

Dr. Frank Bradley discusses Dr. Evarts A. Graham

Introduction

Dr. Frank Bradley was associated with Barnes Hospital, the teaching hospital allied with the Washington University School of Medicine in St. Louis, from 1928 until his retirement in 1965, first as Assistant Director and then Director of the hospital. In this position he had ample opportunity to become very familiar with Dr. Evarts A. Graham's role as a department chairman and as a powerful figure on the executive faculty.

Dr. Bradley was interviewed at the library of the Washington University School of Medicine on May 5, 1971. This interview is one of a series of interviews dealing with the career of Dr. Evarts A. Graham.

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The date is May 5, 1971. This is Dr. Olch interviewing Dr. Frank Bradley at the Washington University School of Medicine in St. Louis.

Dr. O.: You had mentioned, before we turned on the machine, you were first Assistant Medical Director of Barnes Hospital beginning in 1928, is that correct?

Dr. B.: Well, I wasn't Assistant Medical Director; I was Assistant Administrator.

Dr. O.: Right. And you continued in the administration of Barnes Hospital until 19----

Dr. B.: I became administrator in June, 1939 and continued until July 1, 1965.

Dr. O.: Could you give your overall impression of Dr. Graham as the Department Chairman, as he related to the various administrative problems of Barnes Hospital. I might just say that in the few selections I've come across--the few things in his papers--specifically dealing with his involvement with the various committees, I gathered that he often-times had a rather central role in various committees dealing with hospital matters and liaison between the medical school and Barnes Hospital.

Dr. B.: Quite. Well, I can give you a rambling rundown of my impression of it.

Dr. O.: This is fine. This would be most helpful.

Dr. B.: My impression of Dr. Graham was very profound. In my opinion he was a unique individual in that he could teach, he could practice, and he could do research. He was also unique--and this is from the standpoint of a hospital administrator--in that he understood the role that the hospital played in the medical school and medical education.

I first met Dr. Graham in the summer of 1924 when I was working at loose ends during vacation, and was helping Dr. I. Y. Olch operate on dogs for a research project that Dr. Graham had, and one afternoon when Dr. Olch and I were doing a dog, Dr. Graham came in and spoke to us and that was my first acquaintance with Dr. Graham. His role, as far as the hospital was concerned, was most important because two of the major buildings in this center--the Rand Johnson Memorial and the Mallinckrodt Institute of Radiology--were a direct result of Dr. Graham's research and clinical work. His work in thoracic surgery and particularly in gallbladder surgery and gallbladder diagnosis led the Rand Johnson family, of the International Shoe Company, to build the Rand Johnson Memorial. Then the dye for gallbladder diagnosis was manufactured by Mallinckrodt and so Mr. Mallinckrodt gave the Mallinckrodt Institute of Radiology.

When the Rand Johnson building was opened, Dr. Graham's office, which was formerly on the second floor of the medical school--right near the present library--was changed and he moved over to the fourth floor of the Rand Johnson building and remained there until his retirement. He was a great protector of the hospital in that the medical school

which was primarily interested in teaching and research tended to either ignore or override the hospital, but Dr. Graham prevented that through his strength on committees and his knowledge of hospital operation. And he helped maintain the teaching wards and, in a sense, made the hospital group what it really is.

Dr. O.: Can you give me some examples of his strength as an administrator or areas where his forceful personality perhaps led to disagreement amongst the Board of Trustees at the hospital.

Dr. B.: Dr. Graham was a superb administrator, but he was also a superb selector and trainer of men, and he surrounded himself shortly after he came with a good surgical staff. He was also a very potent force on the executive faculty and particularly between deans when I believe he was Chairman of what was called the Dean's Committee. For information on the faculty influence, and particularly the Dean's Committee, Mr. William Parker, who at that time was Registrar of the Medical School and took the minutes of the executive faculty, can give you some pertinent information. Dr. Graham's relationship with the Trustees of Barnes Hospital was generally cordial and always helpful. He, at one time, attended the meetings of the Board of Trustees as medical advisor and this continued until about 1947 when friction arose between the Trustees of Barnes Hospital and the Executive Faculty over group practice. Little things are sometimes very interesting. Dr. Graham fell out with Mr. Frank Rand, Chairman of the Board, over an argument over uniforms for the interns in Radiology. Dr. Sherwood

Moore was not on the Trustees meeting panel and Dr. Graham complained that the hospital was not buying the uniforms for the interns in Radiology. Mr. Rand, of course, said that inasmuch as all the fees for X-rays went to the Department of Radiology, he saw no reason to subsidize it. Dr. Graham became quite angry at Mr. Rand and he got into an argument and the upshot of this was that Dr. Graham was asked not to attend the Trustees meetings thereafter. For several years, Dr. Graham and Mr. Rand, the Chairman of the Board, were not on speaking terms, but eventually through the good offices of Dean Phillip Shaefer and, I hope, myself, the two men were reconciled and became friends. Dr. Graham operated on Mr. Frank Rand for carcinoma of the lung. My relationship with Dr. Graham was also excellent. He was stubborn and he was somewhat dictatorial, but he was always very fair.

I had particular relations, myself, with Dr. Graham when, following World War II, we felt the need for a medical anesthesiologist and he and I interviewed several applicants, one of whom was Dr. Carl Moyer, who at that time was up at Massachusetts General and Harvard doing respiratory physiology, and we tried to get Dr. Moyer to come as Professor of Anesthesiology, but the tenure and the pay was rather insecure and Dr. Moyer turned us down. However, Dr. Graham was able to interest Mr. Edward Mallinckrodt in anesthesiology and Mr. Mallinckrodt gave an endowment for a Chair of Anesthesiology and, with the help of Dr. Tom Burford and to some extent Nathan Womack, who had gone to the University of Iowa as Chief of Surgery, we were able to obtain an anesthesiologist and create a full department with a residency program.

Dr. O.: I gather throughout much of the early history of the Washington University School of Medicine and affiliated hospitals there had been a continuing problem with trying to bring together the individual units as a unified force all working toward a common goal and yet each trying to keep some degree of autonomy. Would you say Dr. Graham was a constructive force in the history of this medical institution as far as trying to unify these various groups toward a common goal?

Dr. B.: Dr. Graham was extremely helpful and effective in unifying the group. His understanding of clinical departmentalization was profound. First, he released gynecology which had been under the Department of Surgery to the new Maternity Hospital which opened in 1927, and this combined the departments of obstetrics and gynecology with a helpful result in that it was easier to get on the staff, the faculty, a good obstetrician who could also practice gynecology. Dr. Graham was also understanding and most helpful in separating orthopedic surgery from general surgery and creating a Department of Orthopedic Surgery, first headed up in effective form by Dr. Albert Key.

Dr. O.: The question comes to my mind--Graham's being a forceful and outspoken individual--would you say he was one of the more powerful spokesmen of the medical faculty? How did he compare, for instance, with the other department heads? How was he looked upon by his colleagues?

Dr. B.: Dr. Graham was predominant. He was by far the most forceful and effective member of the Executive Faculty. And one of the interesting power plays that always goes on in a medical school is that between the preclinical men--that is Pharmacology, Physiology, Chemistry--and the clinical departments. Dr. Graham's force was such that the clinical departments always received what was necessary for their continued growth and success in research and in clinical care and in teaching. And so he was really predominant. He was feared, of course, and perhaps in some areas somewhat hated, but he was certainly looked up to with most intense respect.

In departmental operation, of course, Dr. Graham suffered with all the rest of us during the awful years of the depression. This had been a particularly difficult problem for the full time staff. As funds became less for full time research and teaching, it was necessary for Dr. Graham to ask some of the associates in the Department of Surgery to do clinical surgery and eventually as money got shorter some of them were more or less pushed out of the nest.

Dr. O.: C. Barber Mueller, in some correspondence with me earlier this year, mentioned the fact that there were two areas at least, or two incidences of controversy involving Dr. Graham--I'm sure there were many more involving a man of this stature--but one was his seeming controversy with Dr. Sachs, Ernest Sachs. I wonder if you would shed what light you have on that particular situation, and also what has been referred to by several people as "the Glover Copher controversy."

Dr. B.: Well, first I'll discuss Sachs. During World War I, Dr. Murphy who was Chief of Surgery went overseas and Dr. Sachs, who was the first professor of neurosurgery, I think, in the United States, had charge of the department. And when Dr. Murphy retired Dr. Sachs naturally thought that he would be the successor. And so when Dr. Graham came as Chief of Surgery, this more or less upset Dr. Sachs and the relations between the two men were not cordial--both of them strong characters. So enmity arose immediately and continued until Dr. Sachs retired. It was somewhat amusing but it was a factor. And yet, thanks to Dr. Graham's understanding in clinical surgery, the Department of Neurosurgery never suffered. Of course, Dr. Sachs never had good relations with Dr. Louis H. Burlingham, Administrator of Barnes, and he was a controversial figure and that's about the best you can say.

Relative to Dr. Glover H. Copher, Copher was a resident under Murphy and was here when Dr. Graham came, and remained and finally became Associate Professor of Surgery. Dr. Graham used Dr. Copher very much and Dr. Copher was sort of a devil's advocate for Dr. Graham and was one of the few men that would say no or tell him that he was wrong. Although this irked Dr. Graham, he abided with Dr. Copher's recommendations and things went along pretty well. Things in the department became a little tense because of a shortage of funds and some of the men on the staff, in particular Dr. Robert Elman and Dr. Peter Heinbecker. They became jealous of Dr. Copher and bad blood grew up. They tried to enlist the aid of Dr. Nathan Womack in working on Copher, but I don't think Nathan ever participated in the internecine struggle.

Eventually, Dr. Graham was out of town and Dr. Louis--Lou Sayle, over on the Jewish Hospital staff, sent a patient into Dr. Graham, and in Dr. Graham's absence Dr. Copher took care of the patient. Well, to my knowledge--although I can't prove it--Heinbecker and Elman ran to Dr. Graham and complained and Dr. Graham, perhaps under the pressure of economics and pressure from these two surgeons, had a quarrel with Dr. Copher which resulted in his being removed as Associate Professor on the faculty and relegated to Clinical Professor of Surgery. This went on for several years, but ultimately the two men became reconciled but Dr. Copher was never reinstated. Of course, both Elman and Heinbecker are dead and Dr. Womack went to the University of Iowa. But it was a pretty difficult situation and I remember arguing with Dr. Graham who wanted to fire Copher and I told him that I didn't think he should. And to my pleasant surprise, he agreed and left him on as Clinical Professor of Surgery.

Well, I don't know why Dr. Copher's name was not more often mentioned with the gallbladder dye, which was known as the Graham-Copher-Cole test. Actually, Dr. Sherwood Moore, of the Department of Radiology, played a great role in this, but from what Dr. Copher has told me, his role in the primary research was that he and Dr. Warren Cole worked chiefly on the chemistry of the dye. So actually, Copher didn't give a great deal, except technical help. And this went on until Dr. Graham, following criticism by the medical profession at large that the test wasn't too effective, began to do gallbladder surgery to prove the

efficiency of the test which I understand is 95 percent accurate. Another outgrowth of this gallbladder surgery is historical, and that is that prior to Dr. Graham's work removing gallbladders, it was the tendency of surgeons to drain the gallbladder for both stones and acute hepatitis. Dr. Graham developed a technique of complete removal of the gallbladder, always with stones, and then following his experience as Chairman of the Emyema Commission in which Graham learned to let the abscess wall off, he recommended waiting until an acute gallbladder had subsided and then went in and removed the gallbladder. This effected a complete cure instead of the possibility of an open fistula from just drainage of the gallbladder. Dr. Copher, then, began to play an important role, as did Cole, in cholecystectomy for two reasons. Graham was quite busy and actually Graham was not a slick technician--he had big hands--and so he relegated the surgery to Copher and Cole who were most proficient. Well, relative to Mrs. Graham's help with Dr. Graham in research, there's no doubt about it, Helen was quite a student and has an interesting career. She went back to medical school and took biochemistry and pharmacology and then became an assistant in the pharmacology laboratories and I have understood that she stimulated Dr. Graham particularly in his research on gallbladder dye. I think she also stimulated him in doing a research experiment on chloroform poisoning.

Well, Peter, you asked about Dr. Graham as a teacher. When I was a medical student I saw Dr. Graham in the surgical clinic and heard him as a lecturer. He used to visit the surgical clinic and was most

interested in it and the medical students liked him very much and he had a good clinic staff until he became busier. His lectures to the medical students were lucid, simple, and dealt with basic primary facts so that we simply adored him as a lecturer. There was nothing obtuse or difficult about what he presented; it was clear and forceful. The other phase of his teaching and the one in which we know him best--perhaps that's true of the whole country--is the fact that he has trained more residents who have become professors of surgery than perhaps any man up until his death. He was always interested. I understood from talking to Dr. Graham that his interest in the American Board of Surgery was primarily because he had little use for the American College of Surgeons.

Going back to Dr. Graham as a clinician. While it was true that he was not a superb technician and had big hands, to my knowledge he was one of the best surgical diagnosticians in the country. This, of course, made him a superb teacher. He did love to practice clinical surgery and for many years never took a vacation. He worked right through the summers right here in the hospital center. And except for a few trips--one to England and one to New Zealand, perhaps one to Italy--Dr. Graham spent most of his vacation time doing clinical surgery.

Peter, you asked about nurse anesthesia. Barnes Hospital from the very beginning had a nurse anesthetist. The medical anesthetists were usually part time men and too often relatives of the attending surgical

staff. For instance, Dr. Carlson had a son-in-law who couldn't make a living in surgery and so he did Dr. Carlson's anesthesia. The need for nurse anesthetists became apparent to Dr. Graham and Dr. Burlingham and myself, so in 1929 Helen Lamb Powell started a school of nurse anesthesia, which is still in existence and has been supplemented by Dr. Graham's bringing in a medical anesthesiologist.

You asked about Dr. Graham's attitude toward nurse anesthetists-- he liked them very much and used them extensively. The reason for bringing in a medical anesthesiologist came after World War II and was due to pressure from Tom Burford and other men who had served in the military and had had the services of medical anesthesiologists and this combined with the fact that these men out of the army were available, and the pressure Dr. Graham started medical anesthesiology but would never permit the school of nurse anesthetists to be abandoned. His argument was that you'll never get enough medical anesthesiologists to do all of the anesthesia. In fact, he said 70 percent of the anesthesias are now given by nurses and if we want to operate our hospitals and do clinical surgery in volume, we must have nurse anesthetists. And in the field of obstetrics, you can hardly get a medical man to do any obstetrical anesthesia; it's all done by nurses.

Dr. O.: Was there much of a town-gown controversy here in the early years of Washington University and at the time that Dr. Graham came on in 1919, was there still an element he had to contend with?

Dr. B.: It, of course, started with the reorganization of the medical school in 1910 when full time chiefs were brought from Hopkins and Harvard and as the part time men facetiously said, "when the wise men came from the East." Only one man was kept and that was "Daddy" Schwarz (Otto H.) who was Chief of Obstetrics. The friction became such that many of the part time men moved to St. Luke's Hospital, and this was accentuated a little when Dr. Graham arrived, but it didn't really accentuate until 1947 when we had a big hassle over group practice and more men moved out and threatened at one time to build a doctor's hospital in competition with this medical center.

Well, Dr. Graham was friendly to the town group provided they had had good surgical training and were competent. And in fact, he held balance and saw to it that good part time men were given appointments. He, of course, liked the full-time Department of Surgery but he was shrewd enough to realize that his budget wouldn't permit that and so he saw to it, chiefly by putting residents who had trained in this medical center on the staff, that we had adequately trained people. Dr. Graham also realized that in metropolitan St. Louis that the clinical material would be limited because of competition of other local hospitals, that Barnes Hospital would have to depend on out-of-town clientele who came here because of our specialty service. So he was sort of middle-of-the-road on this matter.

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