

Cleveland Clinic: the supporting cast

1940–1960

William L. Proudfit, M.D.

When I was younger I could remember everything, whether it happened or not; but my faculties are decaying now and soon I shall be so that I cannot remember any but the things that never happened.
Mark Twain

A published history of The Cleveland Clinic Foundation concerns principally the professional staff and administration.¹ Ideally, the administration should be as inconspicuous to the patient as possible, and the professional staff is supported by many whose contributions are vital to an effective mission.

A medical institution may be compared to an automobile. The engine does not go anywhere without a chassis, transmission, differential, and wheels; the vehicle is not comfortable without tires, springs, shock absorbers, and upholstery and is not attractive without a shiny, smooth shell. The engine of a medical institution is its professional staff, but it does not function without the chassis, power transmission, comfort devices, and shell composed of many people. Some coloring of the portrait of this institution may be provided by brief reference to representative individuals. The tinting is imperfect: not enough shades (people) are used and even the shades employed are discerned from a distance imposed by time, for all the individuals mentioned made their contributions many years ago. Memory for events as they occur is said to exist nowhere in the brain. What we call memory is our perception of events modified by historical, intellectual, and emotional experiences acquired subsequently. Even

original perception is imperfect because of variations in acuity of our senses and our emotional state at the time the event occurred. Our memories of people are still more distorted because these memories are conditioned by additional factors.

After registration at a large clinic, the first contact the patient has is with a receptionist in the waiting room of the physician with whom an appointment has been made. The patient has a sanguine hope of being received by an attractive, intelligent, friendly, sympathetic woman who seems at peace with her environment and is boundless in energy and efficiency. These hopes, although not realistic, were fulfilled by Gertrude Culbertson, the head receptionist at the desk at which seven internists worked before World War II. In addition to the attributes mentioned, Gertrude had an incredible memory, recalling the names and faces of patients who had not visited for several years and even the registration numbers of those who attended frequently. The receptionist handled a telephone switchboard; shuttled patients into rooms; arranged schedules of laboratory tests, radiographs, and consultations; and collected data for the convenience of the physician and the good of the patient. All this Gertrude performed quickly and efficiently. The patient may have received a distressing report from the physician, but must have felt a little better while walking by a smiling Gertrude on departing.

Many distinguished people achieve eminence in fields for which they were not trained. Alfred Reich had an agricultural degree from Michigan

State University, but was assigned to Dr. David Marine in a medical laboratory in the U.S. Army in World War I. Here he found the niche in which he stayed for the remainder of his life. He was in charge of the clinical laboratories when the Clinic opened in February 1921, but later confined activity to his first love—bacteriology. Unimpressive in his mildly rotund person, self-effacing in speech, and kindly in disposition, the physician-in-training wondered at first why Mr. Reich was esteemed so highly by the staff. But Al did effortlessly what others struggled to accomplish. He had an aura of mystique sometimes seen in masters of the laboratory. All young physicians were fascinated by acute bacterial infections and especially septicemia. The offending organism may be difficult to grow, but its identification seldom puzzled Reich. He had a peculiar way of slowly removing a flask, petri dish, or culture tube from an incubator, holding it up to the light, and saying “I think this will be positive—tomorrow.” And it always was. When he isolated an organism that he knew the physician would be anxious to know about, he would amble to the physician’s department in his shuffling gait and, with a faint smile, announce the result, often holding the bacteriology specimen container in his hand. It all seemed so easy. Mr. Reich trained the redoubtable Victoria Asadorian, who supervised the blood chemistry laboratory for about half a century before retiring.

Janet Winters Getz could have been in the movies as the ideal personal secretary. Tall, striking in appearance, regal in bearing, and immaculate in dress, she respected the staff and expected and received respect from the staff. Janet was indulgent in a distinguished way, but did not encourage unseemingly familiarity. Efficiency was her hallmark, never seeming to be busy; yet everything was accomplished. Starting as a secretary in the Department of Urology at age 16, she remained with Dr. William E. Lower for the remainder of his life, and she eventually became secretary of the Board of Governors. Janet had a curious manner of appearing to give you her full attention and yet doing her regular work, never intimating by word or facial expression that you were interrupting her. She was totally loyal to the Clinic and its staff. Probably each male member of the staff thought that Janet liked him a little better than the rest, but she never tipped her hand.

Lillian Grundies would be difficult to improve on in a fictional account. I never heard her called anything but “Miss Grundies.” She had been a nurse, but Drs. George Crile and Lower thought that she should be the purchasing agent for the expanding Clinic, a position to which she did not aspire and for which she had absolutely no training. Miss Grundies had a razor-sharp mind, a retentive memory, and a good sense of values, however, so she met the need quickly. She had no pretense about her, but no one could fail to be impressed on first meeting her. Most often she would be at her desk using two telephones, one tucked between her head and her right shoulder, the other held in her left hand, and she was taking notes. She would always greet you immediately and might converse with you if her two phone calls were not active. Otherwise, she would terminate the conversations in short order, after which she would direct her penetrating gaze and full attention to you, the petitioner, and say “Yes, doctor?” Miss Grundies was courteous, but it required no great insight to realize that she was a busy woman. Despite the pressures on her, she was always anxious to do a favor for someone who could not help her in any way, such as one of the young physicians-in-training. She never seemed aware that she was doing a favor.

One treatment to which there are no adverse reactions is provided by the sympathetic ear. Claire Muni had the best. Starting as a desk receptionist, advancing to supervisor of all receptionists, and ending her career in charge of patient relations, she did all of her work well and enthusiastically. Claire walked at breakneck speed and worked intently but, unlike many busy people, she was finely tuned to cries of distress. When called in about a problem, she set about investigating with such obvious goodwill to all concerned that often the solution was evident almost immediately. Claire would have been an ideal labor negotiator because of her sincere concern, fairness, and love of people, but a poor judge because she found so many redeeming qualities. Though she had serious problems with her health for a long time, many of Claire’s friends hoped that sometime they would feel as well as Claire seemed to feel all the time.

Emil Beuhning was a dour strong man of German descent. He was the sole occupant of the machine shop for many years and its supervisor later, although supervision was simply added to

his other duties. Emil had been trained by Mr. Seitz, the Clinic instrument maker. He was held in awe by almost all and was addressed as "Mr. Beuhning." Emil liked to receive specific oral instructions from the physician who wished some device to be constructed, probably because often what the physician thought he wanted was either not functional or could be improved. Conversation with him was a curious experience. You never knew whether he heard what you said. He spoke not at all except to point out deficiencies in the proposed design. Emil never promised a completion date, and the uninitiated left him with the feeling that nothing would be done. However, in due course he produced a finished product much better than that originally conceived. If you returned to thank him later, he was similarly noncommittal, a wisp of a smile being the only acknowledgment that he had received your message.

Ed Dixon was a favorite with the fellows in training. Ed was a part-time employee in x-ray filing for years. He had another job and went to John Carroll University in addition. One of the responsibilities of a fellow was the securing of pertinent radiographs for his staff man. By the time he had a chance to do this, the x-ray department was closed, but the filing room was open. During the day, all was confusion if a film was desired, but in the evening Ed was on duty, and the fellows were glad to unburden one of their responsibilities on Ed's shoulders, although this was not one of his duties. Ed seemed to be in chronic states of euphoria and motion and never suggested that you might look for the films yourself. He dropped what he was doing and took your list. Often he recognized Clinic numbers of the patients and would say, "Oh, those are in Dr. Root's and Dr. Hughes' offices." Fellows with short memories (the majority) were astounded by his performance and all were gratified by his pleasant attitude. Ed secured bachelor's and master's degrees and quit his extra job at the Clinic to devote more time to his position at the post office. He rose to become an important executive.

In the "twilight zone" between nonprofessional employees and the staff were the fellows. It is difficult to select representatives of the group, but unfair to neglect the vital corps entirely. Every year there have been unforgettable fellows. Perhaps a peer selection may be most fair,

and from my era, William F. Owen, Jr., M.D., could represent the medical division. Bill had an assistant residency at Strong Memorial Hospital in Rochester, New York, before coming to Cleveland in 1941. He was a thin, active, sharp, and personable young physician and was immediately recognized by the staff as a gem. Thorough in his histories, detailed in his physical examinations, logical in his diagnoses, and caring in his treatment, he was popular with peers and patients. By chance, he was on the hospital service in January 1943 when Dr. George Crile, Sr., was admitted because of fever. Dr. Chester Keefer of Boston was called because he was a friend of Dr. Crile, an outstanding diagnostician, and had control of the United States civilian supply of penicillin. Also, he flew to Cleveland on weekends. The diagnosis was not clear initially, but Bill soon decided that Dr. Crile had bacterial endocarditis. Dr. Keefer congratulated Bill on his correct diagnosis, and penicillin therapy was initiated. The drug had to be filtered before each use, and this was one of Bill's responsibilities. A strict rule was that fellows could receive no remuneration from patients or families. After Dr. Crile's death, Mrs. Crile gave Bill Owen \$100 in consideration of his devoted care. Bill tried to return the money to her, explaining the hospital rule. Mrs. Crile said that hospital rules did not apply to her. We were happy for Bill because he deserved this recognition, and Bill and his wife were even poorer than most of the other fellows. Dr. Owen had a distinguished practice for many years in Santa Ana, California.

The senior resident on the surgical service of Dr. Thomas E. Jones was always faced with a monumental challenge. Dr. Jones had a large practice and he was a stern taskmaster. Because he was a brilliant surgeon, the position of his chief resident was always treasured, even though it entailed endless hours of work and emotional trauma. Satisfactory performance was a test of the resident's quality and endurance. Garner B. Meads, M.D., was admired by staff, peers, and patients for his devotion to duty, technical skill, and kindness. He must have been annoyed at times by the innumerable irritations incident to his position, but he did not show any visible loss of equanimity. Dr. Meads was an outstanding surgeon in Salt Lake City subsequently. Later, Rupert B. Turnbull, Jr., M.D., was Jones' chief resident. The same skill and kind treatment of

patients that characterized Dr. Meads were strikingly represented in Dr. Turnbull as well. In a specialty in which detachment from the patient is a common escape, even when good technical care is rendered, these two young surgeons treated the whole patient. Rupert Turnbull joined the staff of the Clinic and continued his brilliant career.

All of those described are dead now except for Dr. Meads and Ed Dixon. They are representative of a large number of dedicated employees who converted a group of physicians into a functioning clinic. Others might be selected by other staff members. Every great medical institution has employees who contribute as much to its mission as many of the professional staff. Physicians receive thanks from patients daily, some-

times not wholly merited. At least occasionally we should remember the contributions made by the personnel who support us without expectation of expressed appreciation and often without self-recognition of the invaluable services they are rendering.

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Reference

1. To Act as a Unit: The Story of the Cleveland Clinic. Hartwell SW Jr, ed. Philadelphia, WB Saunders, 1985.

Cleveland Clinic: the supporting cast 1920–1940

George Crile, Jr., M.D.

In my 78th year, with a fading memory but with a lasting affection for the people with whom I have lived my life, I sit by the embers of a warming fire and reminisce about some of my associates whose skills and distinctions made it possible for the Cleveland Clinic to act as a unit. . . .

I remember Miss Slattery as a symbol of righteousness. She was neither tall nor short. She was neither ample nor slender. She was just right. When I met her (circum. 1929), she had come to the Clinic from the downtown private offices of Doctors Bunts, Crile, and Lower. It was Miss Slattery who was in charge, and in *complete* charge, of interviewing the patients before their operations, giving them estimates of their expenses, and later billing them for the services rendered.

Miss Slattery had an "affidavit" face. No one

seeing her gray and later white hair and her discreet and totally unadorned clothes could question the integrity of the lady who was doing so much for the economy of the Cleveland Clinic. Her speech was gentle, refined, and gracious. It was said that she had been secretary to the Episcopal pastor, Dr. Breed. Her appearance would not have been conspicuous in a gathering of nuns.

No one dared question Miss Slattery's estimates. That was long before the days of Medical Mutual, Medicare, and Medicaid. What she estimated was what they paid. She engendered confidence.

I still remember a rumor that went around about Miss Slattery. I was never able to prove it or disprove it. But in those days, when the Cleveland Clinic was being built on the proceeds of thyroidectomies, as many as 30 of which were performed by Dr. Crile in a single day, it was Miss Slattery who explained to the prospective patients the importance and value of the operation that they were about to have. While doing