crop of black hair I saw when I was first introduced to this young man, now a senior member of the Academy! My old and lovable friend and contemporary, Dr. Owen, was in charge of the office in Omaha where Rubendall functioned and which was at one time the place of activity of our William P. Wherry. I well recall with what reverence Bill Wherry used to speak of Owen, and no doubt that is the way Rubendall also feels.

I should like to relate at this point an incident in Dr. Owen's life that has always given me a great deal of happiness. Dr. Owen had been hoarse of voice for some time and had had several of the local otolaryngologists examine his larynx. When he arrived at my clinic — where he was not at all a stranger, since he had visited me there many times — he was much perturbed because he was sure he had

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a carcinoma. I could not be sure without a biopsy that it was not, yet it looked for all the world like a simple fibrous congested polyp. The cords were so absolutely normal otherwise I made a genuine wager with one of my men that the condition was not cancerous. Whether it was that wager or not, I do not know, but anyway, Owen's psychological state changed completely. I removed the growth by the old-fashioned indirect method. He talked clearer immediately and never had any more trouble. Microscopic examination showed *fibromyxoma*.

Now I have been talking about Owen when I should have been talking about Rubendall! What more can I say but that everyone is happy to see Rubendall attending the meetings regularly, and that he is very well thought of in his home town, which, as everyone knows, is always a very good sign.

E. W. Rucker, Jr.

The academy is never complete until the Ruckers appear. Mrs. Rucker, I have had the pleasure of knowing well for a number of years. As I have said before, to be a guest in the home of one's friends is really the greatest compliment that can be paid one. On my visit to Birmingham some years ago, as a guest of the local medical society, Dr. and Mrs. Rucker did everything for me to make my visit pleasant and I shall never forget their kindness. Rucker is a very busy otolaryngologist in his town, in fact he has been for a good many years.

W. W. Sauer

While still in Cincinnati in training, little Sauer (as I termed him to distinguish him from Bill Sauer of St. Louis, although neither is very tall) showed me that he was going to make good. Whenever he visited my North Chicago Hospital Clinic we all enjoyed his visits and wished he would come oftener. I was glad when Sauer settled in Marietta, Ohio, because that town had previously held very sad memories for me since a good friend of mine and a real otolaryngologist had a very sad end there. Therefore, to find happy Sauer in Marietta dispelled my sadness about the place.

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J. L. Scales

For years I could call the roll at my clinic, as well as at the academy, and be almost sure that Scales would answer. However, to know a man best is to be with him in his home, surrounded by his loved ones. I had this pleasure many times as well as that of having Scales as a traveling companion on our Carribean trip.

Scales practices in the city of Shreveport, Louisiana, where competition is pretty keen—or at least it was at the time when I was there—yet Scales has a very nice practice. He does both the specialties—eye and ear, nose and throat. Over the long period of years I have known Scales I have become very fond of him. I certainly hope he will continue to come to the academy meetings for a long time.

H. B. Searcy

One of the old boys not so often seen nowadays. Searcy and I like to recall our meetings in Vichy, France, where we fought the war together! Being located in the town where the University of Alabama is situated, he has had a tendency to develop that air of a "U" man. However, he is and will always be just plain Searcy with me.

Major A. E. Sherman

He was originally from Aurora, Illinois, where he practiced civil otolaryngology, but that was long ago. Now he has been in many places.

The times I enjoy most with Sherman are those when I can get him to sit down and talk shop from the viewpoint of a military man seeing otolaryngology in peace times. I know something about it from my contacts with the Veterans Bureau.

J. M. Shields

He is Jimmy to me and always will be. I well remember the good time I had with him in his home town of Denver, at one of the earliest academy meetings out there, and again when I had the honor of lecturing at the yearly intensive courses there. I am sure Jimmy visited my clinic in Chicago but I don't recall any particular happening at that time, except that I do remember that he had some pet idea about reflected light of which I thought very well.

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W. Likely Simpson

Likely is such a wonderful name that I am likely to adopt it for my next grandson! I have known and still know many otolaryngologists in Memphis, but when that town is mentioned it means to me just four men of whom Simpson is one. His work in otolaryngology will not easily be surpassed, especially in radical sinus surgery. I think his very early movies are some of the best seen anywhere. Last but not least, I want to mention the fondness of my wife and myself for Mrs. Simpson.

Walter Stevenson

"Walter" is a household word, because I happen to have many pals with that first name. High among the Walters is Walter Stevenson of Quincy, Illinois. He is always right there, with a great desire to push ahead. Walter inherited that quality, I think, from my dear friend Hanau Loeb, with whom he had his training.

Recently Walter and I had a scare regarding a suspected growth on the floor of Walter's antrum of Hymore. What a blessing it is to believe in a biopsy! I performed a thorough removal of all suspected tissue and beyond, and Walter is now fine.

As a rule men in small cities do not write much, but I find that they very often have very good ideas. Here is one of Walter's. By cocainizing the sphenopalatine ganglion (Sluder) by the way of the nose in cases of trismus in peritonsillar abscess, one is able to get the mouth open and the patient can swallow much better. Stevie, as he is mostly called, is very active in our state medical society.

Arthur L. Stotter

It seems only yesterday when this senior member of the academy attended my clinic and the various steps in his progress in otolaryngology are very vivid to me, right up to the time when he was president of his local otolaryngological society in Cleveland. Medicine is to some extent hereditary in Art's case, since his father practiced our specialty for many years, especially the eye. But the greatest thing in Art's favor is the fact that his mother—a very fine woman—was my cousin!

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A. I. Weil

It seems as though I have always known Arthur Weil. In my many visits to the Crescent City I never fail to call on him and he in turn visited my clinic a number of times. Art was very fond of the big New Orleans otolaryngologist, R. C. Lynch, and I admired him for this attachment.

Art used to attend the academy meetings as well as some of the other national special societies of which he is a member, and he made some very fine contributions, especially in his discussions.

And now that I have completed the roster of the American Academy of Honorary, Life, and Senior members of the American Academy of Ophthalmology and Otolaryngology I should call it a day, but I do not like to do this because there still remain many Junior members who very soon will become Seniors. I know many of them so well that it may appear neglectful of me not to mention them individually, but I am sure that they will all realize that if I were to do this, even though I said very little in each case, the book would become unwieldy. Consequently I shall ask them to accept this apology and to believe that each and every one of them is dearly impressed in my heart and mind.

One group I must mention, and I may as well do so here—that remarkable group of men connected with the Johns Hopkins ear, nose and throat department.

Samuel J. Crowe and Associates

This may sound like an announcement of the famous liquor concern, but let the reader be assured that is not the case and what I am about to say is told with the greatest appreciation and admiration for all concerned.

In the first place, the chief himself, Samuel Crowe, has for a number of years now been head of the ear, nose and throat department at Johns Hopkins. He has also been one of the most prolific contributors to otolaryngologic literature and work. My personal contact with him dates back a good many years to the time when I first visited his laboratory, which was then in its infancy so far as the study

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of temporal bones was concerned. I wished then that I had had the opportunity to sit down at one of the worktables that were assigned to the various workers under his tutelage. Today that laboratory has grown to such proportion and such splendid work has come out of it that I don't believe the otolaryngologic profession of America is half enough acquainted with it.

Crowe's co-workers are topnotchers in their special field. Among these I should first like to refer to Guild. This gentleman is a real researcher in the field of otology, particularly of its histological and pathological side. With great admiration I have studied, though only superficially, the microphotographs that were projected at the various meetings when he was on the program. On one special occasion at the midwinter congress of the Los Angeles Research Study Club, he and I divided the honors of taking part in their programs, and I recall this association with great pleasure.

Then follows Polvogt, another of those deep-thinking individuals whose laboratory work is so excellent and whose contributions have been so helpful. While I have had but little personal contact with him, I have always appreciated his efforts.

So far as the younger element in the department is concerned, I am exceedingly sorry that I cannot report on them since my acquaintance is not sufficient but I do want to say that the result of their work and collaboration with the department is most admirable.

Now let me go back to the time before Sam Crowe came into the department. There was Jim Boardley who, although more of an ophthalmologist than an otologist, was the great co-worker with Cushing's neurological department. In fact, the whole department of otolaryngology was always very enthusiastic about the work of the great Cushing and in turn he, as I have already stated elsewhere, was much interested in otology. I myself have seen Cushing do a mastoid operation. And then, the master of oncology—Joseph Bloodgood, whose knowledge of tumors about the head and neck surpassed that of nearly all of the students in that field. It was a great loss to the profession when he died.

Before Sam Crowe became head of the department, Reik was in charge, and while he was held in great esteem in the otolaryngological

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field, his contributions could not be compared to those of the later period. Nevertheless, in his time, he was one of our leaders. He was grand as a secretary of the only International Congress in Otology that we ever had in this country and distinguished himself in this office. When he was relieved of his position at Hopkins he became very much interested in two things and in both he made a marvelous record. One was that of editing the New Jersey State Medical Journal and the other was pioneering in colored photography, especially of flowers, for which he received more than one honor.

This Sam Crowe and Association article cannot be finished without referring again to the three masters at Johns Hopkins already mentioned—Sir William Osler, William Welch, and Harvey Cushing.

AMERICAN MEDICAL ASSOCIATION

Section of Otolaryngology

As long as I can remember there has been a section of otolaryngology in the American Medical Association. At one time it published its separate transactions, but since the advent of the *Archives of Otolaryngology* conditions have changed, so that now articles read before this section appear, together with their discussions, from time to time in the *Journal of the A.M.A.*

The section is composed of a large membership though its members are not specifically identified and the section is definitely only a unit of the organization as a whole. However, it has its chairman, vice-chairman, and secretary, as well as a representative to the House of Delegates of the A.M.A., and special committees on publications, etc.

It is considered an outstanding honor and privilege to be a speaker on the program of this section of the A.M.A., which is certainly right, for its programs are surely as fine as one could find anywhere in the world. To be sure, any member of the American Medical Association may have the privilege of taking part in the discussion from the floor, but this happens very rarely these days, and only men well recognized in the specialty take part in the program.

It was my privilege in 1915 to serve as the chairman of the section, and I have great satisfaction in recalling my address at this time, because in it I made two recommendations: first, the organization of a special board for examining men with a view to their certification in the specialty; and second, group medicine in which the otolaryngologist would play an important role in the diagnosis. Both of these recommendations, I am happy to say, were acted upon and now bear fruit in our specialty.

AMERICAN COLLEGE OF SURGEONS

Section of Otolaryngology

As far back as the third or fourth annual meeting of the College of Surgeons, the regents decided that the specialty of eye, ear, nose and throat should have its own section and that one day of the Congress should be devoted to the discussion of this specialty. A chairman is appointed each year by the officers of the Congress and it is his duty to arrange for the program dealing with subjects of special interest to otolaryngologists and ophthalmologists. A guest speaker, frequently an outstanding surgeon from another country, is the feature of the evening.

Of even more interest to the otolaryngologist—and to the ophthalmologist as well—are the clinical congresses which are associated with the annual meeting of the College. These clinics in our specialty that are arranged every year in the various hospitals are often referred to as the best in the land.

It is with considerable joy that I look back on the year of my administration as chairman of this section, culminating in the meeting held in Chicago. I have kept track of the attendance since that time, and it has pleased me to note that only once—at a meeting in Boston—has the attendance been greater than it was at my meeting. I do not pretend to take credit for this, however, because a stroke of luck had brought quite a number of post-war foreign visitors to our shores at that particular time, giving me the opportunity to place them on the program. Naturally they were a great attraction and added much to the success of the evening.

THE AMERICAN BOARD OF OTOLARYNGOLOGY

This was the second examining board to come into existence, the Ophthalmic Board being the first to function.

I am glad to have had a part in the organization of the Otolaryngologic Board. In my chairman's address before the otolaryngological section of the A.M.A., in 1915, I referred to the advisability of an organization for the advancement and the establishment of recognized specialists in otolaryngology.

In 1924, Dr. George Shambaugh came before the councils of our five national special societies and asked the appointment or election of two members from each society in order to organize the board. Drs. Shambaugh and Wilder, secretary of the Ophthalmic Board, were asked to meet with this to-be-organized board in Chicago. The following members were selected from the respective societies—American Laryngological Association: Dr. Harris P. Mosher and Dr. Ross H. Skillern; American Otological Society: Dr. T. Halsted and Dr. H. W. Loeb; American Laryngological, Rhinological and Otolological Society: Dr. Burt Shurly and Dr. F. R. Spencer; American Medical Association—Section of Otolaryngology: Dr. Joseph C. Beck and Dr. R. C. Lynch; American Academy of Ophthalmology and Otolaryngology: Dr. Tom Carmody and Dr. William P. Wherry.

After the usual pre-organization discussion through the temporary chairman, Dr. Shambaugh, and the secretary, Dr. Wilder, I proposed Dr. Mosher as president, and his election was unanimous. Dr. Loeb was elected secretary. Committees were appointed, and the date was

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set for the first examination as well as for the first meeting, when the constitution and by-laws should be adopted and reports of committees accepted, particularly the presentation of the names of the founders' group of members.

After three examinations had been held in connection with the American Academy as well as the A.M.A., the first change in the personnel had to be made, due to the illness of two members, Dr. Loeb and Dr. Halsted. Dr. Wherry was elected secretary and Dr. T. J. Harris took the place of Dr. Halsted. The board really began to function more efficiently with Wherry as secretary. This is said with no disparagement to Dr. Loeb, for he had been ill for more than a year. A new act of the board permitted the appointment of associate members. These were, in the majority, the younger yet efficient otolaryngologists. These men were given all the obligations and privileges of the regular members of the board.

A great change has recently been made in the board by advancing the older active men both from the full membership and from the associates group into a senior group. This is a change I had been anxious to see made for some time, but not until lately was I able to convince the majority of its wisdom.

Of the original group of regular members the following remain: Harris P. Mosher, Burt R. Shurly, William P. Wherry, Thomas E. Carmody, and the author. L. W. Dean, George M. Coates, Ralph Fenton, T. J. Harris, John Shea, Harold Lillie, and Marvin Jones have been on the board almost as long as the original group. Of the senior associate members we have Robert Ridpath, Perry Goldsmith, Arthur Proetz, Frank Spencer, F. T. Hill, LeRoy Schall, Albert Furstenberg and Gregor McGregor. (At one time very early in the existence of the board, Dr. Spencer was a regular member but was removed for geographical reasons.) The younger additions are Werner Mueller, Percy Ireland, Ernest Seydell, William Grove, L. H. Heine, C. Stewart Nash, Frank J. Novak, Gordon Hoople, and C. S. McCaskey. The make-up of the board as it now stands is senior active; senior and honorary retired; regular active; and associate active.

The following names are in the order of their appearance in the photograph (Plate XVIII, facing page 256), from left to right as they

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are seated at the table and then from left to right in the top and second rows of individual pictures.

William P. Wherry (I—1)

Also an original member of the board, Bill became one of the strongest members, not only because of being its secretary, but because his constant desire was to bring the performance of that body of men to its highest point of efficiency. Bill, as all except Dr. Mosher like to call him, is well known for his organizational ability, as well as for his faculty for obtaining the greatest amount of work from the members. He has had much experience in organizational matters because of his secretarial position with the American Academy of Ophthalmology and Otolaryngology. This second position he has developed to a degree of efficiency which surprises even some of the greatest medical organizers.

Bill is a very successful otolaryngological practitioner. I am proud that he has associated with him one of my own boys, William P. Haney. I wish also to mention his excellent secretary, Miss Claire McGovern, who is a mainstay in connection with his activities on the board and in the academy. She is thought of with great admiration and affection by everyone who knows Bill and his work, whether at his office in Omaha or in connection with the board or academy. Naturally Bill is a member of the national societies of our specialty. He has been so active in committees and councils that he has not contributed largely to the literature, but whenever he has presented a paper, it has been excellent. Bill has attended national otolaryngological meetings as long as I have known him.

In these later years as head of the otolaryngological department of the University of Nebraska he has turned out some very good men. Besides his ophthalmological practice, he has been chief ophthalmological and otolaryngological surgeon of the Union Pacific Railroad for many years. Above all, Bill is "one swell guy," and a great friend.

John Carmack (I—3)

A most promising member of the board, Carmack was cut down early in life, killed in an airplane crash. John was one of the senior active

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otolaryngologists of Indianapolis. There were some excellent men of approximately John's age in practice in Indianapolis, such as Layman, Lingeman, McCaskey, and John's own assistant, Russell Sage, besides many other excellent otolaryngologists, yet John was destined to be the leader in the specialty in that city. His violent death was as shocking to me as was that of Clyde Lynch, and I felt the loss greatly for I had learned to have a great affection for him, as I felt he had for me.

Robert Ridpath (I—4)

One of the very earliest appointed associate members of the Board was Bob Ridpath. In fact, none of us considered him anything less than a regular member. His clinical examination has always been considered of the highest value. I have had candidates tell me how painstaking he was in obtaining information and that he never made anyone nervous, as some of us at times have been accused of doing. He reflects nothing but friendliness. Bob has been, and is, one of my closest friends; an examination without him present would seem almost impossible to me.

As a teacher in otolaryngology at Temple University, where he is head of the department, he has an enviable reputation, and as a "barnstorming" speaker he is well known, for he is constantly being invited to address some large medical group or to give a course. I want particularly to mention the mutual love and friendship between Ross Skillern and Bob Ridpath.

Like most of the older members of the board, Ridpath is a member of most of the national special societies and has held offices in them as well as having contributed to the value of the meetings and their published transactions by his addresses and discussions.

George M. Coates (I—5)

One of the strongest additions to the board, supplanting Ross Skillern, is George Coates. As an examiner in didactics, a candidate could scarcely want a better or fairer man than George. The results of his examinations, particularly in the anatomy and physiology of the ear, are of outstanding merit. For anyone to say that they know

BOARD OF OTOLARYNGOLOGY

George Coates is the highest satisfaction. Here is a man in every sense of the word. I have had the great good fortune to have known him, as well as the members of his family, quite intimately, and the friendship has brought a great deal of pleasure both to my wife and me.

In the scientific world George is recognized as an authority. He has held the position of head of the department of our specialty at the University of Pennsylvania, covering both undergraduate and postgraduate work. He is a member of all the national special societies and has held the office of president in most of them. Recently, at his sixty-fifth birthday, I had the pleasure of attending a dinner in his honor, given by many of his Philadelphia and out-of-town friends. At this time George became professor emeritus of the undergraduate department of the University of Pennsylvania. Dean Pepper's eulogies of his friend and his expressions of appreciation for the service that George has rendered to the university were touching and beautiful.

There is one point I would like to record here about his character—the same point I brought out at his dinner, since it had not been mentioned by any other speaker — and that is his absolute lack of racial prejudice and the fairness with which he treated both Jews and Gentiles. Many Jewish boys owe him a great debt for his wonderful cooperation in helping them get ahead in otolaryngology.

Perry Goldsmith (1—6)

One of the earliest associate members of the board, Perry was, and is, a very practical, somewhat didactic examiner. His great desire is to find out what a candidate knows about general medicine as it applies to our special field of otolaryngology.

My personal friendship with Perry dates back a good many years. I have vivid memories of his visiting me at the North Chicago Hospital and also of my visit to his city of Toronto, where Perry is head of the otolaryngologic department at the University of Toronto. He has a splendid staff of associates there, and I number my visits to that university among my most pleasant remembrances. As a clinician, he has few peers.

Perry is a member of most of our national special societies, and on one occasion he had the honor—and hard work— of being presi-

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dent of the Triological Society, when the four national societies met in Toronto at the same time. That was a memorable joint meeting. The American Laryngological Association, the American Otological Society, the Triological Society, and the American Bronchoscopic Society — now known as the American Broncho-Esophagological Association — had their programs so arranged that there would be very little overlapping. The social side of the gathering was also a perfect success. There was a reception at the governor's mansion with the governor as our host, a wonderful garden party on the university campus, a fine banquet with the Scots Band and the celebration of the haggis, and a most enjoyable dinner in a very bohemian club located, surprisingly, in an old church building. At Perry's own garden party at his home, I had the pleasure of taking a colored movie of the guests assembled near the beautiful rock garden.

Perry now has served many years on the board in a most sincere manner, and I hope he and I may continue on the senior roster of board members, still delivering the best there is in us, for many years to come.

Thomas E. Carmody (1—7)

Here is another of the original ten. He was also associated with me on the membership examining committee of the American Academy. It seems to me that Tom and I have always been friends. He used to visit me at the North Chicago Hospital and I, in turn, hung around his places of work whenever I was in Denver. Scarcely ever did he or I miss a national society meeting, he being a member of all of them and at one time or another president of most of them. As a contributor of papers and to discussions none was more prolific. He was always being sought out and asked all sorts of questions, for he was not only a "good mixer" but ever willing to help and to tell the fellows anything he knew. Tom is an expert on tb., as are most men in those states west and south of Nebraska or Missouri.

I thought I knew Tom, but I never really knew him until I worked with him in our board meetings and examinations. No squarer man ever approached a candidate for certification. Yet Tom was a sticker for details. One thing he let no candidate forget — that a doctor at

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all times and under every condition was to wash his hands before examining the patient. That one thing he emphasized repeatedly and by doing so accomplished much in the way of impressing on the men the everlasting need of cleanliness.

Harris P. Mosher (I—9)

If I were to write all the fine things I would like to write about Mosher, I would not have sufficient space in my book. These few lines may appear to be a sort of empty compliment, yet I do sincerely wish to express my appreciation of this man's fine qualities and of his contributions to otolaryngology. My acquaintance with Mosher goes back over a long period of years. He was first an active practitioner in our specialty and later a great teacher of many men and, I think, some women. Mosher had some mannerisms which were not understood by some of the doctors, who felt he had a "chip on his shoulder." I wish any who ever thought this could know Mosher better and could have the opportunity of observing him on the American Board of Examiners in Otolaryngology. I am sure I voice the sentiment of the whole board when I say Mosher is the mildest mannered individual there, especially when it comes to dealing with a tottering candidate for certification. At the same time he insists on absolute fairness and demands that men must know their stuff if they want to pass. I do not know anything about his teaching at Harvard except what I have been told by his associates and assistants, as well as by the student body of graduates. These reports are most complimentary and reflect great credit on Mosher. Mosher has quit teaching at Harvard but he has left a great school as a memorial. He has made a lasting impression on all his students. His house officers, residents, interns, and nurses always have much to say about him.

His World War record is filled with great activities. He was the organizer of groups which assisted the government greatly, especially Surgeon General Gorgas and later Ireland. I had personal contact with Mosher during those times when, after a brief time of service in the plastic surgery division of the Medical Reserve, I was relieved of my commission because I could not go overseas on account of a ruling denying this privilege to any man born in enemy country, no matter

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how long a citizen of this country. After Czechoslovakia had been recognized as a new ally I went to Washington to see what could be done about my going. I spoke to Mosher who was then in service and stationed in Washington. He advised me to see the men higher up and helped me to do so. In a very short time matters were arranged so that I could join the American contingent to go overseas and into the service of the French division of the Czechoslovakian army.

When Mosher was relieved of his teaching duties at Harvard he was very happy at one of the social gatherings of the board to present one of his own men, LeRoy Schall, as his successor. A long and happy life for Mosher is my sincerest wish.

Burt Shurly (1—10)

The second in command of the board, that is, the vice-president, is also one of the original ten members. I have known Burt about as long as I have been going to medical meetings, and since the organization of the board we have been together much more. This has been very gratifying, especially since our wives, who almost always accompanied us to the examinations, became equally good friends. We considered ourselves four "pals" (Plate VII, facing page 97) and we surely enjoyed the bi-yearly or more frequent meeting.

Burt has always been a leader in otolaryngology. He takes great pride in running his private hospital in Detroit, from which he conducts his private practice as well. Burt has a great interest in civic affairs and is much appreciated by his townsmen. He is especially active in the education of children, and has been on the board of education for many years. Burt belongs to all the national societies of otolaryngology and has been president of most of them. It seems to me he always has been military minded, and in the Spanish-American War he served as a physician in the navy. In the World War he went overseas with Harper's Base Hospital from Detroit, and enjoyed the distinction of being in command of it during the entire period of the United States' participation. Coming back to Detroit, he was made president and head of his department in the Detroit Medical School, which soon became recognized as an A-1 medical school. He has also been much interested in a tuberculosis sanitarium ever since his

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uncle, Dr. Burt Shurly, established that institution some years ago. Now, in 1940, he has completed a new sanitarium housing many more patients. There is still another institution he is very active in, one for handicapped children, epileptics, the deafened, and so on.

Shurly has contributed very richly to the literature of our specialty. Especially valuable are his discussions to be found in the transactions of the various societies. Last year Burt was the honored guest of the American Academy of Ophthalmology and Otolaryngology. He was also made a member of the newly formed society within the academy—the Honor Society.

Lee W. Dean (I—II)

Lee became a member of the board at the time Ross Skillern passed away. He has been a great power on the board. Extremely strict about details in the examination, his evaluation of the candidate always appeared foremost in the minds of all of us on the board whenever the fate of a particular candidate was being considered.

Lee and I have been friends many years. I knew him early in his otolaryngological activities. He was always a leader among his associates. I well remember him when he was in charge of the otolaryngological department of the University of Iowa and later dean of the medical department there. Lee had a large private practice which kept him very busy. Lee's wife, as well as his young assistant, was of great help to him in that practice. I had the opportunity of seeing them at work on one of my visits, when Lee had asked me to come up and remove his son's tonsils. That son, by the way, is now a very fine otolaryngologist himself; he is located in St. Louis. After the passing on of Greenfield Sluder of St. Louis, Lee Wallace Dean was called from Iowa to Washington University to take charge of the otolaryngological department of the medical school. He also had much to do with the building of the Johnston Institute of Otolaryngology.

Lee is a great organizer and a fine pedagogue, so that in a short time he had gathered together a wonderful staff, including Proetz, Bunch, Arbuckle, Hansen, Wosten and quite a number more. His laboratories are manned by talented technicians, including Miss Wolfe, who is recognized as one of the best in otolaryngological pathology,

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especially in labyrinthian sections. If I had room I would be tempted to go into detail about some of the accomplishments of the people on Lee's staff. Proetz, I shall mention when I come to the associates.

Lee, like most men of the board is a member of all the national otolaryngological societies and has been president of most of them. He has written many papers and as yet has the distinction of not having written a textbook, but I hope he will soon lose that distinction.

Returning to our meetings of long ago: Lee used to visit frequently at the North Chicago Hospital, where I was always happy to see him. Once when I was visiting near Duluth, I paid him a surprise visit at Deer Lake, where I knew he was spending his vacation. I stayed an hour only as he was preparing to set off on one of his fishing expeditions—he and Mrs. Dean are great fishermen and hunters.

I must not close without mentioning the fact that Dean is the holder of the medal of the American Laryngological Association—a great recognition of merit.

Thomas J. Harris (I—13)

This gentleman has for years represented the American Otological Society as its secretary. He has been a great fellow for attending the national special societies and taking part in the programs, especially those of the American Otological Society.

Tom has been a very faithful worker on the American Examining Board of Otolaryngology. It has been a great pleasure to talk with him.

Albert C. Furstenberg (I—14)

Furstenberg is the youngest dean of a medical school, I believe, and that fact is the sad reason why he is not serving as examiner on our board, of which he has been an associate member for several years. As dean of the University of Michigan Medical School, he found, after one or two examinations, that his duties there were too arduous for him to spare so much time for outside work. We hope, however, that some day he will again be able to take part in the activities of the board. Furstenberg is another of the Canfield trained men and was in line for the head of the department in Ann Arbor when Bishop Canfield was killed in an automobile accident.

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As an otolaryngologist, Furstenberg has few superiors, at any rate in the comparatively short time he has been in the specialty—fourteen years, to be exact. On occasions when I have been a guest lecturer at his university, I have enjoyed seeing the work in his department go so smoothly. He is a fine operator and lecturer, also a fine teacher of cadaver anatomy. His contributions to the literature are already many and of excellent quality. To listen to his reading of a paper is always a distinct pleasure to me, as I am sure it is to everyone.

George McGregor (I—15)

Almost as long as Schall's has been Mac's activity as associate member of the board and also in the pathology division. In the past few examinations he and I have taken charge of the pathologic discussions or what one might call applied pathology. It has often been said by candidates that McGregor is very difficult to get by, but from my observation I should say that it is his sincere desire to find out what a man knows, and since he has a poker face the candidate gets the impression that he is hard to satisfy.

McGregor is a very important member of our faculty in the histopathological course of the academy. He fills an important teaching position in otolaryngology at the University of Toronto.

Claire McGovern (I—16)

While not a member of the examining board, Miss Claire is one of the most important people connected with the board. She is the recording secretary and also the pet of every member. When William Wherry became the secretary of the board she came with him, and I cannot remember a meeting at which she has not been present. Her job is a big one, keeping up the records and correspondence in Omaha and attending to all the minutes, etc., at the meetings and examinations of the board.

My personal acquaintance with this fine young lady dates back quite a while, and I have always enjoyed meeting her and talking with her. She is so very friendly to everyone. It must be a great satisfaction to Bill Wherry to have a jewel like Claire in his office to take care of the mass of detail business—the board's work is only a small part of

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it, as her responsibility in connection with the American Academy is much larger. One should just see her at work with her corps of assistants on one of the registration days of the academy in order to appreciate just how much work she does accomplish. However, the best time to visit with Miss Claire is when she is doing her routine work in the Omaha office.

Frank Spencer (II—1)

One of the original ten members of the board, Frank served only two years, but remained as an associate and took part in most of the examinations. Frank has always been an authority on tuberculosis of the air passages and has contributed much to the programs of the national societies in otolaryngology. At this writing he is president elect of the American Academy of Ophthalmology and Otolaryngology.

I have always been very fond of Frank, and there have been very few meetings of our great societies when we did not talk together. His home is in Boulder, Colorado, and I well remember visiting him there on one of my trips to Estes Park. Frank was a frequent visitor at my clinic at the North Chicago Hospital, and one of his demonstrations of transilluminations of the larynx and trachea in cases where the Lynch suspension apparatus was used, was a memorable one. On our first meeting I remember noticing that Frank wore a pin of the *Nu Sigma Nu* fraternity, which naturally was a bond between us.

William Grove (II—2)

One of the more recent acquisitions to the board, Bill is an experienced teacher in otolaryngology. He is the head of that department at Marquette University and is connected with the best hospitals of his city, Milwaukee. He has done some fine work on the temporal bone, especially as it relates to fractures, and one seldom reads an article on that subject without finding a reference to Grove.

Bill seems to me almost like a Chicago man since, being a member of our Chicago Laryngological and Otological Society, I have the pleasure of seeing him quite regularly every month. And since I am a member of the Milwaukee Ophthalmological and Otolaryngological Society, I also have the pleasure of meeting Bill in Milwau-

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kee occasionally. Bill and I have been very good friends for years and I am very fond of him. I only hope he likes me half as much!

Harold I. Lillie (II—3)

Following the untimely death of Bill Mullin, "Pete," as most of us call Lillie, became a regular member of the board and at once established his strength as an examiner. While very serious in his work, he has the most pleasing smile and laugh and very often keeps the other members of the board giggling because of his clever grimaces.

Pete has long been a great favorite of mine. I remember a visit to Ann Arbor a good many years ago, when my friend Bishop Canfield, then in charge of the otolaryngological department, was teaching Lillie our specialty. As though it were today I see him dissecting out tonsils under local anaesthesia. Next, I find Pete in Chicago starting in his practice as otolaryngologist. One day he asked me to see an acute mastoid case in consultation. He did not need me, but there being the possibility of complication from the operation which he indicated, he wanted to be safe. "Safe" is what Pete always plays.

Pete left Chicago for that grand clinic and humanizing institution of the Mayos at Rochester, Minnesota. Here he has been in charge of the otolaryngological department for a long time. During these years he has made a great contribution to our special field and has been instrumental in bringing up a lot of younger men, several of whom have already distinguished themselves in the medical profession—Figi, for instance, Barlow, and some researchers like Hilding, and others. Pete is a member of our national special societies and has held offices in some of them. He is also a fellow hobbyist, but on a large scale—horses and hunting, which also means dogs.

I wish for Pete a long life and happiness in exchange for the happiness he has given me on the many occasions when I have had the pleasure of being with him.

Dean Lierle (II—4)

Lierle joined the board as a very active associate member a few years ago and made good right from the start. This was not to be wondered

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at, since Dean has been head of the otolaryngological department of the University of Iowa and knows all about examinations. Dean is very anxious that recently graduated men shall be thoroughly trained in all the fundamental branches of otolaryngology. That is real music to the ears of our group in the examination of pathology, etc.

I also recognize that Lierle is a great fellow for system, and I am thinking ahead about a possible new secretary of the board when Bill Wherry takes the helm as our president.

Lierle is also very active in the teachers' section and in the instructional courses of the American Academy. He is a member of our national special societies and has read his full share of papers on various otolaryngological subjects.

John J. Shea (II—5)

After some time as an associate member of the board, John became a regular member owing to the death of Clyde Lynch. How well do I remember him when he was a young fellow, just beginning his otolaryngological career in association with Colonel Ellett and Pope Farrington. He and I became very friendly, although he is much younger than I. What I like most of all about John is his loyalty to his friends. What a beautiful friendship was that of John's family and Clyde Lynch's!

John belongs to all the national societies of our specialty and can be found on many of their programs. His discussions are always looked forward to and he usually has a few lantern slides to illustrate his point. I have had the pleasure of being on several programs with John in those week-long postgraduate affairs such as they have in Dallas, Houston, and in several other places. One of the memorable ones was in Memphis, where I was a guest and John was one of the finest of hosts. He has always been considered an important member of the examining board and one who is always on the job.

Frederick Hill (II—6)

Reared as an otolaryngologist in Boston, under the tutelage of Mosher, one can envision Hill's type of examination. Very earnest and deliberate with the candidate, Fred will usually bring him or her to

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good reasoning. This I know from experience, having observed Fred in many examinations.

Long before he became an associate examiner of the board, I knew Fred and found him to be a very interesting man. I am especially attracted by his convincing manner, which gives me the feeling that he is telling the absolute truth, beyond question of doubt.

Arthur A. Proetz (II—7)

Another of the old time associate members of the board is Proetz. We could never differentiate between him and a regular member, and were the rules of the board not such as to limit the number of regulars, I am sure Arthur would always have been considered one of them. His examinations are rather strict, and I am told by the boys who come before him that he is insistent that the answers be clearly put. Yet, very considerately, he will attempt to lead the candidate along the right path of thinking.

Arthur and I have known each other for a long time. It always happens that his presentation of an idea is just a step ahead of mine, because he and I have been thinking about the same subjects. One of the first of these was the olfactometer. I presented a series of substances for the testing of the sense of smell; along comes Proetz and develops a real scientific paper about it! I presented the postural method of medication of the nose and nasal accessory sinus regions, and he adds the suction to it and becomes nationally famous for his displacement method of diagnosis and treatment of the nasal accessory sinuses! More recently I have been very much interested in the problem of irritation caused by smoking and have developed a certain simple means of filtration from the smoke of the tars and other substances. Arthur comes along and presents a whole machinery with animal experiments! What I wish to say is that, absolutely independently, we hit upon the same things, but he does a real job with them. How wonderful are his studies, shown in moving pictures, on the ciliated epithelium, and what a wealth of contribution he has made to the study of allergy, with special references to the sinuses. Art is a real *litterateur* and as associate editor of the *Annals of Otology, Rhinology and Laryngology* he has made a great success.

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He is a pupil of that grand old fellow and friend of mine, the late Greenfield Sluder, and as such he has been a runner-up for the headship of the department of otolaryngology at Washington University in St. Louis. We all remember what happened when Art and his associates at the University worked hard to get Lee Wallace Dean to take Sluder's place. Proetz is surrounded by art, because his wife is very much of an artist, although not in medicine, and I wish to suggest that that has had a great deal to do with Arthur Proetz's successes. He has the distinction of having won the first prize money from the American Laryngological Association for his original and valuable contribution of displacement of fluids into the nasal accessory sinuses. Art is a member of all the societies of our specialty and his discussions are always refreshing and to the point.

Marvin Jones (III—I)

One of the later but very real additions to the regular board membership, Marvin is not only popular among his New York colleagues but also away from home. On occasion, he reminds me of a great big boy, and I well recall a time not so long ago when he cut loose on the banquet floor at the American Otological Society and with his big body—not fat but not a youth's—danced a jig which lasted three minutes without interruption. When he finished he was breathing so hard that I took him to task for such foolhardiness, but he laughed it off. Marvin is a very clear-thinking individual and he evidences this in matters of the board. As an otologist he must be good, and were I a patient, I could not be otherwise than confident in his judgment. His very great interest in the minutia, especially of the internal ear and in microscopic study of the labyrinth, is known to us all.

Not so long ago I was making up my photographic page of the members of the board and I needed his picture. In most cases, if I don't happen to have an individual photograph of a prominent otolaryngologist I can readily find him in a group picture, but not Marvin. After a lot of begging he sent me the only photograph available of himself, one which belonged to his mother. You may be sure I was very careful to return it. It is very rare to find such camera shyness.

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Marvin is a member of all our national special societies and contributes his share to the programs and to the literature.

Ralph C. Fenton (III—2)

One of the regular members of the board, Ralph has been a member of the house of delegates of the A.M.A. and thus has had a dual duty at our board meetings. He is always very actively on the job, and we all know he is one of the main props of the secretarial work. Of a jovial nature, his comic sketches of members at work cause much silent laughter and joy. Ralph is the super-chef of our meals, which he plans ahead with the aid of his wife, to whom he always gives the credit. Ralph's advice is frequently asked by our president, especially regarding policies in the examinations. His clinical examinations are often commented on by the candidates.

My own friendship for Ralph dates back to the time when he was a frequent visitor to the North Chicago Hospital. I remember distinctly how men and women doctors visiting my clinic enjoyed Ralph's comments on cases and medical subjects. Being a great reader in several languages, all of which he could speak quite fluently, his discourse was always very interesting to me. One moment he would mimic the Yiddish way of speaking, the next he would break out in Italian or Spanish.

Two especially fond memories I have of Ralph Fenton: First, when I took him to a typical Chicago German-Hungarian-Bohemian-Jewish restaurant, where we had the national dishes of these countries. How Ralph did relish them! And again when he returned the compliment at the time the board was in Portland, and he invited Wherry, Mosher, and me to a special eating house, where we enjoyed a wonderful meal and a grand time.

Ralph is now a member of the board of trustees of the A.M.A. and I look for him to be its president while I live. He is, of course, a member of all the national otolaryngological societies. Of greatest note are his activities in the American Academy, where he has a place on the most important committees. His scientific spirit is great, and his connection with the medical department of the University of Oregon where, with the cooperation of Larsell of the department of physiology,

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he has been carrying on researches in tissue changes, is of great importance to medicine. Ralph has been, and still is, very close to the military medical department in Washington and is at all times recognized by surgeon generals as they come and go.

Lastly, I wish to mention his fine cooperation with the army medical museum, where I have a great interest with him in the registry in otolaryngologic pathology.

L. H. Heine (III—3)

Another member recently invited to the examining board is Heine, of Fremont, Nebraska, who came to this work very well recommended. I know little of him except that he has shown great aptitude for the work of the board, and I have no doubt he will fit in very well. I hope I may live to see the time when he will be one of the regular members of the board, having won his spurs from experience. Such young men are very important on the board, because it takes time and plenty of experience to become a "finished product" in this sort of work.

Werner N. Mueller (III—4)

Here is a real find for the board, especially in the department of pathology. Mueller is a Mosher and Schall trained man and gives evidence of a very thorough knowledge of the fundamentals of our specialty. I always look forward to seeing him at the examinations, as well as at the American Academy for the special course that is given in the fundamentals at those meetings.

His humor and talent for mimicry, and especially his profound knowledge of the Yiddish language, are very amusing to me. It is not easy to judge in what spirit these performances are given, but I am sure there is no racial prejudice involved.

Mueller has a wonderful history as a self-made man, and that intrigues me very much. He is not only well posted in medical science but his illustrated lecture on Egyptology, to mention only one thing, convinces me that there is much more to Mueller than that intense expression on his face. I wish I knew more of what goes on beneath that pompadour!

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Ernest Seydell (III—5)

Here is another of the more recent additions to the associate memberships of the board, and surely a fine one. I have known Ernest for a long time, and a close friendship has developed between us. For years, whenever he came to Chicago, he would visit me at the North Chicago Hospital, and I recall many happy times after working hours when we dined and attended the theater together. There were also many meetings which we both attended, especially those of the American Academy.

Seydell is an exceptional student. Located in Wichita, Kansas, where there are no teaching institutions or larger clinics, he still has the information of one who has had such opportunities. He has always enjoyed a very large practice. Early in his career he was associated with one of the best known eye, ear, nose and throat specialists of the old school, a Dr. Dorsey, with whom I had more than an ordinary acquaintance.

Ernest is a member of all of our national special societies and has read many excellent papers on varied subjects. I predict with certainty that Seydell will make one of the best examiners on the board.

LeRoy Schall (III—6)

Right from the start, this young man became my right-hand associate because we both were concerned with examination in pathology. Roy is a great favorite of mine, and I am sure our examination fell into the high class it did, due to his and McGregor's cooperation with me. The pathologic material, both gross and microscopic, which came from Mosher's department, was always in Roy's charge. Later on, one of his associates, Mueller, joined our pathology group. Roy of course was the clinician of Mosher's department at Harvard and for the Huntington Institute for Cancer in Boston, as well as being associated in private practice with the Drs. Tobey. As a teacher, especially in connection with Mosher's department, he has played an important part, particularly in giving the course in pathology. Mueller has been a grand assistant to him in this. In our special course in histopathology of ear, nose and throat of the American Academy, Schall has a big job and does it well.

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A very recent occurrence which pleases all his friends, particularly myself, is his appointment as head of the otolaryngological department of the Massachusetts Eye and Ear Infirmary; in other words, Dr. Mosher's position. It was most gratifying when, at our last meeting of the board, Dr. Mosher stepped up to Roy with glass in hand and asked the members to drink to his success in his new appointment, adding that it made him very happy to have one of his own men chosen for this post. Schall of course is a member of most of our national societies and for the past few years has been secretary of the Otolaryngological Section of the A.M.A. He is now its president. He is constantly contributing to our literature, especially in the field of malignancies about the ear, nose and throat, and broncho-esophageal region.

Percy E. Ireland (III—7)

This young gentleman is one of the recent additions to the board. He has already shown great skill as an examiner. His judgment is considered by those who know as excellent and I am sure he will make a very valuable member of the board. His two other Canadian associates in Toronto, Drs. Goldsmith and McGregor, can well be satisfied as to the future representation from Canada. I have known Ireland only a few years, but from what I have seen of his work, while visiting and attending the meetings in Toronto, I am well impressed with his otolaryngologic knowledge. He is a very charming man with a friendly personality.

Some members of the board, not shown in the photograph, I must not omit.

Ross Hall Skillern

Ross, as most of us call him, was also one of the original ten. He was a great worker for the board, and during his period of activity he and I always sat side by side, lightening our work by the exchange of humorous pleasantries. Ross always gave his best to help the men

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under examination. His was the special duty of evaluating the candidate, a duty later taken over by our secretary.

Ross was especially recognized as a sinuologist, and his textbook on the subject was one of the earliest and one of the best to be written by an American. He was considered a very fine teacher of rhinolaryngology.

One of my pleasantest meetings with Ross was an accidental one, which took place in France during the latter part of the World War. It was in a restaurant in Bordeaux on the day Ross was sailing for home. We had a fine meal together and a good bottle or two of Haut Sauterne, while relating our wartime experiences. I can never forget that look of surprise on Ross's face when he saw me, decked out in my French-Czechoslovak uniform, and I suppose my face wore the same expression of happiness at seeing him.

Another pleasant time we had together was when we went on a cruise to Central America in company with several academy members and their wives, following a meeting in Atlantic City. That is, it was happy until one day near the end of our cruise—October 29, 1929, to be exact—when news came to our boat over the radio of the great crash in the stock market. Ross had heavy holdings and evidently suffered a great loss. For that matter, most of the men on board had losses, and that rather curtailed our pleasure for the rest of the trip.

A year or two later when Ross and his wife were going abroad, Ross slipped on the deck one morning and fell heavily, hurting the side of his chest. It was a rib fracture, and he never quite recovered from it. A few months later we received a telegram telling of his sudden death while in his office. Most of the board attended the funeral. Ross's brother Sam, of whom I am very fond and to whom Ross's untimely death meant so much, was especially saddened. Yet Sam found friends in such faithful companions of Ross as Bob Ridpath and George Coates of the board. Skillern's loss was felt by the board for a long time.

I have now accounted for nine of the ten original members of the board; the author was the tenth. During the first years of the board's activities several associate members were added.

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Thomas Halsted

Thomas commanded a very large practice in Syracuse. Later he engaged in the organization of a group clinic there which, however, was short-lived and, I understand, a very costly experience. Thomas was a member of the national otolaryngological societies and a most genial gentleman to encounter at their meetings. He served only a year on the board, but during that time I had the personal pleasure of having him as my roommate on a memorable trip south (Dallas, Texas) and to California. Owing to ill health he felt the duties on the board were a bit arduous and therefore asked to be relieved of them. All members of the board were really sorry to lose him. Later he moved to New York City, where he became much interested in the scientific side of aids to hearing.

Carl H. McCaskey

McCaskey is located in Indianapolis, where he has developed in our specialty until at the present time, he has assumed the role of senior otolaryngologist. He enjoys a wonderful private practice in Indianapolis, where he is also head of the otolaryngologic department of the University of Indiana as well as being chief of the otolaryngologic staff of the hospital there. For the past few years he has been director of the postgraduate courses started by Dr. John Barnhill a good many years ago.

McCaskey is a member of most of our national special societies. It has been one of my great pleasures to visit him in his home town and see him perform some splendid otolaryngologic operations, especially in mastoid surgery. I consider him one of the great additions to the American Board of Otolaryngology.

Gordon D. Hoople

One of the last, yet by no means least, acquisitions to our board is Hoople of Syracuse, New York. Being an eastern (Mosher) trained man he had an immediate welcome, and we are hopeful for the continuance of his service on the board.

Not having had the pleasure of meeting Hoople very many times,

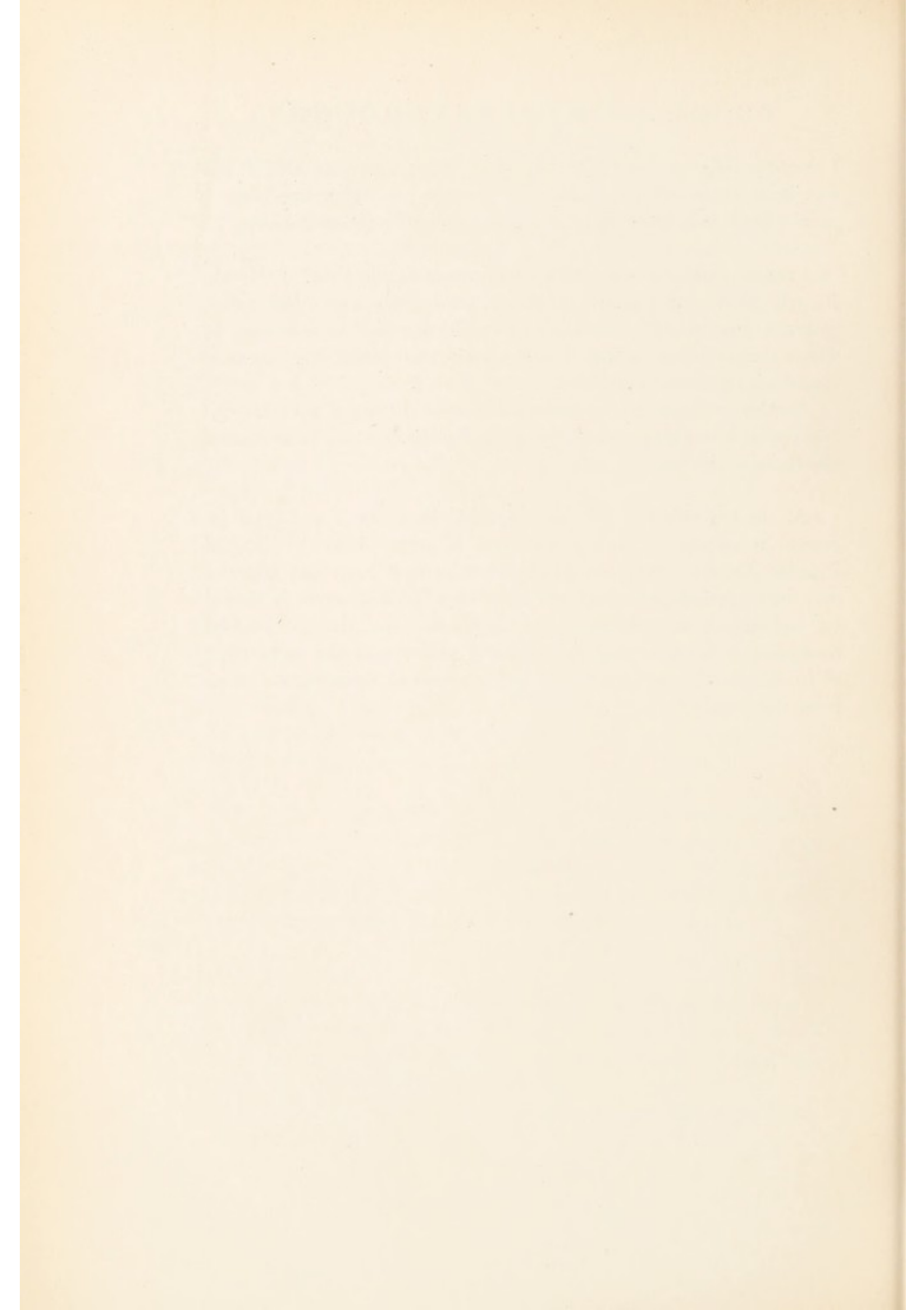
BOARD OF OTOLARYNGOLOGY

I unfortunately am unable to say more about him than that I feel sure he is one of the very best of our younger men in the specialty. I predict for him a great future in otolaryngology in Halsted's town.

I cannot conclude this section without mentioning Frank J. Novak, Jr., who has recently joined the board, particularly since I am anticipating a great relief in the examinations in the field of pathology in which subject Novak excels. I will not say more about this man here since he is mentioned elsewhere.

Another recent and valuable acquisition to the board is C. Stewart Nash, who is secretary of the Triological Society. He also is mentioned elsewhere in this book.

At the beginning of this book I stated that one of my great interests in attempting such a task was to write about my medical friends. By now the reader must be aware how large and happy a part these friendships have played in my life. If any excuse is needed for adding one more book to the already crowded shelf of medical memories, it is this—that it may prove evidence of the importance of friendship in a busy man's life and a tribute to these friends. God bless them all!





THE AUTHOR'S MEDALS, KEYS, AND BUTTONS

The Honor Medal (both sides) and key of Honor Society of the American Academy of Ophthalmology and Otolaryngology surrounded by a chain on which are fastened (reading from right to left) medals and buttons as follows:

- Czechoslovakian Revolutionary Medal
- Amer. Medical Assn.
- Amer. College of Surgeons
- Amer. Laryngological Assn.
- Amer. Otological Assn.
- Amer. Acad. of Ophthalmology and Otolaryngology
- Amer. Laryngological, Rhinological and Otological Soc.
- Amer. Broncho-Esophagological Assn.
- Chicago Laryngological and Otological Soc.
- Chicago Medical Society

- Alpha Omega Alpha Key
- Chicago Assn. of Reading Clubs
- Nu Sigma Nu
- U. S. Medical Reserve
- Amer. Legion Medical Post
- Men's Club of Peoples Church
- Chicago Press Club
- University of Illinois
- Isaac Walton League
- Service Cross, Serbian Army



APPENDIX A

SOCIETIES AND FRATERNITIES

Tabulated herewith are my memberships in national and local societies and fraternities. I am glad to acknowledge their great help to me.

American Board of Otolaryngology (Senior Member)
American Medical Association
Fellow of the American College of Surgeons
American Laryngological Association
American Otological Society
American Laryngological, Rhinological and Otological Society
American Academy of Ophthalmology and Otolaryngology
American Broncho-Esophagological Association
American Society of Plastic and Reconstructive Surgery
Chicago Medical Society
Chicago Laryngological and Otological Society
Chicago Medical Historical Society
Local Groups of Otolaryngologists in Reading Clubs
The Medical Round Table of Chicago
La Societe de Laryngologie des Hopitaux de Paris
Nu Sigma Nu
Alpha Omega Alpha
American Legion (Commander of Medical Post)
Medical Reserve (Lieutenant Colonel—Inactive)

APPENDIX B

MEDICAL SCHOOLS, CLINICS, AND HOSPITALS

To enable one to teach one must have connections with schools and hospitals and clinics. I have been very fortunate in having such affiliations and herewith enumerate them.

University of Illinois College of Medicine, 1901-1932. Associate Professor in Otolaryngology. Now Emeritus.

Cook County Hospital, 1904-1919. Attending Otolaryngologist.

Chicago Eye, Ear, Nose and Throat Hospital, 1902-1914. Professor in Otolaryngology.

North Chicago Hospital, 1906-1928. Attending Otolaryngologist and Chief of Staff.

Hines Veterans Hospital, 1926-1938. Consultant in Otolaryngology.

Michael Reese Hospital, 1928—. Senior Attending Otolaryngologist.

Mt. Sinai Hospital, 1931—. Senior Attending Otolaryngologist.

Henrotin Hospital, 1935—. Senior Attending Otolaryngologist.

St. Joseph's Hospital 1895-1907. 1940—. Senior Attending Otolaryngologist.

Illinois Eye and Ear Infirmary, 1940—. Associate Dean of Education in Otolaryngology.

Doctors Beck and Associates—Chairman.

Joseph C. Beck's Head and Neck Tumor Facility of Chicago—Chairman.

APPENDIX C

MEDICAL PUBLICATIONS

It might be of interest to my readers to enumerate some of my previous publications. I trust that anyone reviewing this material will allow for the change in some of my views from the time of writing to the present day.

1. Leptothrix Buccales or Hyperkeratosis of the Pharynx with report of cases.
2. Actinomycosis of the Middle Ear.
3. Thyocinamin in Ear Affections.
4. The Wassermann Reaction Influenced by Salvarsan in Nerve Deafness.
5. Cancer, Its Treatment by Ficheras Serum.
6. Home Treatment of Otitis Media Suppurativa by Gauze Strips.
7. Plastic Surgery about the Face.
8. Cancer about the Head and Neck with Report of Cases.
9. The Perfect Speech as Influenced by the Nose, Mouth and Throat.
10. Pathology of the Ear, Nose and Throat with Extensive Demonstration of Lantern Slides.
11. Pathology of the Mastoid Process.
12. Bismuth Paste in Ear, Nose and Throat.
13. Cancer of the Larynx Treated by X-ray and Radium.
14. Borderline Conditions of Ear, Nose and Throat.
15. X-ray Diagnosis of Sinuses and Mastoids.
16. Atlas of Roentgenology of the Sinuses and Mastoid.
17. Textbook by Emil G. Beck on Bismuth Paste (Collaborator).
18. The Role of Laryngology in Thyroid Disease.
19. Facial Paralysis and Its Correction of a Nerve Plastic Operation.
20. X-ray Diagnosis of Otosclerosis.
21. Atrophic Rhinitis, Etiology, X-rays and Treatment.
22. Conservation of Hearing (Laymans Lecture).
23. Some Newer Ideas on the Submucous Resection of the Septum.
24. Vaccines in the Treatment of Chronic Suppuration of the Sinuses and Middle Ears and Mastoid.
25. Treatment of Noises, Especially in Diagnosed Cases of Otosclerosis by means of Adrenalin Chloride Hypodermically.

MEDICAL PUBLICATIONS

26. The Importance of Diabetes in Sinus and Ear Conditions, with Special Reference to Insulin.
27. Team Work in Office and Hospital. Chairman's Address of the American Academy of Ophthalmology and Otolaryngology.
29. Howard Kelly's System of Stereoscopic Photography of Operation—Simple, Semi-Radical and Radical Mastoid Operations (Collaborator).
30. Transillumination versus X-ray of Sinuses and Mastoid Disease.
31. Office and Hospital Equipment of an Otolaryngologist.
32. Laryngostomy with Report of Cases.
33. Three Unusual Types of Tumor About the Head and Neck:
 - (a) Osteoidoma of the Frontal Sinus.
 - (b) Plasmocytoma of the Head and General Skeleton.
 - (c) Mixed Tumor Intrapalatal.
34. The Regulation of the Practice of the Specialists by the Organization of a Special Board of Examiners—issue a certificate. Chairman's Address of the Section of Ear, Nose and Throat of the A.M.A.
35. Comparative Value of the Various Mastoid Operations.
36. My Otolaryngological Hobbies.
37. Electrolysis of the Eustachian Tube by Gold Bougies.
38. Suspension Laryngoscopy Comparing the Various Apparatus in Use.
39. Foreign Body of the Bronchus (miniature Electric Lamp) Removed from a Boy Six Years Old.
40. Textbook—Applied Pathology of Ear, Nose and Throat.
41. A Series of Articles on Malignancy About the Head and Neck. (M. R. Guttman, Collaborator).
42. The Value of Reading Clubs in Otolaryngology.
43. Conservative Treatment of Chronic Otitis Media Suppurativa with Special Reference to the Use of Boracic Iodine Powder.
44. Microtia, Its Psychologic Aspect and Its Management. Report of Cases.
45. Complications of Ear, Nose and Throat Operations and Their Management.
46. Stereoscopic Study of Operations on the Cadaver to Teach Plastic Work during the War to Men Going Over Seas in Collaboration with Ira Frank.
47. Relation of Otolaryngology and Neurology and Psychiatry.
48. Borderline Cases on Eye, Ear, Nose and Throat.
49. The Electrically Driven Burr in Mastoid and Other Bony Structures About the Head.
50. Pathology of Ear, Nose and Throat Conditions.
51. Consideration of the Twelve Cranial Nerves.
52. Focal Infections about the Head and Neck with Special Reference to Sinuses, Tonsils, Teeth and Mastoid.
53. The Tonsillectome and Its Use.
54. Adenectomy by Direct Method.
55. Tonsil and Adenoid Instruments From the Historical point of view, Tracing the history of the Tonsil and Adenoid Operation.
56. Cancer of the Larynx in the Light of Recent Surgical Diagnostic and Radiologic Views. (M. R. Guttman, Collaborator).
57. The Final Word of my Experience with Keeping of Histories in Otolaryngology.
58. A Century of Progress in Eight Conditions in Otolaryngology as Measured by the Standard of the Triological Society Memberships Publication in Its Transactions. (Address as President of the Society.) Only the First of the

MEDICAL PUBLICATIONS

- conditions has thus far been published, Malignant Disease in Ear, Nose and Throat and their Borderlines.
59. Roentgenologic Study of Head and Neck Conditions Before and After Operations. (Frances L. Lederer, Collaborator).
 60. Combination Operations of Ear, Nose and Throat and Operations of Other Parts of the Body.
 61. Physio-Therapeutics as Employed in Ear, Nose and Throat Conditions. (Harry L. Pollock, Collaborator).
 62. Review of the Operations on the Hypophysis Cerebri with the Demonstration of the New Beck's Trans Antro-Ethmo-Sphenoidal Route. Report of Three Successfully Operated Cases.
 63. Textbook (2 Volumes) Surgery of the Nose, Throat and Ear by Hanau Loeb—two separate chapters—(a) Plastic Surgery About the Head and Neck. (b) Mastoid Surgery and its Complications.
 64. Textbook of Ear, Nose and Throat by Jackson and Coates the Chapter External Ear Disease.
 65. The Use of Other Medicinal Pastes instead of Bismuth Paste in Ear, Nose and Throat Affections.
 66. Retrobulbar Neuritis as Caused by Non-Suppurative Disease of the Ethmo-Sphenoid Sinuses.
 67. Osteoplastic Frontal Sinus Operation.
 68. Some Problems in Plastic Surgery about the Head and Neck, with Presentation of Illustrative Cases by Means of Wax-Plaster Casts and Motion Picture. Added is an historical sketch of personal experience with plastic surgery before, during and after the World War, with illustrations.
 69. Laboratory Methods Applied in Ear, Nose and Throat.
 70. The Voice in Laryngectomized Patients.
 71. Presentation of Laryngectomized Patients—Longer than Five Years Since Operation.
 72. Voice in a Laryngectomized Patient, by Means of a Tracheo—Pharyngeal Fistula. Presentation of Patient with Movietone.
 73. Monograph on Tumors About the Head and Neck. (M. R. Guttman, Collaborator).
 74. Bronchoscopy in Pulmonary Dermal Inclusion Cysts.
 75. Progress in Rhinological Aspects of Allergic Disease with Especial Reference to Ionization.
 76. Pathology and Intramural Electrocoagulation of the Inferior Turbinate.
 77. Carcinoma of the Larynx—Some Conclusions Derived from Personal Experience. (M. R. Guttman, Collaborator).
 78. Chapter on Physical Therapy in Otolaryngology in Principles and Practice of Physical Therapy, published by W. F. Prior Company. (M. R. Guttman, Collaborator on first edition; L. B. Bernheimer and Henry Jaffee, Collaborator on second edition).
 79. Annals of Otology, Rhinology and Laryngology (Member of Editorial Board).
 80. Journal of American Medical Sciences (Abstract Editor—Noah Fabricant, Associate).
 81. Urgent Surgery of Ear, Nose and Throat (Noah Fabricant, Collaborator).

MEDICAL PUBLICATIONS

The following items represent a few monographs varying from one to four hundred pages. These are in the main non-medical. They have not been published and in all probability never will be. I have written them merely to give comfort to my disturbed mind. I also wanted them to represent to the members of my family and some of my most intimate friends who will peruse them, the exact truth. I wish to call particular attention to my scrapbook, one of my most prized possessions, since it contains so much photographic material, as well as to my motion-picture library, both medical and non-medical, which I believe is well worth seeing. The personal movietone (in a series covering three periods) is not to be shown until after my death.

The three monographs, "Love of Truth," "My House in Order," and my last diary are incorporated in FIFTY YEARS IN MEDICINE.

82. Vagrancy as a Menace to a City.
83. Living Among Neurotics.
84. Over There.
85. The Love of Truth.
86. In the Orient.
87. Happiness.
88. Over Land and Sea to Honolulu.
88. From Coast to Coast with the American Board of Examiners.
89. Chevyng Through Florida.
90. Barnstorming.
91. My 65th Birthday.
92. My Scrapbook.

ADDENDUM

In a preview of this book I noted two omissions for which I surely would be taken to task.

Tom Moore

The first is Tom Moore, who came into the academy the same year I did, 1891. Tom was one of my most faithful visitors at the North Chicago Hospital and we always hobnobbed about at the various meetings. Our clique consisted of Joe Stucky, of Lexington, Kentucky, John Murphy of Cincinnati, Bill Ballenger and Otto Stein of Chicago, and Max Goldstein of St. Louis. Tom Halsted of Syracuse, New York, often joined us.

Tom Moore practices in Huntington, West Virginia, where he and his son conduct a very fine practice. I don't see Tom as often as in former times and I certainly enjoyed seeing him at the Academy Meeting in Cleveland this year.

I wish to apologize to dear old Tom for overlooking him in the first part of my book.

John Myers

The second omission is that of John L. Myers of Kansas City. It is really not an omission because he does not fit into any group that I have written about except perhaps the one which took the post Academy Meeting Caribbean Cruise. In this group picture, facing page 112, he is shown as the first man at the left, and I did not write on the various individuals of this trip as they were in the main covered elsewhere.

ADDENDUM

However, I cannot let this opportunity go by without letting my readers know some things about John. I say "some things" advisedly, because there are many that I shall keep to myself. However, I will say that these latter are all complimentary. Let me say at the outset that it was due to John's insistence that I wrote this book and at this moment I wish to express my great appreciation to him for having given me the encouragement and impetus to write this story of my friends and myself. I only hope that the reader will feel equally grateful to John Myers for influencing me to do this piece of work.

I have known John Myers a good many years but more intimately since he became prominent in the academy activities as one of its secretaries. Here he really shines and his genial smile, which is proverbial, is a great factor in making the members very happy.

As an otolaryngologist he has full recognition as an able one and in his local community, especially in the Kansas City Ophthalmological and Otological Society, he takes a very active part. He is associated with his brothers and others in a medical group that I understand is very successful.

I could go on writing about John Myers for some time but space does not permit. For the same reason, as I have stated elsewhere, I have not written about many of my otolaryngological friends, especially when they did not appear in a picture. Neither have I written of the younger men, although I have had some very interesting contacts with them.

Perhaps if this edition, which is very limited, should become exhausted and a request be made for a second edition, I might enlarge it and include another chapter on "More of My Otolaryngological Friends."

ERRATA

Page

- 27, 28 The name Oschner should be spelled Ochsner.
- 36 Substitute E. Starr Judd for Harley Judd.
- 71, 72 The name Orndorff should be spelled Orndoff.
- 111 The name Sedgewick should be spelled Sedwick.
- 111, 113 The name Skillerm should be spelled Skillern.
- 162, 251,
- 279, 281 The name Ingram should be spelled Ingham.
- 169, 259 Read Rafael Lorente de No for Lorento de No.
- 204 The name Alport should be spelled Allport.
- 214 Dr. Adele Brown is located in Oswego, New York, instead
 of Buffalo.
- 219 It is L. B. Bernheimer, not B. B. Bernheimer.
- 219 The name Vesey should be spelled Veasey.
- 226 The name Marchon should be Mershon.
- 273 Dr. Bailey (not Baily) is located in Cedar Rapids, not
 Iowa City.
- 275 Omit the J. before the name Hal Foster.
- 285 Giffors should read Gifford.
- 293 The name Boardley should be spelled Bordley.



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