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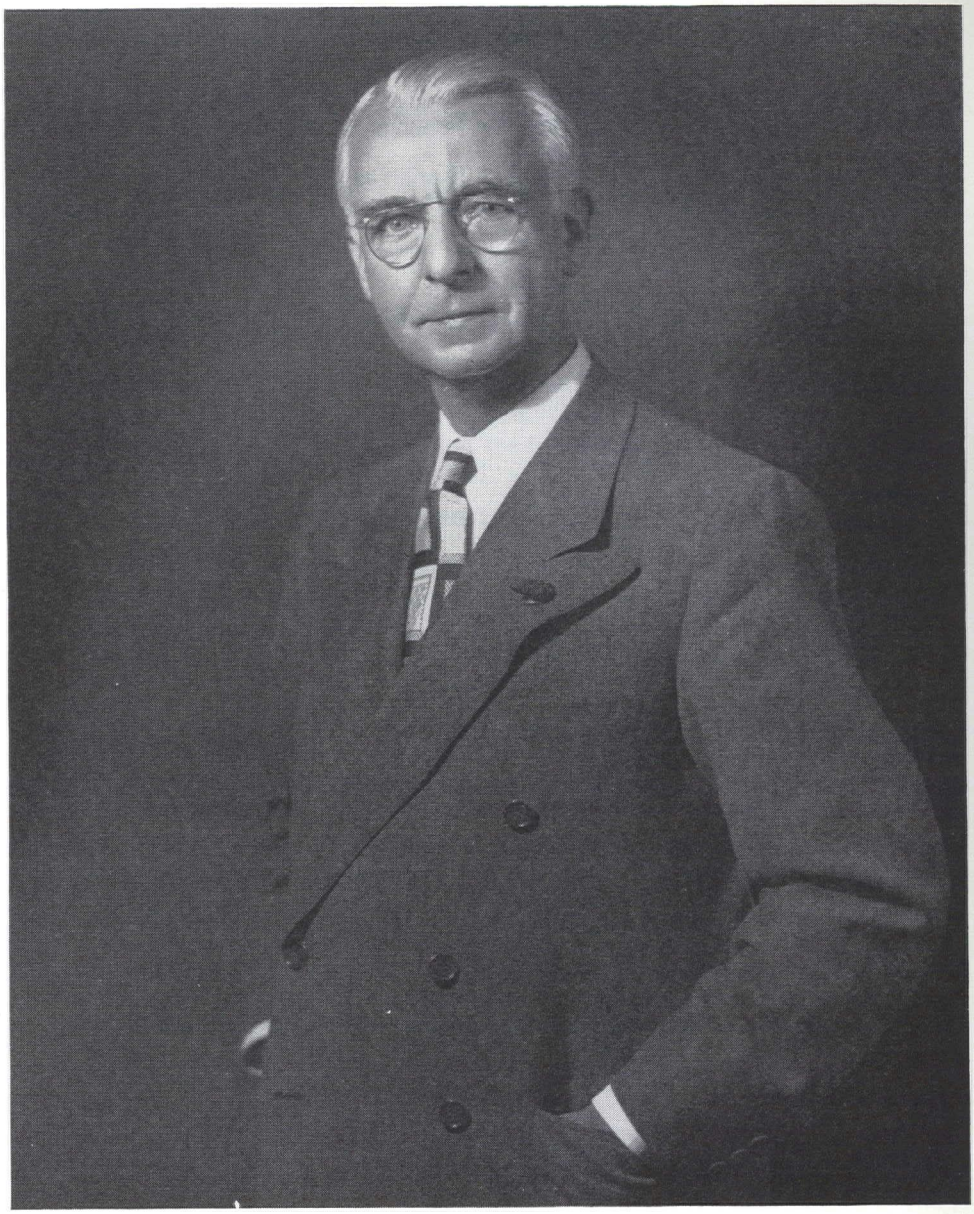

Dr. Jean Paul Pratt

AFTER OFFICE HOURS
A VISIT WITH DR. JEAN PAUL PRATT

SAM. GORDON BERKOW, M.D.

Ancient Greek drama, to solve its dilemmas, relied on a *deus ex machina.* And now in this country, many persons believe that the national economy can be rescued only by a god out of a machine. Perhaps it is not too whimsical to say of this god that Detroit is his Olympus, or his Mecca, and Henry Ford was his prophet.

When I arrived for this visit, Detroit was in the slough of the 1958 recession. Taxi drivers and other *cognoscenti* discoursed freely on unemployment, which they claimed was the highest in the nation. It was evident, too, that the city, and its troubles, had grown up around Henry Ford Hospital; but the sprawling hospital buildings were being repaired, remodeled, and enlarged, and the clinic building, a 17-story skyscraper which towers above them, was a beehive of activity.

In the clinic building, the numerous offices are functional, almost uniform in size and appointments. But through the open door of Dr. Pratt's office one sees hanging on the wall, where it must catch the eye of the passerby, a framed picture of two beautiful women photographed against a tapestry background. These are, the receptionist whispers, Dr. Pratt's wife and daughter.

Dr. Pratt is slender, and only a full head of whitening hair betrays his age.

"Henry Ford Hospital is a unique institution," he said when we shook hands and sat down to talk. "It was started in 1911, but actual construction came later and it was incorporated as The Detroit City General Hospital, a nonprofit institution, in October, 1915. It was controlled by a Board of Directors, one of whom was Henry Ford. Now, Henry Ford never liked Boards, and at one of the Board meetings there was a dispute as to policies, so Mr. Ford said that he would either buy out the other interests or sell his. It ended by his buying out the others, and it became the Henry Ford Hospital'.

Later, the Assistant Director of the Hospital told me that Henry Ford Hospital started out in a small way, with only 3 floors. The first floor had administrative offices and the upper 2 floors were primarily for patients. Altogether there were 49 beds. "Present capacity is somewhat in excess of 850 beds," he said. "We are now in the process of adding approximately 200 beds, so that by Christmas of next year our bed capacity will be in the neighborhood of 1050."

Dr. Pratt came to the Henry Ford Hospital in 1917. "This is the way it came about," he said. "In 1916 Dr. Sladen was the first Chief of the Medical Service, and he brought Dr. McClure to Detroit to become Chief of the Surgical Service. Dr. McClure soon realized that he needed an associate, and because I had been associated with him as a resident in surgery at Johns Hopkins Hospital, we were well acquainted. He invited me to come to Henry Ford Hospital.

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"When I received Dr. McClure's invitation I had established a profitable practice in San Francisco for 4 years and I thought, Why should I leave to go to an institution? But then I thought this might be an opportunity that I could not afford to miss. After some correspondence, I came to see Henry Ford Hospital. I was so impressed that I was glad to give up the better remuneration of a private practice for what this institution offered me."

BACKGROUND

"This is my background: I got my medical degree from Johns Hopkins in 1910. Then I had a surgical internship and residency under Dr. Halsted. Among other things, I was Dr. Halsted's anesthetist for 2 years, which was a very interesting and valuable experience. It gave me an understanding of anesthesia, which proved useful in all of my surgical and gynecologic practice. It would be helpful if every surgeon had a good training in anesthesia. Halsted was a pioneer: he wanted to make surgery a science. Science was everything. Consequently, or because it was his nature, he was very scientific, methodical, and analytic. Dr. Finney was also an excellent surgeon and teacher, but his patients also considered him as their friend and advisor."

After his internship and 2 years' residency in surgery at Johns Hopkins, Dr. Pratt decided that it was time to go into practice. San Francisco seemed an ideal place to live, so he decided to go there. His only contact in San Francisco was Howard Naffziger, who had studied 1 year with Harvey Cushing at Johns Hopkins. During that time Dr. Pratt got to know him very well. "Dr. Naffziger was a well-known and wonderful neurosurgeon," Dr. Pratt said. "He became president of the American College of Surgeons."

Of this association Dr. Pratt speaks with warmth. "I shared an office with Howard for 4 years. We had a common waiting room and laboratory, and each of us had his own office. I became instructor in surgery at the University of California. Up to that time there was no course in surgical pathology at the University of California. So I was given a laboratory and a technician, and I accumulated the material for a course in surgical pathology."

Soon after he came to San Francisco, Dr. Pratt discovered that, outside an institution like Johns Hopkins, a general surgeon had to do gynecologic surgery. When he was offered the opportunity to associate himself with doctors who were doing good gynecology, and particularly with Harold Brunn, he accepted gladly.

HENRY FORD HOSPITAL

Dr. Pratt came to Henry Ford Hospital to do general surgery as assistant surgeon-in-chief. "Why?" He answeerd, "Because I saw an opportunity for clinical research. I could accumulate groups of patients to study medical problems intensively, for there was teamwork here, so that when any man was interested in a particular problem the others in the hospital tried to see to it that all such cases came to his attention. There is reason to be very grateful for the decision to come to the Henry Ford Hospital because many of my hopes and ambitions were realized: for example, studies of carcinoma of the rectosigmoid, search for human ova, studies on benign breast lesions.

"This was, as I said, a unique institution — in this part of the country at least. Mr. Ford, who was personally interested in the hospital and came here frequently, believed that going to a doctor should be like going to a department store where one could shop and get the best for the money paid. He believed in building the self-respect and pride of the working people by giving them the best medical service obtainable for what they could afford to pay."

Dr. Pratt acknowledged that in the beginning the physicians in Detroit were fearful that the Henry Ford Hospital would be serious competition to private practice. "It has kept down excessive fees, but at the same time it has done a great deal for the local medical community. It helped to educate the public to appreciate the value of a thorough examination and to expect to pay their physicians for time spent."

There was a time when Mr. Ford would have liked to sell drugs to the patient at cost plus a small fee, but the business office found that the local druggists insisted that Henry Ford Hospital charge for medicines at the going rate in this community. "There was a good deal of pressure exerted, so it was not possible to do anything else.

"Still," Dr. Pratt insisted, "we — the medical staff — were allowed to proceed much as we thought a hospital should be run. Mr. Ford was a genius and had some marvelous ideas, about nutrition for example. He wanted the doctors to set up a laboratory and test his theories. There were a few things like that, but really there was very little interference and we were allowed to practice medicine as we doctors thought medicine should be practiced.

"There is further evidence of the Ford family's interest in the Hospital. In the 1920s Henry Ford and his wife established the Clara B. Ford School of Nursing here. They were tremendously interested in training registered nurses." Now there are approximately 300 nurses in the school.

"In the beginning," Dr. Pratt said, "the surgical staff was limited to 3 of us besides the interns. Each one did general surgery, but included what later became a separate specialty. I was covering gynecology, general surgery, and orthopedics. Then an orthopedist came and I was relieved of this part of the work. That situation prevailed as late as 1926.

"At that time a very nice relationship existed between gynecology and obstetrics. Ed Plass was here doing obstetrics and I was doing gynecology, and very happy about it. Then Dr. Plass developed tuberculosis and could not carry on the necessary night work, so he resigned from the hospital. Dr. Plass's assistant, Dr. Siddall, took his place for a year, and then he decided to go into private practice. So, having lost two heads of the department in 1 year, I was prevailed upon to take over obstetrics, thinking I could just supervise it and do only gynecology. But I found it difficult to be head of a department of obstetrics without doing some obstetrics."

TRAINING

The value of a good surgical training as a background for obstetrics is emphatically asserted by Dr. Pratt, on the basis of his own experience. "Some of the medical and chemical problems of obstetrics change a great deal from time to time," he said.

"These necessitate careful study constantly, to know what is the best practice. On the other hand, many of the more difficult problems, which require immediate attention, are really surgical problems, in which surgical experience and knowledge of surgical principles is immensely valuable."

Speaking of his personal background, Dr. Pratt said: "My father was a school teacher and a farmer. I was born on a farm in northern Ohio, in the shadow of Oberlin College. I liked farming, and I feel that I learned a great deal from my experience on the farm. To cite one specific example: During my late teens I became interested in the feeding of hogs, and I recall weighing very carefully a group of hogs and then measuring their feed, trying to get them on a balanced ration. I observed that the hogs that had just enough food so that they ate it all and then left the empty trough to lie down and just build fat would gain as much as 2 pounds per hog per day. When I gave them more than they could consume at once they gained very slowly.

"Also the illnesses of animals were a challenge which stimulated an interest in human problems. The possibility of studying medicine was vaguely attractive. The family doctor, who traveled in a one-horse cart through mud and rain, repeatedly advised me never to be a doctor. Little did he realize the future with the development of the automobile.

"I started in the Agricultural College but after 3 months at Ohio State I transferred to the liberal arts course for premedical training. In 1906 I received a B.A. degree there, having majored in biologic studies, particularly zoology, comparative anatomy, and embryology. In the latter subjects Prof. Landacre was an outstanding teacher, one of the best I have ever known. It was through his influence that I chose to go to Johns Hopkins for my medical course."

ENDOCRINOLOGY

Dr. Pratt has long been a leader in the field of gynecologic endocrinology. His collaboration with Edgar Allen was particularly fruitful. "Our association came about in this way," Dr. Pratt said. "In September, 1923 I saw the brief note of Allen and Doisy in the *journal* of the A.M.A., about the follicular hormone they had obtained and purified. I was fascinated. So I asked Edgar Allen to come to a meeting at this hospital and tell us about his investigations. He came, and that was my first acquaintance with him. I asked some questions, to which he replied: 'I don't know the answers, but why don't we find out?' That started a very pleasant relationship. I sent a great deal of material to Edgar Allen and we corresponded, and then for one summer he came and stayed at my home and we worked in the Henry Ford Hospital laboratory. Our particular project was to look for an ovum in the uterine tube."

The inspiration for that study came from Carl Hartman. "On a visit to Carnegie Institute I was chatting with Dr. Hartman in his laboratory when he sort of flipped an opossum egg through the salt solution and said, 'There! Why don't you find a human egg?' I said, 'I will.' So I inquired how he had obtained the opossum ova, and then I got in touch with Allen and we set up a joint study to find the ovum after it has left the ovary, by washing out the uterine tubes. Allen also worked with

Newell and Bland in St. Louis. We had two groups working on this problem. In a group of women who needed surgery, operations were scheduled for the time when we would be most likely to find the ovum; that is, after a recent ovulation. We studied the corpus luteum, ovulation, the follicles. When we discovered the ovum in the tube it was a happy occasion, the fulfillment of a dream. I reported this finding in a paper read at the A.M.A. meeting in Portland and it was published in the *Journal* in 1925."

Absorption in endocrine aspects of gynecology continued. In 1933 Dr. Pratt became president of the Association for the Study of the Internal Secretions. "For several years after that I was on the Board," he said. "I had a very pleasant association with the men who were doing endocrine studies at that time, and I hope I had some influence in keeping the Association on a sound level. It is no secret that there were many attempts to commercialize that organization and get it away from its sound scientific basis." As president and a member of the Board he resisted "the tendency for the laboratory men to usurp the field." His efforts to increase the influence of the clinicians, "not to subdue the laboratory but to encourage the clinical side," contributed to the decision of the Society to publish a clinical journal as well as a laboratory journal. "I maintain my interest in endocrinology," Dr. Pratt said. "It is a very important part of gynecology. I am grateful for having had the opportunity to live in the early days when the sex hormones were isolated and identified. Following the discoveries as they are made gives one a sound perspective."

Dr. Pratt wrote the chapter on pituitary-ovarian and placental relationship in Tice's *System of Medicine*. He also contributed the chapter on endometriosis in Sajou's *Encyclopedia of Medicine*. "My interest is clinical, but I have tried to follow the experimental work carefully," he said.

UTERINE CANCER

Experience with radium, x-ray, and surgery in the treatment of uterine cancer, both endometrial and cervical, led Dr. Pratt to the "logical conclusion" that one adds to the total possibility of a cure by using all three, if possible, or by some combination. "Sometimes we use radium and surgery; often deep x-ray therapy is added," he said.

"Operating after irradiation, we have had an opportunity to observe the effects of irradiation. In the early days there was no precedent to tell us exactly when to operate after radiation. In consequence preoperative radiation was sometimes condemned because it was thought that it increased bleeding. By following the results clinically, I found that 4 to 8 weeks after the application of radium to the cervix the edema had subsided. We found that radiation before operation actually improved the facility of the operation. It has been our policy to wait 4 to 6 weeks after radiation to do a hysterectomy.

"A very interesting patient taught me that radiation is useful for carcinoma of the fundus. She was referred because she was thought to have carcinoma of the fundus. The local surgeon had operated. He wrote that she was so full of adhesions that it would be impossible to do a laparotomy. What could we do for her? It would have been questionable to have even tried to do an operation after such an introduction.

The patient was given radium into the uterine cavity and then observed again in a year. At this time the uterus was curetted and no carcinoma was obtained. Nevertheless, she was given a second course of radium. That patient was followed for several years and never had any recurrence of the growth. So we continued using radium before operation in carcinoma of the fundus, with a great deal of satisfaction. Also in carcinoma of the cervix we combine radiation and surgery. Now that cobalt is available, it adds another interesting modality and is very useful. If the uterus is large I am inclined to use deep x-ray therapy to shrink the cavity. With the early applicators it was difficult to reach all parts of the uterine cavity with radium, and some of the failures I believe were due to inability to apply the radium to the carcinoma rather than that the carcinoma was not sensitive to radiation. Some combination of radiation and surgery has been selected according to each individual with satisfactory results."

RECTOSIGMOID CANCER

Study of a group of 100 patients with rectosigmoid carcinoma "worked out very satisfactorily." That *arbeit* began in the early 1920s, when Dr. Pratt was still doing general surgery. "A woman with rectosigmoid carcinoma was referred to us. I told her she must have a colostomy. She said she knew what she had, she knew the consequences, and she would not have a colostomy. Well, I just couldn't let her go. So I decided to do something other than a colostomy. What I did was a radical abdominal dissection of bowel, largely on a bisis of the Miles operation, then pulled this bowel through an incision below the coccyx. The bowl was resected, anastomosed, and the continuity of the bowel preserved. This woman was symptom-free for 19 years, and then developed an extensive carcinoma of the same type as the original tumor. In the entire series of 100 — which included 1 patient who had half her liver destroyed by carcinoma, and others with metastasis — the 5-year salvage was 65 per cent, which was very good at that time."

Dr. Pratt mentioned an interesting "sidelight" to this study. The surgical resident, Dr. Altemeier (now Professor of Surgery at the University of Cincinnati), observed that the patients operated upon for carcinoma of the rectosigmoid never had peritonitis. All these patients, like those with uterine cancer, had been subjected to preoperative radiation. So Dr. Altemeier experimented with rabbits, giving some deep x-ray and then injecting the same lethal dose of bacteria into the peritoneal cavities of all the rabbits. He found that a dose that killed an untreated rabbit in a few days was not harmful to an irradiated rabbit, and that the optimum protection was at 4 to 6 weeks. "So it was demonstrated that, without our knowing it, we were also protecting our patients from infection by preoperative x-ray therapy, and also confirmed that 4 to 6 weeks is an optimum time."

PSYCHOSOMATIC MEDICINE

A pioneer in psychosomatic gyneoclogy, Dr. Pratt tells an interesting anecdote about the first paper on this subject which he submitted for publication. He says: "I had given thought to this subject from the early 1920s. In 1929, at the Philadelphia Obstetric and Gynecologic Socitey, I read a paper entitled *The Emotional Problems of Obstetrics and Gynecology*. It was well received, and they sent the manuscript

to the *American Journal of Obstetrics and Gynecology*. Dr. Kosmak returned the paper to me, saying that he was interested personally, but felt that the material was not suitable for the *Journal*. Later, after George Kosmak had himself written extensively on the same subject, I chided about that paper. "Well,' he said, 'send it back.' 'No,' I said, 'you turned it down and it's on the shelf, where it will stay.' I tell you this story to show that psychosomatic gynecology just wasn't accepted at that time."

Even now that it is an important part of the training of the resident in obstetrics and gynecology, some doctors, he finds, have diffculty in understanding psychosomatic problems. "Often a resident will come to me and say, 'Dr. Pratt, I know the patient has a psychosomatic problem, but I don't know what to do.' Other gynecologists, capable of evaluating such a problem, feel that if they recognize the problem, they must send the patient to a psychiatrist. My own feeling is that each specialty in medicine should be able to handle the bulk of its own psychosomatic problems. That's the art of medicine."

TERMINAL CARE

Presently Jean Paul Pratt is concerned with the problems of terminal care. "Have you had an experience like this?" he asks. "You are making rounds with a doctor, and he says, 'I hope that woman in number 23 will be asleep so I don't have to talk to her. She is dying of cancer.' Well, such a doctor would rather avoid the issue he should face. I say of the patient who has come to the condition of terminal care, that if she ever needed a doctor she needs one then."

He spoke on this subject more recently at a Pan-Pacific conference in Hawaii. He said: "Death is inevitable. Instant death is for the fortunate few . . . Medical attention has been, and still is, focused upon diagnosis and treatment. Too little attention has been given to the problems that occur when all attempts to cure have failed." He then listed the various problems (such as, what to tell the patient) and considered each in detail.

EMBOLISM

At this point in the visit one naturally expects Dr. Pratt to view medical problems from a broad and humanitarian standpoint. This expectation is agreeably confirmed by his discussion of embolism. "I am very much disturbed by the sudden death of patients from embolism," he states. "Embolism has been a serious problem over the years. Although there has been great improvement in the control of one factor, infection, since the introduction of sulfa drugs and antibiotics, there has been no substantial improvement in our handling of the second important factor, stasis of blood entering the blood vessels. It occurred to me that a good deal could be done to prevent stasis by careful preoperative medication, anesthesia, and postoperative care. I like to prepare a patient psychologically for her operation, so that she will need very little sedation. If I cannot see her myself, I arrange for a resident to see her on the night before operation, and if she has any questions that have not been answered previously, they are answered now, so that she goes to the operation with a free mind. The medication before operation is light, preferably Seconal, because it acts quickly and wears off quickly. The anesthesia of choice is ethylene gas or a little ether. Spinal anesthesia is generally avoided because it causes profound stasis of blood for a long

period of time. Morphine is also avoided because it causes stasis of blood in the mesenteric vessels. Postoperative medication is minimal in my practice. I want the patient to be a little restless and to roll in bed. This prevents stasis. Since 1939, when I instituted this regimen, I have had only one death from embolism, and I believe that much of this change from earlier days can be credited to the avoidance of stasis as well as to the new drugs for treatment of infection. Early ambulation? It has undoubtedly been beneficial in calling attention to the necessity of avoiding stasis, but it seems to me that getting the patient up the next day, or even a few hours after operation, is locking the stable after the horse is stolen."

TRAUMATIC MASTITIS

What else has particularly interested Dr. Pratt? "Traumatic mastitis," he answered promptly. "Cancer of the breast was one of Dr. Halsted's major interests when I was on his service as intern-resident, and for that reason the problems of the breast diseases and breast surgery have continued to intrigue me. I have continued to use Halsted's radical operation for cancer of the breast. With experience in surgery, gynecology, and obstetrics, I have had an opportunity to see a great many benign lesions, some of which appeared as definite lumps. One type which has particularly attracted my attention I have called traumatic mastitis. The first one I saw was diagnosed as benign tumor, and operation was advised. The patient did not follow the advise; she came back to the clinic a month later and there was no lump.

"Over the years there have been a large group of such patients. They have a definite lump in the breast and sometimes the lumps are multiple, and usually tender. They are definitely related to injury: not to a single injury but repeated small injuries. In earlier days one of the common types of injury was from whalebone stays in corsets. The present day trauma is largely from a type of brassiere which, day after day, exerts a point or line of pressure. Many of these traumatic mastitis lumps have been seen here. We advise the patient to return for observation, and with this course she is saved from unnecessary surgery, for when the trauma is removed the lump disappears. And when this occurs one can be sure the lump was not malignant. Of course, one assumes a great responsibility in not operating when a lump is found. The condition requires a great deal of further study. I read a paper on inflammations of the nonlactating breast at a meeting of the American Gynecologic Society. It was published in the *American Journal of Obstetrics and Gynecology*. The particular condition I wanted to emphasize in this paper was traumatic mastitis."

SEMIRETIREMENT

In 1952 Jean Paul Pratt retired from active direction of the Department of Gynecology and Obstetrics at Henry Ford Hospital. His hours, and remuneration, were reduced. He has his own office, examining rooms, nurses, and secretary and conducts "a consulting private practice" for 10 months of the year. He lives in a large and lovely home situated on the grounds of the Detroit Golf Club. He calls it "an oasis in the city." It is just 15 minutes' ride from the hospital.

In his leisure time he cultivates the roses "over there just beyond the birch trees." Golf? "I played golf until the war (World War II) began, and then the shortage of doctors made it difficult to play. You started to play and reached the farthest hole

from the clubhouse, and then you received a call from the hospital. Soon no one wanted to start a twosome or foursome with you. So I quit golf and went into gardening, and that's the way it has been ever since."

February and March the Pratts spend in Florida. Here, he says, he gets a good rest; but part of the time is spent in boating, deepsea fishing, and gardening. "The problems are so different and the work is so rewarding for the little time spent."

The rest of Dr. Pratt's time is taken up by medical, chiefly gynecologic, meetings in this country and abroad. Last year he lectured in Hawaii, and several years ago in Mexico.

His wife, the lovely Mimi Uline Pratt, provided the following information: "In his 40 years at Henry Ford Hospital, there have been many men who have benefited by his training. These are 'his boys.' He has never forgotten any of them and I am sure that they have not forgotten him. They are scattered all over the world. Rarely a week goes by that he does not get a long distance call at home from one of them with a problem that they want Jean to help solve. When I call him and say, 'It is one of the boys,' his face beams. He is so glad that he can be of some service to them. I have had so many requests for his photograph from his 'boys' when they leave, that I have had a stock made up. I have sent out over 50 to the 'boys' who want to hang on their office wall. One of them said, 'I want it there so that when I run into a difficulty I can look at it and say 'I wonder what J. P. would do.' "

Mrs. Pratt concedes candidly, "I have no modesty whatever where my husband is concerned. First of all, he is a good doctor, but there is more than skill that goes into being a good doctor. He has warmth, kindliness, sympathy, and a wonderful understanding of women. He likes women! He is always on their side. No matter what they have done, he believes that they would do no wrong unless they were provoked into it. He plays the role of big brother, father, counselor, husband, and father confessor to all his patients. When a patient has a problem, he will sit very still for a long time while he projects himself into her mind trying to understand her emotions and her reactions and then find a solution for her. Ninety-nine times out of a hundred he is right. Once our daughter asked her dad's advice about a problem, and she said, 'Mother, Dad's solution does not seen right now, but I am afraid to go against his advice because I know that he will be right in the end.' He gives long and considered thought to every problem that presents itself. He never makes snap judgments. He has the wonderful faculty of putting himself in the other person's place."

She adds: "He never tries to change anyone. He will advise them but never tell them what they 'ought' to do. He enjoys people for the individuals they are and not for what they might be. My husband has never criticized me. I know that sounds ridiculous and impossible but it is true. Not that I don't deserve it. He has never said to me, 'Why did you do that?' He recognizes me as an adult, with all the human frailties of a woman, and he likes me not because of them but in spite of them. I admire my husband tremendously as a man, a doctor, a father, and a husband. Knowing him as a fine man, possessed of unquenchable zest and zeal, I know that he will go on practicing medicine as long as he lives and I pray that I will have my husband as long as I live."

HONORS

It has been mentioned that Dr. Pratt was president of the Association for the Study of the Internal Secretions. He has also been president of the Michigan Obstetric and Gynecologic Society (1932), and of the Central Association of Obstetricians, Gynecologists and Abdominal Surgeons (1936); vice president of the American Gynecologic Society (1947), and a member of the Association of Anatomists, and a member of the House of Delegates of the American Medical Association (1941-1948); and for the past 10 years he has been president of the Foundation of the American Association of Obstetricians and Gynecologists.

* * * * *

While waiting for the bus to take me to the air station, I spent a pleasant hour in a downtown club. Behind the bar was the best informed and most pessimistic of the *cognoscenti* previously mentioned. Detroit is in trouble, he said; and since we were alone and he was in a conversational mood, he proceeded to prove his point with unemployment figures and statistics of the removal of automobile plants to Flint and elsewhere. The Tigers are in trouble, he said, and elaborated his dire prediction with a wealth of baseball details. Agreeable to his mood, I mentioned the empty boarded-up stores I had seen near Henry Ford Hospital.

"Wayne University has bought up all that part of the city to make a big campus," the man said, and added unexpectedly: "Liberal education is in trouble."

"How does that figure?" I asked.

"You know what all this expansion is for?

To mass produce scientists. Assembly-line robots."

I considered this for a moment. There came to mind Dr. Finney, who practiced equally the art and the science of surgery; Oliver Wendell Holmes, presiding at a feast of science and letters; Sir William Osler, wise in medicine and the humanities. I might have thought of many others, from Hippocrates to Harvey Cushing, but I did not. I thought of Jean Paul Pratt, the Henry Ford Hospital gynecologist who sees medical problems broadly and his patients not merely as mechanisms, but as human beings. How greatly he must have influenced his colleagues and, more particularly, the numerous residents now spread out across the country.

"Don't be sure," I replied. "People may surprise you."

My cynical acquaintance raised his eyebrows, and I raised my glass: to a doctor who is friend and advisor to his patients.

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