

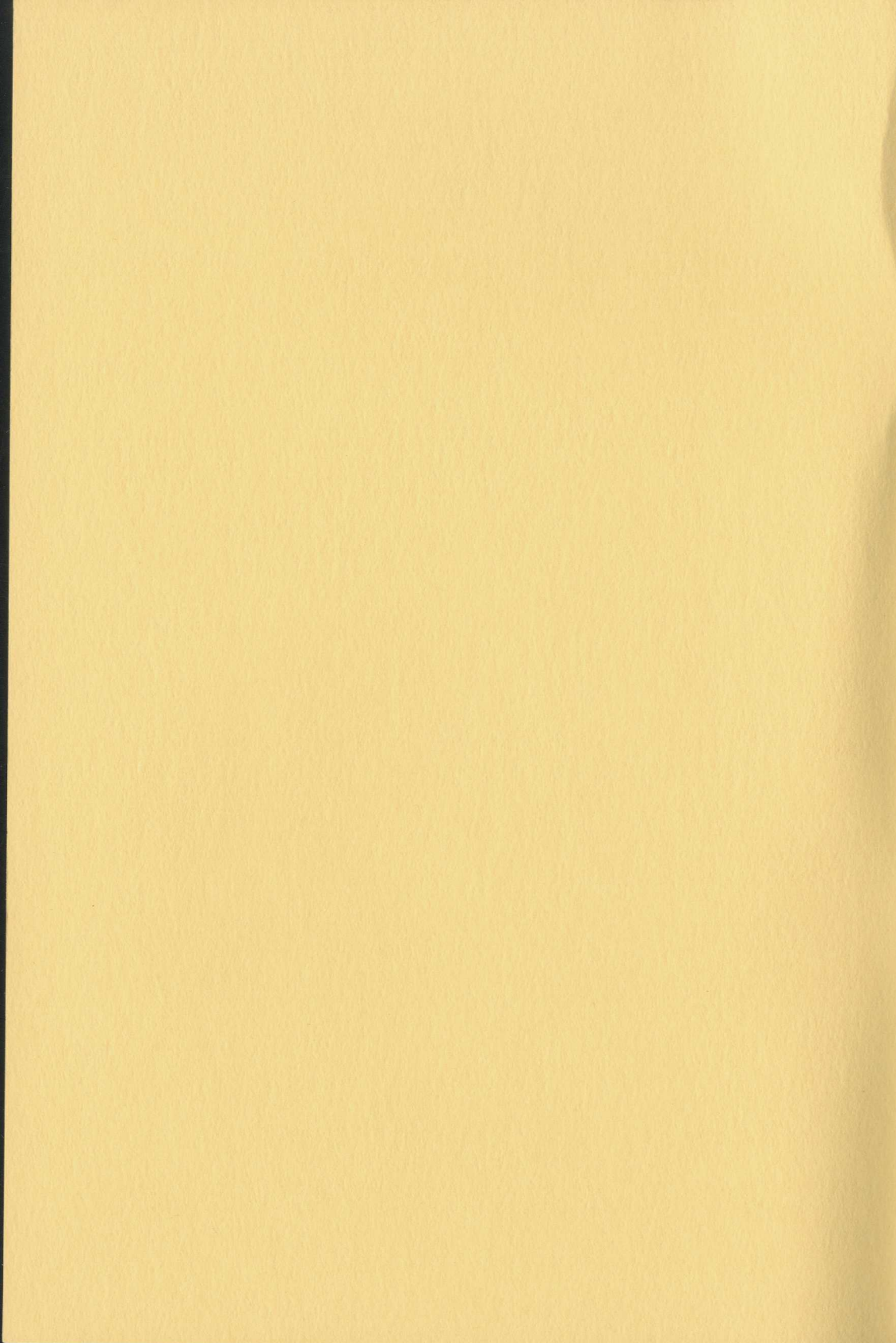
Recollections

OF

Cooper Medical College

1883-1905







RECOLLECTIONS
OF
COOPER MEDICAL COLLEGE
(1883-1905)

Mary Bennett Ritter, M.D., 1886

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George Blumer, M.D., 1891

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Luis F. Alvarez, M.D., 1887

Walter C. Alvarez, M.D., 1905

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MARY BENNETT RITTER'S MOTTO was "I shall keep going until I drop." This she did countless times throughout her long and satisfying life, but without complaint. Many of her satisfactions stemmed from the accomplishments of her famous zoologist husband, William Emerson Ritter, Ph.D., the founder of the Scripps Institution of Oceanography, and scientific enterprises determined the course of their lives.

Despite the ill health which had plagued her from the age of 12, Dr. Ritter's own life was not without accomplishment. Among these were the gymnasium and the first "clubs" or dormitories which her efforts obtained for the women students at the University of California in the 90's. During her medical practice, according to her own appraisal, the surprisingly small death list among her patients could possibly be attributed to the dogged determination which she had displayed even as a very small child.

Bedridden at 73, Mary Bennett Ritter wrote ". . . if my almost pioneer days as a woman physician form a background to the great advance of modern medicine; and if the pioneering of my life-comrade in his biological undertakings is a stimulus to others of his kind, I shall be content."

When she died at the age of 89, there were many whose lives hers had touched who must have said, "*There was a woman.*"



MEDICAL STUDENT AND INTERNE

MARY BENNETT RITTER, M.D., 1886

Preliminary to entering medical college I spent a year [1882] in San Jose under the tutelage of Dr. Euthanasia S. Meade and Professor Norton, teacher of the Natural Sciences in the San Jose Normal School, in pre-medical work. There were no pre-medical courses offered then. I lived with Dr. Meade in order to see as much of her actual work as I could. Meanwhile I was "reading medicine" most persistently and also studying chemistry under Professor Norton.

Dr. Meade felt that my health decidedly needed building up, so she kept me out of doors as much as possible. One of my great privileges was driving her span of spirited black horses.

This was an important year in my formative life. The spirit of the profession at its best was imbued in me by this indomitable, high-minded woman. Professor Norton was an occasional visitor at the house and it was a great privilege to listen to those two noble souls discuss world problems.

Naturally it was only among Dr. Meade's poorer patients that I could watch her work. It was usually among the foreign population that I accompanied her in maternity cases and helped in the preliminary work of general cleaning up of the bed and premises to make conditions relatively sanitary.

The following spring I matriculated in the Cooper Medical College of San Francisco, now the Medical Department of Stanford University. Few incidents stand out during those years except hard work. There should have been thirty hours in the day in which to accomplish all the work laid out by the various professors, to say nothing of hospital work and clinics.

The women students were relatively few [7], less than ten in all three classes [83]. Only one other woman student, Mary Delano Fletcher, was in the class of 1886. She has proved to be one of my closest friends from the day we entered as freshmen to the day of this writing, 1933—fifty years. The men students were for the most part friendly. Some let us severely alone, but all save one were gentlemanly. He, although a scion of a wealthy San Francisco family, was not a gentleman in any sense of the word. He was simply vulgar; gloried in obscene stories, and so could make us very uncomfortable, especially in the dissecting room. But some of the men students squelched the vulgarity, which, with the utter indifference on our part, put an end to his petty persecutions. Splendid friendships were formed with some of those fine men in "Cooper."

The dissecting room was naturally the hardest break for us, but not more so than for some of the men. It was not a pleasurable procedure, but

to my surprise I received a prize for my dissecting. I was not working for the prize—in fact did not know there was one offered, but my natural desire to do the best I possibly could resulted in the preparation of one “upper” (shoulder and arm) which was pronounced the best work done that year. The feature that made my work unusual was this: After removing the skin and adipose tissue, I carefully separated all the muscles, bloodvessels and lymphatics without severing any of them. The arteries I painted red, the veins blue, nerves yellow and lymphatics white. The muscles I varnished. Thus all the parts were *in situ*. The professor of anatomy took it for demonstration in his lectures and I was enriched by twenty-five dollars. With this I purchased an old fashioned mahogany writing desk and bookcase combined. This souvenir of medical college has been in constant use ever since.

In dissecting, five students work on one “subject,” which is divided into two uppers, two lowers, and the head. Our work in this course began shortly before the Fourth of July. Being alone in San Francisco I decided to make use of the holiday to get farther ahead with my assignment. I therefore appeared at the Medical College door about nine o’clock in the morning. The janitor let me in, but was not at all enthusiastic about my plan, protesting that he wanted the holiday, and the building must be locked. After some persuasion he consented to lock me in but would leave a latch so that I could get out.

I mounted the five flights of stairs to the dissecting hall, a large room occupying almost the entire floor. As I reached the door and opened it, I will confess I had to swallow hard. The few times before when I had entered the room I had been in the company of the class, and the “subjects” had been all in readiness, prepared by the janitor. Besides, there had been a good deal of talking and some merriment among the students. Now, all alone, locked in a great building, I opened the door to see twenty or more “stiffs” as the boys called the bodies, covered with sheets. The sight was gruesome and the odor sickening. I hesitated and would have retreated but that monitor, Duty, said scornfully: “A pretty way for a physician to act!” Gritting my teeth, I entered, put on my dissecting gown, opened all the windows, removed the sheet from my subject, and started work.

I had unfortunately been allotted a share in a fat, liquor-soaked body. The adipose tissue made the dissecting more difficult, and the odor nauseating. Anatomical drawings in light frames lined the walls. The strong sea breeze through the open windows rattled them spookily. Every few minutes a sheet would be blown off, revealing a grinning partially dissected head or a seemingly moving foot. How many times did I replace those sheets? The nerve tension was tremendous, but I stuck to it. When a cat somewhere in the building set up a dismal “meow, meow,” it capped the climax. The cold sweat ran down my back, but I stuck to it until

luncheon time. Somehow I did not feel like working that afternoon, and I never celebrated another holiday in a dissecting room.

Surgical operations came next in testing one's self-control. This work was carried on at the City and County Hospital, at that time a group of old buildings, long since replaced by the present plant. The trip across the city to the hospital was a long one requiring three changes of cars and a walk of about three quarters of a mile down a road with no sidewalks or paving. It was muddy in winter and covered with deep dust in summer. Various mudholes were alluring to the geese and goats that paraded back and forth. While I do not consider myself an arrant coward, that old gander was my *bete noir*. He delighted in putting me to flight. Dr. Fletcher still laughs over the way she would ward him off with the point of her umbrella when I was terrorized by him.

Although we made weekly trips out there, but two vivid memories come at my call. One was a bedside case at which we were quizzed as the professor made his examination of the patient. The professor of internal medicine was a Hebrew with a caustic tongue. Absolute accuracy in the use of medical terms was required. One day I ventured to use the term "Rheumatism" in reply to a question. I can still see him draw himself up to his full height, as with flushed face and pursed lips he turned on me and scathingly hissed: "Will you kindly tell me what you mean by rheumatism?" How mean I thought he was! Then followed a lecture on the indefiniteness of that term—which did not signify any specific disease. I was a sadly withered sprig when he finished his dissertation.

The other memory is of an operation—the most sickening one in my clinical experience. It was a case of cancer of the face. The result was a foregone conclusion, but the patient insisted on the attempt at relief. A facial operation of such magnitude is far more repellent than one on any other part of the body. As it proceeded, a student fainted. Soon another; and then a third. The three men were stretched out on the floor and no further attention was paid to them. As the gruesome operation proceeded I gritted my teeth, clenched my hands, and held on. Next to me stood a senior woman student. I watched her turn a greenish white and sway a little. Contrary to the ethics of an operating room, where silence is the rule, I hissed in her ear. "Don't you dare faint." She jumped, and flushing with anger, turned on me. In turn I flushed with embarrassment. But the return of blood to our heads by blushing saved the situation. The two women students did not faint and thus disgrace the sex. That three men did faint was merely due to a passing circulatory disturbance of no significance; but had the two women medical students fainted, it would have been incontrovertible evidence of the unfitness of the entire sex for the medical profession.

The student days passed happily and for the most part uneventfully. During most of the time I lived with the family of Mr. Emmet Rixford

on the corner of Sutter and Webster Streets, only four blocks from the college building at Sacramento and Webster. It was a charming family with two delightful little children. Mr. Rixford was an attorney and the uncle of the now famous surgeon who was his namesake and was, at that time, a student in the University of California. The house was managed by Mrs. Rixford's sister, Miss Halsey. Three men students also boarded there and we grew to be staunch friends, often studying together, especially at examination periods.

During our senior year we were given practical experience in obstetrics by being assigned cases to attend. Anyone desiring student care in a confinement case could apply to the college. Two students were usually allotted to a case. If anything went wrong the professor of obstetrics was summoned. Owing to my experience with Dr. Meade, such work was not new to me although the responsibility placed upon me was. My memory of this angle of our preparation lies chiefly in our prowling around dark streets in the middle of the night searching for the number of the house, usually a tenement. Naturally this was in the poorer parts of the city where there were few street cars or street lights. Since we went in pairs, we felt relatively safe, and apparently were as nothing untoward happened.

One experience I had with morphine may be worth relating for its moral. When our final examinations began I was suffering one of the attacks of pain which I had had occasionally ever since an indefinite illness at twelve years of age. I studied until late, then went to bed and tried to sleep. But the pain made sleep impossible. Feeling that I must have some rest before facing three final examinations on the morrow, I arose and searched for relief. Finding a sample bottle of morphine tablets, I took one—a very small dose. It relieved the pain, but instead of inducing sleep, it stimulated my brain which simply raced along until morning.

Physically weary, I dragged up the hill and the two or three flights of stairs to the examination room. Resting my heavy head on my left hand, I started to write. Heavy though my head was, my brain was still racing as never before. It seemed as if the pages of my textbook were photographed on my retina, so clearly could I see them. It was difficult to write rapidly enough. Suffice it to say, both morning examinations were marked one hundred percent. But I realized that a drug which could have such a profound effect upon a brain was something to be left severely alone. I have never repeated the experiment. Doubtless I experienced a bit of the exhilaration felt by the narcotic addict without the consequent stupor of repeated dosage. But that experience has caused me to realize how easily one could become an addict.

Finals over, there came the graduation exercises and the banquet. Dr. Fletcher and I were of course in line with our class to receive our diplomas as Doctors of Medicine, and proud we were of our titles. But when it came to the graduation banquet—that was another matter. We were not urged

to attend. In fact our classmate friends strongly advised us not to go as there would be much drinking and lewd story telling. We were told that some members of both class and faculty would be under the table before the dinner was over. We later learned that this had indeed occurred. That, it seems, was the established custom in 1886. Imagine a class banquet of the University of California or Stanford now, where the women members would be outlawed because of either drunkenness or obscenity on the part of the men. During all my years in Berkeley, women students have been a recognized, if not an honored part of most university functions.

During the vacation period I returned to Dr. Meade with whom I could be constantly acquiring experience.

After graduation, both my classmate chum, Mary Delano Fletcher, and I were invited to serve as internes in the Children's Hospital. At that time the hospital was located in the old building on Thirteenth Street near Folsom. A new building was in process of erection on the present site of California and Maple Streets.

The last day of January, 1887, was the day set for moving the patients to their new and more capacious hospital. The patients were both women and children. This proved to be a rare California day, but not "A rare day in June." The rare January day brought one of those infrequent snowstorms of this vicinity, and a real snowstorm it was!

The new hospital buildings were some blocks beyond the residence district and only a straggling horsecar spanned the distance beyond the end of the California Street cable car line. Opposite the hospital were two cemeteries. The horsecar ran too infrequently to suit our purposes and automobiles had not yet been invented. Ambulances and carriages conveyed the patients, but in the numerous round trips incident to moving, we internes and the nurses had ample opportunity to witness the fun for boys, large and small, old and young.

The hospital staff was composed for the most part of the early women physicians who had created it largely for the purpose of affording hospital opportunities for themselves and those who came after them. Prominent among them were Dr. Charlotte Blake Brown and Dr. Lucy F. Wanzer. Association with these noble women brought another rich friendship into my life. Charlotte Blake Brown was one of the most notable women I ever met, and as beautiful as she was talented. The daughter of an army chaplain, she early married Henry Adams Brown. After bearing three children she could not resist the family trend toward the profession of medicine. Her older brother, Dr. Charles E. Blake, was a prominent physician in San Francisco, always a friend of women and an ardent assistant to his sister in her later charitable work.

Dr. Charlotte Brown went to the Women's Medical College in Philadelphia for her training, at that time almost the only place a woman could study medicine. While not one of the earliest pioneers in medicine, she

was a pioneer in that profession in California and did much to make the pathway of the medical women who came after her a smoother road to travel.

One of her first activities was to call together the few other women physicians and several women of wealth and lay before them a plan to establish a free clinic for poor women and children. As the result, the Pacific Dispensary was opened on Post Street near Dupont, now Grant Avenue. This finally grew into a hospital and clinic combined, which at the time we entered was located on Thirteenth Street near Folsom.

In connection with the hospital came the first training school for nurses in San Francisco. At Thirteenth Street only eight nurses could be accommodated. Immediately upon occupying its more commodious quarters, the number of student nurses was increased to seventeen.

The removal of the hospital to the inaccessible location out on the sand dunes necessitated finding a location near the old site for the clinic and dispensary. This in turn necessitated two internes instead of one and it was to Dr. Brown that Dr. Fletcher and I owed our appointments.

It was arranged that we should alternate as interne and externe, the latter having charge of the outpatients in the clinic and dispensary and occasionally in their homes. I was the first to assume the outside work, while Dr. Fletcher served her term as interne. The work of the internes was alternated among the various wards, the surgical and medical for children, the maternity ward and the private rooms for women. We were on call both night and day and the night calls came quite frequently.

Our days off were occasional, not regular. One such I recall. I went with my fiance to Mill Valley for an outing and rest. We took a book along—Wordsworth's poems, as Mr. Ritter was an ardent admirer of that poet. Having been up most of the preceding night I was extremely weary. After we reached a wooded spot for our picnic luncheon, I settled myself under a tree while Mr. Ritter read aloud. Soon I was sound asleep and slept all the afternoon. Such a holiday was a fair, but not an exciting introduction to life with a woman physician.

Another unromantic incident for the same young man occurred at the clinic. Dr. Brown, who was the leading surgeon among the women physicians, was preparing to remove a patient's kidney. Preparatory to this she secured a dog from the pound where it was destined to be killed, and took it to the clinic where a room was fixed up for it. Under the most sanitary conditions possible the dog was anesthetized as a patient would have been, and the doctor removed one kidney and then assigned the canine patient to my care, in the room prepared for it. The difficulty was to keep the patient quiet, as it was not seriously ill. The wound healed rapidly and in a few days the dog was as frisky as ever. For a few weeks it lived a charmed life being bounteously fed and meticulously cared for. Then one day my zoological friend was invited over from Berkeley, to demonstrate

the results of the operation. Quietly chloroformed, the dog slept the sleep that knows no waking, and Mr. Ritter performed as careful an autopsy as he would have made on a human being. The purpose was to see what nature does when one-half of an eliminative system is suddenly removed.

Dr. Brown witnessed the autopsy and found a healthy kidney, considerably enlarged to perform its double function. Thus reenforced in her conviction, she saved the life of her otherwise doomed patient by performing this, at that time, unusual operation. Charlotte Blake Brown was the peer of any man in the profession, and to me was a life-saving friend because of her surgical skill.

It had been Dr. Meade's wish that I should return to San Jose and enter into practice with her. The wisdom of this course was questioned by me and some of my friends. Anyway I decided on the year of internship and awaited my future destiny.

Before my year of internship was over, Dr. Brown told me that Dr. Sarah I. Shuey of Berkeley was planning to remove to Sierra Madre where she intended to build a private hospital and run it with the aid of her friend, May Treat. Dr. Shuey wished to dispose of her practice and Dr. Brown considered me the most suitable person to succeed her. Satisfactory arrangements were made. To my regret this necessitated my leaving the hospital before my year of internship expired, but the opportunity was too good to be lost.

Unfortunately the hospital venture was not a financial success. After two or three years, Dr. Shuey returned, having lost all of her invested capital and with a heavy indebtedness which burdened her remaining years. She settled in Oakland with Dr. C. Annette Buckel, and established another good practice. Fittingly, she died in the harness, expiring suddenly when on duty at a maternity case.

Dr. C. Annette Buckel was the real pioneer among our group of women physicians. She had been graduated from the Women's Medical College in Philadelphia before I was born, and later had hospital training in Boston.

Dr. Meade was the first to break this circle of pioneer women physicians in California. Dr. Charlotte Brown was the next and Dr. Shuey third.

Dr. Buckel outlived the others by several years, though she was the oldest in the group. At a dinner given to celebrate her eightieth birthday, she was persuaded to display for the first time in public the documents given her by General Grant, brevetting her as major and commissioning her to establish hospitals.

These four women physicians were living monuments of the kind of highly trained "missionary" work which Professor Norton had idealized to me. Likewise their skill in the art of healing, whether medical or surgical, ennobled the profession and added prestige to the cause of women in medicine.



GEORGE BLUMER'S "RECOLLECTIONS" first appeared in the Stanford Medical Bulletin in 1948. They are reprinted here so that those of you who have read them may share your reading pleasure with those who have not. Dr. Blumer wrote that it was "difficult to drag them from the subconscious mind into the realm of the present. For this reason, reminiscences such as these are, of necessity, a mere patchwork and other class members would doubtless recall other incidents and pass some dissenting judgments."

Dr. Blumer's long life was one of achievement, but perhaps one of his most rewarding experiences was the privilege, at age 24, of working at Johns Hopkins as assistant, first to the surgical staff under Halsted, then with the medical staff under Osler and finally in the department of pathology under Welch—three great names in American medicine. With such teachers in his postdoctoral years, it is little wonder that the erstwhile English schoolboy with an M.D. from a far Western medical school became Dean of the Medical Faculty and then David P. Smith Clinical Professor of Medicine at Yale University. He was the last survivor of the Cooper class of 1891 and before his death at the age of 90 in 1962, he had long been among the oldest living alumni of Cooper Medical College. His accomplishments contributed much to the College's good reputation.



RANDOM RECOLLECTIONS OF
COOPER MEDICAL COLLEGE

GEORGE BLUMER, M.D., 1891

At the end of May 1889 I came up to San Francisco from Sierra Madre with my father and I can recall going with him to the office of the Dean, Henry Gibbons, Jr., on Polk Street. I have a vivid mental picture of Henry Gibbons as I first saw him: a man of medium height and build with regular features, dark brown hair and a dark brown Vandyke beard and luminous brown eyes. He gave the impression of kindness and courtesy, and in all of my relations with him then and thereafter this estimate was confirmed. My father must have corresponded with him before we went to San Francisco for the catalog flatly stated "no student will be admitted who has not attained the age of 18 years," and I was then but two and a half months past seventeen. Luckily I had the "evidence of the possession of a fair education" in the form of a "Cambridge Local Certificate," which I had obtained at the age of thirteen, it being the custom in those days for the universities of Oxford and Cambridge to examine the pupils in many of the English schools and to issue such certificates. However, I was held to be deficient in physics, and had to read Ganot's book on that subject and pass an examination at the end of my first year. Perhaps the fact that my preceptor, Dr. Charles P. Murray, had quizzed me for a year in anatomy and physiology also had some weight.

In 1889, as at present, few medical schools had dormitories of their own and after matriculation the next job was a search for room and board. I have no doubt that Dr. Gibbons furnished my father with a list of boarding houses, for before beginning work on June 1 a room had been rented in a large, three story wooden building on the corner of Webster and Clay Streets where the Lane Hospital was subsequently erected. There for my first year I roomed and ate, for a price, no doubt, that in these days of semi-inflation would seem almost insignificant. I cannot remember many of my fellow boarders, though I recall that Abel Martin of '89 was there and also my classmate A. J. Sanderson and his wife.

Our class in 1889 consisted of about thirty members of whom two were women, Kate Overacker and Evangeline Shelper, and two were Japanese, Sanzabro Kobayashi and Iga Mori. As compared to a medical student group of today two peculiarities stood out: (1) the paucity of students with collegiate training, only four members having a college degree and one a degree in pharmacy, and (2) a much greater diversity in age than would be usual nowadays.

As to the characteristics of the class as a whole, I should estimate that the outstanding one was earnestness. While I do not recall any formal class

organization I should say that we got along very well together, partly perhaps on account of the lack of any political rivalry. So far as I can recall, there was no racial discrimination against the Japanese, both of whom spoke fairly good English even though they were native Nipponese. There was perhaps some slight feeling against the presence of women on the part of some of the male students. Two members of the class of 1890, probably in a spirit of puckishness rather than real animosity, were apt to yell to each other somewhat ribald remarks, calculated to bring a blush to maiden cheeks, when the classes were assembled in the large amphitheater before the lecturer had appeared.

The curriculum of those days was a much simpler one than the formidable array of subjects that face the student of today, and the concentration plan, since adopted by many schools, was not in force. Furthermore, laboratory courses, aside from dissecting and chemistry, were lacking. As a consequence, many hours were spent on the hard benches listening to lectures and it is surprising that more students did not develop callosities over the *tubera ischii* or the chronic inflammation of the bursae over those bones sometimes described as "weavers bottom," and comparable to housemaid's knee and miner's elbow. Most students took notes and studied these as well as the assigned texts. There was, as I recall it, very little in the way of formal quizzing.

At the end of the second year we did have some practical instruction in physical diagnosis and attended some dispensary clinics. In the third year we not only attended dispensary clinics, but went once or twice a week to the old City and County Hospital on Potrero Avenue, which was at least an hour's journey by streetcar from the Medical School. One or two of the lecture courses were accompanied by demonstrations, and in our third year small groups of students occasionally went to Dr. Lane's office on Mission Street to see minor operations or to the old French Hospital to see Clinton Cushing operate. We also went to Stockton by river boat and spent one day at the State Hospital for the Insane, where patients with a variety of mental diseases were shown to us by Dr. Hoisholt. There were no courses in pathological histology or bacteriology, but we did see occasional autopsies at the morgue of the City and County Hospital. I remember that on one visit to the French Hospital a young surgeon, Dudley Tait, who had recently returned from Paris, showed us a culture of the anthrax bacillus from a patient with malignant pustule who was in the wards. This was my only experience with bacteriology until I took the graduate course at Hopkins in the spring of 1893.

In 1889 many physicians wore a traditional dress consisting of a frock coat, striped trousers, a high collar and a white bow tie, supplemented outdoors by a plug hat. Furthermore most of the prominent doctors of the day, especially the older ones, wore mustaches and beards of various cuts, sometimes Vandykes, sometimes Burnsides, and sometimes a wild pro-

fusion of natural conformation. I can recall none with so-called "Galway Sluggers." On the other hand, many of the younger members of the faculty were clean shaven, a fashion which has persisted since. Those were the horse and buggy days too, but in cities the more important doctors had drivers of their own and used a brougham rather than a buggy. I remember, too, one graduate of those days who drove wildly around the city in a showy open carriage drawn by a pair of mettlesome steeds; he was a handsome blond and this was his mode of advertising. On the Clay Street side of the Medical School building was a paved shed and yard where the equipages of the faculty could be parked. The shed, when empty, was used by students as a handball court.

The medical school building was modern and entirely adequate to the needs of the day. It contained, on the ground floor, the space necessary for the various branches of the dispensary, including, I think, a pharmacy, and also a good-sized room with ascending rows of seats in which some dispensary clinics were held. On the top floor was the dissecting room, large, well lighted, and adequately ventilated. There was plenty of room for the dissecting tables with their cadavers, to each of which five students were assigned, the body being sold to a group as a head, two uppers, and two lowers. In Cooper the dissecting room was clean and orderly, the arteries of the cadavers were injected with red embalming fluid, and each student was expected to wrap his "part" in greased cloth when he was not dissecting. While my sense of smell is not of the keenest, my recollection is that the pervading odor was one of carbolic acid, used in the injecting fluid, rather than one of decay. I suspect that Frank Hecox, the janitor, who was a real friend of the students as well as a competent caretaker, was largely responsible for the neatness and order. The middle floors of the building contained a large amphitheater, capable of containing the whole student body, and two smaller rooms used for didactic lectures, besides a museum which contained pathological specimens preserved in alcohol and therefore lacking the natural colors of modern museum exhibits. There was also a simple laboratory which was used for Dr. Johnson's course on clinical chemistry, and other rooms adjacent to the museum which were used for lecture-demonstrations in which preserved specimens were utilized. There was a special room for examination, and Lane Hall, described in the Commencement program as the auditorium, was part of the building and was used for the graduation exercises.

Apart from dissecting, anatomy was a didactic course taught by R. H. Plummer, primarily a surgeon; a tall, large, impressive looking man with a full apostolic beard. I suspect that he knew Gray's *Anatomy* by heart, as his lectures did not contain anything that could not be found in that well-known work. If I recall correctly, the lectures in anatomy took place soon after lunch, and, partly on that account and partly as a result of the dryness of the presentation, students were apt to drop to sleep. When, on

such an occasion, Dr. Plummer discovered a culprit, he would stop his lecture, point an accusing finger at the slumberer, and begin to recite a poem of which all I can remember are the opening words "Oh! Sleep." This leads me to believe that Dr. Plummer, even though he was of serious mien, was not lacking in a sense of humor.

Charles E. Farnum, the demonstrator of anatomy, was a shy, rather retiring type, but he had a wide knowledge not only of humans, but also of comparative anatomy. He was present in the dissecting room at stated periods and was of great assistance to the students—a really scholarly man.

Histology was taught by Joseph H. Wythe, a delightful, clean-shaven old gentleman, very short and rather spare and, I believe, a former minister of the Gospel. His delivery was precise and in well-chosen English. His lectures were accompanied by demonstrations which to the modern medical student would seem, and really were, almost farcical. In the lecture room, the lecturer spoke from a long raised platform along the forepart of which was a bench about waisthigh and perhaps three feet wide. After Dr. Wythe's lectures, there were placed on this bench a row of microscopes, perhaps ten or twelve in number, each containing a microscope slide which illustrated some point covered in the lecture. The students, in procession, passed from one end of the bench to the other, peering for a moment or two through each instrument. There was no opportunity for prolonged study such as is given at the present.

Physiology was taught by a venereologist, C. N. Ellinwood, a pupil of the celebrated Philippe Ricord, a Baltimorean who became the best known specialist of his day in Paris. Dr. Ellinwood nowadays would have been described as a "smoothie." It may have been my own fault, but I got nothing from his lectures on physiology but one word "metabolism," and I am ashamed to say that at the end of the entire course I was not even sure of its meaning.

There was no course in pathology worthy of the name. There was no course in pathological histology and, aside from a few autopsies, the only teaching of the subject was conducted in a room adjacent to the museum, whence pickled hearts and other organs were placed on a table for demonstration. The demonstrator was Albert Abrams, a lively and intelligent young Hebrew, who had been trained at Heidelberg. He was, at that time, an interesting talker, and I can recall being particularly impressed by his discussion of the pathology of heart disease. In his teaching he showed none of those erratic, not to say charlatanic, characteristics that he developed later in life, though an experience as an intern a year or two later showed that they were present in rudimentary form even then.

W. D. Johnston, who taught us the elements of clinical chemistry, was a stocky, rufous, red-faced man, a good teacher, with a delightful sense of humor. As I remember the course, it was mainly confined to the chemistry of urine, though other subjects were touched upon. One of the remarks

which he made before the examination at the end of the year was "Anyone who spells pus with two s's or who leaves the t out of my name is plucked."

The teaching of medicine consisted of didactic lectures and of clinics, the latter having been preceded by a short course in physical diagnosis given by George Washington Fuller, a tall earnest blond who ranked as assistant in the medical clinic.

Professor Samuel O. L. Potter was a handsome Englishman with mutton-chop whiskers, eye glasses and a tendency to stutter, which did not, however, impair his delivery to any marked degree. His lectures were well planned and clearly delivered and he wrote a very useful book on pharmacy and therapeutics which I used to advantage for years.

Clinical medicine was taught by Joseph O. Hirschfelder. He was an excellent clinician, a student, and an investigator, working experimentally for years in an attempt to find a cure for tuberculosis. He always held his clinics in the wards of the old City and County Hospital, the students being seated in a semi-circle around the bed of the patient who was the subject of the clinic. In addition each student was assigned at least one bed in the medical ward and was required to write a history and record an examination of the patients who occupied the bed. I happened to have a corner bed and a patient with a chronic disease, but he was a pathological museum, for he had syphilis, tabes dorsalis, and luetic aortitis with a large thoracic aneurysm. We learned more about history-taking from J. O. Hirschfelder than from any other member of the faculty, and I recall a remark he made to an intern who spelled syphilis with two l's, "My God, Doctor, syphilis with one l is bad enough!"

The professor of surgery and president of the College, Levi Cooper Lane, was a serious, one might almost say austere man, with a strong personality and very decided views of his own. He was a scholar and was said to read the classics in the original Latin every day. He was an excellent didactic teacher and wrote a creditable book on surgery. I can recall seeing him operate at his office on a woman with an epithelioma of the skin, three or four centimeters in diameter, on the right side of her neck at about the level of the cricoid cartilage. The operation was done rapidly without an anesthetic, with a forceps and a pair of curved scissors. A few snips and the growth was out. It was the first operation I witnessed and I did not tarry to see how the hemorrhage was controlled as the surroundings were getting a bit hazy and I made a hurried exit for the fresh air. I remember little of most of the major operations which we saw in the amphitheater at the City and County Hospital, but I have a vivid recollection of seeing Dr. R. Beverly Cole, who was at that time a professor of Toland Medical School, perform a major operation in an ancient frock coat liberally spattered with spots of dried blood and pus. This was the traditional surgeon's uniform of pre-antiseptic days, and it is only fair to state that Dr. Cole was reported to be one of the few among the older surgeons who com-

pletely rejected Dr. Lister's doctrines. In the surgical dispensary Johnny Morse, who might be described as the Sherlock Holmes of the faculty, conducted clinics. I recollect seeing him call up the entire senior class one after another to diagnose a small rounded tumor in the middle of a man's forehead. They all failed, and finally he diagnosed it as a bird shot because he noticed what no one else had seen, that there was a minute scar over it. He deduced from this and its size and shape the correct diagnosis, which was verified by the patient, who had acquired it while duck shooting, with a somewhat careless friend in a neighboring blind.

Obstetrics was taught by the dean, Henry Gibbons, Jr. The didactic course was systematically arranged and the delivery was good. I felt that I learned the principles of the subject adequately, but it was one in which I was definitely not interested and my sole experience as an obstetrician was limited to a few deliveries conducted as an intern in the old City and County. I had previously attended the delivery of a couple of calves on my father's ranch, but somehow this practical experience did not seem to avail much in human obstetrics.

The professor of gynecology, Clinton Cushing, was, in my opinion, the best teacher on the faculty. His lectures were extemporaneous and he had a faculty of putting things so that they stuck. He was a skillful operator and meticulous in his technique, which I suspect was the asepsis of Lawson Tait rather than the original Listerian antiseptic method, for I cannot recall any use of a carbolic spray. As an intern in Baltimore several years after graduation, I met him again, wearing a magnificent emerald ring. He was not only amused but pleased when I suggested that it was one that he had removed from the pelvis of a lady at a second operation for ovarian disease, the first having been performed by another surgeon. He had reported the case and seemed gratified that one of his old students was cognizant of that fact.

Therapeutics was taught by Charles H. Steele, short, dark and handsome, with God-like whiskers. He was a good teacher, but I don't remember receiving any instruction from him in practical pharmacy.

Pediatrics was nominally under Dr. Gibbons, but our class was instructed by a young graduate only two or three years out of medical school, William Fitch Cheney. As a teacher he was what, in the slang of today, would be called a "natural." He had a clear, concise mind, and he knew how to put over his material. Doubtless many of the much more recent graduates knew him later when he became professor of medicine.

Among the specialists there was only one man who still stands out sharply in my mind, Adolph Barkan, a talented teacher with a delightful personality, thoroughly versed in his subject, with a flair for imparting his knowledge to others.

A thesis was at that time obligatory and I recall that mine was on influenza, a subject partly chosen, no doubt, because I had suffered an attack

in the pandemic of 1889-1890. My experience at this time and later at the Yale Medical School where a thesis is also obligatory, leads me to the conclusion that the requirement is a good one and should be continued.

In conclusion I would suggest that anyone who attempts to estimate the value of such a medical education as compared with the twentieth-century variety should remember that it occurred during a period when most of the medical schools in the United States were proprietary institutions. Even those which were officially departments of colleges or universities were often mainly or entirely supported by the fees of their students, and received little or no financial or other aid from the parent institution. There were, of course, exceptions in the case of the medical departments of some of the old, endowed universities and some of the more progressive state institutions. The most glaring weakness in most proprietary schools was in the preclinical departments. There were few schools in the United States in which instruction in bacteriology, or even in many aspects of clinical pathology, was available. The importance of adequate hospital control was not fully appreciated and the assignment of students to ward patients was rare. Many modern procedures had not been discovered nor, indeed, had the chemical and immunological tests which are now everyday routine. The instruction at Cooper Medical College was undoubtedly better than that at many of the medical schools of that day and while we of that period were often more or less hampered in later years by our lack of preliminary or medical training along certain lines, we were often able to remedy at least some of our deficiencies by graduate study in the United States or abroad, and by our own individual efforts.



Luis F. Alvarez



Walter C. Alvarez

WHEN DR. WALTER C. ALVAREZ left the Mayo Foundation in the early 1950's, he reportedly retired. The report, like that of Mark Twain's death, was an exaggeration for, to quote the Doctor himself, he's "one of the busiest retired men you'll ever meet." As medical columnist, editor, lecturer, and author, his life is anything but dull. He claims the only thing he finds impossible is to answer each of the 120,000 letters he receives yearly. He seems to be able to do that too, since his response to a request for his memories of Cooper Medical College was promptly forthcoming. His connection with Cooper and Stanford spans a period of almost 80 years. It was in 1884 that Luis F. Alvarez entered the Medical College and it was in that year his son Walter was born. This July, Walter Alvarez will celebrate his 80th birthday, and next year will mark the 60th anniversary of his graduation from Cooper. Stanford wishes him well. His frank and pithy descriptions of the Cooper faculty should interest all Cooper and Stanford alumni.



REMEMBRANCES OF STUDENT DAYS AT
COOPER COLLEGE

LUIS F. ALVAREZ, M.D., 1887
WALTER C. ALVAREZ, M.D., 1905

First, I might tell of some memories I have of what my father said of his early days at Cooper College—1884 to 1887.

He told me that the students soon found out that Albert Abrams, who after his return from Europe was put on the Faculty, was a crook. He was supposed to give them a course in physical diagnosis, and also a course in pathology. Apparently, he didn't know one end of a microscope from another and so his supposed training in Germany was very questionable. My father said that Abrams told the students that if they would come to his office at night, for \$100 he would give them a good course in physical diagnosis! My father also told me that Joseph O. Hirschfelder, who was a professor at the school, almost adopted Abrams and was very kind to him. He took him into his office, but he soon had to kick him out because of Abrams' dishonesty.

Abrams' books were stupid, with crude attempts at humor. Once around 1920 I went to see him with Paul de Kruif, and we could easily see that he was a self-deluded crook.

He had one great gift. He learned the trick of getting free advertising from the newspapers by making such weird, stupid statements that they were copied all over the world. For instance, one day Abrams told the reporters that by taking a drop of blood he could tell whether a man was a Methodist, a Baptist, a Congregationalist, or a Jew!

I think one of the most interesting facts about my father's graduation from Cooper College was that in that day many of the students felt that a big beard was part of the regalia of a physician. Also, my father for years after graduation always wore a black Prince Albert coat with a hard-boiled shirt and hard-boiled collar with great big hard-boiled cuffs. During his first months out of college he carried a gold-headed cane and wore a stove-pipe hat. That was supposed to be part of the regalia. However, when he went to Honolulu, the native Hawaiians made such a fuss over him, often getting down on their hands and knees before him, that he put away the stove-pipe hat and the gold-headed cane, and I never saw him use them thereafter.

When he graduated and opened an office in the Mission District, he found the people there were Irish. My father was Spanish and so no one came into his office. When he became much worried and alarmed, he ran a little fever and went to see one of his old professors who immediately said, "What you need is a sea voyage. It happens that I am in charge of

medicine for the steamship company that goes to Hawaii, and it happens that the doctor yesterday jumped ship; so tomorrow you are going to Hawaii as the ship's doctor." When my father reached Honolulu he made friends with the head of the Board of Health, and was offered a position as government physician on Oahu. In those days the native Hawaiians had no money, and so there had to be government physicians who would take care of them, would vaccinate for smallpox and take care of epidemics.

My class started with 83 members and wound up, I think, with 38. At the end of the first year about 50 people were weeded out, people who never should have been accepted for matriculation. Many of them obviously did not have the intelligence, or the education, or the character, or the qualities that would ever have made them into successful physicians. One man I am sure was insane; one was a funny old ex-carpenter; a few were good-for-nothing young toughs; most of the women were funny old gray-haired persons, perhaps secretaries who had saved money all of their days so that when they were 65 they could perhaps become doctors.

I remember one day when one of the toughs scared the life out of a gray-haired old woman student. In Dr. Garrey's class we were supposed—each of us—to gather a liter of urine with which to make the many tests. While the old maid was not looking, one of the toughs dropped a half handful of glucose into her flask of urine, and you can imagine her horror when the test for sugar was strongly positive. When she called Dr. Garrey to check it, he took one look and saw the lumps of glucose at the bottom of the flask!

My impression of the first year at Cooper College was that the students prided themselves on being rowdy. We used to have free-for-all fights if the professor was late.

One of my classmates—a middle-aged woman named Miss Palmer—became San Francisco's best anesthetist.

I used to see Dr. Lane occasionally, but he was on his last legs. Even then he was an impressive-looking man. His assistants, Drs. Rixford and Stillman, ran his office. Rixford could draw a bone on the blackboard—beautifully—using both hands at one time.

When I first went to Cooper College in 1901 my impression was that practically all of the teachers were able and dedicated. There were only a very few who were on full time. One was Professor Wm. Ophüls, who was a very fine teacher and an excellent pathologist. He later became the dean.

In many ways, Dr. Ophüls was our outstanding teacher. He was a typical German professor—decidedly reserved with the students and did not fraternize in the least with any of us. When he came into his lab in the mornings, he might grunt at us—his assistants—but often he didn't. The left side of his face had the usual scars of saber cuts. He taught well, but rarely showed a flash of humor.

(I was so surprised, in the 1930's, when he wrote me at Mayo's saying he was going to a deans' meeting in Chicago, and could he visit me over the weekend? I immediately telegraphed, "By all means, and honor me by staying at my house." This he did. He did not care to see the clinic; all he wanted was to hear about my work and to visit with my children. Saturday evening my teen-age daughter gave a dance, and I never saw a man so thoroughly enjoy watching a lot of youngsters. I then saw a side of Dr. Ophüls I had never, in all the years, suspected he had. Later I saw him in San Francisco at a meeting of the American College of Physicians. There he seemed to welcome my taking him around to meet many of America's most prominent physicians and introducing him as one of California's greatest medical men. This was shortly before his death and curiously, because of his grave illness, he behaved no longer like my old reserved professor, but more like a dear friend of mine. Later, after he died, his wife astounded me by saying I had been his favorite student, and he had always watched my researches with great interest. Sometimes how little we know a man!)

The other full time man was Professor Walter E. Garrey, the physiologist. He was very able and gave an excellent course, but it was sad that later, when I became a physiologist in my spare time, Garrey did not seem to be at all pleased.

A. J. Houston was a dear, lovable, very able man. He was the one teacher of mine to whom I could come close spiritually, and whom I loved and kept visiting until he died, with the end-results of a stroke.

Dr. Hanson, who taught therapeutics, was a sweet man with a nice sense of humor. Dr. Somers, the gynecology professor, seemed able; for years he ran Lane Hospital. The nurses called him "Susie." Taylor, the professor of anatomy, was a rather handsome man, a good teacher.

"Shad" Beasley was a remarkable character, a quiet man, a good surgeon and absolutely fearless. He was so strong that whenever they had on the table in the operating room a 300-pound man or woman who had to be turned over—perhaps for a kidney operation—the nurses would call for Shad and he would lift the person up like a baby and turn him over. Poor Shad was killed in World War I. Without fear, he would walk around in No Man's Land picking up wounded soldiers—one under each arm—and bring them to safety. Then a fragment of a shell went into his liver.

Another unusual teacher I had was Dr. Blaisdell. He was, I think, on half time. He was a very good anatomist; he was a biologist, and did a little general practice. I respected him highly and liked him.

Out at the S.F. County Hospital, our professor of medicine was Dr. J. O. Hirschfelder, a very good teacher and a good clinician. I learned much from him, but I never could "get close to him." He used to spend his evenings in his big basement bacteriologic laboratory. There, for years,

he tried to make a vaccine or serum to cure tuberculosis. All he did was kill off a few thousand rabbits. Occasionally, he wrote a progress report in the JAMA.

The Gibbons family were fine men—all four generations of them. My father highly respected Henry Gibbons, Sr., in 1884, and I highly respected his son in 1901, as well as Morton and Walter Gibbons.

I remember particularly a man named—as I remember—Dr. Driesbach Smith, our teacher of neurology. My impression of him was that he was a brilliant and very well-trained man. Too bad he was cut down early by—as I remember—a cord tumor.

I knew well Dr. Rufus Rigdon, the urologist. I lived a year in his house. He was a big genial, good natured man—very religious (unusual for a urologist). As a freshman I ran the G. U. Clinic for him.

I think it was in 1904 that the College imported from Stettin, Germany, a roentgenologist—Dr. Lehmann, a strange man who never got over being a German. He brought with him a German apparatus. I used to spend spare time with him and learned much. He went back to Germany after the earthquake.

In those early days we were fortunate in having in San Francisco a French glass-blower who made and repaired and “re-vacuumed” our X-ray tubes.

My most brilliant teacher was an eccentric Swiss Jew from Basel, Dr. Emile Schmoll. He had a big Hapsburg lower lip. I tell about him in my autobiography. He had studied in Strasbourg under a great teacher. Schmoll was such a clever diagnostician I worked very hard for him as his intern; and later in 1910 I went to work in his office. In the next three years I got my special training in internal medicine.

In 1912, Dr. Schmoll and I got from Vienna one of the first big German types of screening apparatuses used in America. I later bought and used for years one of the first three vertical roentgenoscopes made in America. The one I bought was used as an exhibit in the 1915 World's Fair in San Francisco.

In the old days there was a dear old Scotchman, named Belfrage, who took care of the school library and slept in the college building. I was fond of the old gentleman.

Later, the building for Lane Library was built across the street from the old College on Webster and Sacramento Streets. Cooper College bought the duplicates which were left over when the New York Medical Society Library was combined with that of the New York Academy of Medicine. Hundreds of big boxes came filled with the books and journals. Unfortunately, the committee hired a couple of boys to put the journals on the shelves, and this they did, but without paying any attention to any alphabetic sequence. Because of this, for a month or two Dr. Rixford and I

would go into the building when we got through with our day's work, about five o'clock, and we would work until six or later arranging the medical journals in alphabetical order.

Incidentally, Dr. Rixford was one of our most brilliant teachers, but also an extremely forgetful man. I remember his propensity for going into Lane Hospital in the morning and saying to the anesthetist, "Go ahead and start the anesthetic on that man. I'll be back in a few minutes and then we'll scrub up and perform the operation." He would disappear and would forget to come back! Fortunately, he generally had disappeared into Lane Library where he could be found and chased back to the operating room.

I can remember that when it looked as if the great fire of April, 1906, was going to jump Van Ness Avenue and burn Dr. Rixford's house, he dug a hole in his back yard, and buried his best books.

An interesting point about Cooper College is that although technically it was a "proprietary," and hence supposedly a grade three school, it really, I would say, was a grade A school, because nearly all of the men on the faculty were such good teachers, and most were dedicated men, who, I imagine, received no money for their hours of hard work.

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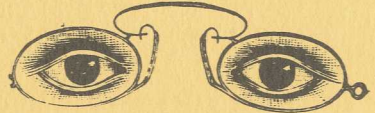
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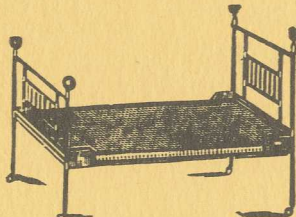
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