Edward Coleman Ellett, M.D.
(1869-1947)

Oil painting of Dr. Ellett in the administrative offices of the Chairman of Ophthalmology, UT College of Medicine, Memphis, TN
EDWARD COLEMAN ELLETT, M.D.

A Leader in American Ophthalmology and the Most Important Forgotten Ophthalmologist.

By
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Abstract.
Edward Coleman Ellet (1869-1947) trained in ophthalmology at the Wills Eye Hospital in Philadelphia. He practiced both ophthalmology and otolaryngology in Memphis from 1893 until 1917. After his service running a hospital surgical division in France in World War I, he restricted his practice to ophthalmology. Ellett held numerous leadership roles in medicine. He was the first Dean (1911-1912) of the University of Tennessee School of Medicine, and was a professor of ophthalmology at the school until 1922. Ellett was known for his advocacy of intracapsular cataract extraction and corneal-scleral sutures. He was involved in the organization of the American Board of Ophthalmology and Otolaryngology in 1916. Ellett published at least 449 papers and editorials, and made at least 194 presentations at medical meetings. He was one of the preeminent ophthalmologists in the southern United States.

Dr. Edward Coleman Ellett, was an internationally known ophthalmologist at the turn of the 20th century, who died as he lived – en route to yet another medical meeting. A superb clinician, noted scholar, and proud veteran, Dr. Ellett is a man little known today, but well known a century ago by most US ophthalmologists and nearly all Tennessee physicians. (Figure 1, left page)

Dr. Ellett died in Atlantic City Hospital, June 8, 1947, following an attack of coronary thrombosis, suffered on the train while en route to the Centennial celebration of the American Medical Association. During the previous week at the annual meeting of the American Ophthalmology Society in Hot Springs, Virginia, he had participated freely in discussions and seemed as usual. His practice for the previous 18 months had been restricted to consultation and surgery, but his interest in his chosen specialty was in no way diminished.

Dr. Ellett was born in Memphis, Tennessee on December 18, 1869 in the reconstruction south. He was the son of the most prominent Judge Henry T. Ellett (1812-1887) and Katherine Coleman Ellett.

Ellett’s father died in Memphis in October 1887 while publicly introducing President Grover Cleveland. Edward Coleman Ellett was educated in private schools in Memphis, attended for 2 years the Southwestern Presbyterian University at Clarksville, Tennessee (later the Southwestern College at Memphis), and received his A.B. degree from the University of the South, Sewanee, Tennessee, in 1888. These two institutions later conferred upon him the honorary degrees of LL.D. and D.Sc., the former by Southwestern in 1942, the latter by Sewanee in 1943.
His medical degree was received at the University of Pennsylvania in 1891 where he was also honored with the Alumni Medal for the highest scholastic average in his class. After a year as Resident Physician at St. Agnes Hospital, Philadelphia, and a year as a House Surgeon at Wills Eye Hospital, Philadelphia, he returned to Memphis in 1893.

Dr. Ellett treated eye, ear, nose, and throat disorders from 1893 until 1917. At the time, ophthalmology and otolaryngology were often practiced together. After his return in 1919 from overseas wartime duty, he restricted his practice to ophthalmology.

Dr. Ellett was active in scholarly activities literally his entire life. Ellett published at least three papers during his years in Pennsylvania.

In 1893, Ellett returned to Memphis, after spending his early youth in Pennsylvania, in medical school and internship and residency, and his energy and academic leanings were immediately evident.

There were as many as 4-5 medical schools in existence in Memphis at the end of the 19th century prior to the Flexner Committee report of 1911.

The Memphis Medical College existed from 1866 until its closure in 1872.

Upon his return to Memphis, Dr. Ellett was appointed assistant faculty member at the Memphis Hospital Medical College, serving 1893-1911. Within months of his arrival, his first article was published in the Memphis Medical Monthly.

Between his arrival in Memphis, and his departure for military service in 1917, Dr. Ellett published almost 200 clinical reports and made over 100 presentations at local, regional, and national meetings.

There literally was no aspect of the emerging ophthalmologic profession that was not described by Dr. Ellett.

Dr. Ellett was an outstanding pathologist at a time when this specialty field was in its infancy in Memphis.

In 1898, Dr. Ellett was serving as president of the Memphis Pathological Society.

Ellett continued his professional endeavors at an energetic pace.

In a 1900 published article written by E. C. Ellet, he was listed as "Ophthalmic and Aural Surgeon to St. Joseph's Hospital, City hospital, Lucy Brinkley Hospital, Children's Home, Shelby County Poor and Insane Asylum and Leah Orphan Asylum. MEMPHIS, TENN."

Saint Joseph Hospital was established in 1885 by the Sisters of St. Francis. The St. Jude's Children's Research Hospital is currently located at the site.

In 1898, he was Vice-President, Memphis Medical Society, between 1898-1899, he is Editor in Chief, The Memphis Lancet, NEW JOURNAL, and additionally 1898-1899, he was President, Memphis Pathological Society, and in 1899, he participated on the Credentials Committee, The Memphis Medical Society.

In 1899, Ellet was a member of the Progress of Medicine Committee, Representing Ophthalmology and Otolaryngology, at
the Tri-State Medical Association. He was the Third Vice-President, Western Ophthalmological and Otolaryngological Society 1899-1900, and a Member of the American Laryngological, Rhinological and Otolaryngological Society in 1899, President of the Memphis Medical Society in 1900, and Secretary of the Section of Ophthalmology, American Medical Association 1900-1901. (Fig.2, left page)

In 1901, Ellett was elected an Associate Editor, of The Journal of Eye, Ear, and Throat, published in Baltimore, MD, while also elected to the editorial staff (collaborator) of the Ophthalmic Record.

In 1902, he was the Chairman, the Section on Practice, American Medical Association, as well as the President of the Shelby County Medical Society.

In 1903, Dr. E.C. Ellett of Memphis, Tenn., was reported in the Ophthalmic Record to be spending several months in England and France.

Ellett was awarded the prize for “the best essay” at the seventieth annual meeting of the Tennessee State Medical Association, Nashville, Tenn., November 14-16, 1903.

In 1904, Ellet became a member of the Editorial Staff of Annals of Ophthalmology, published in Saint Louis, Missouri.

In 1905, advertisements proclaimed Dr. E.C. Ellett’s Private Hospital for Diseases of the Eye, Ear, Nose and Throat. (Fig.3)

The opening in Memphis of the College of Physicians and Surgeons in the fall of 1906 drew outstanding medical talent to that school.

The new medical school recognized the outstanding success achieved by three local physicians in their respective fields by naming Dr. William Krause, professor of pathology; Edward C. Ellett, professor of ophthalmology; and Richmond McKinney, professor of otolaryngology.

In 1909, he was elected Vice President of the Southern Medical Association.

In 1910-1911, he was elected Vice-President, Section of Ophthalmology of the American Medical Association. With the formation of the University of Tennessee School of Medicine by the consolidation of Univ. of Nashville, Medical Department of University of Tennessee and College of Physicians and Surgeons, Ellett was named the first Dean 1911-1912.

Ellett continued his tireless participation in various medical organizations, most often being instrumental in organization and management of the various meeting arrangements.

In 1912, he participated on the American Committee on Arrangement for the Ninth International Otological Congress in Boston, Mass. August 12-17, 1912.

He became a member of the American Ophthalmological Society in 1912, and became a Fellow of the American College of Surgeons in 1913.

Between 1914-1915, Ellett served as
the President of the Section on Ophthalmology of the American Medical Association. (Fig. 4).

In 1916, Ellett was elected President of the Tennessee State Medical Association.

Dr. Ellett was Professor of Ophthalmology at the College of Physicians and Surgeons, founded in 1905 and later merged with the University of Tennessee College of Medicine in 1911.

The College of Physicians and Surgeons was among the first of the medical schools in the South to offer a four-year, graded curriculum to its students. The medical school connected with the University of Tennessee was located in a splendid new building at 879 Madison Avenue. This College of Physicians and Surgeons, included a School of Pharmacy and a College of Dentistry.

The location was felt to be admirable for its purposes, having the City Hospital opposite, close to the new Baptist Memorial Hospital and the new Methodist Hospital. When the new medical school opened in 1911, Dr. E. C. Ellett was named the first Dean of a “most excellent” faculty. Although he served for only one year, he remained a Professor of Ophthalmology until his resignation in 1922.

Dr. Ellett is well-remembered and recognized nationally for his advocacy of intracapsular cataract extraction and the use of the corneal-scleral sutures, which he introduced into clinical practice in the United States after a visit to Kalt’s clinic in Paris, France, in 1910 to learn that technique.

Dr. Ellett’s reputation grew, and he should be considered to have attained equal stature to contemporary notables, such as Dr. Edward Jackson of Denver, Colorado. He was certainly the most notable ophthalmologist in the “South.”

His consultation was much sought after, and his opinions and observations were very often quoted at the most prominent medical meetings, both locally and nationally. Dr. Ellett was the physician appointed to examine a plaintiff who was injured by a rivet striking one eye at work, in the case Williams v. Chattanooga Iron Works, seen before the Supreme Court of Tennessee, May 22, 1915.

E.C. Ellett, MD was no doubt controversial in some of his comments, both written and oral. But in hindsight, most of his opinions were often ahead of their time.

In his Presidential Address, delivered at Knoxville, Tenn., Tuesday, April 4, 1916, Dr. Ellett mentioned that “A doctor ought to try to have a clear and fair idea of the value of his services and live up to it.

Not an exaggerated idea, as we are prone to have, but a fair one, and people should pay for medical services...In proportion to the real value of the service rendered and the skill necessary to render it. It is unfortunate that our charges are based on the visit, which is not a proper basis, though I cannot suggest a better one.”

He also promoted his active style of academic endeavors. “Unless one studies, both books and journals, he is in solitary confinement, and ought to be consistent, to live in a forest, make his own clothes and build his own habitation. In a way I envy the man who gets by without study, and that some do so must be true because they do not take any journal or buy any books, if they do, never read them. In more than one doctor’s office I have seen files of the Journal of the A.M.A, apparently complete and neatly stacked, but...
Dr. Ellett was a major factor in the original organization of the American Board of Ophthalmology and Otolaryngology at a meeting in Washington, D.C. on May 8, 1916. He afterwards played a significant role in having this American Board conduct its first Diplomate Certification Examination in Memphis in Lindsley Hall during December 1916.

The first examination for the American Board for Ophthalmic Examinations (the forerunner of the American Board of Ophthalmology, AAO), the first of all specialty boards, was given at Lindsley Hall, in Memphis, December 13-14, 1916, following the annual AAO meeting.

The Committee on Examinations and Credentials consisted of Ellett, Hiram Woods of Baltimore, Wendell Reber of Philadelphia, Edward Jackson of Denver, William Wilder of Chicago, and Frank Todd of Minneapolis. Ten candidates sat for the first examination. The three candidates from the North failed, while the remainder, from the South, including 5 who practiced in Memphis, all passed. Dr. Ellett was proud that the testing process started in Memphis, and continued to personally examine candidates for years.

Dr. Ellett was a recognized reformer. At the turn of the twentieth century, it was not uncommon according to Dr. Jackson, that “The imposition of the six week specialist on the innocent public is chargeable to the lack of a recognized systematic course of preparation necessary for entrance on ophthalmic practice.”

According to Dr. Lanier, MD of Texarkana writing in November 1916, “The most urgent need of ophthalmology in America, to place it beyond present criticism, I say without apologies, is to eliminate the lack of education and training, both literary and medical, on the part of many of the physicians practicing it. This is responsible for the era of reform long since started, but more recently accentuated by the efforts of Dr. F. C. Todd, Dr. E. C. Ellett and Dr. Edward Jackson to elevate ophthalmology to its deserved plane of usefulness and dignity.”

Wartime service (1917-1919).

Dr. Ellett’s passion for military medical service was well known at the time. However, his career progression needs to be viewed in light of the unique military medical organization of the time. Unfortunately, Dr. Ellett’s military service record appears to have perished in the tragic fire that consumed many of the World War I and II records at the federal Records Center in Saint Louis in 1973. So his record of service has been pieced together from publications in newspapers and medical journals of the day.

In 1908, the original Medical Reserve Corps was organized. (After a couple of years, interest was again revived in the Medical Reserve Corps, so that by 1911 a corps of approximately three times the size of the regular army medical corps was organized. Under limitation by a law in force at that time, all medical officers were commissioned as first lieutenants).

A special hearing on “Universal Military Training” was convened in December 1916 before a Subcommittee of the Committee on Military Affairs of the United States Senate, Sixty-Fourth Session on S. 1695, a bill to provide for the military and naval training of the citizen forces of the United States. The bill was one of the first efforts to change from the militia system as it existed to a system of universal training, under Federal control. Dr. Lucian Howe, an ophthalmologist of some renown, spoke in support of Universal Military Training in educational institutions, submitting the names 79 signers of letter, including 41 actual or former presidents of state medical associations, including E.C. Ellett, former president of the Tennessee State Medical Association, along with the Mayo brothers.

The Medical Officers Reserve Corps (the successor of the Medical Reserve Corps) came into existence on June 3, 1917 and the new, and a large number of additional officers were commissioned and assigned to active
It is obvious that E.C. Ellett was among the first of his profession to step forward and raise his right hand. Unfortunately, according to the regulations of the day “medical men” were brought into the Medical Officer Reserve Corps as First Lieutenants, no matter their experience. These early volunteers include such notables as the Mayo brothers and Memphian E.C. Ellett. As the A.E.F. deployed to the European continent, there was legislative pressure to promote these medical experts so that they might serve on equal terms with their colleagues from allied countries, and also with respect to other units in the A.E.F. Although his specific induction is uncertain, but on May 28, 1917, published in the Official Bulletin, Vol. 1, No. 16, May 28, 1917, Ellett was among the medical officers named to examine Engineer Corps Applicants. "Each of the following named officers of the Medical Officer’s Reserve Corps is assigned to active duty and will proceed to the place indicated and report in person to the officer named for duty in connection with the examination of applicants for the Engineer Enlisted Reserve Corps, and upon completion of this duty will return to his home, and upon arrive there stand relieved from active duty in the Medical Officers’ Reserve Corps: First Lieut. Edward C. Ellett to Lieut. Col. William P. Howell, Corps of Engineers, Memphis, Tenn.’’

Ellett was promoted to the rank of Major sometime in 1917, appearing to have passed through the rank of Captain based on his age and experience. In July 1917, under the heading: Army, Navy and National Defense:

“Among the ophthalmologists serving in the State Committees of the Council of National Defense are: Edward Jackson, Denver; William H. Wilmer, Washington; George de Schweinitz, Philadelphia; E.C. Ellett, Memphis.”

Major E.C. Ellett was first assigned to Camp Meade, Annapolis, Md. Other prominent ophthalmologists to serve as reserve Medical Corps officers during World War I were Major Geo. E. de Schweinitz, Lieut.-Col. Lyster, Major Nelson M. Black, Major William A. Wilmer, Major Allen Greenwood, Lieut. Col. George S. Derby, Major Ralph A. Fenton, Major G.I. Hogue, Capt. Charles A. Bahn, along with Major Clarence King, M.C. In an “Informal report of oto-laryngology in the first year of the war” by Colonel Mosher, as reported at the annual meeting of the American Laryngological Association in 1918, the Chief of the Section of Surgery was also the Chief of Surgery of the Head only twice – Major Ellett at Camp Meade and Major Todd at Des Moines.

During the World War, medical assignments were often published in local and national medical journals. Published in “Medical Mobilization,” “Major Ellett of Memphis, Tenn. to Camp Meade, Chief of Division of Ophthalmology, Section of Surgery.” This assignment was confirmed in October 1917, “The following list is official, but it is understood that a number of officers have already received or are about to receive elevated rank:

Camp Meade, Annapolis, Md. – Major E.C. Ellett, Memphis, Tenn.; Capt. R. L. Crockett, Oneida, N.Y.; Lieut. H. Clifton King, M.O.T.C., Ft. Oglethorpe, Ga.” In another publication Ellett was described as “At Camp Meade, Chief of Surgical Service Chief of Section of Surgery of the Head.”

In Special Orders 277, published December 17, 1917, “The following named officers of the Medical Reserve Corps, now on duty at the places specified, are assigned, in addition to their other duties, to temporary duty as members of the physical examining units, Aviation Section, Signal Corps, now being established at these places, for the examination of such candidates for the Aviation Section as may be ordered before them: Maj. Edward C. Ellett, Camp Meade, Annapolis Junction, Md.”

On the recommendation of the Executive Committee of the General medical Board of the Council of National Defense, a Subcommittee of Ophthalmology was appointed on May 4, 1917 as an integral portion of its Division of Surgical Specialties. The Subcommittee of Ophthalmology queried nearly 9000 ophthalmologists in the country in June 1917, and by October, 1400 respondents had volunteered to serve.

On July 10, 1017, the committee of the Council on Surgery of the Head was es-
tablished, and was led by Major T.C. Lyster. On August 17, 1917, the Surgeon General authorized the preparation of plans for a 1000-bed hospital for head surgery in France (Head Hospital). On September 29, 1917, all of the members of the subcommittees of ophthalmology and otolaryngology of the Council of National Defense has been called into active medical military service. After September 29, 1917, all functions were concentrated into the Division of Surgery of the Head of the Surgeon General’s office, consisting of the Sections of Ophthalmology, Otolaryngology, Brain Surgery, and Oral and Plastic Surgery.41

Writing in April 1917 in the Memphis Medical Monthly Dr. Ellett reported “I have just been put in charge of the Surgical Division of the Hospital here. We have 753 patients in today. So far we have had 2,300 admissions with 22 deaths. We have lost only one operative case, a mastoid. We have had nine deaths from pneumonia out of 73 admissions, and three deaths from meningitis. It is interesting to see that the deaths abroad among our men are from the same causes that they are here. We have a big staff, about 75 men, about 25 of whom are in my department (Surgery). The great need in the service is for competent operating surgeons, not amateurs, but the real thing, men with ten or fifteen years of surgical experience.”42

In the May 1917 issue of Memphis Medical Monthly, “MEMPHIS DOCTORS IN THE WAR” noted “Information is scarce. The following doctors have been accepted in the Medical Reserve Crops. At the head of the list was Dr. Ellett: “Ellett, Smythe, Malone, Swynke, E. L. Anderson, C.L. Brown, Cooper, E.D. Thompson, E.D. Watkins, Howard Walker, Stone, Porter, Ingram, F.C. Venn, S.E. Frierson, Rucks, Beck, Desprez, Coppedge, Carnes, J.E. Dunlap.” The editor asked that “these gentlemen kindly indicate to the Monthly their relations to the Army Medical Corps, with such other information as may be available, it will be appreciated.” According to the editorial, “the demand for doctors is urgent and imperative. “The man who is needed more strongly than any other man, be he doctor or civilian, is the doctor of experience, and that judgment only acquired by long years of practical service.”43

But of course, E.C. Ellett had already volunteered.

“During the week ending June 16, there were recommended to the adjutant-general of the army for commissions in the Medical Reserve Corps, 1,032 medical officers, including ten majors, 117 captains, and 905 lieutenants. From April 21 to June 16, 4,026 physicians have been recommended for commissions.” Hospital unit Memphis (Tenn.), General Hospital – Dr. Battle Malone, Exchange Building, Memphis, Tenn.

According to the Surgeon General report 1917-1918, “at the time of the active entrance of the United States into the great war (Apr. 6, 1917) the Medical Department of the Army had less than a thousand trained commissioned officers. Today (September 29, 1918) it has a larger personnel than the entire Army had two decades ago at the outbreak of the Spanish-American War.”44

War Department Special Orders, No. 207, September 6, 1917, established 67 Physician Examining Units for the Air Service Medical:

MEMPHIS, TENN. – Exchange Building.


Eye: Dr. Robert Fagin, Dr. J.F. Minor, Dr. Harry Minor.

Ear, nose, and throat: Dr. W.L. Simpson, Dr. Fontaine Moore, Dr. J.B. Blue, Dr. A. C. Lewis.

General Physical: Dr. George Williamson, Dr. Percy Wood, Dr. George Cartley, Dr. L. W. Haskell

According to Special Orders 277, Maj. Edward C. Ellett, Camp Meade, Annapolis Junction, Md. “now on duty at the places specified, are assigned in addition to their other duties, to temporary duty as members of the physical examining units, Aviation Section, Signal Corps, nor being established at these places, for the examination of such candidates for the Aviation Section as may be ordered before them.”45

It was noted early-on, that twenty per cent of the beds in Base Hospitals within
the war zone was employed in the treatment of head injuries. In response, October 1917, the Surgeon-General of the United States Army provided specially trained personnel with an adequate equipment for every Base Hospital overseas. (He created a special section in surgery of the head, divided into, first ophthalmology; second, otolaryngology; third, brain and, fourth, oral surgery and plastic surgery of the face and head. In order that this work be done in the most effective manner, it was planned to have one hospital established in France which shall be devoted entirely to head injuries.” The type of specialized and expert service that had been available in civil life was planned to become a practical part of the practice of military medicine and surgery.46

“Pursuant to the authorization of the Surgeon General for the development of a base hospital particularly devoted to surgery of the head, to be established in France, Special Base Hospital No. 115 was organized at Cape May in February, 1918, and during the year much attention was given to its equipment and personnel. The call for this hospital was received on May 24, 1918, and the arrangements entirely completed by June, 1918. Now mobilized at Cape May, its personnel and equipment are ready for transportation overseas.”48


Obviously, another promotion elevated Ellett to the equal of the most notable physicians at the time. Dr. Ellett was called to the Surgeon’s General Office to coordinate the creation of a Head, Eye, Ear, Nose, and Throat specialty hospital.

Less than a month later, JAMA on June 22, 1918 p: “ORDERS TO OFFICERS OF THE MEDICAL CORPS OF THE NATIONAL ARMY:


This again was confirmed July 6 and July 15, 1918, in JAMA: “ORDERS TO OFFICERS OF THE MEDICAL CORPS AND OF THE MEDICAL CORPS OF THE NATIONAL ARMY

To Cape May, N.J., for duty, and on completion to his proper station, Lieut.-Col. EDWIN (sic) C. ELLETT.”51-52

Base Hospital No. 115 was organized at Camp May, N.J. In May 1918, many specialists arrived in France. Several “specially qualified” officers were assigned to the Vichy Hospital center. Base Hospital No. 115 was the “head hospital” of the center. Ellett assisted in creating the hospital, and was the commanding officer. The hospital was de-
scribed as having a “large and very excellent personnel”, and consisted of specialists in surgery of the head and face and neurosurgery. (Figure 5)

The hospital was physically (Figure 6) Base Hospital 115 served as the “eye teaching center” for the A.E.F., especially during the winter. The trainees were evaluated with respect to their qualifications as eye surgeons. According to Dr. Greenwood, “Had the war continued, Special Base Hospital 115, under the able management of Lieut.-Col. E.C. Ellett, who is so well known to all ophthalmologists in America, would have developed a very large and important eye center for instruction and qualification of Army ophthalmologists.”

A new bill in 1918 abolished the old corps, making the Medical Reserve Corps a part of the Officer’s Reserve Corps, the rank to which a medical officer might be commissioned was raised to that of major. For some strange reason, in every other division of the Officers’ Reserve Corps, the maximum rank which a reserve officer could attain was that of colonel.

The first assistant to the chief surgeon of the AEF earnestly endeavored to rectify this inequality by recommending promotions.

The general staff frowned on any promotions in the Medical Reserve Corps, while they raised the regular army medical officers at least one grade. Promotions were being made up to the grade of brigadier-general in the other reserve corps of the army. At the same time, the medical profession was furnishing the only reserve officers who had technical training in the department in which they were to serve. Surgeons whose names were household words in America were serving as captains, in a few cases as majors. It was not until the spring of 1918, nearly a year after some of the reserve officers had begun their service in France that, through the loophole of the National Army, some majors became lieutenant colonels.

The lieutenants and captains, however, without regard to their professional attainments, were still outranked by their interns, assistants and students fresh from home.

In the spring of 1918, a scheme was approved by the general staff to promote medical officers on the basis of their age. Finally, months after the armistice was signed, promotions were passed out freely.

July 23, 1918, Colonel de Schweinitz organized the School of Ophthalmology at Fort Oglethorpe, Georgia, and Major Meyer Weiner was put in charge. The number of medical officers in the army at the beginning of the war was 422, while at the time of the signing of the Armistice there were over 31,000 enrolled. As described earlier, a special hospital was established at Cape May for the reception and treatment of all cases requiring the care of specialists represented by the component section of the Division of Head Surgery. There was also organized a special hospital for service in the A.E.F, and Lieutenant Colonel Ellett was commanding officer, and Captain L. Masten Francis was in charge of ophthalmology.

At the time of the armistice was signed there were places where at least 150 ophthalmologists could be used to advantage in replacement divisions, mobile, evacuation, base, and camp hospital. At the close of hostilities, nearly every evacuation hospital in the field had an ophthalmologist attached.

In 1919, as published in the American Journal of Ophthalmology and the Journal of the American Medical Association: “Lieut.-Col. Edward C. Ellett of Memphis, Tenn., who was commanding officer of Base Hospital Number 115, returned home around May 15th from his service overseas.”

The Army Appropriation Act passed Saturday, June 29, 1918 allowed for increased rank for medical officers. As of June 1918, more than 20,000 doctors throughout the country had volunteered for the Medical Reserve Corps.

In a “Weekly Bulletin, A.E.F” dated Feb. 1, 1919, “The necessity for making promotions in the Medical Corps of the A.E.F has been especially urgent because most of the reserve corps officers were commissioned in the lowest grade (first lieutenant), which was originally the only one, including men who had been fifteen or twenty years in prac-
At the time of his discharge, for his service in France as Commanding Officer of Base Hospital 115 with the rank of Lieutenant Colonel, he received a citation for ‘exceptionally meritorious and conspicuous service,’ reportedly signed by General Pershing himself.

Discharged as a full Colonel in the Medical Corps of the United States Army Reserve he has been known to all his Memphis colleagues as ‘The Colonel,’ a term of honor, endearment and respect, which he accepted modestly.

After the cessation of hostilities, as laid down in the Act of June, 1920, a definite military policy was delineated to create an organized Medical Reserve Corps.

In 1922, there was about 10 per cent of the number of doctors who volunteered for service during the World War. During the First World War, more than 30,000 physicians offered their services voluntarily, they were not drafted for service.\(^57\)

Around 1922 the Surgeon General worked hard to extend plans for instructing medical students through the R.O.T.C in those duties of a medical officer which differ from those of the civilian physician, “in an attempt to do beforehand what was necessary after the declaration of war in the recent World War.”\(^58\)

The pendulum was quick to swing back, in that at an encampment of the Medical, Dental, Veterinary, Medical Administrative Officers of the Medical Department Reserve Corps, held at Camp McClellan July 1922, there was a resolution submitted to the Surgeon General voicing their opposition “to the initial appointment of officers in the Medical Reserve Corps above the grade of first lieutenant, who were not on active duty during the World War.”\(^59\)

**Post-War Ophthalmology.**

Ellett’s main interest was in graduate teaching and from the organization of the Instructional Courses of the American Academy to his death he annually gave an hour of instruction on some subject of clinical interest. Any intern, resident or visitor who manifested the least interest in what “The Colonel” was doing was cordially invited to the operating room and welcomed at ward rounds. He was the motivating influence behind annual “Clinic Days” which for years the Memphis Society of Ophthalmology and Otolaryngology held for the interested spe-
cialists in the mid-South area. (Figure 7)

In December 1923, writing an editorial entitled “Whose Responsibility?” Ellett lamented “We do vast amounts of public work for nothing, in hospitals, dispensaries, state and county institutions, etc., work whose money value is quite large, and this service is accepted, but when it comes to asking a hearing on matters in regard to which our experience and position should entitle us to be listened with responded, we find that our opinions are neither wanted nor heeded.”

In talking about incompetent physicians and unproven treatments, Ellett ponders, “The question presents itself, Why should the medical profession take upon itself, or be called upon to fight this battle of altruism? Why not quit, and let all the quacks and skeptics and short horses and faddists that the people want enter the field of healing? To the best of our knowledge, our opinion is not wanted, at least it is not sought. We come out in favor of what we think is right, and almost invariably we are accused of self-seeking; the measure we advocate are looked on as measures for our profit and protection.”

In a Letter to the Editor entitled “The Care of the Veteran,” Ellett called for the repeal of legislation Congress J.R. 10271, introduced by Mr. Johnson of South Dakota, “A Bill to amend the World War Veterans’ act of 1924,” that provided “transportation and hospitalization for all veterans regardless of the nature or origin of their disabilities.” Adding, “for the rest of their lives these men will be sent to government hospitals and treated for all their ills, venereal diseases, acute illnesses and accidents of all kinds.

Again, independent as to a veteran’s status as a service-connected disability, the bill “extended to cover specifically outpatient and dispensary treatment, including dental, medical and surgical care and prosthetic appliances.”

According to Ellett, “it tends to pauperize about five million Americans, most of whom are at their most productive age. It extends free medical and dental treatment to these men, many of whom are able to pay for such services. It will impose an expense on the taxpayers before which all other items of governmental expense will seem insignificant.” Ellett continued “It is futile to say that these men will not take advantage of the offer. They are already doing it and will do so more and more as they learn that it is theirs for the asking.” Ellett concludes “This is not an attack on the ex-service men. I was in service, am a member of the American Legion, and feel sure that in this matter as well as in the bonus question, the vast majority of the ex-service men, as well as the Legionnaires, are in sympathy with the spirit of this letter.”

Writing an Editorial entitled “OPTOMETRY IS NOT A PROFESSION, Ellett reported “As has been pointed out, for instance by Lancaster in the chairman’s address of 1928 before the section on ophthalmology of the American Medical Association, as understood in the United States, is a trade and not a profession, and that most optometrists lack the professional sprit and the professional point of view.”

Ellett continued “This is very well illustrated in articles that appear from time to time in the publications of the wholesale optical houses, in which much advice is given as to how to ‘drum up’ trade and sell people more and higher priced glasses than they need or desire.”

He also described another article, containing the following: “What interest are you taking in the eyesight of your local athletes? Have you written a personal letter to the athletic leaders in your community pointing out how glasses have been of benefit to nationally known athletic stars? Have you ever explained to the manager of your home town baseball club the advantage of glasses?"

Dr. Ellett participated in the Memphis Society of Ophthalmology and Otolaryngology. This organization was established in 1913, and met in members’ offices until 1926, when the Memphis Eye, Ear, Nose and Throat Hospital opened at 1060 Madison Avenue, and hosted the monthly meetings. From its beginning, this hospital also hosted the first ophthalmology residency in Tennessee.
Dr. Ellett served as the Chief of Staff of the hospital from its opening until his death.

Dr. Ellett served as Chairman of the Section of Ophthalmology of the A.M.A., President of the Memphis and Shelby County Medical Society, the American Academy of Ophthalmology and Otologyrology, and the American ophthalmological Society. He also served for five years as Chairman of the American Board of Ophthalmology.

Dr. Ellett delivered the presidential address at the 31st Annual Meeting of the American Academy of Ophthalmology and Otologyrology, and stated: “We are awake, and through our examining boards, special societies and other agencies, we are striving to see, recognize, and correct our own shortcomings, as has always been the ideal of the medical profession. Our aim should be twofold, to remedy our own defects and to make the medical specialist in ophthalmology the best qualified in fact to render service and to give advice in manners of ocular health, disease, and defects, and also to the public to know the facts so that they may judge as to who is best fined to be entrusted with the great responsibility of the people’s eyesight.”

Writing an obituary published in Necrology for the Transactions of the American Ophthalmological Society, a Memphis colleague Ralph O. Rychener, MD wrote: “He was a man much honored by his colleagues. In 1914 he served as Chairman of the Section on Ophthalmology of the American Medical Association and was President of the American Academy of Ophthalmology in 1926 and of the American Ophthalmology Society in 1932. In addition he held executive positions in all local and sectional medical organizations, having been President of the Memphis and Shelby County Medical Society, of the Tennessee Academy of Ophthalmology and Otologyrology, and Vice President of the Southern Medical Association. He was active in the American College of Surgeons, and was in constant attendance at sessions of the International Congress of Ophthalmology.”

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His contributions to the literature of ophthalmology are too numerous to record. His interest was mainly in clinical ophthalmology and his reports dealt with his long personal experience with various phases of the subject. He often remarked that one learned more from a single, well-developed case report than from a long paper on the subject. He particularly delighted in the programs of the American Ophthalmological Society which always gave him an opportunity to place on record his own experience with an unusual problem. His reports were concise and direct and were very typical of his behavior in the office and the hospital where he always moved with a minimum of lost motion. For more than 30 years he had advocated some form of corneoscleral suture in cataract extraction and was one of the first in this country to attempt intracapsular extraction except where contraindicated. Extensive travels abroad allowed him to visit outstanding clinics and observe various ophthalmic surgeons at work and his practice always received the immediate benefit of such surgical procedures as appealed to him.

He could converse passably in French and Spanish, but language barriers never deterred him from obtaining the information he needed. He returned from the International Congress of Ophthalmology in 1930 to apply immediately Gonin’s technique in the treatment of retinal detachment. Unable to understand the presentation in the meeting, he had smoothed out all the details with Gonin during a chance meeting on a streetcar the following day.”
Persistence and the attention to detail were primary virtues with Dr. Ellett. His office records written in longhand were masterly in description, but always brief and to the point. If the diagnosis was obscure, there was no quibbling over terms; treatment was prescribed as seemed indicated and if the course of the disease was not altered in a few days there was no hesitancy in a change to some other form of therapy. There was neither dogmatism nor nihilism in his treatment of his patients and it was often amazing to mark the improvement of patients with stubborn conditions unyielding to the accepted forms of therapy. His quiet manner and gentle touch always inspired confidence, which is itself a primary requisite in treatment."

Ellett was very vigorous in his support when national medical meetings came to Memphis, as when SMA (Southern Medical Association) came to Memphis in 1927 and 1939. He was also a nationally recognized expert, a true peer of the most notable ophthalmologists of his day.

According to Dr. Rychener, "In November, 1939, the Southern Medical Association honored him with "Ellett Day," dedicated to a review of his achievements as a physician, citizen and soldier. In October, 1942, Dr. Ellett was Associate Guest of Honor of the American Academy of Ophthalmology and Otolaryngology and received the Award of Merit in recognition of his services as President, Member of Council and instructor, as well as scientist, teacher and soldier.

In May, 1943, the Memphis and Shelby County Medical Society honored him with a testimonial dinner to celebrate his fiftieth year of medical practice in Memphis, at which were 9 Memphis ophthalmologists and otorlaryngologists who had been associated with him in private practice during those years."64

"For many years a member of the Board of Directors of the National Society for the Prevention of Blindness and a Vice President at his death, he gave freely of his time to the labors of this lay organization in the field of sight conservation. In 1939 in cooperation with the St. Louis Society for the Blind he was given the Leslie Dana Medal ‘for outstanding achievements in the prevention of blindness and the conservation of vision.’"

“A member of the original American Board of Ophthalmic Examinations, he helped to conduct the first examinations for certification in ophthalmology at the initial meeting in Memphis 30 years ago. This interest was maintained and he continued to review candidate’s examination papers until last year (1946) when he retired from the American Board of Ophthalmology after serving as President for several years. This, too, was the occasion of a testimonial by the Board.”

The concept of the Annual Wills Eye Clinical Conference was initially suggested to the Medical Staff and the Board of Managers of the Wills Eye Hospital Society by two ex-residents, Dr. Edward C. Ellett (WEH 1892) of Memphis TN, and Dr. Arthur J. Bedell (WEH 1902) of Albany, NY, in about 1945.65

Just months before he died, he was advocating for a National Department of Health in JAMA.66

Dr. Ellett was uniformly respected and revered.

According to Rychener, Ellett “delighted in the success of those men on whom he had exercised some influence through hospital connections, military life, or acquaintance at ophthalmic meetings. No request for advice was ever refused and, because of his long years of experience and scientific and scientific training, he usually had some worthwhile suggestion to offer. As a consultant, he was understanding and kindly and had the ability to alter a course of therapy without destroying the patient’s confidence in his physician. His mind was always active and alert.”

Rychener continued: “A deft surgeon, Dr. Ellett pioneered in this country many of the surgical techniques that are now standard procedures, such as intracapsular cataract extraction with the corneoscleral suture, the Elliott corneoscleral trephining, the diathermy treatment of retinal deparation, and plastic dacryocystorhinostomy. He was the center of a large audience in the operat-
ing theatre and never failed to give his most masterly performance in the presence of onlookers. He maintained his steady and accurate hand to the very last and, although restricting his office practice to consultation only, continued his intraocular surgery daily until the end. It was always an inspiration to watch him at work for there was a minimum of action, everything being done in the simplest and most direct way to achieve the desired result. His techniques and teachings were indelibly impressed on a large number of associates and residents, and he will live on in the works of those who were his students.”

According to Dr. Rychener, “’The Colonel’ was a great teacher. For 16 years he was Professor of Ophthalmology at the University of Tennessee Medical School, but his main interest was in graduate teaching in ophthalmology. In this field he had many associates in his private office, who later branched off into their own practices in Memphis and other cities, continuing successfully the precepts he taught so well. At his own expressed wish 11 of them were honored by being asked to carry him to his last resting place. His interest and regard for them were maintained until the very end.”

The American Journal of Ophthalmology obituary was published August 1947. And quite remarkably, the September 1947 issue of AJO published a month after his obituary included in the Society Proceedings the Proceeding of the Memphis Society of Ophthalmology and Otolaryngology meeting, February 10, 1947, and Dr. Ellett’s participation was notable for “Three cases of ‘soft glaucoma.’” JAMA published an obituary for Dr. Ellett in July 12, 1947 that was almost one half of a column in length. In addition, the American Ophthalmological Society published a separate obituary.

Ellett Hall was dedicated December 18, 1956 at Rhoads College in Memphis, Tennessee in the memory of Dr. E.C. Ellett.

Edward Coleman Ellett is a true Tennessee legacy. He published at least 449 papers, pamphlets, case reports, editorials between and 1891 and 1947.

He made at least 194 presentations at local, regional, and national meetings between 1895 and 1947.

A physician, citizen, and veteran, who was known to all of his Memphis colleagues as “the Colonel.”

The Lifeline of
Edward Coleman Ellet, MD

1869
December 18, 1869
Born in Memphis, Tennessee
Parents Judge Henry T. Ellett and Katherine Coleman Ellett

1891
Medical School Graduation
University of Pennsylvania Department of Medicine

1891-1892
Resident physician at St. Agnes Hospital
Philadelphia, PA

1892-1893
Resident physician at Wills Eye Hospital
Philadelphia, PA

1893
Returned to Memphis

1893-1911
Associate Faculty
Memphis Hospital Medical School

Figure 8. Picture of a senior Dr. Ellett, published in his TAOS obituary.
1898
Vice-President, Memphis Medical Society
1898-1899
Editor in Chief, The Memphis Lancet, NEW JOURNAL
1898-1899
President, Memphis Pathological Society
1899
Credentials Committee, Memphis Medical Society
1899
Progress of Medicine Committee
Representing Ophthalmology and Otolaryngology
Tri-State Medical Association
1899-1900
Third Vice-President, Western Ophthalmological and Otolaryngological Society
1899
Member
The American Laryngological, Rhinological and Otolaryngological Society
1900
President, Memphis Medical Society
1900-1901
Secretary of the Section of Ophthalmology, American Medical Association
1901
Elected an Associate Editor, of The Journal of Eye, Ear, and Throat, published in Baltimore, MD.
1901
Elected to the editorial staff (collaborator) of the Ophthalmic Record.
1902
Chairman, the Section on Practice, American Medical Association
1902
President, Shelby County Medical Society
1903
Dr. E.C. Ellett of Memphis, Tenn., is spending several months in England and France. (Reported in the Ophthalmic Record)
1903
Awarded the prize for “the best essay” at the seventieth annual meeting of the Tennessee State Medical Association, Nashville, Tenn., November 14-16, 1903
1904
Editorial Staff
Annals of Ophthalmology, published in Saint Louis, MO
1908
Executive and Tournament Committee
Memphis Tennis Club
1909
Vice President
Southern Medical Association
1910-1911
Vice-President, Section of Ophthalmology
American Medical Association
1911-1912
Dean
University of Tennessee School of Medicine
1912
American Committee on Arrangement
The Ninth International Otological Congress
Boston, MA
August 12-17, 1912
1912
American Ophthalmological Society
1913
Fellow
American College of Surgeons
1913
Dean
University of Tennessee, College of Medicine
(Consolidation of Univ. of Nashville, Medical Dept of Univ. of Tenn., and College of Physicians and Surgeons)
1914-1915
President, Section on Ophthalmology
American Medical Association
1916
President
Tennessee State Medical Association
1916-1919
American Board for Ophthalmic Examinations
The examination was under the charge of Dr. Lancaster,
Refraction Dr. Edward Jackson and Dr. E.C. Ellett
Memphis, December 14-15, 1916
New York NY June 7-8, 1917
1917
Collaborator
The Ophthalmic Record
1917 May 28, 1917
Commissioned First Lieutenant
Medical Reserve Corps
1917 , Month unknown
Promoted Medical Reserve Officer
Major E.C. Ellett
1917 July
“Among the ophthalmologists serving in the State Committees of the Council of National Defense are: Edward Jackson, Denver; William H. Wilmer, Washington; George de Schweinitz, Philadelphia; E.C. Ellett, Memphis.
1917 Sept
Major Ellett of Memphis, Tenn. to Camp
Meade, Annapolis, Md.
Chief of Division of Ophthalmology
Section of Surgery
1917
At Camp Meade
Chief of Surgical Service
Chief of Section of Surgery of the Head
1917, December 17
Special Orders 277
Examiner for Aviation Section, Signal Corps
Maj. Edward C. Ellett, Camp Meade, Annapolis Junction, Md."
1918 Jun 9 (Published in New York Times)
June 9, 1918 Published New York Times
“Ellett, Maj. E.C., and Lewis, 1st Lt. N.D.C.,
will report to Surg. Gen.”
1918
June 13, 1918 Published JAMA, vol. 71, No. 2, page 126
To Cape May, N.J., base hospital, from the
Surgeon General’s Office,
Lieut.-Col. EDWIN (sic) C. ELLETT
1918
June 30, 1918 Published New York Times
“Ellett, Lt. Col., to Base Hospital 115 at
Camp May”
1918
July 6, 1918, Published JAMA 1918, vol. 71, No. 1, P 47
ORDERS TO OFFICERS OF THE MEDICAL CORPS AND OF THE MEDICAL CORPS OF THE NATIONAL ARMY
To Cape May, N.J., for duty, and on completion to his proper station, Lieut.-Col. EDWIN (sic) C. ELLETT.
1918
Executive Committee
Section on Ophthalmology
American Medical Association
1918
Fellow, American Medical Association
AMA Section on Laryngology, Otology and Rhinology
1919
JAMA, vol 72, p 1628, 1919
“Lieut.-Col. Edward C. Ellett of Memphis, Tenn., who was commanding officer of Base Hospital Number 115, returned home around May 15th from his service overseas.”
1922
Committee to Nominate Permanent Officers of the Congress
International; Congress of Ophthalmology
Washington, DC.
1926
President
American Academy of Ophthalmology
1927
President
Memphis and Shelby County Medical Society
1928
Chairman-Elect
Section on Eye, Ear, Nose and Throat
Southern Medical Association
1928
First Vice-President
Southern Medical Association
1930
President
Section on Ophthalmology
American Medical Association
Conducted the examination of 34 candidates
in conjunction with AMA meeting, 1930
1931
Vice President
American Ophthalmological Society
1932
President
American Ophthalmological Society
1936
Published in New York Times on Aug 23, 1946
Member of the Board of Directors
National Society for the Prevention of Blindness
1940
Published in New York Times on December 13, 1940
Elected Vice President
National Society for the Prevention of Blindness
1945
Co-organizer of
Wills Eye Annual Conference
1947
June 8, 1947
Died following Coronary thrombosis, died in
Atlantic City suffered on the train while en route to the Centennial celebration of the
AMA
June 9, 1947
Obituary published New York Times
July 12, 1947
Obituary published in J.A.M.A.
August 1947
Obituary (Author Ralph O. Rychener, MD)
Published in American Journal of Ophthalmology

HONORS

1) Secretary of the Section on Ophthalmology
of the AMA, 1900-1901
2) Vice-President, Section on Ophthalmology of the AMA, 1910-1911
3) Chairman of the Section on Ophthalmology of the AMA, 1914-1915
4) Past President of the American Ophthalmological Association
5) President of the Memphis and Shelby Country Medical Society
6) President of the Tennessee Academy of Ophthalmology and Otalaryngology
7) Vice President of the Southern Medical Association
8) Member of the Association for Research in Ophthalmology
9) Fellow of the American College of Surgeons
10) October 1942, given the Award of Merit of the American Academy of Ophthalmology and Otalaryngology in recognition of his services as present and member of the council
11) Vice present and for many years a member of the original American Board for Ophthalmic Examinations, which later became the American Board of Ophthalmology, serving as a consultant and at one time as its president
12) Commanding officer of Base Hospital 115 in France with the rank of Lieutenant Colonel during World War I and received a citation for “exceptionally meritorious and conspicuous service”
13) Discharged as a colonel in the medical corps of the U.S. Army Reserve
14) Chief of Staff of the Methodist Hospital
15) Received honorary degrees from the Southwestern College and the University of the South in Sewanee, Tenn.

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