

patients that characterized Dr. Meads were strikingly represented in Dr. Turnbull as well. In a specialty in which detachment from the patient is a common escape, even when good technical care is rendered, these two young surgeons treated the whole patient. Rupert Turnbull joined the staff of the Clinic and continued his brilliant career.

All of those described are dead now except for Dr. Meads and Ed Dixon. They are representative of a large number of dedicated employees who converted a group of physicians into a functioning clinic. Others might be selected by other staff members. Every great medical institution has employees who contribute as much to its mission as many of the professional staff. Physicians receive thanks from patients daily, some-

times not wholly merited. At least occasionally we should remember the contributions made by the personnel who support us without expectation of expressed appreciation and often without self-recognition of the invaluable services they are rendering.

William L. Proudfit, M.D.
Resident Emeritus
The Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland, OH 44106

Reference

1. To Act as a Unit: The Story of the Cleveland Clinic. Hartwell SW Jr, ed. Philadelphia, WB Saunders, 1985.

Cleveland Clinic: the supporting cast 1920–1940

George Crile, Jr., M.D.

In my 78th year, with a fading memory but with a lasting affection for the people with whom I have lived my life, I sit by the embers of a warming fire and reminisce about some of my associates whose skills and distinctions made it possible for the Cleveland Clinic to act as a unit. . . .

I remember Miss Slattery as a symbol of righteousness. She was neither tall nor short. She was neither ample nor slender. She was just right. When I met her (circum. 1929), she had come to the Clinic from the downtown private offices of Doctors Bunts, Crile, and Lower. It was Miss Slattery who was in charge, and in *complete* charge, of interviewing the patients before their operations, giving them estimates of their expenses, and later billing them for the services rendered.

Miss Slattery had an "affidavit" face. No one

seeing her gray and later white hair and her discreet and totally unadorned clothes could question the integrity of the lady who was doing so much for the economy of the Cleveland Clinic. Her speech was gentle, refined, and gracious. It was said that she had been secretary to the Episcopal pastor, Dr. Breed. Her appearance would not have been conspicuous in a gathering of nuns.

No one dared question Miss Slattery's estimates. That was long before the days of Medical Mutual, Medicare, and Medicaid. What she estimated was what they paid. She engendered confidence.

I still remember a rumor that went around about Miss Slattery. I was never able to prove it or disprove it. But in those days, when the Cleveland Clinic was being built on the proceeds of thyroidectomies, as many as 30 of which were performed by Dr. Crile in a single day, it was Miss Slattery who explained to the prospective patients the importance and value of the operation that they were about to have. While doing

this, Miss Slattery always wore a high-necked dress that came right up to her chin. "Is it possible," the rumor asked, "that Miss Slattery's high-necked dress veiled a large and conspicuous goiter that she had concealed from Dr. Crile for more than 40 years?"

In 1933, when I was still in medical school, I used to come in from time to time to watch my father operate. The man there who taught me about masks and gowns and who was in charge of the doctors' dressing room was Ulysses Smith. He was six years older than I, but through the years, Ulysses seemed to get steadily younger. He laughed with the same vigor that he had half a century before, white teeth gleaming against a black face.

The surgeons' dressing room is not always a gay place for jokes and laughter. Tragedy is forever stalking the area. Of this Ulysses was acutely aware. His very presence embodied sympathy and encouragement. For half a century, Ulysses Smith was the chief supporter of the Clinic surgeons' morale. For several years after his retirement, it was still a joy to exchange memories with him as we passed in the corridors.

When I was in my first year of medical school, my father set me and my classmate, Max Eddy, to work in the dog laboratory. Operations had to be done on dogs and pouches made to collect and measure the acid we were studying. The supervisor of the dog lab and dog surgery on the seventh floor of the old research building was Ralph Edmonds, who had come to the Clinic as diener of its first animal laboratory. He remained in that position until his retirement. Ralph not only took care of the animals, but anesthetized them, prepared and draped them for surgery, and sometimes assisted at operations. He had seen everything done so often that I am sure he could have operated on the dogs just as well as many of the surgeons.

Ralph was an unperturable, pipe-smoking, slow-moving philosopher. He was always accompanied by a black dog that lived with him at night and all day lay on a rug in the corner of the operating room. We never knew what the dog thought of the unending procession of his kinsmen who were being brought downstairs, injected, put on the operating table, and then removed—never to be seen again.

From the time the main Clinic building opened, Andrew Eanes was the chief elevator operator. In my first memories of him, in the mid 1930s, Andrew was dark-skinned, middle-

aged, slender, and graying. He was never seen without a broad smile on his face, a cheerful word of greeting, an appropriate remark about the weather or the topic of the day, and always the name of the person to whom he was speaking. Andrew knew the names not only of all the staff and employees of the Clinic, but also the names of all the steady patients. Once learned, a name was never forgotten. Andrew's lifelong wife, Bernice, who continued to work even after Andrew's retirement, was a member of the housekeeping staff. Between them they knew everything that was going on in the Clinic and hospital. What a pleasure it was to go up and down with Andrew and be cheered by hearing his carefully selected items of Clinic news—all of them joyful.

Miss Abbie Porter, a registered nurse, was the first superintendent of Oxley Homes, across 93rd Street from the Clinic. It was our first hospital. When the Clinic Hospital opened, she became superintendent and remained so until many years later. Miss Porter was middle-aged when I first met her and remained so for the rest of her life. She seemed impervious to change. She bore herself with dignity. Her decisions were final. Under her guidance, there was no lack of cooperation between the housekeeping forces and the registered nurses. The most striking thing about Miss Porter was that there was no episode that I can think of that would relate any suggestion of human weakness.

Much the same general description applies to Miss Barr, a black-haired, handsome, middle-aged R.N. supervisor who, from the time I first remember her, was in charge of the operating rooms and of the mobile units which, in those years, were used to enable surgeons to perform thyroidectomies in patient's rooms. Dr. Crile was performing eight or 10 thyroidectomies every morning, and on some days, 30. The original reason for doing the thyroidectomies in the patients' rooms was to minimize the emotional tension that might precipitate a "thyroid crisis" in patients with severe hyperthyroidism. However, once the practice was established, it was a better economy to perform all thyroidectomies in the rooms regardless of whether hyperthyroidism was present. The patient was sedated in the early morning and allowed to sleep until the nurse anesthetist (Miss Matley or Miss Adams) came in and talked soothingly. Miss Adams was one of the world's greatest conversationalists. With her stream of fact, fancy, and query, the patients were distracted from their fears and intoxicated by

analgesia provided by inhalation of a little nitrous oxide, sometimes called "laughing gas." One of the residents would come in and prepare the neck with iodine and alcohol. Miss Barr would then open the table, and the scrub nurse would arrange the instruments. The chief resident would bustle in and infiltrate the neck with novacaine. Miss Barr would see to it that the patient's private nurse was holding the operating light over the field. The bulb was mounted on a stick wrapped in a sterile towel and had a bright underside and a painted green top. The poor nurse had to stand there like a statue throughout the operation. Why she didn't faint I could never understand. Then the resident would make the incision and expose the thyroid. At this time, or soon after, Dr. Crile would charge in, change into the new gown and gloves provided by Miss Barr, and spend five or 10 minutes removing the thyroid. Then off he would go to the next operation, leaving the resident to close the incision. This was the organization that enabled my father to do so many operations. If all of them had been done in the operating room, it would have taken at least 10 additional rooms. And it was Miss Barr and Miss Adams coordinating their efforts with the other nurses and the house staff that made it possible.

From the first time I remember, Herb Decker was in charge of the Cleveland Clinic's pharmacy. He was tall, slender, and had a high voice and precise type of speech. He was equally precise in his pharmacy and quick, too. I used to marvel at the speed at which he could count out and dispense the pills.

Herb Decker was not only a great pharmacist, but he was a great singer—a tenor. In those days, the entire staff and all the personnel used to have picnics at the country place of Dr. Crile or Dr. Lower. Sometimes there were staff parties, too, in the evening. Prominent at these was the barbershop quartet composed of Herb Decker, Dr. Bill Engle, Dr. Jim Gardner, and Dr. Guy Williams. They knew the songs and they could sing them. Those were the days before television when everyone still knew the words.

A self-made man who was about as inconspicuous as anyone at the Clinic had his office in the lowly penthouse on the top of the original Euclid Avenue Clinic Building. This was known as "the shop," and it was here that Mr. Valentine Seitz designed, and a small group of skilled technicians created, all the intricate devices that Dr. Otto Glasser and his associates used to make the first

measurements of x-ray dosage. Here were created any special instruments that anyone in research, medicine, or surgery might demand. Mr. Seitz had no degree and no specialized training, but he did have the mind of an inventor and the knowledge of a thousand skills. One day several years before Jacques Cousteau and underwater photography were heard of, I told Mr. Seitz I wanted to take underwater movies and suggested that I could manipulate the camera if it was placed in the rubber of a re-breather bag from an anesthesia machine. The next day he returned the bag with a glass window for the lens and a metal seal to allow the other end to be taken in and out. The next year at the Masonic Hall we showed our first underwater motion pictures and later sold shows to the BBC in England and gave film lectures for the National Geographic.

Eddie Rogers (never addressed as Eddie, but always, and respectfully, as Rogers) was the world's first physician's assistant. He was short of stature, well built, and his face and voice and demeanor were authoritative. The record does not reveal how it came about that Rogers became America's first physician's assistant or "medic," but there was a rumor that he had had a degree in nursing. No one ever saw the certificate. In the memory of living men, all that is known is that Rogers came to the Clinic soon after Charley Higgins joined the staff in 1928. It was six years later that I came, and by then Rogers was firmly ensconced. Those were the pre-penicillin days when urologists were busy treating gonorrhea. At that time, the treatment was intricate and involved irrigation of the urethra, sometimes catheterizations, dilatations of stricture, and massage of the prostate. Prostatic massage was also in vogue for various symptoms including impotence, fatigue, backache, and discontent. In the 1930s, Dr. Lower was aging, Dr. Higgins had to see most of the patients, and Rogers had to give all the massages. Those who had been treated said that there was no index finger that could match Rogers'. Rogers had one bad habit. While learning the skills of urologic treatment, he also had learned to mimic Dr. Higgins' voice and mannerisms. If one shut the eyes and listened, it could well be Higgins himself who was saying those absurd things that Rogers was making up, and as he spoke, he treated the patients expertly. He satisfied them with his personal attention, his understanding, his humor, and his skill. In the hard times of the 1930s and 1940s, he was the man who made it possible for the scant Depart-

ment of Urology to exist. I always thought that if Rogers had had a medical degree, he would have been president of the American College of Urologists.

Amy Rowland had been my father's secretary before the Cleveland Clinic was founded and she remained so for most of my father's and her life. She was a college graduate (rare in those days), a brilliant editor and writer, and something of a feminist. Her appearance was impressive for she was tall, heavy, big busted, and deep voiced. Miss Rowland lived with another intellectual, Miss White, who taught kindergarten at Laurel School. When I was a boy, my father would lend them the use of our country place at the Knob for vacations and sometimes they would take me along for a few days. I grew up with them, all in the family.

Many years later when I was in college, my father, then in his 70s, was having trouble with glaucoma and cataracts. Miss Rowland was accustomed to reading his mail to him. On one memorable day, she read aloud a stack of letters and then came to one that she shook in Dr. Crile's face and then slammed on the desk in front of him. "And this, Dr. Crile, I know nothing about."

Miss Rowland stomped out, leaving the letter with my father. With difficulty, he deciphered it and when he came home that night in gales of laughter he told my mother and me all about it. At that time, my name was George Harris Crile and my father's was George Washington Crile. When written fast "GH" and "GW" look very much alike. That was why the letter from my college friend so upset Miss Rowland.

"Dear Doctor," the letter started, for that was the respectful salutation that my friend was wont to use, "You remember those two dames we were with last Saturday night in New York. . . ." and so on. When my father got through laughing, he told my mother and me that the time had come for a change. "We'll both drop our middle initials," he said, "and you will become George Crile, Jr." So it was and so it is today.

George Crile, Jr., M.D.
Resident Emeritus
The Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland, OH 44106