Letters to the editor

Re "Consumer-driven health care"

Marshall Kapp's article in the Spring 2007 issue (pp. 12–15) strongly advocates a failed utopian economic ideal as the solution to medicine's current problems. Consumer-driven health care is the most recent snake-oil nostrum of the "free market" people. The serious shortcomings of free market ideology have become increasingly obvious over the past twenty-five years. Complexity, huge unnecessary administrative expense, and health care fraud on a previously unimagined scale have characterized the free market approach. The Canadian John Ralston Saul has dissected the idiocy of multiple repetitions of a failed idea while expecting different results. The conclusion section of the article has a badgering and hectoring tone common to many of the free market people, with the injection of the fear factor and denigration of anyone who might have other ideas (implied dumb, slow, or misinformed). Yes, the boogie man appears at the end: socialized medicine. Probably at least fifty percent of U.S. physicians now favor a single payer system much like an updated Medicare. Patients' care and well-being should be at the center of our medical system, not some abstract and failed idea.

Robert J. McElroy, MD
(AΩA, Indiana University, 1965)
Empire, Michigan

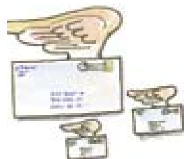
Rice-paddy dialysis

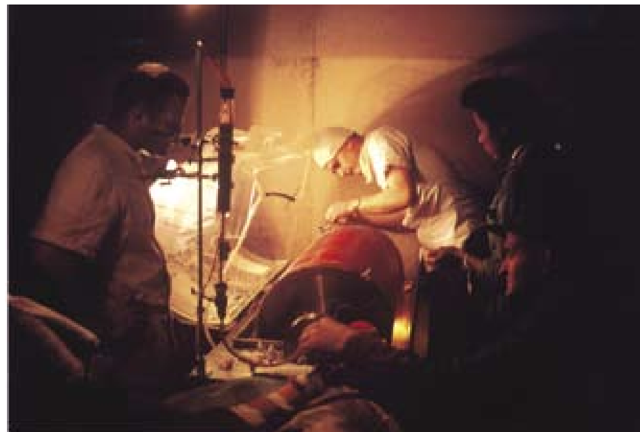
Colonel Harold W. Glascock (deceased), a Regular Army physician, commanded the 11th Evacuation Hospital, Wonju, Korea, in 1951 during the Korean War. When Holly Smith proposed dialysis treatment for acute renal failure complicating extensive battle injuries, Colonel Glascock made the request through usual Army channels within the Far East Command. As I recall, this initial request was denied.

Colonel Harold Glasscock. Photo courtesy of Dr. Hoffman.

The colonel then issued orders, on his own local authority, directing that Holly proceed to Washington, procure the Kolff artificial kidney then at Walter Reed Hospital, and bring it back to Wonju together with all needed chemicals, tubing, and other supplies. Surely, the "liberation" of all that equipment required the intelligence, energy, and diplomacy which make Holly Smith the force of nature described by Marvin Sleisenger in the Spring 2007 *Pharos* (pp. 32–39).

While Holly was away on his mission, Colonel Glascock ordered the construction of a small building, with its own electric generator, to house the dialysis unit. Holly's project was eminently successful. The 11th Evac became the Army's renal/dialysis center in the Far East—the first place dialysis had ever been used in a wartime military setting.




Holly Smith performing first dialysis in Korea, 1952.
Photo courtesy of Dr. Hoffman.

Colonel Glascock, probably because he issued orders outside the chain of command, was passed over for promotion to brigadier general, and had to resign his commission in the regular Army. He thus lost his chance to become Surgeon General, which had been his lifetime ambition. However, in exchange, he mightily helped to establish, in a combat zone, a dialysis service that saved hundreds of lives.

I'm certain the colonel considered it a good swap.

Irwin Hoffman, MD
(AΩA, University of New Mexico, 1993)
Albuquerque, New Mexico

Meeting Holly Smith, through two generations of his disciples

Marvin Sleisenger's beautiful account of Holly Smith's extraordinary career (Spring 2007, pp. 32–39) reintroduced me to an iconic figure, one I had at one time almost known for real but for an antigen. In 1970, the biochemist Gordon Tomkins invited me to interview for an assistant professor position at UCSF, in the newly formed Department of Biochemistry and Biophysics. After receiving his MD from Harvard, Tomkins had rapidly become a world-renowned enzymologist during his years at the NIH. In the first minutes of my interview, without me even raising the question, he volunteered his reason for leaving NIH for UCSF. He said, "You want to be at a place where the dean is smarter than you are." He continued, "Holly Smith came out here and it has changed everything."

As my interview day continued, all I could think about was this man Smith, whose name had been mentioned in such glowing terms (his—unlike mine, a name instantly remembered), whose talent not only was remaking UCSF, but had magnetized the attraction of such a brilliant star as Tomkins. But after lunch I became ill and was admitted to the Moffett

Hospital emergency room. I had been so busy talking with the faculty during lunch (talking too much is among my many flaws) that I hadn't noticed the sliced almonds in my sandwich. I have a severe nut allergy. Tomkins took me to the ER and was suddenly cast as a physician, conferring with the staff on my status (which was not life-threatening, though, very touchingly, Gordon thought it might be) and demanding that all the top medical people come and make sure I was okay. And during the afternoon and evening, several of the postdocs in his lab came to look in on me. Like Tomkins, they too were MDs, and the job candidate had become a somewhat interesting case for observation. And like Tomkins, they also had impeccable bedside manners. Of course, they were training descendants of Holly Smith.

Years later I realized that Holly Smith had known Tomkins as a brilliant Harvard medical student and had recruited him to UCSF from the NIH. Thus, in that Moffett Hospital ER bed, I was seen not only by someone mentored by Smith, but as well by some of his "academic grandchildren"—Tomkins's postdocs. Marvin Sleisenger's article evoked these memories, and while I regret not knowing Holly Smith personally, I now feel I do know him, through his disciples.

I have, as an amateur historian, looked a bit into the origins of America's greatest institutions of science and medicine. There can be no doubt that Holly Smith was the key catalyst for the extraordinary institution UCSF became. How good that he has lived to see it, and how good of Marvin Sleisenger to remind of us of this Olympian of Medicine and institutional catalysis.

Thoru Pederson, PhD
Worcester, Massachusetts

An essay award prize winner writes

I was awarded the second place prize for the 2007 Helen H. Glaser Student Essay competition (see page 4). I want to tell you about the project that I partly funded with the award money.

I am studying urban interpersonal violence as it relates to women. I spend nights in the emergency room Level 1 trauma center in Cincinnati. During the day I study nine years worth of data from the Trauma Center registry and the coroners office. I am pulling together a compelling story of violence in the city as it affects women. My focus is on the narratives of assaults and determining whether the assaults are domestic violence related, drug related, "innocent bystander," community violence related, or some combination. I am digging into the psychosocial cause and risk factors for exposure to firearm and stabbing injuries. I have found some surprising results.

I am presenting this work at an international conference in Ghana in August, and then spending time in an emergency room in a city in Accra, Ghana.

Heather Finlay-Morreale
Cincinnati, Ohio

Carlos Chagas

I read with great interest Dr. Natalie McCarter Bowman's short article published in the Spring 2007 issue (pp. 24–29) on Professor Carlos Chagas and the disease he discovered that was appropriately named after him.

It was my honor to have known and worked with his son, Dr. Carlos Chagas, when he was president of the Pontifical Academy of Sciences (PAS) at the Vatican in Rome. At the time he was also serving as the director of the Neuroscience Institute in Rio de Janeiro, Brazil. Dr. Chagas was highly instrumental during his presidency at the PAS in arranging for many of the major bioethical issues that have arisen in contemporary medical research and practice to be considered and discussed by the membership of the PAS (for example, brain death and in vitro fertilization).

To a very large extent, all of this was accomplished when he agreed to form a special subcommittee to deal exclusively with moral and ethical issues that were continuing to arrive within human biology. Following papal approval, this group was named the Advisory Commission on Biotechnology Applied to Man, and placed under the jurisdiction of the PAS. This all grew out of a number of discussions on bioethical issues that I had discussed with Pope Paul VI and Pope John Paul II. On one occasion with John Paul II, I suggested to him that perhaps the Vatican should have its own bioethical committee. He vigorously agreed and requested that I prepare a position paper on the subject. I was asked to return to the Vatican to present the document a year following the assassination attempt on him. The position paper was then sent to the PAS to become the basis for the formation of this historic committee.

I will always be beholden to Dr. Chagas, for it was through his efforts that I became a member of the PAS. Professor Chagas's son became a distinguished physician and scientist in his own right, although he never gained the worldwide reputation his father did. Nevertheless, his impact on world health through the auspices of the PAS has truly been outstanding.

Robert J. White, MD, PhD
(ΑΩΑ, Harvard Medical School, 1953)
Cleveland, Ohio

Re "Gout, an American Revolutionary War Statesman, and the Tower of London"

It was a pleasure reading Dr. Martin Duke's well-written article in the Spring 2007 issue (pp. 42–47). Two of the items in the title immediately brought to mind Sir William

S. Gilbert, the librettist of the enduring Gilbert and Sullivan operas.

In her authoritative text on Gilbert's life, Jane Stedman details the many times the famous man suffered from gout, and how it affected his work output, lifestyle, and relationships.[1] Gilbert himself inserted the following lines into the Grand Inquisitor's first act song in *The Gondoliers*, which explains why there is some uncertainty about who is the King of Barataria. It seems that the father-guardian of the two boys, one of whom is the king, cannot help to solve the riddle because he is dead.

A taste for drink, combined with gout,
Has doubled him up forever!
Of that there is no matter of doubt,
No probable, possible shadow of doubt,
No possible doubt whatever!

The reference to the Tower of London is the subject of the single Savoy opera that both Gilbert and Sullivan, who frequently had differences, agreed was their best. This was *Yeoman of the Guard*, the most serious of all the operas, both in text and music, which unfortunately never reached the popularity of *H.M.S. Pinafore*, *The Pirates of Penzance*, and *The Mikado*.

Reference

1. Stedman JW. W.S. Gilbert: A Classic Victorian and His Theatre. New York: Oxford University Press; 1996.

Christopher M. Papa, MD
(AΩA, UMDNJ—New Jersey Medical College, 1986)
Colts Neck, New Jersey

Re "Well, death's been here for a long time"

Thank you for your thoughtful commentary (Spring 2007, p. 1) on compassion and its role in the six competencies of the Accreditation Council for Graduate Medical Education (ACGME). The American Board of Medical Specialties (ABMS) supports your opinion and requires the same six competencies as part of its Maintenance of Certification Process.

Maintenance of Certification ensures that these competencies and professional qualities, such as compassion, are not only learned by residents and students, but also reinforced and practiced by physicians with years of experience. Thus, the competencies deemed necessary for students and residents are equally necessary for those in the practice of medicine. Concern for the emotional needs of patients is as important to the practicing physician as it is to the student of medicine.

ABMS Member Board certification has always been widely recognized as the gold standard for specialty physicians. As research and technology continue to advance medicine, ABMS will continue to set high standards for doctors who choose to specialize, and for patients who deserve to be treated by the most highly skilled professionals, who are also caring and compassionate.

Stephen H. Miller, MD, MPH
(AΩA, University of California, Los Angeles, 1964)
President and CEO, American Board of Medical Specialties
Evanston, Illinois

Re "An epiphany—requisite for all physicians"

Regarding your editorial in the Summer 2007 issue (p. 1), Ms. Vashi's touching description of her epiphany and your expansion of the idea that the truly compassionate physician should "form deep associations with and commitment to, her patients" caused me to wonder why so few doctors disclose their home telephone numbers to their patients. The security and comfort they and their families derive from this knowledge establish a valuable bond which can solve many problems. I perhaps can understand why movie stars and other entertainers would want to cut themselves off from the hoi polloi, but physicians and house officers insulating themselves from their patients doesn't seem ethical or sensible.

When I started practice in 1960 I put my home phone number on my business card and made sure it was also in the phone book. I have never regretted it and very few patients abused the privilege. In fact, I know that over the years I have avoided several medical disasters and lawsuits by early direct communication in the middle of the night.

It is easy to mouth platitudes about compassion and caring, but all patients know all their friends' home or cellphone numbers; I like my patients to consider me one of their friends as well as their doctor.

Louis R. M. Del Guercio, MD, FACS
(AΩA, New York Medical College, 1982)
Larchmont, New York

Many compelling subjects have been presented over the years in *The Pharos*. None have been more important than your editorial, "An epiphany—requisite for all physicians," and the accompanying letters in this summer's issue. I have been a member of AΩA since my graduation from medical school in 1978 and have had the enjoyment of twenty-nine years of *The Pharos*.

This is my request: I would like to ask your permission (or the editorial office to grant permission) to reproduce your editorial for my faculty (>275 pediatric faculty), house staff (>100) and pediatric subspecialty fellows (35 to 40) as well as the associated letters.

Thank you for your consideration and know that many of us appreciate your important work.

Kevin J. Kelly, MD
(AΩA, Loyola University, 1978)
Chair, Department of Pediatrics, Children's Mercy Hospitals and Clinics
Associate Dean, University of Missouri—Kansas City School of Medicine
Kansas City, Missouri

Re "The faculty dining room"

Can you explain to me why only men appear in the illustration for "The faculty dining room" (Summer 2007, pp. 36–37)?

Oh, well. I guess I should be grateful that there wasn't a concurrent story bemoaning the supposedly inexplicable dearth of women in academic medicine.

Kathryn O'Connell, MD, PhD
(AΩA, Emory University, 1984)
Sykesville, Maryland

Dr. Harris responds to Dr. O'Connell

When Charlie Plotz was in that doctors' dining room in 1954, it is sad but true that there were no women there. The sad thing is that in recent years there are no doctors' dining rooms in many hospitals for either sex!

Edward D. Harris, Jr., MD
Editor

Dr. O'Connell responds to Dr. Harris

It strikes me as fortunate indeed that Dr. Plotz was able to share the dining room with what appears to be a male of color on the 1954 day depicted in this illustration.

The cartoon illustration in question was not a historical archive photograph. If the point of the 2007 story was the value of doctor dining rooms in fostering community of physicians, then the accompanying cartoon needed to reflect the welcomed diners of the twenty-first century, women included.

Kathryn O'Connell, MD

Dr. Plotz responds to Dr. O'Connell and Dr. Harris

Dr. O'Connell and Dr. Harris are both right. Times have changed—and for the better. There were four women and one hundred men in my graduating class from medical school. Of eight PGY-1s in my group at New Haven Hospital, there was only one woman.

During the twenty or so years I served as faculty advisor to AΩA at Downstate there was a steady increase in the number of women making AΩA, and they currently seem to be outnumbering in percentage their male counterparts. When I became a department chairman, I appointed the two best-qualified people I could find as my deputies. As it happens, one was a black male and the other a Latina female. The current and extremely capable chair of my department is female.

So, Dr. O'Connell, real life is amply proving what mere illustrations cannot!

Charles Plotz, MD
(AΩA, Downstate Medical Center, 1968)
Brooklyn, New York

Re "Paralysis Nose Spray"

Dr. Peter Dans's review of 1930s movies and his commentary on the use of nasal spray in an attempt to prevent poliomyelitis struck a memory note with me.

In the 1930s, I was in elementary school and students in our class subscribed to *My Weekly Reader*, a publication for children containing news and features. I distinctly remember an article about joining the "Yellow Nose Club," which advocated spraying the nose to prevent polio. Because it turned the inside of the nose yellow, they were probably using picric acid, as mentioned by Dr. Dans.

Frank B. Norbury, MD
(AΩA, Washington University School of Medicine, 1948)
Jacksonville, Illinois

Dear Peter [Dans],

As a regular reader of your movie columns in *The Pharos*, I was especially pleased by your research into the practice of nasal sprays to block polio transmission.

About 1937 I was a sophomore at a prep school in Connecticut. The school physician, also our family physician, decided to spray all the students because of a polio scare. I have always thought he used a tannic solution, and the length of the atomizer tube remains memorable. While not one of Ted Harris's epiphanies for me, Dr. Pratt, knowing that even then I wanted to become a physician, when the tube was well past a turbinate, smiled and asked whether I was sure. I was.

Your eclectic reviews are wonderful successors to those of my Portland friend, Ralph Crawshaw.

John A. Benson, Jr., MD, MACP
(AΩA, Oregon Health & Science University, 1968)
Omaha, Nebraska