

MY DR. OLIVER WENDELL HOLMES*

REGINALD FITZ

Boston, Mass.

THE Autocrat once remarked at the breakfast table that there are three people in every dialogue: the real John, John's ideal John, and Peter's John. The real Oliver Wendell Holmes has been competently described by his old friend Mr. John T. Morse, although as Dr. Holmes himself said, "Think what a horrid piece of business the biographers make of a man's private history!" The ideal Oliver Wendell Holmes also has been described in a variety of ways by many admirers more gifted in the art of expression than am I. All that I can do is to speak very simply of my own Oliver Wendell Holmes—a respected teacher of the Harvard Medical School whom I appreciate more than most and for whom I have inherited an abiding affection.

Dr. Holmes, as everyone knows, came of good New England stock with distinguished medical forbears on both sides of his family tree. He had a minister for a father and was brought up so surrounded by books and bookish people that he always felt at home in a library "wherever he smelt the invigorating fragrance of Russian leather." He went through Harvard College, ranking in the upper third of his class, not a conspicuously brilliant student but, on the other hand, a better than average performer with such healthy extracurricular interests as a liking for sports and literature. He was a short person, standing only five feet four inches, according to his passport, and thus was considerably smaller than many of his friends. On this score he tended to be a little self-conscious and because of his small stature developed what nowadays would be called an inferiority complex which seemed to drive him ahead relentlessly. But he was a handsome youth, gay and witty: he smoked devoutly, sang unmusically, and drank moderately, all with a knack at writing amusing verse on the slightest provocation. These attributes combined to make him popular and able to get along with

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people. And finally, perhaps best of all, he determined to enter medicine after a year in the Law School so that he seemed to know in which direction he wished to sail.

As an undergraduate he had only played with pen and ink but it was as a law student that he became seriously interested in the art of writing. It was here that he wrote "Old Ironsides" and, as he said, first tasted the intoxicating pleasures of authorship, and was pervaded by that form of lead poisoning which invariably reaches a young author through mental contact with printers' metal.

Having made up his mind to study medicine and with Harvard in his blood, he naturally gravitated to the Harvard Medical School. He attended the medical lectures there in the fall of 1830, 1831, and 1832. In those days our process of medical education was very simple and was designed to train doctors poorly at the least possible expenditure of time, money, or effort. The course entailed attendance at two series of lectures, for four months each, in the three subjects of anatomy and surgery, chemistry, and the theory and practice of physic. On top of this was a thesis which had to be submitted and approved, and a practical examination which had to be passed. But in addition, and this was the one redeeming feature, each student before receiving his degree must have spent three years in practical work under the direction of a regular practitioner of medicine. Here, Dr. Holmes was fortunate, for he had as his preceptor, Dr. James Jackson, a man for whom he developed profound admiration. Dr. Jackson's friendship and counsel were to rank among the chief pleasures and privileges that Dr. Holmes experienced.

Instead of taking his degree in 1833, as he might have done, Dr. Holmes went abroad for nearly three years—a period in his life which had much to do with his subsequent medical development. He did not go to Germany where a future anatomist should have gone, but instead went to Paris, then the ideal training ground for the clinician. He worked under such masters as Dupuytren and Velpeau, and especially under Louis, along with a stimulating group of students from Boston, New York, Philadelphia, and various parts of Europe.

His notebooks at that time are interesting. First, while he was unfamiliar with the new language he did his best to take careful notes in English of what he heard; then, as he became more proficient, he grew more confident, until finally he was able to say that French had

become a second mother tongue to him and that he even could think in it. Hence his lecture notes towards the end of his stay abroad were all written in that foreign language.

It is obvious that he worked hard in the clinic or pathological laboratory and threw on having the whole vista of modern scientific medicine opened before him by wise instructors. In 1834 he wrote home:

“Nearly five hours in the day I pass at the bedside of patients, and you may imagine that this is no trifling occupation, when I tell you that it is always with my note-book in my hand; that I often devote nearly two hours to investigating a difficult case, in order that no element can escape me, and that I have always a hundred patients under my eye. Add to this the details and laborious examination of all the organs of the body in such cases as are fatal—the demands of a Society of which I am a member—which in the course of two months has called on me for memoirs to the extent of thirty thick-set pages—all in French, and almost all facts hewn out one by one from the quarry—and my out-of-door occupations have borne their testimony.”

The Society of which he spoke reminds one of our present American Society of Clinical Investigation. It was formed in 1832 by a group of youngsters eager to advance medical knowledge and to report their own work. It was called the *Société d’Observation Médicale*. Louis was the honorary President and James Jackson, Jr. was one of the founders. At the various meetings which were held frequently, different members presented original papers and these were discussed freely.

Perhaps the chief advantage of this medical fraternity was that each member came in direct contact with Louis. They learned from him what Osler called the numerical method of clinical investigation: to study meticulously a series of similar cases, going into all the particulars of the condition under scrutiny, its cause, its various symptoms, its pathology, and the effect of treatment. “The edifice of Medicine,” Louis kept repeating, “reposes entirely on facts. The truth cannot be elicited except from facts which have been well and carefully observed.”

To end up with, Dr. Holmes made the grand tour and no doubt compared, not too favorably, what he saw of the capitals of Europe with Beacon Hill and the Frog Pond. But he returned home as well trained and competent a young doctor as you could ask for, bursting with ambition, filled with high ideals, and prepared to demonstrate to his friends that he was wedded to the profession of medicine.

Thus my Dr. Holmes arrived in Boston at the end of 1835, twenty-six years old, a dynamo of energy with his small body, his inferiority complex, his hypersensitiveness to lead poisoning, his foreign training, and his fixed ambition to be second to none in the profession of medicine

there. Now he was ready to go to work.

Dr. Holmes was easily a hundred years ahead of his time. Thus in thinking of him one should regard him as a graduate of Harvard in the Class of 1929 and facing his particular problems much as did any of our abler young Bostonians of that period who graduated from the Harvard Medical School, who had, let us say, an internship in the Massachusetts General Hospital and three years or so in the Rockefeller Hospital, the Mayo Clinic, or some equally alive place outside of Boston, and who then wished to begin their careers.

The first thing that Dr. Holmes had to do was to get his degree. He arrived in Cambridge about Christmas time and knew that the Statutes of the Medical School demanded that any candidate "shall four weeks previous to the day on which he presents himself for examination, have given written notice of his intention to the Dean of the Faculty, and at the same time shall have delivered or transmitted to the Dean a dissertation, written by himself, on some subject connected with medicine." If the dissertation was approved, the candidate then had to suffer a general oral examination. If he leaped this hurdle his name was passed upon by the Senatus Academicus and finally he was admitted to the degree "at a public Commencement holden on the Wednesday next succeeding the day of the examination, on which occasion an address shall be delivered by some one selected for this purpose by the Medical Faculty."

In '36 the examination was to be held on the first Wednesday in February so that Dr. Holmes had to submit his thesis in early January, and this he did, writing a paper on Pericarditis in the space of three or four days. Our Faculty book says that on February 4th Mr. Holmes was approved for public examination. On February 11th he received his degree.

The next thing to be done as an enterprising young doctor was to join the proper medical clubs: the Massachusetts Medical Society, the Boston Medical Society, and the Boston Society for Medical Improvement. Dr. Holmes wasted no time. By May he was attending meetings of these organizations, listening to deliberations, and fraternizing with older physicians.

Clearly, he had to burn up some of his restless energy. He was not associated with any Medical School or Hospital and building up practice in Boston is notoriously slow, so that he had plenty of time on his hands. He happened to see in one of the back numbers of the *Boston Medical*

and Surgical Journal an announcement of the Boylston Prize Dissertation—an annual affair at the winning of which his brother-in-law Dr. Usher Parsons held the world's record, having won four prizes in a row.

On or before April 1st, competitors were directed to submit for the prize of that year a paper on "How far are the external means of exploring the conditions of the internal organs to be considered useful and important in medical practice?" or "To what extent is an active medical practice useful in the common continued fevers of the country?"

And on or before the first of April '37, competitors a year hence might be awarded the prize by most wisely answering "What is the Nature of Neuralgia and what is the best mode of treating it?" or "To what extent, and in what places has intermittent Fever been indigenous in New England?"

Dr. Holmes got right to work on the first question. His paper on exploration of the internal organs was duly written in time for Dr. J. C. Warren to receive it before the stipulated date.

Dr. Holmes was nobody's fool. He knew that to get ahead in Boston one must somehow catch the public eye or be doomed to mediocrity.

In '36, we of the Massachusetts Medical Society had a little trouble. Dr. John S. Bartlett, one of our members, it was reported, "gave countenance to an itinerant charlatan whose character and pretensions have been fairly shown to deserve the contempt of all honorable men." Accordingly, the Society determined to expel him on the ground of unethical conduct. The Boston Medical Society, of which he also was a member, decided to follow suit but, unfortunately, after having expelled the poor man, made the mistake of allowing him to have the privilege of the floor. Dr. Bartlett made a speech: he said that perhaps he had been indiscreet but at least that he could mention by name—and he proceeded to do so—several members of the Boston Medical Society who were as bad as he, if not worse, who were in the habit of consulting with doctors who were not members of the Massachusetts Medical Society, and he even went on to say that some of them were known to have advertised quack remedies in the public press. If he was to be kicked out, why not they as well?

Things at this juncture were a little tense. Dr. Holmes, the youngest member present, now rose to his feet and remarked that according to parliamentary procedure further discussion was a waste of time since Dr. Bartlett was no longer a member of the Society. The older men

thought this a reasonable way of heading off Dr. Bartlett and at once looked with approval on young Holmes as perhaps having the makings of an adroit medical politician.

Dr. Bartlett, however, felt that he had been treated unfairly. He proposed to sue the Massachusetts Medical Society for reasons not unlike the recent unpleasantness in which the American Medical Association has been engaged. Dr. Holmes had no wish to become involved in a lawsuit though he was not averse to seeing his name in print as a physician of standing in the community. Thus his first publication on any medical matter appeared in the *Boston Medical and Surgical Journal* for Wednesday, June 22, 1836. Here it is quoted in full. It contains one sentence a hundred words long:

“To the Editor of the Boston Medical and Surgical Journal. Sir—As the remarks attributed to me in the report of proceedings of the Boston Medical Association have been considered by Dr. J. S. Bartlett as a personal attack, it may be well to say that my observations were intended by myself, and understood by the reporter, to apply to Dr. Bartlett only in his capacity of member of the Association, for the common privileges and intercourse of which he had been declared unfit by expulsion, and in which his character as a member having been forfeited, he could no longer be restrained by a proper responsibility in preferring his numerous accusations.

Respectfully yours

O. W. HOLMES”

Boston, June 15, 1836.

In the summer of '36, Harvard was to celebrate its bicentennial. There was to be the ordinary Commencement and then, a week later, a day of celebration by the alumni, starting with a service in the church in the morning and exercises in the afternoon (with food and drink) which were to be held in a big tent in the Yard. The proposed program included so many speeches as to necessitate the employment of three presiding officers.

The Powers That Be knew that Dr. Holmes had been away for some time and recalled that in College he had written verse worth reading. Hence the Phi Beta Kappa invited him to read the poem for their annual meeting. And the Alumni Association asked him to write something lighter for the bicentennial celebration to leaven the ponderousness of the speakers that undoubtedly would be inflicted upon the long-suffering audience and the three toastmasters in the tent.

Dr. Holmes must have labored hard on the Phi Beta Kappa poem because Harvard's most competent critic, the Reverend John Pierce of the Class of 1797 who attended forty-six consecutive Commencements

and made a record of each of them, wrote of this one: "After a suitable interlude by the band, Oliver Wendell Holmes, M.D., of the Class of 1829, delivered a beautiful poem of one hour and ten minutes, committed to memory, and uttered with charming ease and propriety." To become letter perfect in a poem of that length was in itself no mean performance.

And as for the alumni exercises a week later: they lasted from two in the afternoon until eight in the evening. Anyone who has read the proceedings, who can imagine himself drinking this or that all day, and who can hum "The Poacher's Song," will appreciate how well, in the midst of a lot of rather dull speakers, Dr. Holmes must have sounded as he sang to that tune, even unmusically, with everyone joining in the chorus,

"And who was on the Catalogue
When College was begun?
Two nephews of the President
And *the* Professor's son;
They burned a little Indian boy
As brown as any bun;
Lord how the seniors knocked about
The freshman class of one!"

To cap off all this and to convince any doubters in the medical profession that Dr. Holmes was no ordinary young man, the Boylston prize winners were announced at about that time. The *Boston Medical and Surgical Journal* for August 24th described how Dr. Holmes had been awarded the prize but that there were two other dissertations on the same subject of so high a character that this year three prizes had been awarded by an unanimous vote, one to each of these three authors. Dr. Holmes' colleagues were Dr. Robert W. Haxall of Richmond, Virginia, and Dr. Luther V. Bell of Derry, N. H.

Dr. John Warren had remarked of vaccination shortly after its introduction by Dr. Waterhouse, that it was making a good deal of noise around Boston. One might say the same of Dr. Holmes after he had been there a year. To be sure, his practice was inconsiderable but he had done so many more spectacular things than had any of his contemporaries that people in high circles already were talking about him. And the year '37 proved auspicious by his appointment to the staff of

the Boston Dispensary and by his winning a double-header in the Boylston prize line. When this was announced, the *Boston Medical and Surgical Journal* admitted, "It is almost useless to contend with him in an enterprise of this kind." From which one may assume that his method of writing already had made a permanent dent in the minds of the medical profession of New England.

Dr. Holmes found time to remain on the staff of the Dispensary for only a year for he had other irons in the fire. He wished to become a teacher. As far as one could see, the professorial chairs of the Harvard Medical School were filled until Divine Providence intervened. Thus Dr. Holmes felt obliged to look for opportunity elsewhere.

At the end of the spring term of '38 the Dartmouth Medical School found itself in trouble. Changes had come about as a result of which the Trustees were compelled to find a new Professor of Anatomy. I suspect that Dr. Usher Parsons, a former member of the Faculty, who knew Dr. Holmes' aspirations, may have been consulted and that perhaps he suggested the name of his brother-in-law, an untried young man without pretense to great anatomical knowledge, to be sure, but from his record so far, obviously a man of considerable promise. In any event, Dr. Holmes was offered the post and accepted it. On August 7th he wrote to Dr. Parsons: "I have just had official notice of my appointment as Professor of Anatomy in Dartmouth College. Of course I am not obliged to reside there except during lectures. I think this is a very agreeable appointment, and as I do not lecture until next August, I shall have plenty of time to get ready."

In Boston, too, there also seemed a chance for an imaginative person to do something new.

The teaching at the Harvard Medical School was irritatingly poor to a man thinking a hundred years ahead of his times. Several "private" medical schools in Boston were doing good business. Why not have another and make it better than any medical school so far established?

It was said of Dr. Jacob Bigelow, the Professor of *Materia Medica* at Harvard, that he was one of the most charming, intelligent, and versatile people in Boston. He and Dr. Holmes knew each other well. In the fall of '38, they decided to open what was to be called the Tremont Medical School. From the outset this was to be sort of a progressive branch of the Harvard Medical School. Dr. Holmes was to teach Pathology and Physiology; Dr. Bigelow who, as has been mentioned,

held a professorship at Harvard, was to teach the same subject, *Materia Medica*, and also *Practice of Medicine*; Dr. Edward Reynolds, who had substituted for Dr. John C. Warren at Harvard while he took a year's holiday, was to carry on in *Anatomy and Surgery*; and Dr. David Humphreys Storer, later to succeed Dr. Channing as Professor of *Obstetrics* at Harvard, was to be responsible for *Midwifery and Chemistry*. Dr. Holmes and Dr. Storer represented the young and aggressive wing of this small faculty, counterbalanced by Dr. Bigelow and Dr. Reynolds as the conservative element. As they planned the enterprise they arranged the curriculum cleverly. It was to dovetail with Harvard as much as possible, operating at a time of year when lectures were not being held at Harvard and supplementing what Harvard appeared to lack. One course, for instance, was to start in March when nothing else was going on and, as Dr. Holmes said later, in the windy month—which was selected on account of the great number of puffs it was expected to give the School for nothing. Dr. Holmes and his new faculty resurrected an old plan under which the Harvard Medical School had started but had forgotten. They proposed in their School that Medical Education should be arranged as an orderly discipline instead of as a haphazard conglomeration of lectures; in the first year, anatomy, chemistry, physiology, and pathology should be taught to beginners, followed by clinical work in the second year and by a voluntary third year, the student by this time being assumed to realize his deficiencies and able to decide for himself in what subjects he needed help.

This venture proved successful from the very start and, in fact, played an important part later in reforming the Harvard Medical School. It is interesting that during the years in which the School existed, Dr. Holmes taught rather more of clinical medicine and pathology than he did of anatomy though he did offer instruction in microscopical anatomy.

By '38, too, Dr. Holmes was beginning to make himself felt as a doctor: not the ordinary kind of practitioner by whom small fevers were gratefully received but as a modern internist who was prepared to see only a few cases, to follow to the autopsy table those that were fatal, who wished to study disease rather than to treat it, and to advance medical knowledge, as Louis had said, by eliciting truth through the establishment of facts which were well and carefully observed.

The following report taken from one of his Case Books serves well

to illustrate the type of clinical work in which Dr. Holmes believed.

Disease of Heart—Exam. with Dr. Inches.

June 30th S. B. Aet. 12—Elliot Street

Saw on entering room a slender girl with reddish hair and light complexion, very pale, a good deal emaciated, sitting up in bed. Countenance pretty easy, breathing not very labored—no lividity. *Ascites* with great oedema of legs. Right jugular veins (external) considerably swelled—arterial and venous pulsations of this side very apparent—on left side nothing unusual in the same region.

Inspection of chest. Left nipple $\frac{1}{2}$ inch or more higher than right. Cardiac region somewhat prominent but not distinctly defined; intercostal spaces not prominent or even filled up—great motion of parietes during heart's action.

Percussion. Much flatness in cardiac region extending a good ways externally—towards side—

Auscultation. Pulsations of heart rapid (120); second sound dull, without any of its sharp character. Bruit de soufflet, seeming to attend first sounds; this is not harsh, and is most distinctly heard in the left back—much more so than in front. Sound heard also in right back. Impulse in praecordial region very heaving and forcible. Rhythm and force of heart's pulsations perfectly regular. Pulse very small and wiry—120. Resp. about 36. No remarkable derangement of digestion or nervous functions. Urine very small in quantity and high coloured, turbid. Has not had any fainting fits since Dr. Inches attended her, but one, not very clearly described some weeks since.

A fine crepitous or subcrepitous rattle exists towards the post. and inf. edge of left lung—where a little dulness on percussion was suspected.

This patient had three months ago pneumonia of left side and pericarditis; this was attended by Dr. Bethune. Three weeks since her present difficulties began with oedema of the lower extremities. Some pain had been referred to edge of cartilages of left rib. No depression exists there or at epigast. to denote an adhesion of heart and pericardium—

She has been using digitalis and within a few days the dyspnoea has diminished, and she slept with her head in a more level position.

Recommended Hyd. Labmur, and Squills—Dr. Inches tells me that about the 11th of July there came on cough with bloody expect. but not rusty like that of pneumonia—though viscid.

Yesterday (July 20th) the pulse, which had remained at 120, rose to 144, and the hands were found swelled, day before yesterday for the first time. The oedema has increased, the strength diminished.

To-day (July 21st) went to see this patient with Dr. Inches. Found her aspect much as before; very thin and pale; abdomen much distended by fluid, right jugular full as before; sitting up, cannot lie down, resp. rapid, p. 116-130 or more, pretty full and sharp as from irritations; coughs frequently; expect. much fluid blood with mucus, which is semitransp. and does not resemble the sputas of pneumonia. The expression of the countenance is not distress, the voice is pretty good and the patient very gentle and obedient.

The puls. of heart appears to me less strong and the sounds less marked than at the previous examination; the bruit de soufflet still exists.

At the lower and posterior part of the right lung is some obscurity on percussion, more than on the other side, which however does not seem to resound quite as much as natural.

At this part of the right is a fine *crepitous* rattle after cough, but there is no bronchial resp. at the same parts, and no bronchophony. Some mucous rattle seems to be heard in the *left* back, and the sonorous and sibilant rattles are heard, very generally on both sides.

The sound on percussion is good at the right summit (on clavicle and below) but the voice sounds much more both in the subclav. and accom. regions of this side than on the other side at the same points. Still, the resp. is vesicular.

Sept. 4th. Died this morning after much suffering toward the close of life.

Autopsy. Externally, great emaciation—abd. much distended—veins of thorax and neck quite full, skin of abd. and lower extremities streaked by serous distension which seems to have separated its fibres—two very deep sloughs over ischiatic protuberances. Abdomen contains perhaps a gallon of yellow transparent serum—no false membranes. Liver presents nothing remarkable—neither do the kidneys. Heart quite large—all the cavities seem dilated. L. ventricle about 6 French lines in thickness right 2 lines. Valves of aorta and pulmonary artery healthy. The tricuspid valve seems natural—closes the orifice pretty exactly when water is poured in. The mitral valve (one of its folds is opaque containing several indurations (Note)—In both these valves one of the folds was much ampler and freer than the other. Pericardium contained about one ounce of yellowish serum—no false membranes or trace of pericarditis.

Left lung free; lower lobe condensed, not hepatised nor splenized—containing much serum, aerated—no tubercles. Right lung presented extensive cellular adhesions—upper lobe healthy, lower lobe universally solidified with tubercular infiltration, distinct small tubercles—one or two large masses and one small cavity as big as a shelled almond perhaps. A few ounces of serum in *left* pleura.

Head not examined.

Dr. Holmes lectured at Dartmouth for two terms: he was becoming too busy at home to stay longer and he wanted larger pastures. The Dartmouth experience gave him a chance to get the hang of the lecture-room—he badly needed practice here, according to his colleague Dr. Elisha Bartlett—and training in being the administrative head of a university department. But it was too small a place.

In '39 the University of Maryland offered him the chair of surgery and he considered the possibility of being a surgeon in Baltimore while he was an anatomist in Hanover, which, when all was said and done, was a novel thought for a young doctor who was neither surgeon nor anatomist. Finally, he rejected the idea since he knew that at heart he was a Bostonian and that what he really longed for was a post at Harvard.

Here things looked gloomy for an impatient person wishing to climb the academic ladder quickly. All Dr. Holmes had to do was to apply the numerical method of Louis to the Harvard Medical School in order to realize how slim were his chances.

Dr. Jackson was well-nigh certain to be succeeded by Dr. Ware in medicine, and Dr. Warren seemed hale and hearty for several years to come, with Dr. Hayward a likely successor in anatomy and surgery. Thus the only course for Dr. Holmes to follow was to devote his energies to the Tremont Medical School and to the practice of medicine, leaving the future to Fate.

THE HARVARD MEDICAL FACULTY IN 1840

<i>Name</i>	<i>Subject</i>	<i>Born</i>	<i>Appointed Professor</i>	<i>Age in 1840</i>
James Jackson	Theory and Practice	1777	1812	63
J. C. Warren	Anatomy and Surgery	1778	1815	62
Walter Channing	Midwifery Medical Jurisprudence	1786	1815	54
Jacob Bigelow	Materia Medica	1787	1815	53
George Hayward	Clinical Surgery	1791	1835	49
John W. Webster	Chemistry	1793	1826	47
John Ware	Adjunct in Theory and Practice	1795	1836	45

To a man who was a dynamo of energy, with hypersensitiveness to lead poisoning and a fixed ambition to be second to none in the profession of medicine in Boston, opportunities were bound to occur. The first came in '39 in the early days of the Tremont Medical School. Messrs. Little and Brown approached Dr. Holmes and Dr. Bigelow. A new medical text seemed needed in Boston, they had just obtained the publishing rights for an American edition of Hall's Principles of the Theory and Practice of Medicine and would not Drs. Holmes and Bigelow undertake the editing and re-writing of this book?

Half a century later William Osler was placed in a very similar position by the Appleton Company, and finally, as he expressed it, sold his brains to the devil and signed the contract. Drs. Holmes and Bigelow did the same thing. The textbook was printed in the fall. It received a flattering review from the *Boston Medical and Surgical Journal* though I regret to say never became a very popular volume. But to produce it meant work.

In '42 Dr. Holmes became interested in Homeopathy and tilted at this windmill with all his might. In '43 he read his paper on the Contagiousness of Puerperal Fever before the Boston Society for Medical Improvement. People remembered "The Poacher's Song" and expected him to produce verse or sing amusing songs at all possible gatherings.

Moreover, by now his practice was almost too large and he was in great demand in Boston society, many people feeling about him as did Dr. Bartlett: "His mind is quick as lightning and sharp as a razor. His conversational powers are absolutely wonderful. His talk at table is all spontaneous, unpremeditated, and he pours himself forth—words and thoughts—in a perfect torrent. His wit and humour are quite lost in the prodigal exuberance of his thoughts and language." Finally his reputation as an interesting speaker in other fields than medicine grew and he began to tour the country as guest of the evening at "Lyceums." One suspects that he may have done this for FAME, which in the vernacular of the day did not mean fame in the ordinary sense of the word but Fifty And My Expenses. Thus with practice, teaching and talking, he grew busier and busier.

'46 was an important year. President Everett became head of Harvard University. The Massachusetts General Hospital was to add new wings to the old Bulfinch Building and, in the prospect of an increase in the number of patients, enlarged its staff, appointing Dr. Holmes as one of its physicians. Ether was used for the first time. Dr. Holmes was so overwhelmed with work that he could allow himself but a single week's vacation, which meant that such a pace was too fast to keep up indefinitely.

These events, apparently unrelated, somehow contrived to have much to do with Dr. Holmes' future. Dr. Warren resigned from the Medical School in February '47, perhaps because he believed that to have introduced ether marked a good end-point to a useful career in surgery or because he thought the new President of Harvard and the enlarged Hospital should be given free hands. Dr. Holmes was invited to become Professor of Anatomy and Physiology and accepted with joy, in part, perhaps, because he hoped that in so doing he would be able to concentrate his various interests and accomplish more than was otherwise possible. Thus he settled into a professorial armchair in Harvard towards which he had been aiming for eleven years.

There is little to be said of his subsequent career beyond what is familiar to everyone. His reputation as an author soon became world-wide, and outshadowed everything else.

While he was at Dartmouth he had worked out a formula for the teaching of anatomy and physiology to which he adhered until he retired. Anatomy should teach the structures of living bodies, the tissues

of which they are composed, the organs formed by these tissues and their mechanical relation to each other; physiology should inquire into the mode in which these living tissues and organs perform their various offices. The chief duty of a professor was to guide his students into the pathways by which they could learn more. They must respect knowledge for its own sake and not for any immediate practical purpose to be gained by its acquisition.

He believed that most effort should be directed to the lower half of each class where obviously the best teaching was most badly needed. Thus he tried to make his lectures clear and understandable, simple, and as lively as possible so that he could animate dry bones or give color and vitality to dead tissues. He was interested in what he termed transcendental anatomy and through it he preached to class after class the value of high ideals, integrity of character and fearlessness in meeting the unknown. He acquired the reputation of being our most fascinating lecturer. Stories of him are legendary in the Harvard Medical School and are handed on from one generation of students to the next.

When he accepted his appointment at Harvard he said, "I will do what I can to prove myself not unworthy of the good opinion implied by this choice. None of us can accept any office in our ancient University without a feeling of pleasure and pride." He lived up to this. He was a devoted servant as Professor, Dean of the Medical School, Professor Emeritus, and Overseer.

As he drifted from being a well-trained young internist to being a professor of anatomy and physiology and thence to being a distinguished author, his influence on American medicine became increasingly strong. Not only was he able to think far ahead of his time but also he could express his thoughts so that they could be read and understood. There was scarcely an important development at Harvard or in Boston medicine during his lifetime in which he did not play a part; and whenever an address had to be written, a useful undertaking begun, an appeal made, a poem read, an obituary notice phrased neatly, his pen was ready to serve. For Dr. Holmes had Harvard spirit. He did all that he could to carry on the purpose for which the university was founded, "to advance learning and perpetuate it to posterity."

One hundred years ago Dr. Holmes published his paper on the Contagiousness of Puerperal Fever in celebration of which we are meeting this evening. Sixty years ago he attended a dinner in New York at



Delmonico's, given in his honor by some two hundred New York doctors many of whom were members of the Academy. They pretended to accuse him of having accepted the invitation in verse and of illustrating it with an original drawing though his "telegram" of acceptance was not written in his own handwriting, was dated April 1st and the drawing was unsigned.

The President, Dr. Fordyce Barker, was in the chair. There were speeches, compliments, general jollification, and, of course, a poem by Dr. Holmes.

Dr. Andrew Smith, later to be elected President, expressed very nicely how my Dr. Holmes would wish the members and friends of The New York Academy of Medicine always to remember him:

"You've heard of the Deacon's one-horse shay
Which, finished in Boston the self-same day
That the city of Lisbon went to pot,
Did a century's service and then was not.
May the fate of the chaise be the fate of our friend.
May he never break down and never wear out,
But a century old or thereabouts,
Not feeling the weight of the years as they fly,
Simply stop living when ready to die."