Joseph Hersey Pratt, M.D.: The Man Who Would Be Osler

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Repository Citation

Ambrose, Charles T., "Joseph Hersey Pratt, M.D.: The Man Who Would Be Osler" (2011). Microbiology, Immunology, and Molecular Genetics Faculty Publications. 44.
https://uknowledge.uky.edu/microbio_facpub/44

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Joseph Hersey Pratt (1872–1956) was a member of the second class of the Johns Hopkins Medical School, where he became a devoted student of William Osler and lifelong disciple. Pratt received his medical degree in 1898 and spent his professional career in Boston. He maintained a close association with Osler until the latter’s death in 1919, when Osler’s deification as a secular medical saint began. When Pratt died in 1956 at age 83, the Boston Globe eulogized him in an editorial which read, “Dr. Pratt earned a place in the group of Boston medical immortals who have done so much to raise the whole standard of medicine in this country” (Figure 1).

Pratt made two significant contributions to American medicine: (1) he originated the medical practice of group therapy; and (2) he helped establish Boston’s New England Medical Center. In the 1930s he also pioneered there a novel, non-analytical approach for treating psychoneuroses, but this contribution has been obscured by later more enterprising psychologists and psychiatrists who from 1960s on publicized their own forms of what now is termed behavioral psychotherapy. This essay reviews briefly Pratt’s career, focuses mainly on his several medical contributions, and compares the lives of these two memorable physicians.

Early Life

Pratt was born in 1872, the year young Osler traveled to Burdon Sanderson’s laboratory in London. Pratt grew up in North Middleboro, Massachusetts, 30 miles due south of Boston and began his medical training at the old Harvard Medical...
School on Boylston Street. But after one year, he transferred to the new Johns Hopkins Medical School in Baltimore because, as he explained, "biochemistry and especially bacteriology were not fully developed . . . at the old building [off] Copley Square." At Hopkins he came under the influence of the two Williams there: Osler and Welch.

William Osler's medical clinics for third and fourth students were full of practical clinical information and choice aphorisms. Fifty years later Pratt published his student notes from these clinics in a book entitled *A Year with Osler* (Figure 2).

The Johns Hopkins pathologist William H. Welch arranged for Pratt to study during one summer with a third Williams—William Councilman, his Harvard counterpart at the Boston City Hospital. After his graduation, Pratt continued for four more years working in pathology with Councilman and performed over three hundred post mortem examinations. On the advice of Osler, in 1902 Pratt spent a semester with Professor Ludolph von Krehl in Tübingen, Germany and while there devised the first accurate counting method for blood platelets. During his post-graduate year in London Osler had been the first to demonstrate microscopically the involvement of platelets in the clotting of blood.

After returning from abroad, Pratt sought to support himself in Boston by a private consulting practice while working as a low-paid medical clinic assistant at the Massachusetts General Hospital and doing laboratory research at Harvard Medical School. In 1906 the School had moved to new imposing buildings between Shattuck Street and Longwood Avenue. There Pratt maintained animals largely at his own expense for studies of the pancreas and biliary system. In a vacant room he organized a small bacteriology lab and carried out studies on the typhoid bacillus. It was here that Pratt gave an elective course in laboratory research for senior medical students.

During the first decade after his graduation, Pratt published 33 medical papers in various areas: platelets, diabetes, biliary disorders, typhoid fever, gout, heart disease, hydrotherapy, and others. In 1908 he declined an offer of professor of medicine at the University of Michigan's School of Medicine. In 1909 he

married and began a family. In the years before the First World War, he held an appointment at Harvard as Assistant in the Theory and Practice of Physic. At this period in his career all signs suggested a promising future at the Harvard Medical School.

But Pratt’s academic hopes were challenged by various groups. Several senior Boston clinicians judged his commencing a consulting practice so early in his career as premature and brash. Pratt upset others by being among the first in Boston to wear a long white laboratory-type coat while examining patients, a custom he acquired while working in German clinics. Some local physicians apparently viewed such attire like a tradesman’s smock and thus demeaning to their profession. But more surprising was the report that several professors regarded his elective course in laboratory research as an infringement on time which students should spend seeing patients.7,p.366

Pratt compromised his prospects at Harvard further by his annoying frankness and rigid stands on certain medical school issues. He disapproved of changes in the relations between the Massachusetts General Hospital and the medical school—changes being promoted by then-Dear Henry A. Christian. A remark by Pratt accusing him of being “two-faced” was recorded in the diary of Walter B. Cannon (1871–1945), the renowned Harvard physiologist and influential senior faculty member.8 This and Pratt’s frequent invidious comparison of Harvard with Hopkins led Cannon to “lose patience” with the young instructor. Years later Pratt asked his early mentor in Boston, Dr. Councilman, why he (Pratt) had not advanced at Harvard, and Councilman had replied, “That’s an easy question to answer; they didn’t like you.”9

Pratt’s affiliation with the medical school quietly ended around 1917. During the period of the First World War, he served at a local army camp screening recruits and soldiers for tuberculosis and co-authoring a book on tuberculosis. It’s not clear whether at this time he contracted a mild case of consumption or experienced a profound period of depression. Several of his children recalled
their father having “mysterious nightmares” and “two breakdowns in his middle
years.” In a letter to Harvey Cushing in 1926, Pratt confided that “the hearty support and encouragement given by W.O. was a big factor in
keeping up my courage and enthusiasm in the face of local opposition . . .” The
depression years put another strain on Pratt. But the financial demands of his
family with four children were met by the income from his consulting practice
and stringent economies in his household.

TB Counseling and Group Therapy

The first of Pratt’s several contributions to medicine was prompted in part by a
paper which Osler published in 1900 entitled “The Home Care of Consump­
tion.” In it Osler wrote about the majority of consumptives who could not afford
sanatorium care. For them he recommended strict bed rest at home in the fresh
air as a means of replicating the rest cure of the famous Trudeau Sanatorium.
Pratt was then working at the Out-Patient Clinic of the Massachusetts General
Hospital and each week saw new cases of pulmonary tuberculosis among the
growing population of Irish immigrants.

Around 1904 he enlisted twenty or so of his consumptive patients in a treat­
ment program which entailed absolute bed rest at home with outdoor sleeping
arrangements—for example, under tents in the back yard or on the roof or in
small make-shift balconies attached to windows. Pratt initially called his approach
the “Home Sanatorium Method.” Patients were instructed to keep an hour-by­
hour diary of their daily activities and were obliged to attend weekly group meet­
ings, where they were examined and their hourly records were reviewed.

The result of Pratt’s program was a 76 percent cure rate as judged by the
absence of fever in patients, by their weight gain and their ability to return to full­
time work. He changed the name of his program to the “class method” when
he realized how important the group dynamics were during the class meetings—
for example, patients who endured the often cold sleeping conditions outdoors
couraged newer ones to persist. Pratt published numerous articles about his
success. Osler wrote to him in 1917, praising these papers and adding that “one
element you have not laid stress upon—you own personality.”

Over the following decades medical clinics elsewhere gradually adopted
Pratt’s class method for counseling groups of patients with other specific chronic
ailments or conditions—for example, diabetes, heart disease, obesity, and preg­
pictured a contemporary physician addressing a class of patients in a setting
resembling a college seminar. Pratt’s group approach is his most recognized, wide­
spread contribution to American clinical medicine.

The New England Medical Center

Pratt’s second significant contribution to medicine involved his role in founding
the Tufts-New England Medical Center, now called simply the Tufts Medical
Center. It was established in 1929 in South Boston and began with two clinical
institutions already located there—the Boston Floating Hospital and the Boston
Dispensary.
The curiously named Floating Hospital was literally launched in 1894 and initially was a vessel outfitted to be a public health clinic sailing in the Boston Harbor. On board the poor children of the city were examined and immunized, and their mothers were given instructions in basic health matters. When the boat was destroyed by fire in 1927, its trustees used the insurance money and other gifts to establish the hospital in a building next to the Boston Dispensary. The latter was the oldest private institution for indigent medical care in New England, having been founded in 1796. In the late 1920s it housed an ill-provisioned 20-bed ward intended for adult patients. In 1927 Pratt was appointed its head physician. In the 1930s money to equip the ward was donated by William Bingham, II, of Bethel, Maine, a wealthy private patient of Dr. Pratt.
The Dispensary ward soon had more patients than it could accommodate. Bingham donated $700,000 to replace the ward with a five-story clinic building across the street from the Dispensary and Floating Hospital. He envisioned it also aiding rural physicians in New England with their puzzling cases. Bingham declined to place his name on the building but directed that honor to his personal physician. The Joseph H. Pratt Diagnostic Hospital constituted the third component of the Tufts-New England Medical Center, for which Dr. Pratt became its first physician-in-chief (Figure 3). This hospital differed then from most others in being concerned mainly with diagnoses—much like the early Mayo, Crile, and Ochsner clinics.

During the 1930s Pratt recruited into the hospital staff many distinguished physicians and scientists from among those who had fled from Nazi Germany. But his most important recruit was an American graduate from Emory, Samuel H. Proger, who became Pratt’s eventual successor. Together they gathered an outstanding medical faculty with the result that the New England Medical Center soon ranked with Boston’s other noted medical institutions.

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**Thought Control Classes and Behavioral Psychotherapy**

Shortly after Pratt became the chief physician at the Boston Dispensary in 1927, his staff analyzed 2000 consecutive admissions and found that 36 percent were given the general diagnosis of psychoneuroses. Few of these patients considered consulting a psychiatrist because their complaints were mostly physical—for example, fatigue, headache, and indigestion. The small Dispensary staff could not counsel such large numbers in single-patient visits. Pratt obviously remembered his success in treating consumptives by the class method. But more importantly, he had become familiar with the writings of a French neurologist, Joseph Jules Dejerine (1849–1917), who taught that common, simple neuroses could be cured by “emotional training and reeducation.”

In May 1930 Pratt began applying Dejerine’s ideas in treating a group of the Dispensary patients. He developed what one grateful patient later called “thought control classes.” These involved weekly meetings lasting one to two hours with twenty patients on average. The classes were run much like those for his consumptive patients two decades before to help establish a group spirit. During each session he would give a short exhortatory talk, cajoling the patients into believing they would get better: “You can get well,” he would insist. The success of these classes was likely due to Pratt’s commanding personality but perhaps also to the mantra which he had the patients recite during meetings and at home: “You can't change the world; so change yourself.” Pratt published only three articles about his new treatment method but these were in journals with low circulation.

His approach was subsequently renamed “group psychotherapy.” Of 272 patients who had attended his classes during 1936–37, 68 percent described themselves as free from all symptoms or at least “the more trying ones.” In the early 1950s the program was directed by hospital chaplains and pastoral counselors, but the classes did not flourish under their auspices and soon ceased. Decades later Pratt’s class method was tried by a few psychiatrists, but, according to one reviewer, “it did not work as reliably [for them] as it did for [Pratt].” This and a few other reviews focused on the “group” aspect of his approach and ignored the fact that Pratt was the first in America to employ the theory underlying modern psychotherapy, as presented in Dejerine’s writings.
Pratt and Osler

Osler became mentor to many young clinicians, but a measure of his warm regard for Joseph Pratt is shown in 41 extant letters and post cards he sent to him. The first note, dated May 1902, praised Professor Krehl “as a most satisfactory man” and solicited corrections from Pratt for any errors he found in the latest edition of Osler’s textbook. Later letters concerned platelets, tuberculosis, and various other diseases. A 1905 note concluded with Osler remarking to Pratt that “I hope you are hurrying, as the years are flying and you will soon be forty.” It’s not clear whether this concerned Pratt’s academic career or his bachelor state. Pratt married in 1909. Most of the subsequent communications included greeting to Pratt’s wife, Rosamond, and their children. In August 1918 Osler confided to Pratt, “’Tis just a year since the dear laddie [the Osler’s son, Revere] was killed. It has been a hard blow . . . .” The last note to Pratt was dated July 1919, five months before Osler died, and thanked him for his birthday greetings. Osler added, “How I should like to see you all.”

Pratt wrote four essays extolling Osler as a great clinical teacher, a humorist and humanist, and a valued mentor and friend. There are many parallels in their lives and careers which warrant describing Pratt as “the man who would be Osler.”

In a short family memoir concerning Joseph Pratt, his middle daughter recalled her father saying that “when he found [that] Osler was an atheist or agnostic, he stopped believing himself [in God]. His desire to emulate Osler went that far. He wanted to pattern his whole life on that man . . . .” Young Pratt’s assumptions about Osler’s theological beliefs may have accounted for his not attending religious services during his student years in Baltimore. But later Pratt nominally returned to the church of his childhood, as did Osler.

Both based their medical knowledge largely on the morbid anatomy they had studied. Osler performed over a thousand autopsies and Pratt over three hundred. They shared a strong clinical interest in tuberculosis and in one area of basic research—platelets.

Each helped establish a major medical institution: Osler in Baltimore at Johns Hopkins Medical School and Pratt in Boston at the New England Medical Center. Both left other enduring medical legacies. Osler helped establish many medical organizations, left a rich trove of biographical and humanistic writings, and amassed an immense collection of early medical works—manuscripts, incunabula, and ancient books. His Incunabula Medica (1923) and Bibliotheca Osleriana (1929) are invaluable references sources for collectors of rare medical books. In his final years Pratt turned to writing biographical and humanistic essays, but his major legacy remains having originated the practice of group counseling. He was also the first in America to employ a non-analytical form of psychotherapy for common neuroses, which for such patients has largely replaced Freudian psychoanalysis.

Each man bequeathed a memorable epitaph of himself. Osler came to represent “the ideal, universal physician.” As noted earlier, Pratt was eulogized as “one of Boston’s medical immortals.”

In their personalities both were outwardly cheerful, vibrant, disciplined, almost driven. But close friends of Osler suspected that he harbored a dark inner spirit, accounting perhaps for his long interest in Burton’s The Anatomy of Melancholy. And Pratt’s older children were aware of their father’s periods of profound depression and his recurrent nightmares.
Finally, one experienced a great sadness and the other a painful disappointment. Near the end of his life Osler grieved over his only son killed in the First World War. During his middle years Pratt suffered a gnawing disappointment over never having gained upper faculty rank at the Harvard Medical School. But Pratt’s one son reasoned that if his father had become a professor at Harvard, his energies would likely have been directed to academic interests there and not to his later accomplishments, as reviewed above.5, p. 36

Acknowledgment

I thank Pamela Miller of the Osler Library of the History of Medicine, McGill University, for making available the 41 communications of Osler to Pratt. (I surmise that this collection was donated by Pratt to Cushing when the latter was writing his biography of Osler.) I thank J. H. Pratt, II, for providing me with Pratt’s unpublished 10-page autobiographical narrative.

References

painful disappointment was killed in the First World War, leaving disappointment at not being at McGill Medical School. But then at Harvard, his father was there and not to the medical school.

8. Correspondence from Osler to Pratt (41 communications). Harvey Cushing files, P417, Osler Library of the History of Medicine.