

OBITUARIES.

I.—A MEMOIR OF PROFESSOR JAMES PLATT WHITE, M. D.

By AUSTIN FLINT, M. D., of New York.

The late Professor James Platt White, within a year of his death said to the writer of this memoir: "I wish that when I am gone you would write my biography." He then had reached the age of three score years and ten. He was the personification of healthful vigor, both of body and mind. It seemed reasonable to say with reference to this wish that probably he would be the survivor. Providence decreed otherwise, and I have the sad satisfaction of undertaking a compliance with what I regard as his request. The request was not intended as a compliment. It had no reference to any supposed ability as a writer of biography, for he knew that I had very little experience in that branch of literary composition. It proceeded from a confidence in the writer's qualification for the undertaking, so far as this depends on a thorough knowledge of character, derived from a very long and a very close intimacy. Our acquaintance began in 1836. We had then just entered upon the struggle for professional success in the city of Buffalo. Our more intimate relations date from our cooperation in the establishment of the Medical College in that city, in 1846. For the next ten years, during which period we were colleagues and fellow associates, we were in almost daily intercourse, and our intimate friendship continued after that period, without interruption up to his death. It is certainly rare for a friendship, not involving any ties of consanguinity, to be maintained steadily so long and with complete unreserve in mutual confidence. Perhaps the best evidence of true friendship is entire freedom among friends in making the mental traits of each the subjects of discussion with each other. Our friendship was a true one as judged by this test.

These personal remarks seem called for in justice to the memory of my friend as well as to myself, after having stated his desire that I should be his biographer.

Dr. White's lineage was Puritan, his ancestry in this country extending to Peregrine White, the first child born in the Plymouth colony. He was born in Austerlitz, Columbia Co., N. Y., March 14, 1811. At the time of his death, September 28, 1881, he was, therefore, in his 71st year. His grandfather was a soldier in the Revolutionary war, and his father, David Pierson White, in the war of 1812. His parents were types of the families which constitute the bone and sinew of this country. They removed to East Hamburg, in the county of Erie, in Western New York, in 1816. This removal at that time was an emigration to the far West. They lived to see their eldest son attain to eminence. At the time of the removal of his father's family to Erie county, he was five years of age. His thirst for knowledge and his application to studies enabled him, with the opportunities within his reach, to acquire a good English, and a fair classical education. He commenced the study of law, but shortly resolved to enter the profession of medicine. Supplementing, by teaching school, the means which his father could afford, he carried this resolution into effect. He attended a course of medical lectures at Fairfield, N. Y., then the seat of a flourishing medical school, and afterwards, a course at the Jefferson Medical College, taking from the latter his degree.

Circumstances led him into the responsibilities of medical practice prior to his graduation. During the prevalence of epidemic cholera in 1832, Buffalo and its vicinity suffered greatly from a visitation of that disease. Black Rock, then a village distinct from Buffalo, was insufficiently supplied with physicians. Young White, in this emergency, was solicited to go there as a representative of his preceptors, the two leading physicians of Buffalo. He acquitted himself to the satisfaction of the latter, and of the people of the village. This experience had probably not a small influence in preparing him for his subsequent rapid success as a practitioner. It did not, however, prevent him from continuing his studies for two years longer, and acquiring his diploma from an institution then, as now, ranking among the first in this country.

Dr. White established himself as a practitioner in Buffalo in

1835, and in the year following, he married Mary Elizabeth, the only daughter of the late Henry F. Penfield, Esq., of the town of Penfield in New York. This matrimonial union was in all regards conducive to mutual happiness. Shortly after his marriage he met with a remarkable accident. Railroads had not extended in those days into Western New York, and traveling in a stage coach over a rough road, his head was jolted upward against the top of the coach with such force as to fracture the atlas. Fortunately there was no displacement of the fractured portion of the bone. He was, however, obliged to keep the bed for a long time, and eventually an entire segment of the atlas was expectorated. He recovered with permanent loss of the power of rotation of the head upon the neck.

Observation shows that, as a rule, very speedy progress at the outset of medical practice is premature and not likely to lead to permanent success. Dr. White's career as a practitioner was an exception to this rule. The instances are rare in which progress is so quick and rapid. His success in acquiring practice became speedily great. In a few years he had in this respect outstripped not only his competitors of equal age, but his seniors. For more than 40 years his practice was limited only by his power of endurance and his willingness to work. His physical capability for work was remarkable, and this, together with energy, promptness, self-confidence, added to real ability as a practitioner, secured and maintained a degree of success to which but few attain. He resolved at the outset to succeed, and with him, to resolve was to persevere and spare no efforts requisite for success.

The establishment of the medical school at Buffalo was very largely due to his exertions. It was necessary to overcome opposition from some of the older and the most influential members of the medical profession in Buffalo. At that time the school at Geneva, New York, had large classes, and an able Faculty. Most of the members of this Faculty were led to accept appointments in the Buffalo school, in view of its geographical and clinical advantages. Public interest was aroused sufficiently to obtain the funds needed for a substantial building. The continued prosperity of the school is fairly a source of pride to those who coöperated in its establishment. Dr. White's labors as the Professor of Obstetrics

and Gynæcology were continued up to the time of his death. As a teacher he was direct, forcible and practical; he did not aim at rhetorical or oratorical display, but his object was sound teaching, the value of which was to be verified at the bedside.

He was the first to introduce into this country in connection with didactic teaching, the clinical illustration of labor, as he termed it, "Demonstrative midwifery." The arrangements were made with the utmost regard for propriety and delicacy. The innovation, however, aroused a storm of abuse from the enemies of the college. A protest signed by a number of the medical profession in Buffalo was offered for publication to the editor of the Buffalo Medical Journal, with the expectation that it would be declined, and that the declination would afford an excuse for its insertion in popular journals. It was, however, accepted and published together with comments by the editor. The result was a combination of several of those who signed the protest to refuse professional association with Dr. White and the editor. Newspaper communications then appeared, intended to excite public indignation against the author of what was denounced as an outrage upon decency. In a so-called religious weekly paper a most scurrilous article appeared, and it was ascertained that after the types of the article had been distributed, one of the most active of the enemies of the college had paid for its being printed anew, and had purchased a large number of copies which he had sent throughout the country. Dr. White then appealed to the Grand Jury of the county, and an indictment for libel followed. The trial was a *cause célèbre* in which the facts were correctly stated under oath, and, with the testimony of eminent medical men, laid before the profession and the public. The triumph was complete, but I should not refer to these reminiscences except that they serve to illustrate the character of the man, who was the object of professional jealousy, and, also the truth, that persistence in right convictions will in the end overcome unworthy opposition.

In this connection may be mentioned an act which illustrated alike his ability as a teacher and his generosity. In 1870 the late Professor George T. Elliott was stricken with paralysis. The late Dr. Foster Swift was appointed by the Faculty of the Bellevue Hospital Medical College to give his course of

lectures on obstetrics. At the beginning of the lecture session, Dr. Swift was compelled to seek a more genial climate, for the restoration of his own health. The College was placed in an embarrassing situation. Dr. White was applied to in the emergency. He at once consented to give the course, declining even the request that his expenses be borne by the College, and relinquishing the income to his afflicted friend, the incumbent of the chair. The lectures were in the highest degree satisfactory both to the students and the Faculty.

In recognition of his distinguished position as a practitioner and teacher, he was elected, in 1868, Vice-President, and in 1870, President of The Medical Society of the State of New York. At the meeting of the American Medical Association in 1872, he was nominated by the delegates from the State of New York as a candidate for the Presidency, and in 1878, he was elected one of the Vice-Presidents of the Association. He was elected a corresponding and afterwards an honorary Fellow of the New York Academy of Medicine. He was one of the Vice-Presidents of the Medical Congress assembled in Philadelphia, in 1876.

Dr. White's manifold active duties did not prevent a diligent study of medical works, more especially those treating of subjects pertaining to the department of medicine to which he was specially devoted. He contributed important improvements in practice. One of these, deserving particular mention, was the restoration of the inverted uterus, in cases in which this distressing condition had existed for long periods. Prior to his demonstration of the successful treatment of these cases, they had been regarded as hopeless. The cases in which under his treatment restoration was effected, embraced instances in which the inversion had existed for seven, fifteen and twenty-two years. He was the first to demonstrate the feasibility of the operation, two of his cases having been published before the cases reported by Tyler Smith, of London, on behalf of whom priority has been claimed.

Another improvement which may be mentioned related to construction of obstetrical forceps. During the last twenty years of his life he devoted much attention to ovariectomy. He performed this operation in more than one hundred cases, the last operation having been performed shortly before his death. His reputation as an ovariectomist, based on the suc-

cess of his operations, led to his being called to operate in distant parts of the country.

He had but little leisure for literary composition, but he contributed from time to time, articles for medical journals and addresses. He entertained at times the idea of preparing a text-book of midwifery. No one in the country was more competent than he to give sound, practical instruction in that department of medicine, and had he entered upon the work, his pertinacity of purpose would have ensured its completion.

The Buffalo Medical and Surgical Journal, the American Journal of Medical Sciences, the Transactions of the American Medical Association, of the American Gynæcological Society, of the International Medical Congress of 1876, at Philadelphia, and of The Medical Society of the State of New York, contain valuable papers contributed by him. He was the author of the articles on pregnancy in Beck's Medical Jurisprudence, edited by the late Prof. Gilman; and of the life of Bard, in the Lives of Distinguished American Physicians and Surgeons, edited by Prof. Gross.

As a speaker and debater he was ready, cogent and courteous. He participated largely in oral discussions at the meetings of the different associations with which he was connected. What he said was always to the point, and always commanded respectful consideration. His opinions on scientific questions and those of polity, well-formed and well-maintained, never failed to have much influence on the minds of others.

He was always ready for active efforts in behalf of institutions for medical relief and for clinical instruction. He cooperated actively in the establishment, by the late Bishop Timon, of the Buffalo Hospital of the Sisters of Charity, the Maternity and Foundling Hospitals, and of the Providence Asylum for the Insane. The inception and the localization of the State Lunatic Asylum in Buffalo were very largely and perhaps chiefly due to him. Of this institution he was from its foundation a manager and afterward the President until, shortly before his death, he felt compelled by the state of his health to relinquish the duties incident to that office. Nor were his interest and activity limited to medical institutions. A zealous member of the Protestant Episcopal Church, he was active in behalf of all the charitable organizations connected with that denomination, and to him, more than to any other of

its citizens, is Buffalo indebted for the erection of one of its finest church edifices. He had pride in everything relating to the prosperity and welfare of Buffalo. He was one of the founders of the Young Men's Association, of the Academy of Fine Arts, and of the Historical Society in that city. He was eminently a public spirited citizen. Sanitary regulations and all improvements having reference to the comfort and the beauty of the city, were sure to enlist his sympathy and cooperation. He co-operated actively in the efforts which secured for Buffalo its magnificent Park. In the erection of the finest business edifice in Buffalo, which was completed shortly before his death, he was, as I know, actuated by a desire to leave a memorial which would be ornamental as well as useful to the city, where by his prudence and sagacity his fortune had been acquired.

Dr. White furnished an instance, certainly rare in this country, of wealth acquired by the practice of medicine. A pecuniary independence entered into his resolves at the outset of his professional life. No one was more ready than he to heed the dictates of true charity in the bestowal of charitable services; but he held that, in the absence of these dictates, medical, not less than other services, should be pecuniarily requited. He was outspoken as regards this rule of conduct. He often expostulated with his professional brethren for their neglect of self-justice in this respect. He argued that not only individual interests, but those of the profession were injured by an assumed indifference, so common with physicians, to a proper compensation for their labors. He contended that the effect was an undervaluation, in the minds of patients, of the services which they had received. At the same time, he was not less opposed to extortion, and it could not be said of him that he took an ungenerous advantage of circumstances by claiming inordinate fees. To do this would have been repugnant alike to his sentiments and his regard for justice. He did not become rich by parsimony. Without ostentation, his family lived in a manner befitting his wealth and social position. The hospitality which his estimable and accomplished wife, as well as himself, knew so well how to bestow, was unbounded. Twice they traveled abroad, combining with recreation the acquirement of useful information,

and tearing himself away from his labors at home, he visited, at different times, every portion of our own country.

In this biographical sketch of my departed friend, I have given the salient points in his life and character. They show superior intellectual endowments and attainments, united with fixedness of purpose, perseverance, good judgment, tact, unusual executive ability and rectitude, mental qualities which ensure success and usefulness in this world. These qualities of the mind, to which were added vigorous health and physical endurance, could not fail to secure success in medical practice, as regards not only obtaining and retaining patients, but in the management of cases of disease. In this latter sense of the term, I can speak of his success from ample personal knowledge. He investigated cases carefully, but reached conclusions with promptness and decision. He had no confidence in an intuitive ability to judge of diseases. In his therapeutics he was prompt and decided, without being rash or unduly bold. In the management of cases he was not unduly affected by unfavorable possibilities or probabilities. His attention was more directed to those which were favorable. He was always hopeful for the best, and as long as there was any ground for hope, he never relaxed his efforts. He acted under a deep sense of responsibility to his patients. No one ever accused him of indifference or neglect. These professional traits secured the fullest confidence on the part of his patients. Extraneous methods to possess their confidence were to him not needed. These he held in contempt. In his bearing towards his patients he was independent. He was not a suppliant for confidence. He demanded it as a condition for assuming the responsibilities connected with the management of cases of disease. Of his success as a surgeon I must speak from the testimony of others. The important operations performed by him were chiefly in gynecological surgery. They embraced, in addition to the large number of ovariectomies already mentioned, all the operations in this province of surgical practice. Quoting from an article *in memoriam*, from the pen of Dr. E. N. Brush, contained in the *American Journal of Insanity*, Oct. 1881 :

“As an operator he was conservative yet bold, and with a fertility of resource which enabled him to readily meet emergencies as they arose. In the conduct of an operation he

sought and listened to the suggestions of his assistants and others connected with the case, but a method of procedure once determined upon, he assumed the entire direction, and expected of his assistants, to whom he carefully explained in advance all that he might desire, a prompt anticipation of his wishes without further suggestion from him. His manner towards his patients was such as to inspire confidence. He was accustomed to say: 'Unless I can have your faith that I am to do the best I can for you, I do not wish to do anything.' He explained frankly the results to be expected, and the risks to be incurred, to each patient."

I borrow from the same gracefully written article the language, and the quotation descriptive of his personal appearance:

"Dr. White possessed the advantages of a tall and commanding figure, and a countenance which inspired confidence while insuring respect. His years sat lightly upon him. His

' Was a stature undepressed in size,
Unbent, which rather seemed to rise,
In open victory o'er the weight
Of seventy years to loftier height.' "

It remains to speak of his social and domestic relations. He was blest with that precious gift of Providence, a cheerful temperament. All his friends will recall the heartiness of his habitual greeting. His cheery words and manner made his companionship most agreeable. With the capability of being stern and severe, his friends could always rely upon his geniality. His disposition was devoid of moroseness. He was a steady friend, and always ready to recognize the obligations of friendship. An inflexible opponent, he was not disposed to animosity. He could easily forgive injuries. It gave him great satisfaction to be useful to his friends and particularly to his medical brethren. He had a certain degree of pride as well as pleasure in pointing the way out of financial and other difficulties, and in exerting himself in behalf of those who sought his assistance. His aid and counsel were much sought after by those in trouble. He once said to me "I find that the persons who have been accustomed to abuse me come to me whenever they get into a scrape." And they, as well as his friends, could count upon his assistance. In social intercourse he was not less considerate of the feelings

of others than sensitive as regards his own feelings. Although indefatigable in prosecuting his own interest, he rejoiced in opportunities for promoting the interest of others. His home was made happy by his genial disposition and his affectionate relations with his family. Quoting the words of a member of his household, "whenever he entered the house cheer came with him." His tastes and habits were thoroughly domestic, his highest enjoyments were associated with home life.

Death came to him at an age when it is considered that, to live much longer is to encounter mental and physical infirmities, which render our present existence undesirable. But his powers of body and mind were so well preserved, that his departure seemed untimely. During the past summer his health had suffered apparently from overwork and the unusually hot weather, but he appeared to have recuperated after spending a few weeks in the White Mountains, and he returned to his usual routine of labor. The giving away of life was sudden, brief and unexpected. It may be said of him that he died in harness, and I feel assured that his choice would have been so to die. He was spared the trial of the knowledge of the existence of a disease progressing slowly but surely to fatal termination. His last short illness was unattended by much suffering. He had made every preparation for death whenever it might come. His mind was unclouded up to the last hours of life. For these sources of consolation, they who remain to mourn for a temporary separation from one who has been called to another existence before them, have reason to be grateful to the divine disposer of human events. To him was vouchsafed a long, and useful and honorable career fraught with happy memories. In this reflection there is much to console his surviving relatives; but it is a saying not less true than trite, that in order to be reconciled to such afflictions, a higher than human power is to be invoked.*

*When this memoir was written, the last sentence contained the expression "the bereaved widow and other relatives." It has been necessary to substitute for this expression "his surviving relatives." The late Mrs. White is no longer a bereaved widow. She departed to join her husband January 23d, a little less than four months after his departure.

James Platt White, A Pioneer in American Obstetrics and Gynecology*

CARL T. JAVERT†

JAMES PLATT WHITE was an outstanding pioneer in American obstetrics and gynecology, his contributions having been numerous and varied. He was a co-founder of the University of Buffalo which began as a medical college. As an obstetrician he pioneered in the clinical teaching of obstetrics in America, doing so within the academic walls of the medical school. He advocated anesthesia in childbirth and modified the obstetrical forceps. As a gynecologist he was the first to correct chronic inversion of the uterus and to invent a uterine repositor. He performed ovariectomy many times. He was the author of many original scientific articles based on his clinical investigations.

BIOGRAPHY

James Platt White (1811-1881) was born in the rural town of Austerlitz, Columbia County, New York on March 14, 1811 in a house no longer in existence. Austerlitz is 115 miles north of New York City, near the Massachusetts border, nestling at the foothills of the Berkshire and Taconic Mountains in the so-called "Washington Irving country." This area was settled by colonists from Massachusetts and Connecticut who purchased seven square miles of land from the Bay Colony and the Mohican Indians in 1750. The towns of Canaan, Chatham, and Hillsdale were developed from this tract of land, and from these townships the town of Austerlitz was subsequently formed. The latter was named by Martin Van Buren, while a State Senator, in honor of Napoleon's battle in a town of the same name in Austria.

The White family were direct descendants of Peregrine White, the first male to be born in the Mayflower Colony. Grandfather White served in the Revolutionary War under General Washington. The father of James (whose name is not mentioned by any of White's biographers) was a farmer who served in the War of 1812. There is an old cemetery in

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Austerlitz which contains a tombstone bearing the name James Platt (1795-1825) after whom White may have been named. Herron,¹⁶ a descendant of the original settlers and the village historian, stated in a recent interview that there were no Whites living in Austerlitz. No one else in the town can recall anything about the White family.

The White family moved to Eric, three hundred miles west of Austerlitz, in 1816 when James was five years old. Here he attended the local secondary schools of East Hamburg, receiving additional instruction from the Rev. John C. Lord, D.D. It is stated by his biographers^{10, 23, 33} that he also attended Middlebury Academy and academies in Genesee County.

Young James began his undergraduate medical education in Buffalo, New York at the age of nineteen years in the office of Dr. Josiah Trowbridge (1830). The following three years he attended lectures at Fairfield Medical College, which was founded as the College of Physicians and Surgeons of the Western District of New York in 1812. (The first class was graduated in 1815, and there were classes yearly thereafter until 1840 when the institution was permanently closed.) White then attended Jefferson Medical College where he received his medical degree in March, 1834, at the age of twenty-three years. Instruction in obstetrics was received from Samuel McClellan who had founded this college with his brother George in 1825.

After graduation, Dr. White engaged in general practice in Buffalo for a number of years, specializing in obstetrics and the diseases of women and children. His clinical experience was augmented by studies in Edinburgh, Paris, and Vienna in keeping with the custom of the day. In 1836 he married Mary D. Penfield of Canandaigua, New York. According to Stone,³² this union was a happy one. The editorial obituary in the *Buffalo Medical and Surgical Journal*³⁶ states that they adopted a son.

At the age of forty-three years (1854) White was in a stagecoach accident, which resulted in a peculiar fracture of the atlas with a permanent loss of rotation of the head. Despite this physical handicap, he served Buffalo and the surrounding community for many years. He possessed boundless physical energy which gave him a forceful, aggressive personality. He had great self-confidence (which is suggested by his portrait [Fig. 1] taken at the age of fifty-seven years) and he also appears to have had exceptional ability. These qualities were responsible for his great success, but they also made him a few jealous enemies.

White died on September 22, 1881 at the age of seventy years, and was buried by St. John's Episcopal Church which he had helped to establish. Editorials praising him appeared in the Buffalo newspapers, some of which had once criticized his introduction of clinical midwifery. He was followed in death by his wife, Mary, in four months. According to Nagle,²⁶ his library was donated to the Medical College by his adopted (?) son, Mr. James P. White. There was a general agreement at the time that no man had contributed more to the progress of medicine in Buffalo and Erie County.*

UNIVERSITY OF BUFFALO

White lived during the period of rapid academic and medical college expansion. The early part of the nineteenth century saw medical colleges double in number, so that by 1840 there were twenty-eight medical schools. This fact, together with his graduation from the newly founded Jefferson Medical College, provided White with an environmental background which, along with a pioneering spirit of free enterprise, probably spurred him to aid in the founding of a university in Buffalo, then a city of 30,000 inhabitants.

Park (1927)²⁷ states that this was not the first attempt to form a college in Buffalo. A University of Western New York had been chartered by the New York State Legislature in 1834, but was abandoned during the panic of 1837. Several years before, a medical school had been chartered at Geneva, New York (1834) with large classes and a capable faculty. (It became the medical department of Syracuse University in 1861.) White stimulated interest among the influential laymen and physicians in Buffalo, the latter including Austin Flint, Senior, and Frank Hamilton, but support was not unanimous. There had been "enemies of the project," according to White when he addressed the graduating class in 1867,⁴⁷ and they retaliated at an early opportunity as will be seen later on.

Application was made with great vision and foresight to the New

* An obituary was published in the *Buffalo Medical and Surgical Journal*.²⁶ Another was written by Dr. Julius Miner.²⁸ A memorial biography was written at White's request by Austin Flint, Senior.²⁹ Others, including T. G. Thomas,³⁰ also wrote memorials. Professor T. P. Rochester,³¹ his trusted friend and colleague, who attended him during his illness, said: "Dr. White was truly a great man in any position in

which he might be placed—in the councils of the church, in civic matters, and in the discharge of his professional duties. Every one feels that a great and irreparable loss has been sustained. His name and nature will not be forgotten. The great point in his character, aside from his skill, was a determination and energy which never allowed him to go back."

York Legislature for a university charter which was granted on May 11, 1846. White persuaded the members of the medical faculty at Geneva to accept appointments in the medical department of the University of Buffalo, according to Eckel.⁸ It was the first and only college in the University for the ensuing forty years. Buffalo shares with Salerno and Montpellier the distinction of having begun as a medical school. Most medical schools have been additions to pre-existing and well-established universities.

The newly created university had no funds and was financed by the sale of capital stock in the amount of \$100,000. There is no history of stock dividends; on the contrary, the stockholders and spirited citizens of Buffalo were called upon repeatedly to meet the deficits. Justly the university bears the name of the city that gave it birth and has nurtured it for a century.

The first building occupied by the University of Buffalo Medical College (1846-49) was the Baptist Church located at Seneca and Washington Streets, the site of the present post office building. The Council of the University chose Millard Fillmore as its first chancellor and he served for twenty-eight years until his death in 1874 (including his term as the thirteenth President of the United States). The first dean was Austin Flint, Senior; White was the first Professor of Obstetrics and the Diseases of Women and Children.

The second home of the Medical College, dedicated on December 7, 1849 was constructed on the corner of Main and Virginia Streets (Fig. 2). It was described in the *Medical Register and Directory of the United States* for 1877 as a commodious and up-to-date building. This site was chosen so that the Medical College might be adjacent to the first and newly established Sisters Hospital (1848) on Pearl Place which was to provide facilities for bedside instruction.

The Buffalo Medical College continued to lead an impecunious existence. At one time, the suggestion was made that it affiliate with Cornell University at Ithaca which had no medical school, but this proposal was never acted upon. (Cornell formed its own medical department in 1898.) The council chose to fulfill the charter of the University by establishing the College of Pharmacy (1886) as the second college of the University, forty years after the Medical College had been founded. The next decade saw the addition of the colleges of Law and of Dentistry (1892). The University was now rapidly gaining stature.

The third and present home of the Medical College was built in 1893 at 24 High Street in order to be near the flourishing Buffalo General Hospital for teaching purposes. This institution had been founded through the efforts of the same group of public-spirited citizens and physicians who had founded the medical school. However, it was not until 1858 that the present hospital was brought into operation.

The University, now composed of four colleges, was united with the medical department of Niagara University in 1898, making Buffalo the medical center of Western New York. This position remained unchallenged for a quarter of a century. The University of Buffalo Medical College continued to grow with the addition of the Gratwick Institute in 1901, the first cancer laboratory in the world. By 1913, the American Medical Association insisted upon a one-year pre-medical course as a prerequisite for matriculation in a medical college. This caused certain physicians of the Medical College to form the College of Arts and Sciences, which occupies the former county almshouse property on North Main Street. The technological demands of World War II served as a basis for the formation of the sixth and most recent addition to the University, a College of Engineering, which is now under construction.*

The University of Buffalo had its centennial celebration in September 1946. During that time the Medical College founded by White had grown from a modest enrollment of 66 students and seven faculty members to a total of over 250 students and almost the same number of professors and assistants. The school has served the community well for one century during which time hundreds of its students have come from the nearby towns of Western New York. They either return to their home town to engage in private practice or remain in the city, only a few going on to seek fame and fortune in the larger medical centers. The clinical facilities of the Medical College are still provided by the Buffalo General Hospital located nearby at 100 High Street, and also by the Edward J. Meyer Memorial Hospital (founded in 1909), several miles away on Grider Street. This division has made it impossible for the Medical College to develop a strong leadership in either institution.¹⁸

One concludes, after studying the history of the University, its teaching hospitals, and the city of Buffalo, that the Medical College should recapture the tradition initiated by White for which his students gave him

*Chancellor Capen has announced (1948) erected on the University campus which is not that a new Medical-Dental College will be near either teaching hospital.

praise—namely, “clinical teaching within the walls of the institution.” Nevertheless, the concept of separate buildings for the college and the teaching hospital still prevails after a century. A closely integrated medical college and hospital, architecturally and academically, would best serve the interests of all concerned. Such an institution, combining the presently accepted principles of clinical teaching and research with the care of patients, has been found by other universities to provide the best arrangement.

THE WHITE OBSTETRICAL FORCEPS

In 1849 White⁸⁷ described an instrument he had been using for “the past few years” which resembled the French forceps, especially that of Levret, and was made by Mr. J. Sieffert of Buffalo. White’s instrument probably preceded that of Simpson, who described his instrument in 1848. According to Mount,²⁴ it was the sixth obstetrical forceps to be modified in America, the others having been devised by James (1812), Hodge (1833), Tureaud (1843), Bedford (1846), and Harris (1847). White objected to the Hodge instrument because it was straight and therefore ill-adapted to grasp the head at the pelvic brim.

The White forceps represented a refinement of the earlier instruments.* The blades were light, had a German lock, and cephalic and pelvic curves. The blades were fenestrated, and the shanks approximated each other closely so as not to over-distend the vulva. The handles were in the shape of a blunt hook for use in embryotomy operations. This feature was considered an advantage since it eliminated the necessity of carrying additional instruments to the confinement.

A description of the forceps (Fig. 3) may be given best in Dr. White’s own words:

“The instrument I have used during the past few years is a long forceps and is considerably curved upon its lateral aspect. It measures in its entire length (aa - bb) conforming to the line measured to the curvature of the blades, 17½ inches. The blades and their shafts to the pivot being about 10 inches, the handles about 7½ inches. The blade (a to d) is 6½ inches in length and 7 lines at its narrowest point (d), and 1 7/8 inches at its broadest point (e). The fenestrum is one inch at the widest part (f) and gradually diminishes to less than one-half of an inch at the heel. The inner or fenestrated margins of the blades are ground down so as not to exceed one-sixteenth of an inch in thickness, the width (e to f) being scarcely 5 lines and not exceeding one line in thickness at its periphery (e) being considerably thicker in the center (midway between e and f).”

* White’s instrument is included in the excellent book on forceps published by Das.⁸

CLINICAL OR DEMONSTRATIVE OBSTETRICS

Professor White conducted a clinical demonstration in obstetrics at the Buffalo Medical College before a class of twenty students on January 18, 1850 in the janitor's quarters of the building shown in Figure 2. The patient was Mary Watson, unmarried, para 1 gravida 2. The position of the infant was ROP. One by one, the students were permitted to auscultate the fetal heart and to perform a vaginal examination. The patient was confined by Dr. White after a labor of eight hours, with the patient on her left side and the necessary parts exposed.¹¹ The patient made an uneventful recovery despite many examinations.

This innovation was not introduced into the curriculum to attract students. White, having studied abroad where such practice was not uncommon, felt that medical students should witness at least one delivery before entering general practice. Since midwives cared for most of the obstetrical patients, they called the doctors only when difficulty arose. Consequently, physician consultants, poorly trained, were often jeered by the midwives. It was clearly a case of the blind leading the blind.

However, competition for medical students was keen because of the large number of medical schools, and innovations such as "clinical instruction" were sometimes employed to attract students. Then as now, the larger cities, especially Boston, Philadelphia, and New York, were the leading medical centers. The professors taught from the didactic podium with the austerity and decorum so well exemplified by the late Charles Meigs. The lectures were supplemented by apprenticeships to preceptors for clinical or bedside teaching and by "quiz" sessions. During this period, the use of anesthesia in childbirth and the employment of male midwives presented disturbing problems. It seemed that physicians were either vigorously for or against new developments in medicine.

It was in such circumstances that White introduced "demonstrative midwifery." He did not reckon with the jealous temperaments of the Buffalo physicians who had previously opposed the founding of the Buffalo Medical College and now despised its faculty.¹⁰ Nor was the innovation entirely approved outside the city. The novelty of clinical obstetrics aroused strong objections and countless queries as to its moral implications and even as to the necessity for it. But the students who participated passed resolutions congratulating Dr. White, thanking him for his efforts in their behalf and for establishing clinical teaching within the walls of their college. These, together with a short editorial by the

dean of the college (who was also editor of the *Buffalo Medical Journal*), were published in that journal for 1850. The dean stressed the fact that such instruction was available in foreign schools and considered the demonstration as a fitting preparation of the students for the practice of medicine.¹¹

An editorial in the *Buffalo Commercial Advertiser* supported White, whereas another in the *Buffalo Courier*⁸ (signed by "L") castigated him. Dr. Horatio Loomis was so pleased with the latter that he obtained eight hundred copies and circulated it around the city. This led to a lawsuit against him for libel¹⁰ by White, which was held in the Erie County Courthouse on June 24, 1850. Dr. Loomis was acquitted. During the testimony, Dr. Chandler R. Gilman,¹² Professor of Obstetrics and the Diseases of Women and Children at the College of Physicians and Surgeons in New York City, said that he had performed external version under direct vision while two or three students observed. He also performed vaginal examinations under direct vision and hoped in time to gain courage to deliver women in the same manner as had Dr. White.

An editorial in the *American Journal of Medical Sciences*⁸ signed by "C.M." and at first attributed to Charles Meigs (subsequently shown to have been written by Casper Morris) raised objections against both White and the testimony of Gilman. It compared the importance of the development of the sense of touch in medical students with a similar education of the blind. Reference was made to machines, mannikins, and charts as proper teaching aids. The value of visible perception was ridiculed. White replied to this editorial, which Morris acknowledged in a subsequent article in the same journal²⁵ admitting that he had used strong language. However, he added that not a single respectable physician in Philadelphia concurred with White's "clinical midwifery."

According to J. Whitridge Williams,⁵⁸ this and the opposition of Meigs and Hodge and their respective schools to the use of anesthesia and to the recognition of the contagiousness of childbed fever afforded examples of the backward attitude in Philadelphia to most medical innovations. Originally, when William Shippen introduced instruction in this branch of medicine in 1765, Philadelphia had bid fair to become the fountainhead of obstetrics. However, it was almost half a century before this course was made obligatory for graduation. Scheffey⁸⁰ has labelled the opposition of Meigs to surgery as "a reproach to medicine," especially in the treatment of ectopic pregnancy; Meigs himself recorded

his own opposition to the correction of chronic uterine inversion.⁵² The physicians of that city also opposed women in medicine, whereupon the women formed their own medical school in Philadelphia (1850).

To continue with the White controversy. Bitter criticism persisted so that the faculty of the medical department of the University of Buffalo deemed it necessary to pass resolutions approving the clinical demonstration. Whereupon, seventeen of the forty physicians in Buffalo signed a letter published in the *Buffalo Medical Journal* for March, 1850, rebuking the performance and calling it offensive alike to morality and decency.⁵¹ A few groups showing wisdom and foresightedness were unopposed to the procedure; among these were the physicians of the neighboring city of Lockport, New York, and far-away Racine, Wisconsin, who wrote letters to the *Buffalo Medical Journal* commending clinical midwifery.

Finally, the entire matter was referred to the Committee on Education of the American Medical Association whose report was published in the *Transactions of the American Medical Association* for 1851 (page 436). The Committee considered demonstrative midwifery entirely unnecessary for teaching purposes and stated that knowledge pertaining to obstetrics could be obtained from descriptions, plates, and mannikins, and the sense of touch under a sheet. If these measures were inadequate, ocular perception of a delivery would prove of no avail because the student was too stupid to take up the responsibilities of a physician. As time has shown, these objections carried little weight. White had succeeded in establishing clinical obstetrics in America. It is equally significant that he also inaugurated clinical teaching within the academic walls of a medical college, the forerunner of present-day medical centers.

CHRONIC INVERSION OF THE UTERUS

James White had extensive experience with acute and chronic uterine inversion. He wrote extensively on the subject^{53 et seq.} and is known to have operated successfully upon fourteen cases of chronic inversion varying in duration from several days to twenty-two years. He presented a summary of this experience at the International Medical Congress held in Philadelphia in 1876.⁵²

He had seen his first case of chronic uterine inversion in 1842. It was not treated because of the accepted teachings of the day as advocated by

Meigs and others. At that time, White made up his mind to attempt reposition at the next opportunity, but this did not come until fourteen years later. The following quotation from Meigs states his views on inversion of the uterus of six months' duration (he was professor of obstetrics at Jefferson Medical College—White's alma mater): "What are you to do for your patient? Will you reposit or reinstate this womb? You can't. You might as well try to invert one of the non-gravid uteri on my lecture room table as to reposit this one. The time has gone by. You have no art or skill nor no power to equal the performance of such a miracle of surgery as that."²²

On January 28, 1856, White was called to see a patient with a uterine inversion who had been delivered eight days previously by a midwife. The patient was virtually exsanguinated. He reduced the inversion manually under chloroform anesthesia using a rectal bougie. The patient lost very little blood during the procedure, but while the operation was successful, the patient died of marked secondary anemia due to postpartum hemorrhage sustained at the time of the accident. The autopsy showed extreme pallor of the internal organs. The uterus showed no evidence of the inversion or of trauma incident to the replacement. A case report was given before the Buffalo Medical Society on February 12, 1856, and published in the *Buffalo Medical Journal* in March 1856.²³

His second patient with chronic inversion, six months postpartum, recovered. The inversion was reduced after an hour on March 12, 1858 in the manner described above. The bougie was held in place all night to prevent recurrence. The case report was made in the *American Journal of the Medical Sciences* for July 1858.²⁴

On September 7, 1858 the reduction of an inverted uterus of fifteen years' duration was reported by White before the Buffalo Medical Association.⁴⁰ It was replaced in the same manner as those described above in the presence of Austin Flint, Senior and Junior. The patient died on the seventh postoperative day of peritonitis. Autopsy showed no laceration of the uterus.

During the next quarter of a century, White is known to have operated upon eleven additional patients with inversions, making fourteen cases altogether. He firmly believed that every case of inversion should be reduced, regardless of the lapse of time. He regarded uterine amputation, currently recommended by the French, as ill-advised and felt that well-directed pressure would reduce any case. His conservatism was

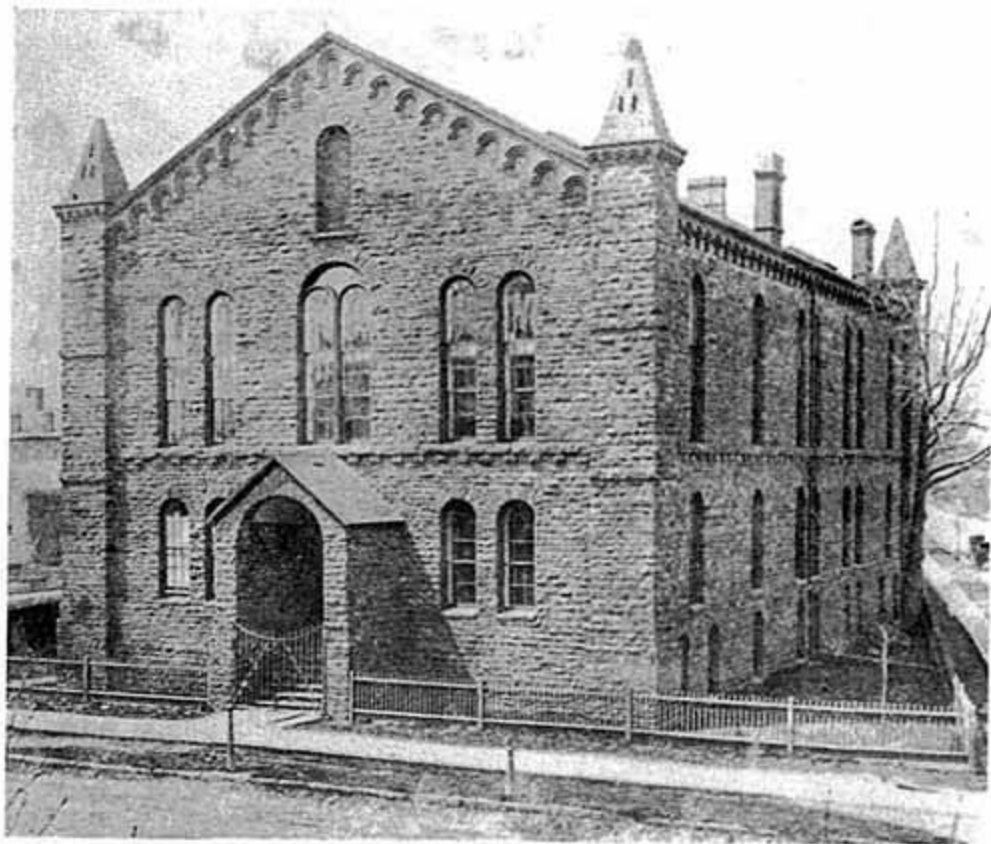


Fig. 2. The second building occupied by the Medical College (1849-1893). Here White introduced demonstrative midwifery within the academic walls of an institution.

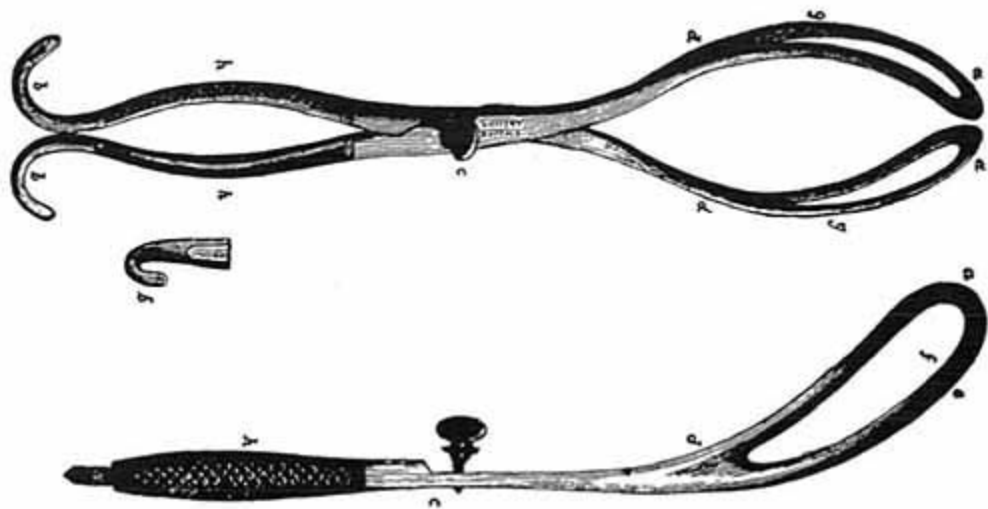


Fig. 3. The White obstetrical forceps described in 1849.

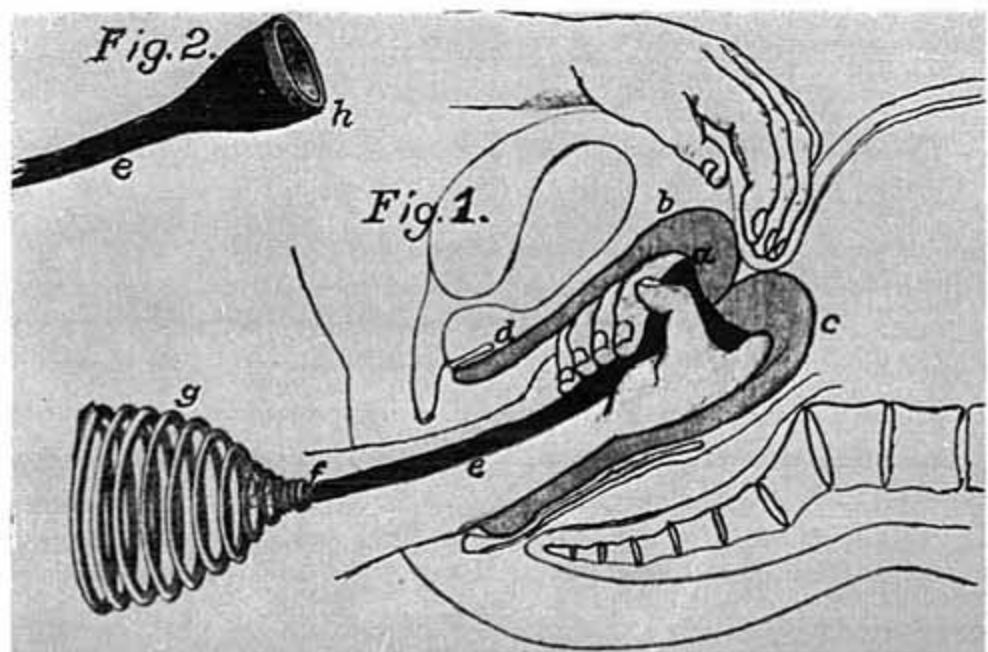


Fig. 4. Dr. White's uterine reposer (1872) (1) a. Uterus in process of reduction; b. Anterior lip or wall of the uterus with the fingers of the left hand pressing upon it and assisting in pulling open the uterine cavity; c. Posterior uterine wall semi-reflected; d. Anterior vaginal wall; e. Wooden or hard rubber stem of reposer, its enlarged extremity held in contact with the fundus by the intra-vaginal hand of the operator; f. Distal extremity of stem made into a screw, so as to be fastened into g, a coil of No. 11 steel spring wire requiring eight or ten pounds' pressure by the breast of the operator (against which it is placed) to bring it down. (2) h. Uterine extremity of stem e, which is terminated with a soft India rubber disk $1\frac{1}{8}$ inches in diameter, the concavity into which the fundus is received being about one-half inch deep, with its terminal margin thin and soft.

well taken, since many of his patients resumed their menstrual function and one is known to have conceived after reposition of the uterus. He said that he had never seen uterine inversion occur so could not speak on its manner of development.

Reduction of uterine inversion required strenuous physical effort, which led White to invent the uterine repositor (Fig. 4). He described his invention in 1872 as follows: "The instrument is composed of a stem of wood or hard rubber, curved to conform to the vaginal curvature, with a coil of steel wire attached to the outer extremity, whilst the other end is expanded and hollow so as to receive the fundus of the uterus in its concavity or disk." The legend beneath the figure relates how the instrument was used.

White employed his newly devised repositor for the first time on Mrs. E. A. of Port Dover, Canada, who had an inversion of nearly six months' duration. She was the ninth patient in his series of cases. He was delighted with the instrument, stating that it gave him a third hand. The uterus was replaced in one hour and twenty-three minutes. A report on its use was made in 1872 at which time White stated that the repositor could be used with a T binder over a long period of time to effect reduction. The repositor was then used on Mrs. H., aged thirty-five years, of New Bedford. Her inversion was of six years' duration. The patient's legs were held by assistants, as deep chloroform anesthesia was administered. The breast exerted a gentle constant pressure on the spring of about six to eight pounds, while the right hand held the cup repositor against the inverted portion of the uterine fundus. The left hand was used to manipulate the uterus abdominally. The replacement was effected after a lapse of two hours and ten minutes. Very little blood was lost during the restoration, and the patient recovered. Dr. George Bixby of New York witnessed the operation and called the repositor an "egg-beater," a term White often used in his subsequent description of the instrument. White reported these two cases in 1872.⁴⁹

Another patient on whom the repositor was used had been delivered twenty-two years before by a midwife who had pulled on the cord, thereby inverting the uterus. The patient had suffered bi-monthly bleeding for two decades, and no physician had dared to perform a vaginal examination for fear of criticism. How times have changed! However, Dr. O. C. Strong was summoned and he dared to make a pelvic examination. On June 23, 1872 he called Dr. White who arrived with several

Buffalo physicians. They also examined her, and some thought that the condition was a polyp. However a probe could not be made to enter the cervix, nor could the fundus be felt suprapubically. White began the replacement under chloroform anesthesia administered by Milton G. Potter (father of Irving W. Potter, the internationally famous obstetrician who revived the practice of internal podalic version). After an hour had elapsed, Dr. White was obliged to stop from fatigue. Dr. Julius Miner completed the procedure in an additional sixteen minutes, restoring a uterus that had been inverted for over twenty years. The patient recovered and had a normal menstrual period a month later.

White reported before the International Medical Congress in 1876⁸² a total of eleven cases treated with the repositor. These, together with the three treated manually with the rectal bougie, make a grand total of fourteen cases of chronic uterine inversion that he had corrected. In September 1856 Tyler Smith performed, without anesthesia, a successful replacement of a uterus that had been inverted for twelve years. The report was made on the 13th of April 1858 before the Royal Medical and Chirurgical Society of London.⁸¹ White was not reluctant to claim priority before the International Congress. Aveling,¹ writing in 1886, four years after White's death, challenged any operator to equal his own record of eleven cases with one failure and gave priority to Tyler Smith. This shows either ignorance or unwillingness to recognize White's earlier use of the bougie, on which Aveling may have patterned his sigmoid repositor. Stone⁸² has named White as the pioneer in the replacement of chronic uterine inversion, and Thoms⁸⁴ writing in 1934 acknowledged his priority. After careful perusal of the original data of the claimants, the present writer states with assurance that White has prior claim in America and perhaps in the world.

OVARIOTOMY

Gynecological surgery began in America when McDowell introduced the ovariectomy operation in 1809. Subsequent developments in the fields of antiseptics and anesthesia stimulated many to perform the operation. Ovaries were like ripened fruit in the orchards waiting to be plucked. White performed ovariectomy 115 times, according to Miner²⁸ and Stone.⁸²

During his second visit to Europe in 1866, White had seen Baker Brown, Spencer Wells, and Tyler Smith perform ovariectomies. Soon

after his return to Buffalo he performed his first operation which led to a statement by President Eastman at a meeting of the Buffalo Medical Association on June 4, 1867, "that some interesting operations on ovarian tumors had been made recently." White took this occasion to report on two cases, evidently the first in the Buffalo area.⁴⁶ The first patient was operated upon May 8, 1867 under chloroform anesthesia. A large cyst was removed, the pedicle was cauterized and dropped back into the abdomen. The parietal wall was closed with silver wire and the skin with silk. Hands and sponges were disinfected in a weak solution of carbolic acid. The patient recovered. The second case was operated on with the same technique on May 29, 1867. This patient also recovered. During the succeeding years he performed over a hundred such operations, one of which was reported by Daniels.⁶ This patient was operated upon May 5, 1881 under ether anesthesia. Bilateral cystic tumors were removed with the cautery. However, the pedicles bled so freely that carbolized silk ligatures, apparently an innovation, were applied. The patient recovered.

The last operation performed by Dr. White before his death was an ovariectomy.* The pedicle was ligated with carbolized silk and returned to the abdominal cavity. Daniels,⁷ who reported the case, closed by saying: "Thus did the last as well as the first ovariectomy performed by Professor James P. White prove a success." According to the editorial obituary, Dr. White returned from this operation so exhausted that he never rallied. He died three weeks later.

WRITER AND LECTURER

White was the author of numerous scientific articles published for the most part in the *Buffalo Medical Journal*, the *American Journal of Medical Sciences*, *Transactions of the American Gynecological Society*, and the *Transactions of the New York State Medical Society*. He often addressed medical meetings and was a forceful, cogent, and dramatic speaker. As the demands of his successful private practice increased, others, including Daniels,⁶ Grainger,¹³⁻¹⁵ and Van Deusen,⁸⁶ made reports on his cases of double ovariectomy, extra-uterine pregnancy, fibrocystic uterine tumor, and epithelioma of the cervix which helped to establish him as a gynecologist of wide experience.

* An account of the operation was published, with reprints of his articles on inversion of the uterus and the obstetrical forceps, and an editori-

al obituary, in the *Buffalo Medical and Surgical Journal* (Vol. 21, 1881).

One of the very first articles written by White³⁰ contained a report on the use of chloroform for eclamptic convulsions during which the patient was delivered of twins on July 18, 1848. He refers to Simpson's work on anesthesia and Meigs' opposition to it.* He preceded Burwell⁴ by two years.

White published the life of Samuel Bard in 1861.⁴¹ This physician had undoubtedly stimulated him a great deal for Bard was also a pioneer, having written the first American textbook on obstetrics (1802) and having been a founder of the New York Hospital, now associated with Cornell Medical College as one of its teaching hospitals. White also contributed the section on pregnancy in *Beck's Medical Jurisprudence* (1863).⁴⁸

He made his second trip to Europe in 1866. His return was heralded in the *Buffalo Medical and Surgical Journal* for 1867⁴⁴ as follows: "We are invited to announce that Professor White is on his return voyage, and will be in Buffalo in time to deliver his usual course of lectures upon obstetrics and diseases of women and children in the Buffalo Medical College this approaching winter." At his first lecture he addressed the class on "Recent Observations on Medical Subjects in Europe," a masterpiece of rhetoric.⁴⁵ He described his visits with Dubois in Paris, West, Barnes, Brown, Wells, and Smith in London, Simpson in Edinburgh, Ritgen in Giessen, Chiari in Vienna, and Busch in Berlin "where the female, I need scarcely add, is so placed that all the students may witness the attending phenomenon and the manner in which the accoucheur discharges his duties." (He was evidently still smarting under the unjust criticism in America.) He stated further in this connection that "at La Clinique Maternité and Hôtel Dieu are to be found at almost any hour, females in various stages in labor, and where it is not thought offensive to modesty or common decency to instruct the young accoucheur in his duties at the bedside of the patient."

Enjoying an outstanding reputation in his field, he was invited to give the obstetrical lectures for the year 1870 in Bellevue Hospital Medical College during the illness of Professor George Elliott. Stone⁸² describes these lectures as showing "great learning, the practical knowledge derived from large experience, zealous exertions to render his instructions as useful as possible, and an efficiency showing peculiar ability and qualifications

* White had made his first trip to Europe as a result of his interest in anesthesia and had studied under Professor James Y. Simpson of Edinburgh.

as a public teacher." The payment received for his services he gave to Dr. Elliott.

White was elected president of the New York State Medical Society and gave the inaugural address on February 1, 1870, and the annual address on the progress of medicine on the following day.⁴⁸ He observed that gynecology scarcely existed when he first studied medicine and also stated that obstetrics and gynecology need no longer be considered appendages to the departments of medicine and surgery. This is of special interest when one considers that at least three medical colleges (Cincinnati, Virginia, and McHarry) still have gynecology associated with the department of surgery.

He attended the International Medical Congress held in Philadelphia in 1876 as delegate, vice-president, and as an essayist on chronic inversion of the uterus.⁵² He was elected chairman of the section on obstetrics and gynecology and vice-president of the American Medical Association in 1877. He was also a founder of the American Gynecological Society. He was twice the president of the Erie County Medical Society and was dean of the Buffalo Medical College at the time of his death.¹⁷

He was a founding member and attending physician at the Sisters of Charity Hospital, the Buffalo General Hospital, the State Hospital, the Providence Retreat, and the Maternity and Foundling Hospitals, all in Buffalo. He was also a co-founder and member of the Y.M.C.A., the Academy of Fine Arts, the Historical Society of Buffalo, and the Buffalo Club.

The last scientific article published by Dr. White was entitled, "Hints Relative to Intrauterine Medication."⁵⁴ He had introduced small quantities of fluid including thirty drops of nitric acid into the uterus without serious consequence using a hollow glass sound with a rubber bulb attached for this purpose. This antedated by many years a similar apparatus used today for artificial insemination, tubal insufflation, and also for the taking of vaginal smears.

EPILOGUE

J. Whitridge Williams observed in 1904⁵⁶ that a group of gynecologists wondered why a marble bust of White had been placed in a position of honor at the New York Academy of Medicine. Dr. Matthew Mann, who had succeeded White as Professor of Obstetrics and Gynecology at

Buffalo, was the only one present who knew of his accomplishments. Then, as now, the name and fame of James Platt White, founder of a university that began as a medical school, an American pioneer in the teaching of clinical obstetrics and of medical demonstration within the walls of the college, and a pioneer in the replacement of chronic uterine inversion is virtually unknown. Today, his bust gathers dust in an obscure position in the museum of the Academy. It is identified with a tag bearing the number "19" which had been filed erroneously in the portrait library as the bust of a James William White. Truly, a great American pioneer in obstetrics and gynecology has fallen into oblivion.

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Yours Truly
James P. White

Fig. 1. James Platt White at the age of fifty-seven years.