The keen hurt one feels at the death of a friend almost disbars him from the melancholy duty of writing a memorial notice. My associations with Gene Ferris were closest when he was Editor of The Journal of Clinical Investigation. This brief tribute to him will concentrate on his accomplishments in this field, leaving to others an evaluation of his distinguished contributions in cardiovascular disease, measurements of the peripheral circulation, blood flow and pressure relationships, fainting, heat stroke, aviation medicine, and psychosomatic medicine. His distinction in these fields was recognized by his election to the presidency of the American Society for Clinical Investigation and the American Psychosomatic Society; his being awarded the Horsley Prize from his alma mater, the University of Virginia, only six years after he was graduated from medical school; and in his academic appointments.

The first time I saw Gene Ferris was in Chanutin's laboratory at the University of Virginia where as a research fellow he was happily snipping kidneys out of anesthetized rats in his early studies of hypertension. Our trails crossed in opposite directions when he left Soma Weiss and the Thorndike Memorial Laboratory in Boston to join Dr. Blankenhorn in his newly reorganized medical department in Cincinnati. Here I caught up with him in 1937, and here he had already established himself as a leading figure in the department, a stimulus to and critic of the undergraduate student, the fledgling fellow, and by no means least, his own associates.

Gene's work with the plethysmograph led him to application of the principle of plethysmography to cerebral blood flow using the spinal fluid as the replaceable element in the system, the cranium and the enclosed spinal canal as the rigid encasement and an inflatable pressure cuff around the neck which suggested a kind of kid glove garrote. Many excellent investigations into the dynamics of circulation were brought to completion in his laboratory at Cincinnati. His scholarly papers brought him wide recognition as an investigator. During World War II his endeavors, along with those of many associates at Cincinnati, were directed towards measuring the phenomena, determining the hazards, and suggesting methods for avoiding them in simulated high altitude flight. There were other latent interests developing and I recall how astonished his friends were when Gene more or less simultaneously took on the editorship of the then rather decrepit Cincinnati Journal of Medicine and began to take a very active part in developing a lively program in psychosomatic medicine. Many people think that it would be merciful to take the majority of regional medical journals, give them a painless blow on the head, and put them out of existence. Under Gene's editorship, however, the Cincinnati Journal reached real distinction which subsequently for a season was maintained and embellished by his associate, Dr. Charles Aring. Experience with this journal proved to be a valuable school for his conspicuous achievement in developing The Journal of Clinical Investigation.

World War II brought debility and malnutrition to most medical journals, particularly those dealing with clinical investigation. Original work was dislocated or stopped and that in new channels frequently was kept under the curious cover of secrecy for reasons that were not understood even then by the promulgators of secrecy. Various dislocations delayed the issuing of journals, made editorial policies hard to keep in effect, and resulted in frustrating chaos. Hard working editors with few assistants could not prevent delays in printing. Delivery might be more than a year late. There were lapses of many months when nothing was published. The quality of articles was uncertain. The quality of paper was poor. It is fortunate that Jim Gamble and his associates found the time and extra effort to keep the Journal alive at all during those troubled times. Only the remarkable devotion of the editors made its survival possible.

When the editorial office made its westerly migration to Cincinnati with Gene as Editor and Arthur Mirsky and me as associates, the transition went smoothly. It was especially important to keep standards up when clinical research was coming back into focus after the war. The declassification of war work was slow. New
research was just beginning. The editorial board did yeoman’s service in reviewing. In addition to the board, Gene solicited the aid of numerous experts for critical reviews wherever such experts were to be found. Duplicate copies of manuscripts cut down the time for necessary evaluation. Thus the Journal came to provide formal criticism which gave the young and even the senior investigator better insight into the shortcomings of his work and suggestions for making it acceptable. This is still one of the few mechanisms to make criticism available for clinical investigators. It is a valuable contribution to medical teaching and clinical research.

Editorial decisions were made on the basis of the best judgment available. Though this practice at times was embarrassing, it was done with rigor. The editor was beholden to no person, place, or position. Gene’s own contribution to the critiques was considerable. Often he detected specific flaws in work, serious errors in interpretations, awkwardness in organization which led to the salvage of many a shipwrecked paper. I know of a number of outstanding clinical investigators who have benefitted personally from Gene’s criticism. It was very direct. He minced no words. I think it never occurred to him that people claiming to look for criticism rarely welcome it.

Part of the reorientation of the Journal was described in a series of letters from the Editors. They may have offended the dwindling dynasty of doctrinaire schoolmarm in clinical research but served a useful function for the majority of those reading the Journal. Anyone who has felt the surges of the unremitting pressure of editorial duties—the inflow of manuscripts, the assignments of papers to critics, the forwarding of criticisms with explanations, the revision and review of reworked papers, and final review for acceptance, preparation for printing, planning of an issue of a journal, and after instructions for the printer, galleys, page proofs, reprints, and recurrent special numbers, and indices—will understand that the chief editorship of The Journal of Clinical Investigation was a full-time job. During this same period at Cincinnati, Gene was instrumental in much departmental reorganization, developing a psychosomatic program, changing certain aspects of teaching, planning an extensive research laboratory, while fulfilling numerous obligations for local and national committees and societies.

Gene was hearty in his reactions with a strong gusto for life which I recall best in his exuberant greetings and his quick smile that had some of the qualities of a tic. He was devoted to high standards of excellence as an Editor, and had no patience with inaccuracy or with slovenly work. The second-rate was positively repugnant to him and he made no effort to disguise this fact from his associates or from strangers. His very outspoken views were sharp but not barbed. One knew exactly where he stood on a question. His views were not hit upon casually but were the result of careful thinking based upon diligent training. He simply did not care to bother himself with anything which fell short of his standards of excellence.

After I left Cincinnati, I continued as Associate Editor of the Journal and every week would write a critique of all the papers that had been sent to me for preliminary review. Once when I submitted a paper of my own for publication I got caught in the muzzle blast of my own weapon. Ferris and Mirsky had conspired with half the academic faculty at Cincinnati and I was flattened by the critique, a document slightly longer than the longish original paper, quarreling chiefly with matters of style. When I recovered my equipoise, I found some of the suggestions helpful, though the paper didn’t have to be changed very much before it was published. This episode and others like it pleased Gene greatly.

Gene’s family life was a rich and happy one, although no life is without its quota of sorrows. He reached the top of his chosen profession in several lines with an excellent mind, well-trained and well-disciplined. He had the character and ability to achieve distinction in clinical science. He made outstanding contributions as an Editor in a critical period in American medicine. He had rigorous standards both for himself and for those who worked with him. He had no patience with the superficial, the second-rate, or the shoddy. Where he met entrenched stupidity, he attacked head on and not always without provoking sharp reactions. He never pretended to like people if he did not. After he had reached the top ranks as teacher and physician, he would not compromise or retreat from what he saw as the right, so he left his chosen work in academic medicine for a new job. He was staking out fresh claims to distinction as Medical Director of the American Heart Association when all in an instant death struck him down. Without premonition he had a heart attack. He died quite literally in his boots, at his desk, in the full tide of capacity and accomplishment, at the headquarters of the American Heart Association. On behalf of Gene’s colleagues and friends, the Editors of The Journal of Clinical Investigation pay this tribute to him and his accomplishments and join in expressing their sympathy to his bereaved wife and family. I remember him in these words from Hamlet:

Nay, do not think I flatter, . . .
. . . for thou has been
A man that fortune’s buffets and rewards
Hast ta’en with equal thanks and bless’d are those
Whose blood and judgement are so well co-mingled
That they are not a pipe for fortune’s finger
To sound what stops she please.

William B. Bean, M.D.