

13. Harry S. Gradle

There is one person whose name runs like a thread through the whole pattern of the development and accomplishments of this organization . . . Harry Searls Gradle, and we may well pause to remind ourselves what he has meant to the Academy, to ophthalmology, and to medicine as a whole.

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IT WAS SAID that Harry Gradle "excelled in the correlation of circumstances,"¹ and the description is precise. He had that sagacity and preparedness of mind that chance favors with opportunity. Dr Gradle is the inventor of the Academy's instruction courses, Home Study Courses, and the registries of ophthalmic and otolaryngic pathology. No other man in Academy history added such sinew to the society's educational objectives (Fig 34).

Harry Gradle was born Dec 31, 1883, in Chicago, which was his home for 63 of his 66 years. He was a second generation member of the profession and the Academy. His father, Henry Gradle, distinguished himself in the practice of ophthalmology and otolaryngology and taught bacteriology at one of the Chicago medical schools. The senior Dr Gradle joined a fledgling organization called the Western Ophthalmological, Otological, Laryngological, and Rhinological Association (the Academy) and helped plan the 1898 meeting in Chicago.

Although combined practice was still more the rule when Harry Gradle came of age, he trained in, and practiced solely, ophthalmology.

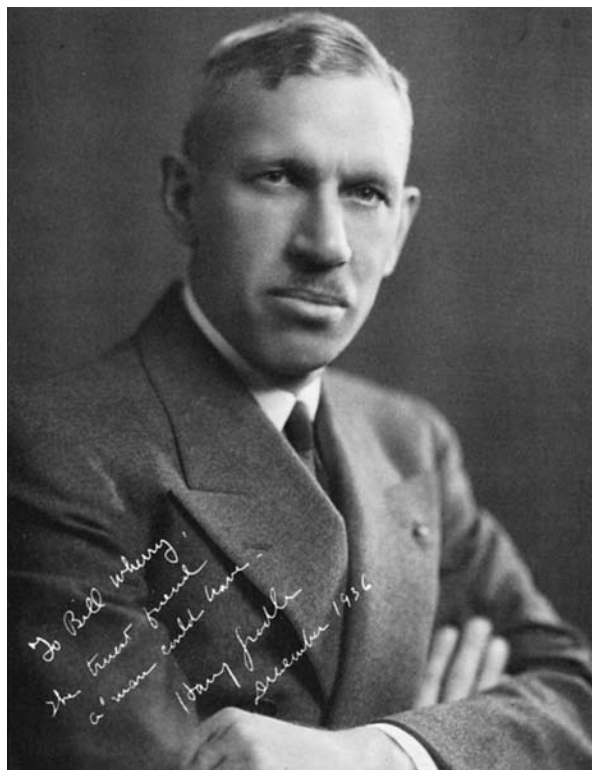


Fig 34.—Harry Gradle, with his inscription to Bill Wherry.

After graduating from the University of Michigan, Ann Arbor, he took the standard two-year medical course at Rush Medical College in Chicago and received his degree in 1908. He had the means to immediately pursue

the most costly, but considered the most superior, type of specialty training. He spent the next two years in eye clinics in London, Paris, Vienna, Berlin, and Prague.

In Europe he observed the most progressive therapeutic procedures, which he naturally introduced in his practice and, through some early reports, to the medical community at large. It was during his training abroad that he developed his lifelong subspecialty interest in glaucoma. In his first year of practice he designed a tonometer, and not long after, a trephine which he explained could be steadied with one hand while operated with the other.

His training brought him an international acquaintance in ophthalmology and a conviction that better communication among specialists the world over was mandatory to advance specialty knowledge and the knowledge of specialists. It was a measure of his perspective that he placed a knowledge of languages high on the list of prerequisites for the would-be specialist. A background in Latin and a reading knowledge of German were essential, he said, and a reading knowledge of either French, Spanish, or Italian desirable.²

Harry Gradle joined the Academy the same year he opened his office doors in 1911. Chicago had become a bastion of active Academy members. Already the young organization had had four presidents from Chicago, a first vice-president, a treasurer, and devoted Secretary George F. Suker, an ophthalmologist, who was keeping the Academy house in order and steadily enlarging the membership. Although Dr Gradle said later he "sat quietly" in annual meetings, that was hardly the case.

He delivered the first of many reports in the scientific sessions the year following his election to membership. By the time he was chosen to chair the Postgraduate (instruction course) Committee in 1920, he had delivered six reports that had brought him and his excellent background to the attention of Academy

leaders. He was to be a prolific contributor to the medical literature throughout his life (150 subjects listed in the *Index Medicus*) and a demanding and exhaustive teacher. He once delivered 18 hours of lecture on glaucoma at the Los Angeles Study Club and apologized for not covering the subject thoroughly in the limited time available.

It was not until 1920, however, that Dr Gradle took any leadership role in the Academy. In the interim, he was gaining a rather good perspective on the medical situation as well as the training and experience on which he would draw for his future creative role in medical education and public health.

Two years in specialty practice only convinced Harry Gradle of how much more he needed to know. He was back in Prague studying with Anton Elschnig during part of 1913 and 1914. He was one of the last to enjoy the benefits of a specialty education under the European masters, which perhaps made him so insistent on providing as good an education in this country.

During World War I, he returned to Europe as a first lieutenant in the army medical corps in France. He acquired plenty of practical experience as assistant division surgeon of the 86th infantry division as well as the firsthand perception that postwar Europe would no longer be a mecca for American specialists. By war's end he was a major, and he later became a colonel in the medical reserve.^{3,4} Two Academy programs (Home Study and the pathology registries) derive from his military experiences, which he was clever enough to utilize.

As one of the most thoroughly trained men of his day, Harry Gradle was eminently qualified—and urgently needed—to work on improving the education of his colleagues and planning a better education for the next generation of specialists. As a practitioner whose primary interest was always patient care, he viewed these as compelling necessities.

Organized specialty societies offered the most immediate avenue for enhancing the often perfunctory education of American specialists. Moreover, societies like the Academy, and broader-based groups like the American College of Surgeons, were being asked to define education and standards for specialists.

Harry Gradle's post as an Academy councillor was his first in organized medicine, and the instruction courses were his first educational responsibility. In 1921, he also took his first formal teaching position, as assistant professor of ophthalmology at the University of Illinois College of Medicine. Much later in his career, in 1944 and 1945, he was professor of ophthalmology at the college.

The initial instruction courses were the joint product of the Postgraduate Committee, with no small amount of credit due the production work of William P. Wherry. The courses as they are presented today are the product of Harry Gradle who reworked them into a varied curriculum of small conferences. As a director of this activity for 17 years, Dr Gradle was the Academy's resident authority and advisor to other societies on instruction courses.

In the same year the instruction courses were presented, Dr Gradle planned a central collection of pathology. With no claim to being a pathologist, he took under consideration the value of Edward Jackson's pathologic exhibit at the 1920 meeting (which actually sparked the suggestion for instruction courses) and Dr Jackson's plea for more training in pathology.

Dr Gradle drew on his World War I knowledge of the pathologic capabilities of the Army Medical Museum to conceive of a central collection of ophthalmic and otolaryngic pathology, and he welded the Academy and the museum into a cooperative arrangement that made the Academy the father of the registry system. His idea matured into the American Registry of Pathology, and he remained in charge of the ophthalmic collection for 24 years.

What Harry Gradle brought to the Academy and to other organizations and projects as well was a creative utilitarianism. He was a man of uncommon vision in assessment and assignment, but he was a doer who shunned the visionary as an inert approach to existing conditions. "I have no quarrel with the Utopia," he allowed, after listening to a projected basic science education for a resident that was, as he testified, "entirely outside the range of possibilities today." "What we must discuss now," he insisted, "is . . . what can we give that will make a better man out of him until . . . he can be given what is considered ideal?"²

As president of the Academy in 1938, he proposed his scheme for home study courses in the basic sciences. The idea breached the precepts of medical education—home study, and in the basic sciences!—and Academy leaders believed it could not be carried out without the blessings of major forces in graduate education. Dr Gradle was certainly part of the graduate medical community, both as a teacher and as an active member of organizations concerned with graduate instruction.

At the time he was promoting the courses, he was extramural professor of ophthalmology at Northwestern Medical School, head of the residency programs at the Illinois Eye and Ear Infirmary (where he was also chief of staff) and at the Michael Reese Hospital, chairman of the AMA Section on Ophthalmology, and a regent of the American College of Surgeons and chairman of the College's Advisory Council on Ophthalmology.

With a flair for persuasion and an aptitude for organization and management, Dr Gradle carried off the courses with a success that perhaps surprised even him. His experience in outlining and managing courses for both practitioners and residents put him in great demand as a speaker on educational courses, and he had much to do with establishing standards for such courses.⁵

Harry Gradle worked hard and played hard with his Academy colleagues, whom he treated as an extended family. He was impatient with anyone who dallied in helping him get an idea out of the test tube and into production. Before the Academy agreed to try his idea of home study courses, he developed the curriculum for the ophthalmic course and advised his counterpart in otolaryngology, Ralph Fenton, to do the same, and "hurry up" about it.⁶

"I don't like the note in your letter," he wrote Dr Fenton, "intimating that you are too busy to see this thing through."⁷ He operated on the principle that if an idea was good, you made time for it.

Along with Bill Wherry, Dr Gradle was the biggest planner of entertainment features for an annual meeting, often handling the golf tournament and staging an elaborate evening of diversion during his presidency that drew some criticism for its expense. Through his arrangements, ladies at the 1938 Washington, DC, meeting were received by Mrs Franklin Delano Roosevelt at the White House. That White House reception ranks as the most prestigious activity ever planned for guests at an Academy meeting. Additionally, Dr Gradle arranged for a tour of the Federal Bureau of Investigation conducted by J. Edgar Hoover himself.

After his death, his colleague of many years, William Benedict, wrote that Dr Gradle would be most remembered for his work in medical organizations and described him as "an ideal committee man, an unselfish leader, a wise counselor."¹ Certainly the Academy was a chief beneficiary of his talents, but as Dr Benedict noted, the accomplishments of more than one organization bear the signature of Harry Gradle.

Dr Gradle was active in organizations at all levels, from his local Chicago Ophthalmological Society, of which he was president in 1929, to the Pan-American Congress of Ophthalmology which he helped to organize (under

Academy sponsorship) in conjunction with Conrad Berens of New York and Moacyr E. Alvaro of Sao Paulo, Brazil.⁸

In 1937, Dr Gradle was the official delegate to the International Congress of Ophthalmology in Cairo. When turmoil in Europe necessitated postponement of the International Congress's meeting scheduled for 1941 in Vienna, the idea of a Pan-American Congress of Ophthalmology was born to promote communication among specialists in the Western Hemisphere.⁹ The first Congress was held in Cleveland following the Academy's 1940 meeting, and Dr Gradle served as president of the Congress for the first six years.

Among the wide-ranging list of organizations to which he belonged and contributed are the American Ophthalmological Society, Ophthalmological Society of the United Kingdom, Association of Military Surgeons, and American Association for the Advancement of Science. "In all of his associations," said William Benedict, "Harry was not only just a member. He was a leader."¹

In his thinking, Dr Gradle was always ahead of his time. Back in 1932 he suggested organization of an intersociety council, with representatives from national societies in the Academy specialties, to coordinate activities and policies.¹⁰ More than 40 years later ophthalmologists and otolaryngologists have decided that such central cooperation is imperative.

Public health was another area for which Dr Gradle was an early advocate and earnest supporter. Academy members, he said, have neither the time nor training to inaugurate public action, but they must "show the need and direct the force of other agencies."¹¹ For many years he provided the type of physician expertise and prodding necessary for effective public health programs.

In his home state, Dr Gradle chaired the Committee on Ophthalmology of the Illinois

Public Aid Commission, Blind Assistance Program. On a national scale he was instrumental in setting up standards for vision testing in industry, and in 1937, Dr Gradle, Nelson M. Black, and Albert C. Snell established standards for licensure to operate motor vehicles that were adopted by the AMA Section on Ophthalmology. The major thrust of his effort was in the prevention of blindness, and he launched a personal campaign against trachoma at the national and state level.¹

The home base of his public health efforts was the Illinois Society for the Prevention of Blindness, of which he was vice-president and medical advisor. It became one of the most active societies of its kind in the nation.

For his aggressive work in the prevention and treatment of diseases that cause blindness, he received the first Dana Medal in 1946 and the first Pan American Medal from the National Society for the Prevention of Blindness in 1948.

After applying for and being denied active military duty at age 58, Dr Gradle served his country during World War II on many civil and military committees. He was chairman of the Subcommittee on Ophthalmology of the National Research Council.

Illness cut short his career in 1946. He moved to Sherman Oaks, Calif, where he died at home May 26, 1950. A year later, the Michael Reese Hospital dedicated a Harry S. Gradle Clinic during the Academy's meeting in Chicago.¹²