Extra Copy

TWENTY-EIGHT YEARS AT THE MAYO CLINIC

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Rochester, the site of the Mayo Clinic, is the town in which I was born and raised. I entered upon the study of medicine at the Rush Medical College in Chicago, from which I received the degree of doctor of medicine in 1905. From December of that year to December of 1906 I was an intern in the Children's Hospital in San Francisco. I then returned to Rochester, where I opened a general practice of medicine.

Anesthesia: 1908-1910

One day in 1908 Dr. William J. Mayo called me to his office and asked me if I would care to join the staff of the Mayo Clinic as an anesthesiologist. I accepted, and began my service at the Clinic on February 1, 1908. I was told that Dr. E. Starr Judd was to have his own operating room at Saint Marys Hospital, but would still assist Dr. C. H. Mayo, whose first assistant he had been. It was thought advisable to have a physician in charge of anesthesia in Dr. Judd's room.

I entered under the tutelage of Miss Alice Magaw, anesthetist to Dr. William J. Mayo. It was said that Miss Magaw would "talk the patient to sleep" while the patient was being prepared for operation. I also worked with Miss Florence Henderson, who was anesthetist to Dr. C. H. Mayo. As I have said, I became anesthesiologist to Dr. Judd.

Anesthesia was a very simple procedure in those days. Ether was the only general anesthetic agent in use, and it was

administered by the drop method over a gauze-covered mask, swathed by a yard or so of soft gauze by which the concentration of ether was gauged. The patient's jaw was held forward by pressure exerted at the angle of the jaw, and the tongue was held down by the anesthetist's finger in the patient's mouth—all very simple!

Internal Medicine: 1910-1915

In 1910 I became a member of Dr. Christopher Graham's section of general medicine. At this time the members of the staff of the Mayo Clinic consisted of Dr. William J. Mayo, Dr. Charles H. Mayo, Dr. A. W. Stinchfield, Dr. Christopher Graham, Dr. E. Starr Judd, Dr. Henry S. Plummer, Dr. Melvin C. Millett and Dr. Gertrude Booker Granger, who did the ophthalmologic work. Dr. Herbert Z. Giffin was appointed to the staff on July 4, 1906, and Dr. Emil H. Beckman became a member in 1907. When I came into Dr. Graham's section Dr. W. W. Mayo still made rounds at Saint Marys Hospital, and also spent much time in the little medical library adjacent to the small business office at the entrance to the physicians' offices in the old Masonic Temple Building, where the Weber and Judd Company is now located.

Drs. George B. Eusterman and Robert D. Mussey joined Dr. Graham's section as associates in medicine in 1910 and 1912, respectively. In their memoirs they have given interesting sidelights on Dr. Graham's character. He was unconsciously an inspiring teacher, and he was greatly beloved by his patients. In my most vivid memory Dr. Graham stands at one side of the patient on the examining table, and thoughtfully

palpates the abdomen, shaking his finger at me and saying,
"Stacy, there is a 'leetle feel' here." Eventually, at the
time of operation, that "leetle feel" would prove to be a
lesion within the abdomen. Dr. Graham's histories of his
patients were so detailed that often a diagnosis of the
patient's difficulties could be made from these data before
any laboratory examinations were done. He seemed to have an
aversion, probably due largely to his modesty, to writing
papers or speaking at medical meetings. He remained a man
of impressive accomplishments but extreme reticence, in spite
of Dr. William J. Mayo's attempts to induce him to contribute
his knowledge and experience to medical meetings and the medical
literature.

Early Work With Radium: 1915-1919

In 1915 Dr. William J. Mayo, who was always searching for improvements in the treatment of patients coming to the Mayo Clinic, suggested that I investigate the work being done in the East with radium in the treatment of pelvic tumors. I therefore spent some time with Dr. Howard A. Kelly, of the Johns Hopkins University, Baltimore, and Dr. Robb Affe, of Boston, the two men who were doing the most work in this field in America at that time. I returned to the Mayo Clinic from this clinical trip with two tubes of radium element, each containing 50 mg. During the next 3 years I visited Dr. John G. Clark, of Philadelphia, the Johns Hopkins Hospital and the Memorial Hospital in New York, and other clinics in which radium was becoming more widely used in gynecology.

In 1915 the intra-uterine use of radium was initiated in the treatment of uterine myoma at the Mayo Clinic, six patients being thus treated during that year. Subsequently, radium was used in this manner for increasing numbers of patients who had myomas of the uterus and menorrhagia. These patients were carefully selected. The gynecologist and the surgeon would examine the patient and determine whether radium, myomectomy or hysterectomy was the treatment indicated. Dr. William J. Mayo favored myomectomy for women who had myomas during the childbearing period, because this procedure would permit future pregnancy.

The development of the use of radium as a therapeutic agent in the Mayo Clinic was closely associated with the evolution of the treatment of cancer of the uterus. the patients who came to the Clinic in those days for the treatment of this condition presented extensive lesions, considered to be inoperable. Hemorrhage and pain were the symptoms for which the patient sought relief, and the most efficient treatment available at that time was the use of the actual cautery (the Percy cautery). This now seems a very primitive method. In applying it, the abdomen was opened with the patient under the influence of anesthesia, and the uterus was held by the hand of the surgeon to gauge the amount of heat generated by the hot soldering iron inserted into the uterus through a water-cooled vaginal speculum. diseased tissue was thus destroyed. In many cases relief of pain was obtained and hemorrhage was temporarily controlled; however, in most instances the patient eventually died of the disease.

I recall that during the first 3 years of the use of radium in this manner the patients who had cancer of the cervix were treated and cared for at a boardinghouse, and later in what was called the Kahler Hotel at Second Avenue and Center Street, which became the Damon Hotel when the present Kahler Hotel was built in 1921. Originally, the Damon Hotel was the home of E. A. Knowlton, an early merchant of Rochester. Subsequently, all patients who were to undergo treatment with radium were treated at the Worrall Hospital. There was also a period in which the intra-uterine treatments were given in the Colonial Hospital, now the Rochester Methodist Hospital. I understand that now (1957) all such treatments are given at the Curie Hospital.

I served as head of the Section of Radium Therapy from 1915 to 1919. In 1918 Dr. Harry H. Bowing came to the Mayo Foundation as a fellow in surgery. In 1919 he was appointed head of the Section of Radium Therapy, and I returned to the section of medicine of which I had been head since 1917. I devoted my time to general diagnosis, with gynecology as a special interest. Dr. Bowing remained head of the Section of Radium Therapy until 1948, when he became a senior consultant. He retired in 1949, and died at San Mateo, California, in 1955. His gentleness and kindness meant much to these unfortunate patients. During his service in the Section of Radium Therapy he was active in the meetings of the American Radium Society, of which he was president in 1930.

Dr. Robert E. Fricke, formerly with Dr. Howard A. Kelly at the Johns Hopkins University, joined the staff as a first assistant in radiology in 1927. Dr. Arthur DesJardins, who had entered the Mayo Foundation in 1917 as a fellow in surgery,

was appointed head of the Section of Therapeutic Radiology in 1920. Subsequently, patients with carcinoma of the pelvic organs received roentgen-ray treatment in addition to treatment with radium.

In 1917 a radon plant was put into operation, so that radon seeds and tubes were available. In 1942 the supply of radium, which had increased considerably in amount, was removed from the old plant and put into a new Failla-type plant, in which, from the 1 gm. of radium in solution, 145 mc. is secured daily. The amount of radium salts also has been added to from time to time, so that now (1957) the Clinic has 1 gm. in the radon plant and 1.5 gm. in the form of 50-mg. tubes in needles and plaques. The plant and the locale for the administration of radium are now (1957) in the Curie Hospital.

In the 1920's Dr. Henry S. Plummer wished to treat a few patients with severe hyperthyroidism by means of the external application of radium, instead of by the method then in use. Up to that time these patients, who were in a severely toxic state, had been treated by ligation, under local anesthesia, of the superior thyroid artery on one side. A few days later the opposite artery would be ligated, and then the two lower arteries would be thus treated. These patients were hospitalized, and they were in a state of near-crisis. Use of radium in the manner developed by Dr. Plummer was soon abandoned, because it brought about a marked reaction and an increase in the symptoms of toxicity. Dr. Plummer also wished to insert radium into the esophagus in cases of esophageal carcinoma, but this was a difficult procedure mechanically and was discontinued. In selected instances radium

was found to be effective against cancer of the lower part of the rectum. Dr. Gordon B. New and Dr. F. A. Figi soon began to use radon seeds and plaques in the treatment of malignant lesions of the mouth and nasal passages.

Obstetrics and Gynecology: 1917-1936

I have already said that in 1917 I was appointed head of a section of general medicine in which there was a particular interest in obstetrics and gynecology. This section eventually became known informally as the "Stacy section." It came into existence in the following manner.

examinations be done by a woman physician. Dr. E. S. Judd suggested to Dr. William J. Mayo that I organize a section, composed of women as associates and having both men and women as fellows. This was done, despite a degree of feeling manifested by a woman whom I had examined while I was in Dr. Graham's section. She objected: "I didn't come all the way from New York City to have a woman doctor warm her hands on me out here."

This section was continued as a unit until September 1, 1935, when I was granted a year's leave of absence. I resigned from the Mayo Clinic in 1936 to go into private practice in White Plains, New York. The women physicians in the section were called as consultants for gynecologic problems as they were encountered throughout the Clinic. In those days few sections were limited to one specialty. Dr. William J. Mayo felt very strongly that members of the staff should not become too specialized, but should be alert to general medical problems. In this way, he thought, they would become good diagnosticians.

We who were trained in the Clinic at that time have profited greatly by his concept.

Dr. Minnie B. Burdon came to our section from Seattle as an assistant in gynecology in 1919, but she left a year later, planning to be married.

Dr. Mary L. Moench, who had served as a fellow in medicine of the Mayo Foundation from 1920 to 1923, came into the section as a first assistant in 1925. She was appointed an associate in 1926, and continued in that capacity until she went East in 1932.

Dr. Susan R. Offutt was an associate in the section from 1926 to 1932.

Dr. Della G. Drips, who had entered the Mayo Foundation as a fellow in medicine in 1921, became a first assistant in medicine in 1922. She was appointed an associate in my section in 1924. Dr. Drips was a most valuable associate in the section because she was interested in research in hormone function, and had remarkable clinical judgment and a sincerity in her work which made her many patients devoted to her. However, since she did not wish to assume the directorship of the section when I resigned in 1936, the section was then incorporated in a section devoted to obstetrics and gynecology of which Dr. Robert D. Mussey was the head. Dr. Drips continued as an associate in that section until her retirement in 1949.

Dr. Arthur B. Hunt and Dr. John E. Faber joined the section in 1935.

Reminiscences of the Clinic

Memories of the days at the Clinic when the staff was small and more like a family are fast receding now.

I think that the factor of intimate association has been partly responsible for the loyalty and devotion to the ideals established by Dr. William J. Mayo and Dr. Charles H. Mayo. Their abiding wish was that those ideals would always be the goal of the Mayo Clinic, no matter how large and busy it might become.

I remember that when the 1914 building was completed, Dr. William J. Mayo was rather disturbed, fearing it was too big and too elegant. Dr. Henry S. Plummer, however, had deliberately included some degree of distinction in the plans for the building. He thought it ought to be beautiful in its exterior and interior aspects, for he felt that perhaps in many instances the patients and their relatives would be surrounded by architectural beauty for the first time and would thus be helped to find some measure of peace and solace while awaiting their appointments with the physicians.

A custom established in the very early days of the Mayo Clinic was the staff meeting on Wednesday nights.

Wednesday night has continued as a fixed date for the meeting of all members of the staff. The first meetings were held on alternate weeks at the home of Dr. William J. Mayo, on the present site of the College Apartments, and at the home of Dr. Charles H. Mayo, "the Red House," which later became the headquarters of the Young Women's Christian Association.

In _____ the early days abstracts of the current medical literature were given at the meetings. As the membership of

the staff increased, and clinical trips became frequent, the men reported their observations at these meetings. As research slowly became a part of work at the Clinic, the current status of research was reported so that all members would be informed. Later, when the little library was built in the garden back of the Masonic Temple Building, the staff meetings were held there. Next, they were held in the assembly room in the 1914 building. Finally, they came to be held in Plummer Hall in the Plummer Building.

The pathology conferences preceded the general staff meetings. The pathology conferences were limited to members of the staff, and the deaths that had occurred during the week were freely discussed by the medical men, surgeons and pathologists. Slides and specimens pertaining to the cases at hand were shown and discussed. These staff meetings also served as a training platform for the young members in the art of presenting their material in a concise manner. The time allotted to each speaker was only 15 minutes. Dr. William J. Mayo likened the rambling speaker to the Mississippi steamboat which had to stop moving when it blew its whistle. He often said that a speaker should be able to think and to speak while on his feet.

Life at the Clinic was much like life in a family when the staff was small. Once in a while there would be a dancing party at Mayowood, where Dr. and Mrs. C. H. Mayo bade the guests goodnight as the orchestra played "Home Sweet Home" at the stroke of 12. There was also a dancing class attended by most members of the Clinic. At one class

Dr. Henry S. Plummer made a characteristic remark when he was told to count one, two, three and "hesitate." He asked why he should "hesitate" when he was learning the popular "hesitation waltz." At another class Dr. C. H. Mayo complained of the poorly waxed floor, only to discover later that he had not removed his rubbers!

Dr. and Mrs. William J. Mayo were gracious host and hostess on board their first Mississippi River boat, the stern-wheeler, the Oronoco, and later on the yacht, North Star. Members of the staff would be invited on delightful week-end trips up the Mississippi River, with Capt. Cassiday as pilot and Mrs. White as chef.

As the work of the Mayo Clinic became known throughout the world, many outstanding surgeons visited the place and often spoke at special meetings or at the staff meetings, giving members of the staff an opportunity to hear and meet these well-known scientists. Thus, one did not feel medically isolated in the little town of Rochester out in the Middle West.