JOSEPH COLT BLOODGOOD

November 1, 1867–October 22, 1935

Dr. Joseph Colt Bloodgood died on October 22, 1935. He was sixty-seven years old and had devoted most of his adult life to teaching. A pupil of the famous Dr. William S. Halsted, who did so much to put surgery in this country on a sound basis, he was largely influenced in his intellectual attitudes by his chief.

His interest lay more in the underlying fundamentals of his specialty than in the mere mechanics of surgery. He was never a showy operator, never sacrificed his patients' safety to unnecessary speed or short-cut methods, but learned from Halsted that if bleeding is carefully controlled during an operation haste is unessential in the type of work which he was doing, notably the surgical treatment of cancer. He knew that it is much more important that every particle of cancer be removed than that the operation be hurried, that if any of the cancerous tissue remains the patient's life will be sacrificed. This point of view has been of great importance in the development of the extensive resections for malignancy now so frequent and so successful.

It was not in his operative technic, however, that Dr. Bloodgood's influence was preeminent. Rather it was in studying and teaching the fundamentals of diagnosis as an essential to effective surgery. The writer first met him in 1895, and even at that time he had begun to preserve and investigate with the greatest care the material which was removed from the cancer patients on his service. That was the year in which the x-ray was discovered, and it was not long before Dr. Bloodgood was using this new technic in the investigation of bone tumors, one of the most important fields for x-ray diagnosis. He worked in his operating room and wards during the day, and at night studied his specimens and taught his special students. Gradually he became an authority on the morphology of bone and breast tumors. He did more than anyone else to show that the so-called giant-cell sarcomata were not malignant growths but tissue reactions to an irritation and that the lesion could be cured by curetting without sacrificing the limb. His opinion on the nature of certain borderline breast tumors necessitated a complete change in the point of view even of the pathologists.

Dr. Bloodgood was, moreover, one of the first to use an effective follow-up system, not of the social service type, but the professional follow-up in which the patients are restudied from year to year in connection with the microscopic pictures. In this way he was able to revise the earlier statistics of carcinoma of the breast published by Halsted, eliminating certain groups of tumors which experience had shown were not malignant although they were so classified by the pathologists of that day. He kept up a personal correspondence with many of his patients, which is one of the essentials of a follow-up, and
interested them in perfecting his records by making reports from time to time. He thus had a better view than most surgeons of the whole aspect of cancer surgery over a period of forty years and for this and other reasons his opinion on the proper therapy of the individual cancer case was widely sought.

He was an indefatigable worker, published many papers on surgical pathology, edited a portion of one of the annual reviews of surgery, and at the same time kept on studying his patients, gross and microscopic preparations and x-ray plates, trying always to correlate the clinical and laboratory findings.

He was a founder of the American Society for the Control of Cancer, believing that the education of the public was one of the most important obligations of the medical profession, and he undoubtedly hastened his death by his insistence on addressing audiences that wished to hear him. He received medals and honors of all sorts and numberless invitations to speak beyond his time or strength to accept, but his greatest pleasure was in teaching students. It was natural, therefore, that he should become the founder of an organization, originally composed of only a few practising physicians but now including members from all over the country who are interested to learn more about tumors and their diagnosis by the microscope and x-ray. To the meetings of the American Association for the Study of Neoplastic Diseases, which grew out of his laboratory course, came physicians who were willing to drop their work and go to Baltimore for a few days, usually in the heat of summer, to glean additional knowledge from the vast collection of tissue and lantern slides which he had built up.

Dr. Bloodgood was not a "brilliant" surgeon; there was nothing of the dramatic in his operating room, but he contributed so much more to surgery by enormous industry and intense devotion to the field in which he elected to work than so many "brilliant" men that he showed irrefutably the superlative and essential value of hard labor for real scientific achievement.