

The Doctors Mayo



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The Doctors Mayo

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On behalf of the Mayo Clinic
David Hoyle





THE DOCTORS MAYO

by Helen Clapesattle

PUSTAKA PERDANA



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Foreword

THE story of the Mayo brothers is a noteworthy chapter in the history of American medicine. One hundred years ago, medicine was rapidly becoming more sophisticated. The aseptic techniques of Joseph Lister were producing astonishing successes in surgery, and physicians everywhere were gaining more scientific skills and more respect from their patients. In this era of change, Drs. William J. and Charles H. Mayo were building their medical group practice in Rochester, Minnesota.

Dr. Will and Dr. Charlie, as they were known to their friends and colleagues, discovered that a practice made up of many different medical specialties best suited them and their patients. Their teams of specially trained physicians made it possible for patients to come to one place, Mayo Clinic, and receive treatment for every type of ailment under one roof. This organizational structure came to be known as multi-specialty group practice, and today, it forms the basic structure for many medical centers throughout the world.

The Mayo brothers, however, went beyond medical practice. They knew that the burgeoning science of medicine needed thoroughly trained specialists. So they opened their Clinic to physicians throughout the world who came to Rochester to study new surgical techniques under the Doctors Mayo. These teaching sessions were informally called the Mayos' Clinics by those who attended, and that name remains. The institution that continued to grow under the guidance of its founders would always be known as Mayo Clinic.

The Mayos supported a third aspect of medicine that, along with clinical practice and education, ensured the future success of their institution. Both through personal interest and financial backing, they

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supported medical research. They hired qualified people to head their laboratories and encouraged experimental medicine as a promise of the future.

In 1915, Dr. Will and Dr. Charlie endowed their education and research programs with \$1.5 million of their personal savings to ensure that these programs would exist in perpetuity. This endowment formally established Mayo Foundation for Education and Research, which lasts to this day as an essential support structure of medical practice at Mayo.

The story of the founding of these Mayo institutions was published first in 1941 as *The Doctors Mayo*. The volume had been commissioned in 1936 when University of Minnesota President Lotus D. Coffman and Guy Stanton Ford, dean of the Graduate School, sought the Mayo brothers' permission to publish the story of their life and work. The brothers had long resisted such a publication, considering it beyond the ethical limits of their profession. But President Coffman and Dean Ford were persuasive on this occasion, and Dean Ford eloquently explained their position in the foreword to the first edition of *The Doctors Mayo*. Referring to Dr. Will and Dr. Charlie, he wrote:

They must realize that they belong to history, which would sooner or later claim them for its own, not as individuals solely but as part of the great story of the development of the American Middle West and of medical science and practice in the United States and in the civilized world. It was not for them to deny their own place in a story to which many historical forces and the worldwide advance of science and medical practice had contributed. . . . The whole story when told would reveal an achievement in which the whole profession had shared. It would share likewise in the glories of a century's progress in new and better ways to battle disease and death and in training others to carry on where they left off.

Upon agreement with the brothers, the University of Minnesota commissioned Helen Clapesattle to write the story, and the Mayos opened their records and files to the author, allowing her to interview their friends and colleagues. None of these people read or asked to

Foreword

read a page of her narrative until the book appeared in print. The result of this effort was an incredibly successful and popular biography of the Mayo brothers and their father, Dr. William Worrall Mayo.

The Doctors Mayo tells the story of the Mayos from the 1850s until 1939, when both of the Mayo brothers died. Since that time, Mayo has continued to expand on the ideas of its founders. Their foresight has produced a medical center that remains vital 50 years after their deaths. In 1986, Mayo doctors conducted 1.5 million patient visits and performed some 50,000 surgical procedures. The Mayo Foundation includes nearly 900 physicians and medical scientists on its staff, 1,500 students in the medical education programs, and 15,000 employees.

Recent generations at Mayo have expanded activities, always basing their new enterprises on the ideals of their founders. In clinical research, Mayo has achieved a reputation for taking good ideas and perfecting their application in medicine and surgery.

Mayo scientists received the Nobel Prize for synthesizing cortisone and developing its early clinical applications. Mayo surgeons and physiologists pioneered the heart-lung machine used today in open heart surgery. Mayo specialists in aerospace medicine developed the anti-blackout suit and oxygen masks used by pilots in World War II. This research assisted in the accumulation of data on the cardiovascular system, eventually leading to new diagnostic methods for detecting heart disease.

In the early 1900s, the Mayo brothers established the first graduate school of medicine, which has since educated more than 12,000 physicians in various medical specialties. In 1972, Mayo Medical School opened its doors and rounded out the Foundation's educational endeavors with a four-year curriculum leading to the M.D. degree.

Mayo now encompasses two group practices outside Rochester, one in Jacksonville, Florida, and another in Scottsdale, Arizona. It has merged with three hospitals, two in Rochester and one in Jacksonville. Mayo Medical Ventures has come into being to offer an opportunity for Mayo staff members to share their research discoveries and ideas with the rest of the medical world. Mayo Medical Laboratories has become a reference laboratory that services medical practices throughout the

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nation. And Mayo Clinic in Rochester continues to build and grow in the home city of the Mayos.

We at Mayo have a proud heritage that we will continue to share with our patients and our colleagues. This edition of *The Doctors Mayo* will enable us to do exactly that. As you read this rich, historical piece, the words of Dr. Will Mayo will ring true: "It is a great thing to make scientific discoveries of rare value, but it is even greater to be willing to share these discoveries and to encourage other workers in the same field of scientific research."

W. EUGENE MAYBERRY, M.D.

CHIEF EXECUTIVE OFFICER

Mayo Foundation

August 1987

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The Paradox of Rochester

IF YOU take a bus from Minneapolis to Rochester, Minnesota, you ride southward for ninety miles through a rolling countryside that in summer is a patchwork quilt in the greens of corn, small grains, clover, and alfalfa. The black and white of grazing cattle and the recurring pattern of hip-roofed barn flanked by the tall pillar of a silo tell you that this is a dairy land.

The towns that interrupt at every ten or fifteen miles are small, some of them just a few stores and houses grouped around a filling station at a crossroads, others large enough to boast a bank, a hotel above one of the cafés, perhaps a cheese factory or a cannery, and a furniture store that is also the undertaker's establishment. They might all be called, as one of them is, Farmington, for they exist solely as service stations for the farmers.

And then suddenly from the crest of a hill you see the metropolitan skyline of Rochester. Among the dairy farms and market villages you have come upon a city of great hospitals and crowded hotels; a city with hundreds of acres of parks and playgrounds, with fine stores and specialty shops; a city that is a crossroads of airlines, railroads, and national highways.

Here in the rural calm of southern Minnesota, without a scenic wonder or historic shrine in sight, is a city of thirty thousand inhabitants that has an annual transient population of ten times that number. For here, in this "little town on the edge of nowhere," is one of the world's greatest medical centers, to which men come from the ends of the earth for treatment and instruction.

That is the paradox of Rochester.

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It was William James and Charles Horace Mayo who turned a pin point on the charts of commerce into a starred capital on the map of medicine. When the famous brothers died, in 1939, one of their fellow surgeons in England paid them this tribute: "And now death breaks the David and Jonathan partnership which for forty years has exerted a more profound influence on American medicine, and probably on world medicine, than any other single factor in modern times."

The Mayos were great surgeons. But there were other great surgeons of their day, some greater perhaps than they. What was it, then, that transformed *their* surgical partnership into the Mayo Clinic and the Mayo Foundation?

The answer is a story of unique achievement that is part of the inspiring heritage of every doctor and every American.

The paradox of Rochester has teased the minds of observers for many decades, but all most of them could find to explain it was the old quotation about the beaten path to the better mousetrap.

Dr. W. J. Mayo suggested a better explanation when he said to a visitor, "Yes, to be frank about it, we have accomplished much, my brother and I. But we should have done great things; we were given the opportunity. We were born at the right time and to the right parents. Perhaps no one will ever again have the opportunity to accomplish as much. That day is gone, unless for some genius. We were not geniuses. We were only hard workers. We were reared in medicine as a farmer boy is reared in farming. We learned from our father."

In Mayo Park in Rochester stands the statue of a man whom the inscription identifies as "William Worrall Mayo — Pioneer, Physician, Citizen — A Man of Hope and Forward-Looking Mind." The sculptor has portrayed him in a lifelike pose. Wearing a long black coat but hatless, he is pausing in the midst of a speech. In one hand he holds the roll of manuscript he has abandoned, in the other eyeglasses he has just removed in the intensity of his effort. You might think him to be addressing some gathering of his medical fellows, but those who knew him can hear him urging them to some political reform or civic improvement.

This was the father of the Mayo brothers. As an old man he was often congratulated upon the brilliant work of his famous sons. To one well-

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meaning gentleman he snapped in reply, “Why don’t you congratulate *me*? I started all this.”

That was the irritable answer of an active mind that resented being relegated to the past, but it was the truth. He laid the foundation upon which his sons built. He gave them the precepts and principles by which they worked. The phrase “Our father taught us . . .” was forever on their lips.

So with him the story begins.



The Way Westward

THE levee in Galena, Illinois, on the Mississippi River, was humming with activity and excitement in July 1854. Immigrants bound for Minnesota Territory had been arriving in great numbers since the opening of navigation, and the men of Galena were certain the rush would be stimulated by the gala excursion with which the Chicago and Rock Island Railroad had just celebrated the completion of its tracks from Chicago to the Mississippi.

By invitation some twelve hundred of the nation's notables had traveled over the new line to Rock Island and then up the Mississippi to St. Paul in a flotilla of steamboats. They had been given a gay time, and the reports from the well-known journalists among them served notice to thousands that Minnesota Territory was now within thirty hours' reach of Chicago.

Mingling with the crowds on the levee to join in the endless discussion of plans and prospects was a young man just arrived from Indiana. He was a small man, short and slight of build, but his straight carriage and decisive manner more than made up for his scant five feet four inches. The piercing glance of his dark eyes commanded attention even among these strangers.

This was Dr. William Worrall Mayo. He was then thirty-five years old, and was in search of a new place to live. Behind him lay a long way westward undertaken in fitful stages.

So little, even in old age, was he given to reminiscence that he left little knowledge of his parents or his youth. A faded inscription in an old family prayer book records his birth in the English village of

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Salford, near Manchester, on May 31, 1819, as the third child and second son of James and Anne Mayo.

Anne was the daughter of John Bonselle and his wife Tenneson, whose name before her marriage had been Worrall. *Tenneson* and *Bonselle* both crossed to England with the Huguenots fleeing from France, and the Worralls were a family of prominence in Manchester. All else about Anne Mayo is obscure.

James Mayo made his living as a skilled artisan, a joiner. His ancestry is established only by tradition and William was taught that the history of his family goes back to the early sixteenth century, when a group of Flemish Protestants migrated from the Low Countries to escape religious persecution. In England they multiplied and prospered, making *Mayo*, in all its spellings from *Mao* to *Mayhowe*, a familiar and respected name. Many of these English Mayos were physicians and several of them achieved distinction in that profession.

James Mayo died when William was seven years old, but the widowed Anne was able somehow to give the boy a good education. At a time when three quarters of the children in England got no schooling at all, William studied Latin and Greek with a French tutor, attended a college in Manchester, and took private lessons from the famous scientist John Dalton, from whom he caught an enthusiasm for chemistry that he never lost.

Perhaps under Dalton's tutelage, young Mayo began his study of medicine in Manchester and was among the medical apprentices who walked the wards of the city's infirmary. Later he went to study in the hospitals of London and Glasgow, but in neither city did he stay long enough to complete his training and receive a license to practice. He was too restless, too eager to see more of the world.

The call of America was strong in Great Britain then, ringing in the ears of any young man adventure-minded or ambitious to better his chances in life. William Mayo was both of these, and in 1845, when he was twenty-six, he decided to try his luck across the Atlantic.

His mind made up, he went straight to the nearest seaport and boarded ship for America. He asked no permissions and said no goodbyes. Not that he was being secretive about his going, or that

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there was any ill feeling between him and his mother. Taking unceremonious leave was just his impetuous, independent way.

His first work in the New World was as a chemist in the drug department of Bellevue Hospital in New York City. Hair-raising still are descriptions of the plight of the sick poor sent to Bellevue in those years, and William could not long tolerate the conditions produced by a combination of political corruption and medical mismanagement. He soon moved on to Buffalo, and then wandered westward along the shores of Lake Erie and southward into the valley of the Wabash.

Midsummer 1848 found him in Lafayette, Indiana, joined with two tailors in the operation of a pretentious establishment called the Hall of Fashion. This venture prospered, but for Mayo it was only a stopgap, and a year later he sold out his interest and resumed his study of medicine.

He spent the summer of 1849 working with Dr. Elizur Deming, Lafayette's foremost doctor, as his preceptor, and when fall came, he journeyed north with Deming through the valley of the Tippecanoe and across the Kankakee marshes to the little city of La Porte. There he enrolled for a course at the Indiana Medical College, of which Deming was an owner and a faculty member.

William Mayo could scarcely fail to recognize that the medical education he was now undertaking differed radically from what had been required of students in Europe. The training of doctors in western America was cut to the pattern of frontier needs and frontier conditions.

The quality of medical education had been good in colonial America, but as population spread itself thin across the mountains and along the rivers, the demand for doctors outran the supply of well-trained men and small proprietary medical schools, owned and managed by their faculties, arose in the rural areas of the eastern states. They offered short courses of a few months a year for two or three years, fitting their fees to the pocketbooks of the farm boys and their schedules to the leisure months between harvest and seedtime. Their graduates went west with the pioneers, and soon schools of the same kind were opened in the newer communities — a few at first in

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Kentucky and Ohio, then dozens in Indiana, Illinois, Michigan, and the states west.

These schools were only supplementary, however, for the backbone of medical education then was preceptorship, the American form of Europe's apprentice system. The student kept his preceptor's office clean, compounded his powders and salves, and looked after his horses, in return for the use of his library and the privilege of watching him at the task of examining and prescribing.

Three years of such study with a preceptor and two sessions of lectures at a medical school earned the student his degree of doctor of medicine. But the degree was not required for practice. Anyone at any stage of preparation could dub himself "doctor" and hang out his shingle; there was no one with either legal or professional authority to stop him.

The Indiana Medical College, to which chance and Dr. Deming had brought William Mayo, was a proprietary school of the usual sort, but it had such an excellent reputation that its hundred students a year were drawn from many states, some as distant as Vermont and North Carolina, and Rush Medical College of Chicago had proposed consolidation to rid itself of a dangerous rival. Yet a description makes it sound less than impressive.

It had no stated requirements for admission, its annual session was only four months long, its course was ungraded. The teaching consisted almost entirely of lectures, with virtually no clinical instruction, for La Porte had no hospital and the college had no ambulatory clinic. Anatomy was learned chiefly from lectures and textbooks. An optional course in dissection was offered, but many students were prevented from taking it by the extra fee charged.

Perhaps this financial hurdle was placed in the way deliberately, for it was difficult in those days to keep the dissecting room supplied with fresh cadavers. No legal provision having yet been made for this necessity, a midnight excursion with sack and shovel to some new grave in a nearby churchyard was not an unusual experience for medical students.

But woe unto the body-snatchers if any resident of the community

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caught them prematurely resurrecting the dead. The public was sensitive on the subject of grave-robbing, and more than one pioneer medical school had its career cut short by the violent action taken against such despoilers.

To the half-dozen subjects that made up the usual medical curriculum, the Indiana Medical College added a course in pathology and physiology, and more remarkable still, it provided a microscope, imported from England "at great expense." (The microscope was not available to medical students at Harvard until 1869-70, and even twenty years later the refresher classes at the Johns Hopkins Medical School were filled with practicing physicians who had never seen a microscope.)

One microscope for a hundred students! But it was enough to arouse in William Mayo an extraordinary interest in microscopy, which endured and deepened and later played a part in the education of his two sons.

The year at Indiana Medical College cost Mayo a hundred dollars in fees and another fifty dollars for sixteen weeks' board and room. He was excused from extended preceptorship and a second year of lectures because of his previous study in Europe, and having prepared an acceptable thesis and passed an oral examination, he was given his degree on February 14, 1850.

When he returned to Lafayette as Dr. Mayo, he found an opening ready for him. The young physician employed in Daniel Hart's drugstore to serve patrons in need of medical advice had suddenly felt an urge to try his luck in the booming California gold fields, and "Dr. W. W. Mayo, Physician and Surgeon" succeeded to his place and the substantial salary of seventy-five dollars a month.

It was just a year later that friends discovered one day that William was missing from his office in the drugstore, and in a few days they read in the newspaper of his marriage to Louise Abigail Wright at Galene Woods, Michigan, on February 2, 1851. He was being impulsive and independent as always.

When he returned with his bride, his friends found her a buxom young woman, slightly taller than her husband, with energy and determination quite equal to his. She had been born in the village of

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Jordan, near Syracuse, New York, on December 23, 1825. Her father was a Scotsman, a mechanic with an inventive turn of mind, and her mother was the granddaughter of an English officer named Totten, who is said to have commanded a battleship during the American Revolution.

When she was eighteen, Louise Wright had gone alone, by canal barge and prairie schooner, to the home of relatives in Michigan, later moving with one of them to La Porte, where she met her future husband during his year in medical school. Her youth had been one of hard work, with little time for formal schooling, but she was an avid reader and remembered well what she read, so that she impressed everyone she met as an educated woman of keen intelligence.

In spite of his new obligations as the head of a household, Dr. Mayo gave up his position at the drugstore the following May. Mr. Hart had proved to be less generous in payment than in promises, and the young doctor decided to accept an invitation to partnership with his former preceptor, Dr. Deming.

He had now joined the benevolent tribe of doctors on horseback. His daily local rounds might be made comfortably in a carriage, but many a call into the countryside had to be answered on horseback, with medical and surgical supplies stowed in the saddlebags.

For all the youth and hardihood of the pioneers who settled Indiana, there was plenty of sickness among them. To chronic aches and pains, and to the cholera that plagued the community during the early 1850s, were added frightful epidemics of scarlet fever, typhoid, malignant forms of dysentery and malaria, and the mysterious "milk sickness" that killed cattle and men alike, quickly desolating any area in which it took hold.

Malaria was the great scourge. The fertile bottom lands, low-lying, humid, and often flooded, upon which the prosperity of the Wabash Valley depended made that valley one of the worst malarial districts in Indiana. The agent of infection was unrecognized, so the common guess laid the disease at the door of "marsh miasma," a vaporous substance thought to rise from stagnant water to float in the air like a poisonous gas, especially at night.

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From midsummer to early fall was the annual sickly season. It was usual then for more persons to be sick than well, sallow faces and listless manners were the rule, and spells of the “shakes” were too prevalent to cause remark. Sessions of court were recessed while the judge lay on a bench in the corner to chatter through his chill, and schoolroom drills were interrupted while teacher and pupils had their shake together. There was nothing strange in the experience of the farmer who came upon his neighbor sitting on a log with a gun across his knees.

“Hello, John, what are you doing here?” he asked.

Pointing with a jerking finger toward a tree, the neighbor answered, “I’m waiting for this damn shake to go off, so I can shoot that squirrel up there.”

Even the doctors sometimes arrived at their patient’s home so weakened by the alternating chills and fever that they had to lie down a bit before they could do the work for which they had come. Dr. Mayo himself fell victim to the disease.

All this sickness did not mean so much business for the doctors as might be supposed, because the laymen chose to act as their own doctors. They carried buckeyes or wore bags of asafetida to ward off illness, and bled themselves every spring to get rid of the bad blood and make room for a purer product. When illness came in spite of them, they dosed themselves with cathartics, emetics, and various home-brewed bitters, and yielded to glowing testimonials for quack nostrums warranted to cure everything from itch to consumption. Only as a last resort did they send for the doctor.

Perhaps this was because they knew that all too often he would be able only to purge and puke and bleed them a little more, or pull out his spatula and bottles to mix up a powder he *hoped* might help.

In the 1850s medical science had as yet contributed little to medical practice. Few scientific procedures or instruments of precision were yet available to aid in diagnosis. Even the simplest chemical analyses of urine were too new to be in general use. The stethoscope was still novel and the clinical thermometer had not been invented.

Few diseases had been sufficiently differentiated to be easily described and recognized, and for fewer still were the causes and the

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pathological processes known. General symptomatic designations such as "lung disease," "fever," "liver complaint," "inflammation of the bowels," and "kidney trouble" were still the terms of diagnosis.

Consequently the doctor face to face with an illness had to proceed empirically, treating the symptoms in the hope that he would reach the cause, prescribing a remedy that had *seemed* to work in what had *seemed* to be a similar case. He had to rely upon what William Osler later called "a pop-gun pharmacy, hitting now the malady and again the patient, the doctor himself not knowing which." It was not unreasonable to remark of a patient's recovery "that whether it came about from the lapsing of a sufficient number of days, the remedies employed, the nature of the disease, or the grandmother's prayers, one could hardly say."

And surgery?

The use of anesthetics was only a few years old, still a matter for wonder and controversy among doctors and laymen alike. Only the more advanced surgeons used chloroform regularly; only the most courageous patients would submit to it. Even progressive physicians were content when a patient was "nearly insensible to pain" and pleased when enough chloroform had been used to make him shout and sing during the operation.

Resort to the knife was in all cases an emergency measure, not an accepted therapeutic method. Cutting into the cavities of the body was an unwarrantedly rash procedure when operations even on the surfaces and extremities were so commonly followed by fatal infection. Suppuration of the incision wound was thought to be a natural postoperative development and the "laudable pus" a necessary adjunct of the healing process.

All the same, despite meager schooling and scant science, some pioneer doctors really learned the ways of sickness and of healing and made original contributions to medical and surgical practice. Their very lack of formal training seemed to free them from accepted notions of what could not be done, especially in surgery.

That no one had ever cut out an ovarian tumor did not prevent Dr. Ephraim McDowell of Danville, Kentucky, from doing it — while his more cautious colleagues stood on a street corner and decided that

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when his patient died, as she surely would, he should be charged with manslaughter rather than malpractice. That the gallbladder had never been opened and gallstones removed did not deter Dr. John Bobbs of Indianapolis from a first performance of the operation.

The crudities of frontier life, the lack of convenient aids and tools, demanded great resourcefulness. Often traditional procedures could not be followed and new ways of doing things had to be devised. And this kind of necessity fostered a practical audacity that advanced the practice of medicine.

But it did not much increase dependence on physicians among the pioneers. In general, public faith in doctors remained at low ebb.

So, although Dr. Mayo's practice in Lafayette covered a good-sized territory, it was not remunerative.

Since the Mayos' first child, a son, had died at the age of six weeks, Mrs. Mayo was free to devote her abundant energies to supplementing her husband's income. Renting a room in Lafayette's business section, she opened a millinery shop, and when she began sending to New York for buckram frames, braids, and plumes, she found herself doing a wholesale business with her less enterprising competitors.

The "New York Millinery" flourished, even moving into larger quarters from time to time. When a daughter, Gertrude, was born in July 1853, Mrs. Mayo merely took in a partner to relieve her of the need for constant personal attendance at the shop.

Meanwhile Dr. Mayo tried several ventures into medical sidelines in the hope of increasing his earnings. None of these was conspicuously successful, and when Dr. Deming was elected to the faculty of the Medical Department of the University of Missouri and left for St. Louis in the fall of 1853, Dr. Mayo went with him and spent the winter working as an unofficial assistant to the professor of anatomy. The following spring he applied for and was granted an *ad eundem* degree, that is, another M.D.

He did not stay long among the Hoosiers after his return from St. Louis. He and Mrs. Mayo had both weathered an attack of cholera without undue irritation, but the debilitating chills and fever of malaria every summer were too much for the Doctor's patience. One hour you were so hot you couldn't get cool; the next you were so cold you

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couldn't get warm. He loathed the recurrent misery and the languor it left behind. "Hell," he insisted, "is a place where people have malaria."

So one day in the summer of 1854 in the midst of a chill he stamped out to the barn, hitched up horse and buggy, and shouted to his startled wife as he drove off westward, "Good-bye, Louise. I'm going to keep on driving until I get well or die."



*The warm and human story
of three remarkable men whose
lives span a century of medicine,
and of the world-renowned
institution they built.*

The Doctors Mayo

by HELEN CLAPESATTLE

THE DOCTORS MAYO is a classic, one of the finest biographies ever written. It tells the story of the "old doctor" William Worrall Mayo, his sons "Dr. Will" and "Dr. Charlie," and the world-famous Mayo Clinic which they built at Rochester, Minnesota. Besides being a fascinating biography, the book is a significant volume in the history of medicine. The Journal of the American Medical Association commented: "Almost amazing is the manner in which the author has traced surgical progress as a portion of the lives of the Mayos and made it understandable. . . . Here indeed is a work very able to stand beside other important biographies like the Vallery-Radot 'Life of Pasteur' and the Cushing 'Life of Sir William Osler.'" Excellent for school and college use as well as for general readers, the book was recommended in The AAAS Science Book List for Young Adults issued by the American Association for the Advancement of Science. Some measure of the book's universal appeal may be seen in the fact that it has been published in many different foreign-language translation editions. The author, who is Mrs. Roger W. Shugg in private life, is a former director of the University of Minnesota Press.

BIOGRAPHY

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