



Dr. John Phillips: the unknown physician

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ON A SUNNY, WARM May afternoon, a boy lies in the front hall of his suburban Cleveland home avidly scanning the newly arrived evening newspaper. Vivid headlines and photographs highlight the story of an explosion and fire at a major Cleveland medical center. He views never-to-be-forgotten images of fire engines with narrowly angled rescue ladders reaching into high-arched first-, second-, and third-story windows, firemen removing victims via ladders and safety nets, and hospital staff and patients receiving first aid on the adjacent lawn and hospital roof.

At about 5:30 PM the boy greets his exhausted father, who has a story to tell. A physician at another institution, he and many others had rushed to the scene of the disaster to give first aid. He had worked closely throughout that day with a most respected senior colleague and mentor who had been in the area of the explosion and fire in the morning, and who had made his exit by jumping out of a third-floor window into the firemen's rescue net. That evening,



shortly after 9 PM, the father was notified of the death of this senior friend and colleague, a distinguished internist. The father thought so highly of him that he had hung his photograph in his study.

The date was May 15, 1929. The site of the disaster was the Cleveland Clinic. The boy's father was Joseph E. McClelland, MD, and the senior colleague who died was John Phillips, MD, one of the four founders of the Cleveland Clinic. The boy was me.

WHO WAS JOHN PHILLIPS ?

Sadly, details relating to the life and professional career of this remarkable physician are almost unknown to present members of the Cleveland Clinic medical staff. I would like to remedy this serious oversight in Cleveland's medical history.

Unfortunately, while we have ample records of Dr. Phillips' public life, the private man remains elusive. One reason may be that his colleagues did not know him very well. Of the four founders of the Cleveland Clinic, three, Drs. Crile, Bunts, and Lower, were surgeons. They had been raised in northern Ohio and went to medical school in Cleveland, and they had practiced together for decades. Dr. Phillips was an internist and a naturalized American citizen of Canadian birth.

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Another reason may be that Dr. Phillips did not possess a flamboyant personality. The image that emerges at this distance of years is that of a solid, serious worker. At his death, Dr. Crile said he was “a man of few words and careful thinking; a serious-minded, learned, and great physician. He had never known an interest, a diversion, a hobby outside of his profession.”¹¹

EARLY YEARS

On February 19, 1878, a son, John, was born to Robert and Jane McCullough Phillips in the Village of Wainleat, adjacent to Welland, Ontario. The great-grandson of immigrants from Ulster in Northern Ireland, he was reared in a farming community. His background instilled in him a work ethic that lasted all his life. After attending public schools, he graduated from the Model High School and planned a career in teaching.

Phillips spent 3 years as a grade-school teacher before matriculating at the Faculty of Medicine of the University of Toronto in 1898.² In part, his decision to become a physician came from his close relationship with his older sister, a registered nurse who cared for diabetic patients.

Although the curriculum was of 5 years' duration, only a high-school degree was required for admission to the University of Toronto, which was typical of Canadian and many US medical schools at that time.³ Abraham Flexner, praised it in his classic text *The Flexner Report on Medical Education in The United States and Canada*.⁴ Phillips excelled in both basic sciences and in clinical clerkships. As an “honors” graduate, he was awarded the silver medal by the medical faculty in 1903.^{5,6}

LAKESIDE HOSPITAL

Phillips won a highly competitive 3-year residency in internal medicine at Lakeside Hospital in Cleveland.⁷ This 200-bed hospital had opened in 1895, less than 10 years previously. Based on the Johns Hopkins Hospital model, it had already received national recognition for its excellent clinical and laboratory facilities.⁸ Phillips served on a medical service which was chaired by Dr. Charles Hoover and which included Drs. John Lowman, Hunter Powell, Henry Upson, and Edward F. Cushing.^{9,10} Photographs made during his residency show Phillips as short, stocky, and robust. He was recognized

by faculty and peers as highly intelligent, skilled, and responsible.⁷

In 1906 he was appointed to the internal medicine faculty of Western Reserve University, and to the position of Assistant Visiting Physician at Lakeside Hospital.¹¹ At the time, Western Reserve University was recognized as one of the three finest medical schools in North America. Indeed, Flexner had chosen it as his model in curriculum, faculty, and resources.¹²

In addition to his bedside teaching and inpatient care responsibilities, Phillips also served as physician in charge of the medical dispensary, and as assistant visiting physician on the children's ward.

Phillips became the mentor for many bright, promising young physicians. He worked hard, and expected his residents to do the same. He maintained warm friendships with colleagues of all ages and ranks, from fourth-year medical students to the world-famous. Charles Thwing, president of Western Reserve University from 1908 to 1921, wrote: “His students came to him to talk about their problems—and medical students have problems more numerous and deeper than most.”¹³

Like many physicians trained in internal medicine in that period, Phillips had great interest and skill in pediatrics.¹⁴ Dr. Edward Cushing became his mentor, encouraging him to pursue this interest and to publish his findings. In the 10 years before the onset of World War I and his military service, Phillips published 30 scientific papers, 13 of which addressed pediatric subjects.¹⁵ Compared with the best of then-current textbooks such as Osler's *Principles and Practice of Medicine* and L. Emmitt Holt's *Diseases of Infancy and Childhood*, Phillips' papers were as good, and often better.¹⁶⁻¹⁹

Writing may not have come easily to him. Thwing wrote: “His mind was not facile, its operations were not swift . . . But the matter was compact, the suggestions germane, the inductions inevitable, the lessons apt, timely, pregnant with great meanings.”¹³

MARRIAGE AND FAMILY

On September 13, 1907, Phillips married Cordelia Sudderth, of a family that had lived in North Carolina since before the American Revolution. She was a graduate of Oberlin College and the Nursing School of Lakeside Hospital.²⁰ Their only child, John Edward Phillips, was born the following year. He was to graduate from Hawken School and Yale

University, and, following naval service in World War II, he remained in Cleveland as a business executive.²¹

Dr. Phillips shared the competitive struggles of many academic physicians, balancing the demands of time for patient care, teaching, and writing against those of his family. Although his profession was medicine, his avocation was fishing. Vacation expeditions to the family fishing camp on Lake Timagami in Ontario became an annual tradition, giving him time to enjoy his family.²²

THE CLEVELAND CLINIC

In 1919, Phillips, a newly naturalized US citizen, returned from his duties in the US Army Medical Corps to join Drs. Crile, Bunts, and Lower in the planning and organization of the Cleveland Clinic. As pending chief of medicine, he resigned his full-time faculty appointment at Western Reserve School of Medicine and Lakeside Hospital.²³ However, he did continue to teach a highly popular course on medical therapeutics for fourth-year medical students at Western Reserve University.²⁴ This provided him an ongoing relationship with medical students that was unavailable at the Cleveland Clinic.

Dr. Perry McCullagh, who became chairman of the department of endocrinology at the Cleveland Clinic, remembers: "In spite of his appearance of calmness, there was considerable tension. For example, when he was dictating, no one dared to interrupt. At the end of a busy day his friendliness shone through clearly. He liked very often to sit down somewhere with his younger staff and fellows. For the first time in the day, so far as I know, he would now light a cigarette. For half an hour he would relax and chat of matters of current interest or medical topics. He spent almost all his weekends visiting patients at their homes or in consultation in Cleveland or in neighboring cities."²⁵

INTERNATIONAL CONSULTANT AND MEDICAL LEADER

In its first decade, the Cleveland Clinic grew dramatically, due in part to the emerging international reputations of the founders and their active participation in local, regional, and national medical organizations. Having served previously as chairman of the Ohio State Section on Internal Medicine, in 1922 Phillips was elected president of the

Cleveland Academy of Medicine, one of the youngest presidents in its history.²⁵

In these years he also provided critical leadership in the construction of the Dudley P. Allen Memorial Medical Library. He was solely responsible for planning and procuring the financial support for the Cushing Reading Room, which honors three generations of Cleveland's most distinguished medical family, including its youngest member, Dr. Harvey Cushing. Indeed, Phillips' ties with many of Cleveland's elite families was responsible for the overall support of the new library.²⁶

In 1923 he was elected to the prestigious board of regents of the American College of Physicians. He served on this board until his death. In 1927 he chaired its annual clinical session, which was held at the Cleveland Clinic. This decade also saw the organization of a number of medical subspecialties such as the American Heart Association, the American Gastroenterological Association, and the American Association for Study of Internal Secretions. Phillips joined them all, and all invited him to present scientific papers.²⁷ Yet, until his death, Phillips remained a generalist. His increasing international reputation was based on his enormous skill as a diagnostician. At the time of his death, Phillips had the largest consultant internal medicine practice in North America.²⁸

But he still made house calls, and he was a compassionate physician. According to Thwing, no patient was a "case" to Phillips; each was a friend. He recalled an episode when Phillips appeared tired and depressed. The reason: "I have had to tell three mothers this afternoon that their little children can never be normal. Their minds will never be more than half a mind."¹³

Phillips published an additional 30 papers in the 1920s on a wide range of subjects in internal medicine, including cardiovascular disease (angina pectoris, myocardial infarction, hypertension, endocarditis), endocrine disorders (thyroid disease, goiter), and gastrointestinal disorders (gall bladder disease, carcinoma of the colon).¹⁵ He was invited to write chapters in internationally prominent textbooks such as the *Oxford Monographs on Diagnosis and Treatment*, Volume 8, and *Cecil's Textbook of Medicine*.²⁷

Reading these articles gives a glimpse of what it was like to practice medicine in that era. Of subacute bacterial endocarditis, Phillips wrote that the prognosis "is discouraging, recovery occurring in only

from one to two percent of the cases. In my own series of cases, there has been only one recovery."²⁹

On hypertension: "Since we do not know the causes of high blood pressure, our efforts to prevent its development are apt to be more or less unsatisfactory . . . For the advanced stages of hypertension regular hours of rest are important. The patient should lie down for an hour after lunch and should spend at least eight hours in bed at night. In severe cases at least one day a week should be spent in bed. Frequent vacations of from two to four weeks should be taken. A vacation in mid-winter and one in mid-summer with a week at Easter and Thanksgiving spent in the country or on the water together with week-ends free from work and spent in the pursuit of some hobby, will relieve the patient from an injurious mental strain."³⁰

On smoking and angina: "Tobacco and alcohol should be used with the greatest moderation. The patient should not smoke more than two mild cigars a day. What physician has not seen improvement after the prohibition of smoking in patients with angina who have been accustomed to smoking 8 or 10 heavy cigars a day?"³⁰

On exercise: "It is extremely important to warn patients of sedentary habits against over exercise after the age of fifty. It has often seemed to me that more men are injured than benefitted by exercise after the age of fifty because of their tendency to over-do. Often they do not realize that they cannot do the things that they could do when they were thirty."³¹

CLEVELAND CLINIC DISASTER AND DR. PHILLIPS' DEATH

Early Wednesday morning, May 15, 1929, Phillips made his usual inpatient hospital rounds with internal medicine department staff and residents. Among his priorities that day were the completion of plans to host 25 old friends and colleagues travelling the following day from Toronto to attend a scientific meeting at the Cleveland Clinic. Sometime after 9:00 AM, he went to the third floor of the adjacent Clinic Building facing Euclid Avenue and East 93 Street for scheduled morning office appointments.

Although the precise time of onset has never been documented, sometime that morning a fire began in a basement area of the Clinic Building where old radiographic films were stored. Two safety doors had been blocked from closing, and a steam

pipe leaking on electrical wiring may have caused the fire. Incomplete combustion of the old nitrocellulose films generated toxic fumes, which spread from the basement to the other floors via heating ducts. At about 11 AM, an explosion blew out the skylight of the three-story atrium; fire and deadly gas swiftly followed. Phillips and others were forced to leave the building by jumping from windows into firemen's nets placed on Euclid Avenue and East 93 Street. Patients, employees, nurses, and physicians received emergency treatment on adjacent streets and lawns and on the roof of the unaffected Clinic Hospital Building, directly south of the Clinic Building.^{32,33}

Many Cleveland doctors who had no professional relationship to the Cleveland Clinic rushed in to help.³² My father found Dr. Phillips on the hospital roof, directing the first aid efforts.

By the late afternoon, Phillips appeared exhausted and was cyanotic. Shortly thereafter, he returned to his residence at the nearby Wade Park Manor. Early in the evening, Drs. Bunts and Crile were told that his condition was worsening. They immediately came to his home and began vigorous treatment with blood transfusion and oxygen. To no avail. Shortly after 9 PM, recognizing the lethality of his acute pulmonary illness, Phillips requested a final medication and asked his physicians to withdraw and comfort his wife. John Phillips died alone.³⁴

Overall, 124 people died, including five physicians. As a result of the inquiry that followed, national standards were adopted establishing safety requirements for the manufacture and storage of radiographic film.³³

The tragic loss of such a distinguished physician and community leader had a profound effect on Cleveland's intellectual and professional life. Thwing commented: "As a result of his death, and the death of many others, the methodology to prevent such future disasters resulted. In his death, as in his life, Phillips was a savior of men."¹³ In 1929, as a memorial to the late Dr. John Phillips, the American College of Physicians donated the Phillips Medal to be awarded to outstanding members for achievement in internal medicine.⁶

AFTERWORD

Years passed, and the boy who sat on the floor reading the newspaper became a physician like his father. I didn't think very much about the picture of

Dr. Phillips in my father's study until I met Dr. Stanley Hoerr, distinguished former chief of surgery at the Cleveland Clinic. I came to know Stan well when we shared a decade on the Board of Trustees of the Cleveland Medical Library Association, and when I succeeded him as its president. He knew of my father's close relationship with Dr. Phillips. Stan reminded me of how few of the present-day Cleveland Clinic staff had any knowledge of this remark-

able physician, and of Dr. Phillips' enormous contributions to the founding and early success of the Cleveland Clinic.

Most importantly however, before his death, Dr. Hoerr encouraged me to review the many archival resources in Cleveland and to prepare a manuscript defining Phillips' still largely unknown and unacknowledged contributions to this distinguished institution and to Cleveland's illustrious medical history.

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