

CHAPTER 15

"Day by day, in every way, I am getting better and better."
— Emile Coué (1920)

Tensions relaxed with the end of the "war to end war," and people embraced a new kind of materialism. The economic dip was relatively brief, and more keenly felt in other parts of the country than in New Jersey where jerry-built housing tried to keep pace with returning soldiers and their families. Factories turned out such new American products as dyes, pharmaceuticals and precision instruments, once imported from Germany.

French psychotherapist Emile Coué, with his book on "Self-Mastery through Autosuggestion," was persuading his patients and readers that everything would be better if they would repeat his magic sentence twenty times each morning and night: "Day by day, in every way, I am getting better and better."

Coué and his disciples with their "positive thinking" were merely using a technique physicians had long employed to inspire the all-important "will to live" and to encourage hope and optimism in their patients. But New Jersey medical men knew it was dangerous, for example, to let a woman with a fibroid tumor think autosuggestion would rid her of it. Dr. Talbot R. Chambers of Jersey City denounced the Coué teaching, adding, "A patient repeating 'It must go' is not going to have her brain ordering her arteries to stop nourishment to the tumor." Some asthmatics might be helped by autosuggestion, Dr. Chambers thought, but he doubted that fever could be brought under subjection or a tumor made to disappear.

The physician became a fictional figure in the postwar years. Sinclair Lewis' *Arrowsmith*, published in 1925, was an early novel with a medical man as its hero. The theme continued in later decades in books, movies, radio and television series. Lloyd C. Douglas' *Magnificent Obsession*; Bette Davis in the film *Dark Victory*; radio's "Young Dr. Malone"; and television's "Dr. Kildare" were a few of many offerings introducing the public to aspects of the medical profession far removed from the lives of their home-town physicians. True medical heroes appeared too, in the persons of Dr. Albert Schweitzer with his hospital for sick natives in French Equatorial Africa; "Burma surgeon" Dr. Gordon Seagrave, and Dr. Tom Dooley in Indochina.

While writers continued to pursue the rich lode of medical stories, a few in the profession turned to writing as a hobby. Dr. William Carlos Williams became internationally famous for his verse. To the people of Bergen County, he was known chiefly as a pediatrician. One of the first men to select this specialty, he found few graduate courses available in this country. Consequently, after receiving his medical degree from the University of Pennsylvania in 1906, he continued studies in Germany and Switzerland. Born in Rutherford in 1883, he practiced there throughout his life. By the time of his death in 1963, he had delivered more than 2,000 babies and composed more than 3,000 poems, plays, stories and essays, chiefly inspired by the everyday life around him.

His avocation gained attention in 1909 when a slim volume of his poems won a national prize. In 1926, he won a Dial Award of \$1,000 for his long poem, "Paterson." Some of his other verse — like "Complaint" — also depicted the commonplace matters he saw:

*Complaint**

They call me and I go.
 It is a frozen road
 past midnight, a dust
 of snow caught
 in the rigid wheeltracks.
 The door opens.
 I smile, enter and
 shake off the cold.
 Here is a great woman
 on her side in the bed.
 She is sick,
 perhaps vomiting,
 perhaps laboring
 to give birth to
 a tenth child. Joy! Joy!
 Night is a room
 darkened for lovers,
 through the jealousies the sun
 has sent one gold needle!
 I pick the hair from her eyes
 and watch her misery
 with compassion.

Honors kept pace with Dr. Williams' writing. In 1952, he was invited to sit as resident poet of the Library of Congress. Four years later, he received the most notable poetry award in the country — a Fellowship in the American Academy of Poets. It was the first time a physician had received this honor. Still further renown came in 1958 when he was elected to the American Academy of Arts and Letters, one of America's most exclusive cultural institutions. With membership limited to fifty persons, its members are considered the top men and women in American letters.

Speaking at a Bergen County Medical Society meeting shortly after this acclaim, he told his colleagues, "You are all my pals and I am proud to have been a physician. This is my home and whatever distinction I have achieved stems from the conviction that in the United States we speak our own language, not just English. This is my inspiration. The American idiom is my forte, and I am proud to be known as a poet and proud to have been a doctor."¹

Another practitioner who made a notable reputation as an artist was Dr. A. Ross Pittman of Trenton, neuropsychiatrist, former medical

* *Poet Physicians: An Anthology of Medical Poetry*, edited by Mary Lou MacDonough; published by Charles C. Thomas, Springfield, Ill., 1945.

missionary to India, widely acclaimed expert in block printing. In 1965, at eighty-two, he was still active in his profession and art career. Dr. Pittman credited his art achievement to instruction from the world-famous etcher and Trenton resident, George Bradshaw. Examples of Dr. Pittman's art, in color and black-and-white, are in the Library of Congress, the New Jersey State Museum, and Princeton and Rutgers Universities.²

While the fame of these men spread round the world, many other New Jersey practitioners in the 1920's were addressing themselves to smaller local audiences through newspaper columns.

The Public Health Education Committee had recommended that members of the Society prepare pertinent articles for the press and offer them, without requiring that the author's name appear. Among the titles were "The Doctor and the Commonwealth," "The Urgent Need for the Care of the Insane," "Health Conservation," and "Coughing and Spitting in Public Places."

Radio had an additional appeal because of its novelty and its opportunity to reach larger numbers of people. After some initial experience on Atlantic City's Station WFPG, physicians in other county societies went on the air. Health programs were broadcast by physicians in Bergen, Hudson, Monmouth and Passaic Counties.

Essex County representatives called these broadcasts "one of the most effective means of counteracting the dangerous outpouring of quackery now deluging the public through the radio medium."³

The public was interested in health and disease prevention, and physicians everywhere felt that medicine itself "every day in every way" was getting better and better. They had good reason for their attitude: the 1920's brought the use of life-saving insulin for diabetics; procedures were being perfected for the rehabilitation of war and accident victims; there was steady improvement in American-made pharmaceuticals which were supplanting German brands, and the future looked ever brighter.

Medicine wasn't the only profession in which optimism was high. Exciting things were happening all over New Jersey. The state's population, which was just over 3,000,000 in 1920, climbed by one million in the next decade. Atlantic City had established the first municipal airport in the state and anticipated a rush of passengers between New York City and the seashore. Newark, in 1928, started the landing field which within three years became known as the busiest airport in the world. At Lakehurst, in the same year, the dirigible Graf Zeppelin arrived from Germany, returning to home base ten days later. "The Lone Eagle," Charles A. Lindbergh, had thrilled America in 1927 by flying from New York to Paris, his plane powered by a Wright engine made in Paterson. The state acclaimed him as an adopted son, especially after his marriage to Anne Morrow, daughter of the distinguished diplomat and New Jersey resident, Dwight W. Morrow.

Talking pictures, launched by jazz singer Al Jolson, were becoming so popular that worried mothers turned to their physicians for assurance that children's eyes would not be permanently harmed by too much movie viewing. (Twenty years later, those children, grown to adults, had the same concern when *their* youngsters sat enthralled before the television screen.)

Those "tin lizzies" and Reo trucks, with their stubborn cranks and fly-wheels spinning in reverse, made a contribution to medical literature in the 1920's when one type of wrist fracture became known as the "Chauffeur's" or "cranking" fracture.⁴

There was scarcely a physician without a car, though occasionally one expressed the opinion that the horsedrawn carriage, while slower, had created less strain and nervous tension for the driver.

If driving seemed hazardous to practitioners, it was quite beyond some of the public who took the wheel. New Jersey medical men recognized this and urged legislation to make New Jersey the first state requiring physical fitness tests as one qualification for a driver's license.

The *New York Times* commented on a report of New Jersey's Bureau of Vital Statistics listing 463 pedestrians killed in the state in the first eleven months of 1926, and suggested there should be more county parks and reservations — like the ones in Essex and Union Counties — where pedestrians could escape the traffic.⁵

The *Times*, like the Medical Society, praised the competence of the state's Motor Vehicle Commissioner William L. Dill. "He has no mercy on incompetent drivers, never spares the drunkard, and is always devising means to make the highways safer," said the newspaper. The Medical Society urged Commissioner Dill to consider many aspects of highway safety — among them the large percentage of men and women who are color blind; persons too deaf to hear verbal orders or even a horn, and most important, those with faulty vision or serious eye disease.

Eye test for drivers

Beginning in February, 1928, an eye examination was required before a license to drive was issued. In the succeeding years, the State Division of Motor Vehicles and the Medical Society have continued their cooperative efforts to reduce the number of automobile casualties caused by unfit drivers. In 1942, Commissioner of Motor Vehicles Arthur W. Magee sought advice from the Society on the kind of disorders that would justify revoking or suspending a driver's license. He asked particularly about hypertension, epilepsy, alcoholism, drug addiction, heart disease, visual defects, hearing defects and mental deficiency, and requested suggestions on other conditions that might prove hazardous.⁶

The Society still regularly considers ways to reduce automobile accidents and improve driving competence so far as the health of the operator is concerned. In 1950, Dr. Carlyle Morris of Metuchen listed the Society recommendations to be made to the Commissioner of Motor Vehicles. Among them: that any driver involved in a fatal accident be required to undergo a physical examination as soon as practicable after the accident; that all applicants for a driver's license who are sixty years of age or over undergo an initial physical examination at the time of making application and every ten years thereafter.⁷

In 1964, the annual convention of the Medical Society included an exhibit by the Special Committee on Traffic Safety entitled, "Packaging the Passenger." It emphasized the value of panel padding, flexible steering wheels, improved door latches and seat belts. The Committee also had the endorsement of the Society in recommending some driver limitations to

the Division of Motor Vehicles. The recommendations were based on medical factors already adopted by the A.M.A. The first point was that age per se should not be a limitation after reaching licensing age, but rather the ability to function properly.

Among the conditions needing evaluation to determine their effect on driving, the Society listed mental retardation below the ability to read; uncompensated arthritic, skeletal and amputation deformities likely to interfere with safe driving; neurological defects such as spastic states, intractable narcolepsy and others; cardiovascular defects such as angina pectoris; psychiatric problems; gross obesity; sensory deficits such as severe impairments of vision or hearing; chronic alcoholism and drug addiction.

The Society recommended a medical examination for driver limitation under these conditions: when a license applicant displays an obviously impaired physical function; when a driver has been involved in multiple accidents within a short calendar period; when a driver must be placed in the "assigned risk" pool for insurance underwriting because of refusal by various commercial insurance carriers to assume the risk; and when a driver voluntarily suggests that he "blacked out" or that medical problems contributed to an accident.⁸

Time for fun . . .

Cars represented more than serious business for the medical men in the 1920's. For some they meant family vacations exploring the United States and Canada. Postcards to colleagues recorded gas mileage, flat tires, and the number of other New Jersey cars that had passed in a swirl of dust while bouncing over the mud and ruts of a country road.

Vacations finally became recognized as important. "Every cash girl in Macy's gets a longer vacation than members of our New Jersey Medical Society," Dr. Ellis W. Hedges of Plainfield told fellow physicians in 1905. "She gets fifty-two Sundays, eight holidays and two weeks of vacation — over ten weeks all told. We medical men get no Sundays, no holidays, and if we take a paltry three or four weeks, we think we are doing wonders. It is not strange we die younger than any other professional men. Ministers outlive us by many years. . . . We insist upon others resting from their work. Let us be equally fair to ourselves."

By the middle 1920's, increasing numbers of physicians managed trips abroad, often in connection with international meetings of special interest groups. Dr. and Mrs. Wells P. Eagleton visited hospitals in western Australia, the Orient, and at stops around the world, invariably finding something of interest to share with friends at home.

There were enough signs of prosperity in 1926 to persuade *Journal* editor Dr. Henry O. Reik that a lead article on "Taxation and Its Effect on Present-day Estates" was timely. In 1929, *Journal* readers were reminded that under the Tax Revenue Act of 1928, the normal rate "is 1.5 per cent on the first \$4,000 net income in excess of exemptions and credits; 3 per cent on the next \$4,000, and 5 per cent on the remainder."

Eli Lilly & Co., followed by other reputable drug manufacturing firms, began multi-colored medical advertising, which enhanced the *Journal* pages and in the exquisite reproductions paid tribute to the doctors' own appreciation for scientific and artistic excellence.



The Burlington County Medical Society celebrated its centennial in 1929 with members portraying notable medical personages of history. These included, left to right, *Aesculapius*, represented by Dr. Ephraim R. Mulford, (state Society president 1928); *Hippocrates*, Dr. Henry B. Decker (state Society president 1953); *Galen*, Dr. Robert Imhof; *Thomas Sydenham*, Dr. Roscius I. Downs (Burlington County Society President 1926); *John Hunter*, Dr. Joseph M. Kuder, (Burlington County Society President 1931); *Edward Jenner*, Dr. George T. Tracy, (Burlington County Society secretary 1904-36; County Society president 1940); *Ephraim McDowell*, Dr. Marcus W. Newcomb, (state Society president 1935); *Rudolf Virchow*, Dr. Joseph Stokes, Sr., (Burlington County Society president 1906 and 1907); *Ignaz Semmelweis*, (physician who portrayed him is now unknown); *Louis Pasteur*, represented by Dr. S. Emlen Stokes, (Burlington County Society president 1930); *Joseph Lister*, Dr. Daniel F. Remer, (Burlington County Society president 1921); and *Theodor Billroth*, Dr. Harold E. Longsdorf, (Burlington County Society president 1925). The picture was supplied by the Burlington County Medical Society.

. . . and CULTURE

Manufacturers of pianos, phonographs and home furnishings used *Journal* space in the 1920's to suggest ways for physicians and their families to extend their cultural life through music and interior decorating.

The formation of The Physicians' Orchestra of Essex County was described by Dr. Albert S. Harden of Newark in the *Journal* in 1925. According to the A.M.A., it was the only orchestra in the United States composed entirely of medical men, and had but one predecessor anywhere in the world, that in Berlin, Germany.

The spirit of the orchestra was apparent in the blithe report by Dr. Harden. "At first we had eight instruments: piano, banjo, two violins, two saxophones, clarinet and trombone — the latter being very much the worse for wear and hard usage, but nevertheless capable of making a noise similar to that of the real article. With no leader, it was a case of go-as-you-please and devil-take-the-hindmost. . . . A volunteer for the traps, drums, cymbals and other noise-producing instruments had difficulty at rehearsals in one practitioner's 14 x 16 office to keep his enthusiasm from exceeding all bounds. His favorite stunt was to drop the crash cymbal at a part stressed *pianissimo*. This fault, however, was soon overcome by tying the offending instrument fast to the bass drum, instead of hanging it, although hanging was too good for it!

" . . . We accepted the challenge to play before approximately one hundred of our colleagues at a banquet in a prominent restaurant. . . . There was a hush of expectancy, then, with perfect rhythm, we struck up that inspiring aria, "California, Here I Come." One of the diners, who had been attached to a California outfit during the late war, swooned and fell to the floor. On being revived, he explained his momentary weakness by saying that never before had he heard such a rendition and he was completely overcome."

There was more apparent gaiety in the 1920's than there had been at any time in the Medical Society's previous 150 years.

Prohibition problems

One problem that was hard to resolve by any method, though, was the one created by prohibition. A letter to the federal director in Newark from Dr. Philip Embury of Basking Ridge, differed only in detail from many others. Dr. Embury wrote, "Within a few days I shall have under my care a man who has been operated upon for cancer of the throat and who is unable to swallow solid food. At present he is sustaining life on a diet consisting of peptonized milk, eggs, sugar, butter and whiskey, and I am informed that he is doing well on this and is gaining strength.

"The daily quantity of whiskey in this formula is two and one-half ounces, which is slightly in excess of the pint in ten days ordinarily allowed. I am writing to ask you if there is any way by which this quantity of whiskey can be lawfully supplied to this patient."

The Newark officer of the Treasury Department replied, ". . . While the case mentioned by you is undoubtedly meritorious, we are compelled to call your attention to Sections 71 and 77 of Regulation 60, which state that the total amount of spiritous liquor administered or prescribed by one or more physicians to one person in a period of ten days may not exceed a pint."

Three years later, there were enough similar instances to prompt the *Newark Evening News* to publish an editorial entitled, "Medical Whiskey Decision Embodies Moral Absurdity." The writer argued, "Congress in the Volstead Act conceded therapeutic value to whiskey, because it provided for the continued manufacture, under control, of whiskey for this employment. Then it proceeded to usurp the functions of the physician by prescribing how much could be used, without regard for the form of ailment, the resistance of the patient to alcoholic stimulation or the doctor's knowledge and responsibility when confronted with an issue of life or death.

"A pint of whiskey in ten days is equivalent to a few spoonful per day. In the influenza epidemic many high-grade physicians used literally quarts in shorter periods per patient, and saved lives."⁹

There was no easy answer to the problem. Members of the Medical Society had been giving it their attention for half a century. Dr. Alexander Marcy, Jr., of Riverton, had introduced a resolution in 1898 that the Society endorse the establishment of a state institution for the care and treatment of inebriates. Again in 1909, he spoke more urgently for such an institution. Dr. Charles A. Rosenwasser of Newark, serving on the staff of St. James Hospital and the Presbyterian Dispensary, as well as on the State Dependency and Crime Commission, added his judgment after four years of study and treatment of inebriates. He was convinced that the drink habit and its treatment must soon receive the same attention from the medical profession and the laity that was then accorded to tuberculosis. Dr. Rosenwasser said it was rare to find a criminal of the lower type who was not a drunkard, a drug user, or the offspring of inebriate parents. Epilepsy, insanity and degeneracy could be traced to alcohol in most cases, he said, and alcohol was also a large factor in the development of tuberculosis. "One out of every six or seven deaths," he concluded, "is directly or indirectly due to alcoholism — a preventable disease."¹⁰

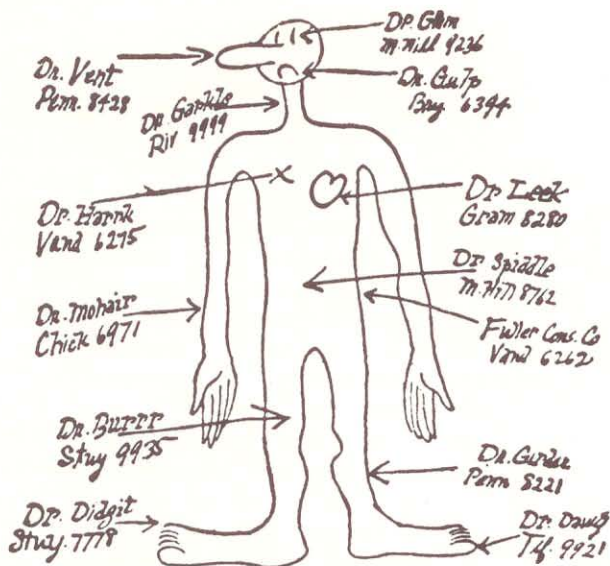
Juveniles in need of help

Juvenile delinquents who might be led to further crime were a concern of the Medical Society also. The New Jersey Bar Association in 1922 was invited to appoint a committee to meet with medical men and managers of state correctional institutions so that laws could be enacted to prevent youths from being imprisoned where they were exposed to confirmed criminals and defectives.

Preparedness in peacetime

A flash of lightning on a Saturday afternoon in July, 1926, precipitated death and disaster at the Lake Denmark Naval Ammunition Depot near Dover and destroyed part of the nearby Picatinny Arsenal. The explosive impact created as fifty magazines blew up was felt fifty miles away and resulted in thirty deaths, and injuries to several hundred.¹¹ Dr. Augustus L. Baker, Sr. of Dover received a government citation for his work through the first desperate hours, remaining on the scene until all the victims were treated and assigned to hospitals.

When they could assess the results, New Jersey physicians took pride in the promptness with which the calls for help had been met. One report said, "Physicians promptly appeared from all the neighboring towns, and every injured individual who could be reached was accorded immediate care." There was a further lesson implicit here. "It is conceivable that some such disaster might occur in a region where relief could not be so promptly provided by volunteers," one doctor suggested. "It is desirable to safeguard every part of the country by having an organized relief corps ready to respond to any call, regardless of its magnitude. Under the proposed plan, if the local city or county medical society representatives could not handle the situation, they would ask the state and national bodies for assistance."



Suggestion for "Who to Call" chart to hang near telephone in the home.

An article on the growing numbers of specialists in the medical profession included this humorous sketch printed in the May 1926 issue of the *Journal of The Medical Society of New Jersey*.

Once more, The Medical Society of New Jersey had anticipated a need, almost fifteen years before the nation's civil defense and disaster program got under way during and following World War II.

New Jersey pioneers in rehabilitation

New Jersey was foresighted too in its anticipation of the needs of disabled veterans and others handicapped by accident, injury, defect or disease. State legislative provisions in 1919 were a year ahead of the federal government's and the first in any industrial state. Two medical men, Dr. Fred H. Albee and his assistant, Dr. Henry H. Kessler, provided the motivating force, knowledge, and vision for rehabilitation procedures that became internationally known.

In 1965, Dr. Kessler reviewed the history of rehabilitation, terming Dr. Albee the architect of the movement in the United States. "Early in 1900 he began to make his mark with the development of human bone grafting, a technique he had adapted from tree grafting learned as a child on his grandfather's farm," Dr. Kessler related. "By applying the bone graft in the treatment of tuberculosis of the spine, his results attracted world-wide attention and this operation became generally known as the Albee operation."¹²

Dr. Albee was invited to demonstrate his techniques in Europe, and in 1916 he made a tour of forty military hospitals in France, observing specific treatments of the severely wounded as well as the earliest attempts at resettlement and rehabilitation of the war-disabled.

When the United States entered the war, Dr. Albee wrote to the Army Surgeon General to propose facilities that would answer all aspects of the disabled patient's needs, from medical-surgical care to vocational training.

The Surgeon General approved the proposal, and the Reconstruction Hospital at Colonia was established. It was the only one of its kind. Dr. Albee, with the rank of Colonel, was put in charge.

Governor Walter E. Edge signed a bill on April 10, 1919, providing for the treatment and retraining of any physically handicapped person over sixteen years of age, who, "by reason of a physical defect or infirmity . . . congenital or acquired by accident, injury or disease, is or may be expected to be totally or partially incapacitated for remunerative occupation."

A rehabilitation program broad enough to accommodate industrial needs as well as returning servicemen, was intended from the start. "New Jersey seems especially well adapted by existing facilities to be the pioneer state in rehabilitation work of this kind," Dr. Albee noted. ". . . In point of industry, it stands among the great manufacturing states of the Union, with an infinite variety of products. By the passage of this Rehabilitation Bill, New Jersey has begun preparations for the adequate medical care and ultimate return to usefulness of any of her thousands of workers who may receive accidental injury."

He dreamed of the ideal — a central institution embodying a hospital and vocational school, located near a large industrial city where the most difficult surgical reconstruction might be undertaken along with the care of all cases requiring lengthy convalescent treatment, consisting of physiotherapy, vocational training and shops for the manufacture of orthopedic appliances and artificial limbs.¹³

Legislation in 1920 provided for federal-state matching funds to provide the handicapped with job training, counselling and guidance, prosthetics and job placement. New Jersey, by virtue of its legislative act of the preceding year, was able to take advantage of such provisions at once. Dr. Albee was named Chairman of the New Jersey Rehabilitation Commission. Using his Colonia Reconstruction Hospital as a model, he established the first state-operated rehabilitation clinic in the United States at Newark. Dr. Kessler continued as his assistant and, in 1946, succeeded him as head of the Commission. After further exceptional and distinguished rehabilitation services in World War II, Dr. Kessler in 1949 began to concentrate his attention on the development of the Kessler Institute for Rehabilitation at West Orange. It became a national and international center for treatment, study and education in the field of physical rehabilitation.

In reviewing New Jersey's record as a pioneer in rehabilitation and in restoring the handicapped to gainful employment, Dr. David B. Allman of Atlantic City, in 1953, said, "Dr. Kessler was among the first in this country to develop the method of cineplastic surgery, first practiced among the civilian disabled and later applied to the needs of military amputees. . . . He also performed the first case of bilateral pectoral cineplasty on a congenital arm amputee with bilateral shoulder disarticulation."¹⁴ The principle of cineplastics involves the formation of a stump, after the amputation of muscles, so that it is possible to impart motion and direction to an artificial limb.

The surgical re-sculpturing of facial defects was also gaining wider use in the 1920's as a means of giving children and adults a better chance at normal life. Dr. Luis P. Berne of New York used "lantern slides" to show what could be accomplished in this field. The technique of plastic surgery does not greatly differ from general surgery, he said, but it is "done small," bearing the same relation to other surgery as the exquisite perfection of an ivory miniature bears to the great masterpieces of sculpture.

The need to repair faces partially torn away by gun fire in the war gave impetus to the specialized techniques. A little later, auto accident victims came in increasing numbers for such surgery. With a growing understanding of the mental problem involved, some work was done, particularly for young people, on those whose features were so ill-proportioned that they were possibly inclined to become recluses, delinquents or socially maladjusted.

Noses were such frequent causes of disturbed psyches that Dr. Berne gave them particular attention and suggested that others interested in this field learn to model in clay and wax. "Rhinoplasty," he said, "not only involves manual dexterity on the part of the operator, but a considerable degree of artistic training. The rhinoplastic surgeon has been classed with the artist, the sculptor and the engineer."¹⁵

Dr. Lyndon A. Peer of Newark, practicing in the related spheres of skin grafting and cleft palate repair, was performing his own kind of miracles for countless victims of burns, accidents, and birth defects. He was remarkably successful in demonstrating that by exercising patience and taking rigid precautions in sterilization and operating techniques, it was possible to reconstruct a nose or ear or fill defects on the face resulting from cancer excision or deep scar formation.¹⁶

Plastic surgery in 450 B.C.

Pedicle graft surgery had been popular as early as 450 B.C., Dr. Peer reported, prompted by the Hindu custom of cutting off the noses of criminals, war prisoners, and philandering young men and women. (A pedicle graft consists of a skin flap and subcutaneous fat, raised from its bed but left attached to the surrounding skin by the pedicle through which it receives its blood supply.) Early Romans understood skin-flap surgery as it is practiced in twentieth century America, although one Italian surgeon, Gaspare Tagliacozzi, professor of surgery at the University of Bologna, was rebuked by the Church in 1600 for meddling with God's handiwork. Tagliacozzi reconstructed noses using pedicle skin flaps formed from the arm.

Dr. William A. Newell of Allentown, later governor of New Jersey, is credited with an early skin grafting operation. In 1843, with his medical degree less than five years old, he performed surgery for the creation of a new eyelid. The *Newark Daily Advertiser*, on June 27, 1843, carried an item reprinted from the *Freehold-Monmouth Inquirer* relating that the new lid had been formed by taking skin from the cheek of the patient — an unnamed Upper Freehold Township resident — "who had suffered pain and inconvenience for fourteen years from continual exposure of the eye to light and the atmosphere." The operation was so successful, according to the newspaper account, "as to leave scarcely a vestige of the unsightly deformity."¹⁷

On August 15, 1965, Dr. Newell was recognized by the Garden of the Patriots (Cape Coral, Fla.). A bronze plaque was presented to the State of

New Jersey for mounting at historic Twin Lights, now a part of Sandy Hook State Park. The citation read:

History Happened Here
Let All Who Read This Remember

William Augustus Newell (1817-1901), Father of the U.S. Life Saving Service, noted physician, U.S. Congressman, and Governor of New Jersey 1857-1860. Seeing hundreds of people die in shipwrecks off the New Jersey coast, with no help available, Dr. Newell began the good fight for a U.S. Life Saving Service. He succeeded, and this Service is now part of the U.S. Coast Guard. On August 14, 1848, James K. Polk, President of the United States, signed the resolution. ". . . Providing surf boards, rockets, carronades, and other necessary apparatus for the better preservation of life and property from shipwrecks on the coast of New Jersey between Sandy Hook and Little Egg Harbor."

Beginning in 1869, several New Jersey men experimented with small shavings of skin (so-called "pinch grafts") taken from a sound portion of the body surface and placed on open wounds to hasten formation of "islands" to extend and cover the wound. It was not until the 1920's however, that plastic surgery was widely appreciated and case reports became frequent.

A small but significant gesture on the part of Dr. Jonathan Ackerman Coles of Scotch Plains may have symbolized the spirit of medical men in the 1920's. Dr. Coles was born in Newark in 1843, son of the president of The Medical Society of New Jersey in its centennial year. Like his father, he was a man of culture. After his graduation from the College of Physicians and Surgeons in 1868, he established himself in New York and Scotch Plains, and later in Newark. He was a bachelor and traveled widely, collecting art objects and earning honorary titles including that of Fellow of the American Museum of Art, one of the founders of the Valley Forge Library and a member of the Board of Advisers of Christian College, China. He contributed bronze statues for Lincoln and Washington Parks in Newark.

In 1922, three years before his death, Dr. Coles deposited a \$1,000 bond in a Plainfield bank with the provision that the interest should go to the Scotch Plains Board of Education for the purchase of ice cream for the elementary school children. The bequest was carried out for a number of years, but the increasing population made it impossible to serve all elementary school children each year, and the interest was re-invested until the sum was adequate for kindergarten and first grade classes. In 1963, when distribution was scheduled to resume after some years, it was found that the fund was still insufficient. At that time, several citizens in the community, including a leading plumber, asked to be allowed to make up the deficiency in the name of Dr. Coles, explaining that they had been members of the first class to benefit by his beneficence. His concern for young people was permanently memorialized in 1963 when a new school in Scotch Plains was designated the J. Ackerman Coles Elementary School.¹⁸