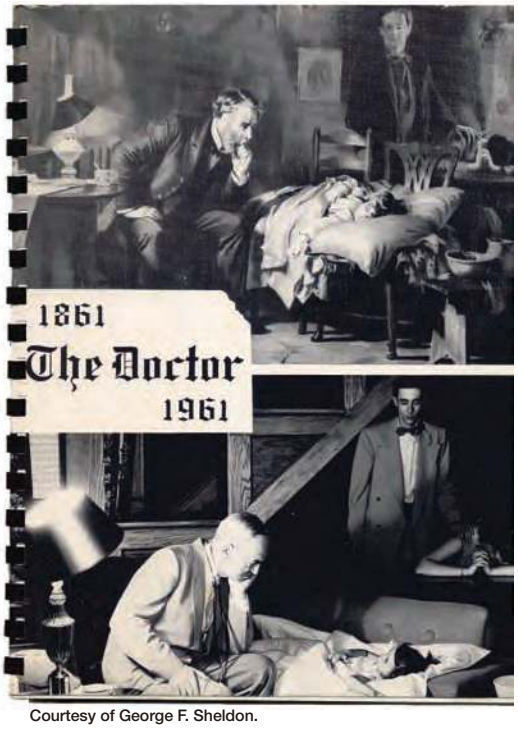
Letters to the editor



Courtesy of George F. Sheldon.

Those great teachers from Kansas

The article by Dr. Stanley Kahn ("*Disease and Destiny* and the Postcard from Athens," Winter 2004, pp. 4–9), which stimulated his learning about Ralph Major, M.D., and Logan Clendening, M.D., are examples of the influence of great teacher-mentors across generations. My father, Richard Robert Sheldon, M.D. (Kansas, 1930), was Major's first internal medicine resident, finishing a two-year program in 1932. Growing up with all of Major's books personally inscribed and a few with letters in them remain among my most valued possessions.

As a medical student (Kansas, 1961), we were stimulated by lectures from the Department of Medical History, which included at least one by Dr. Major. Under an NIH student summer grant, I worked in the Department of Medical History during summers. Dr. Major, elderly at the time, would come in at least one day a week and reminisce about early days at the University of Kansas. He described his valued education and the influence of his German experience under F. Muller, as well as the American adaptation of German medical education he enjoyed at Johns Hopkins University under "Popsy" Welch. He told anecdotes of Logan Clendening, whose syndicated column about health was carried in most newspapers. An especially interesting anecdote, immortalized by a cartoon in the Kansas City Star, was Clendening taking an axe to a Work Projects Administration (WPA) air compressor that was involved in street repairs because the noise interrupted his concentration.

Major's and Clendening's wives were wealthy, cultured, and interested in travel and history. The travel and financial resources made purchase of unusual and rare books possible which constitute the core of the Clendening Medical Library today. Paradoxically, perhaps, both were interested in European and Arabic medicine, not U.S. medical history.

The student annual yearbook in 1961, edited by John Runnels (ΑΩΑ, University of Kansas, 1961) and me, featured Doctor Major on the cover in a posed scenario modeled on the famous painting, "The Doctor," by Sir Luke Fildes. As that was the centennial year of the state of Kansas, the first 32 pages were a pictorial history of Kansas medicine and were distributed separately.

Major would be pleased that his summer student is now a senior professor who teaches a course in American medical history here at the University of North Carolina.

George F. Sheldon, M.D.
(ΑΩΑ, University of Kansas, 1961)
Chapel Hill, North Carolina

A bipolar disorder: Eurekaphoria, then discouragement

I offer one note of caution regarding eureka moments. This in no way detracts from their power, sweetness or utility, nor David Hellmann's prescription for eurekapenia ("Eurekapenia: A Disease of Medical Residency Training Programs?" Spring 2003, pp. 24–26). My caution is this: many of our patients do not have classically eurekagenic diseases. Rather, as the population ages, many of our patients experience not one, but multiple overlapping illnesses. Eureka moments with patients like these are often subtler and less electric. Their decline is typically gradual, though occasionally punctuated by sharp descent. The causes for these declines are more often multi-factorial and not neatly resolvable. Eureka in these instances may come in the form of recognizing a complex pattern of disease presentation when multiple conditions act synergistically, or by discovering that symptoms of a new illness have been mistakenly attributed to a known illness, or that an unrecognized condition is unmasked by a new stress.[1] As educators, our challenge must be to help house staff discover the eureka-potential in patients with these presentations as well as to experience the excitement of finding "red snappers." I am afraid that we may foster another house staff illness—eurekaphoria—the high that comes from discovering single, unifying solutions to patients' problems, countered by lows when the problems are more complex and possibly not resolvable.

Reference

1. Fried LP, Storer DJ, King DE, Lodder F. Diagnosis of illness presentation in the elderly. J Am Ger Soc 1991; 39: 117–23.

Samuel C. Durso, M.D.
(ΑΩΑ, Baylor College of Medicine, 1978)
Baltimore, Maryland

The nice approach to smokers

I agree entirely that we need a new approach to smoking cessation. For a good many years, I have used the following approach. When I see someone smoking, particularly in a designated area, often uncomfortably in rain, wind and snow, I ask them "Didn't I read somewhere that smoking is bad for you?" The usual response is a sheepish acknowledgment that they know this only too well and sometimes is followed by the promise to try harder. Often, I have the opportunity then to tell them that I am a physician and that I have great concern for the consequences of their action. Further, that I once smoked and do know how hard it is to stop. I have encountered almost no overt hostility to this gentle nonconfrontational approach. Whether there has been any long term response, I have no information.

Harvey J. Bratt, M.D.
(ΑΩΑ, University of Michigan, 1952)
Grand Rapids, Michigan

Editor's note: A British study, using data collected over decades, has concluded recently that smokers live, on average, 10 fewer years than do nonsmokers. That's a lot of life.

The author's craft? Or ingrained anti-Semitism?

In your editorial in the Winter 2004 edition of *The Pharos* (p. 1), you write the following in reference to William Carlos Williams: "The finished portrait was vandalized, sprayed with paint saying that the renowned poet, humanist, and caring doctor was anti-Semitic."

In the article by Martin Donohoe (pp. 12–17), Dr. Williams is quoted as writing, "God damn these sons of bitches of patients to hell and make it hot. —Here I just sit down to write a few letters and some fucking bastard of a yid gets a chill and my Olympian moment is shit on."

Is there any other conclusion but that Dr. Williams was anti-Semitic? Why was this not discussed by Dr. Donohoe (or you) in relation to Williams's "humanism"?

Peter V. Tishler, M.D.
(ΑΩΑ, Yale University, 1962)
Boston, Massachusetts

Dr. Harris responds to Dr. Tishler

Not explained in my editorial was that due diligence, after accusations that Williams was anti-Semitic had surfaced, failed to discover even a tiny piece of evidence that Williams had, in his personal belief system and public or private conversations, any anti-Semitic sentiment. As it unfolded, Williams's casual friendship with fellow poet Ezra Pound was the link that doomed the school's naming.

Artistic license does not always accord with belief systems. An artist's or writer's imagination frequently roams outside of the bounds of his or her personal life and principles.

As a footnote, I was in no way involved in the event chronicled in that editorial. If my own artistic license led you to believe that I was, I apologize for misleading you.

Edward D. Harris, Jr., M.D.
Editor

Dr. Solomon rejects the mantle of "the father of geriatrics"

Needless to say, I appreciated very much your publication of David Reuben's biographical sketch about me in the Spring 2004, issue of *The Pharos* (pp. 30–32). It was quite scholarly and highly accurate. However, the magazine superimposed on it one concept that was highly inaccurate. Namely, the Table of Contents referred to me as "the father of geriatrics," and this mis-statement was repeated in a divider heading within the article. I believe that in neither case was David Reuben responsible

It is common knowledge within the geriatrics community that the uncontested fatherhood of geriatrics belongs to an Austrian-American physician, Ignatz Nascher, who wrote in 1909 about the common ailments of older people and coined the name "geriatrics" for the field of clinical and scientific inquiry into the diseases seen in this age group. In 1914 he published the first textbook on geriatrics. The field languished after his death. Its renaissance, begun in 1974 to 1975, had a number of fathers: T. Franklin Williams, the first true clinical investigator on geriatric topics in the United States; Robert Butler, who wrote the Pulitzer Prize-winning book, *Why Survive? Growing Old in America* and soon thereafter was appointed to be the first director of the National Institute on Aging; Ralph Goldman, M.D., who plunged the Veterans Administration into supporting research, education and patient care in geriatrics; Knight Steel, who led the modernization of the American Geriatrics Society; Linda Hiddeman Barondess, who became the executive vice president of the American Geriatrics Society and has overseen the growth of that group into a subspecialty society of considerable stature; and two early editors of the *Journal of the American Geriatrics Society*, Paul Beeson and Eugene Stollerman. I came along later, with John Beck and many others, and I admit that I am proud of having played some role in the maturation of geriatrics into an important field in the mainstream of medicine. But "father of geriatrics"? Never!

David H. Solomon, M.D.
(ΑΩΑ, Harvard Medical School, 1945)
Los Angeles, California

Yet another Eureka! moment

As chief resident in Internal Medicine in 1967, I was asked to see a patient in consultation because of hypertension. He was admitted to the Surgical Service the previous evening because of left lower quadrant pain and fever. He was

being treated with intravenous fluids and antibiotics for diverticulitis.

On physical examination, he did in fact have hypertension. However, I could not appreciate his PMI or even percuss his left heart border. In continuing my examination, I found his right heart border and a lift in the sixth intercostal space in the right anterior axillary line. I then found tympany over the "liver" and dullness over the "spleen."

Eureka! Dextrocardia with situs inversus equaled surgical emergency. He went home with antihypertensive medication and without his appendix!

The joy of discovery by utilizing my intellectual knowledge (updated by continuing education) and use of my history and physical examination skills (enhanced in recent years by an electronic stethoscope) prevents me from even considering retirement.

David A. Major, M.D.
(ΑΩΑ, Hahnemann University, 1964)
Philadelphia, Pennsylvania

Authors' response to a review of their book: *Science on the Witness Stand*

As experienced authors who wrote a book with serious intent, we were taken aback by the frivolous and offensive tone of the review by Mr. Lee J. Dunn, Jr., of our book *Science on the Witness Stand: Evaluating Scientific Evidence in Law, Adjudication and Policy* (Winter 2004, pp. 44–45).

Mr. Dunn is entitled not to like it and we cordially invite him never to read it again. However, it is supercilious of him to imagine fantasies of how it may have been conceived. What serious reviewer thinks that a 428-page book on scientific evidence was dreamed up at a party because "wouldn't that be fun"?

Mr. Dunn could not identify a goal for the book, perhaps overlooking that we mention it on page 4: "to start a discussion on the critical issues of how science and law can work together." Mr. Dunn apparently cannot discern a plan for the book, perhaps overlooking that it is outlined in detail in the foreward. He cannot imagine the target audience, although we divulge it in the preface and address both experienced physican experts and litigators throughout the book.

Mr. Dunn found our "blizzard of unrelated scenarios" to be "thoroughly confusing." We do not doubt, on the evidence of the review, that he found it confusing. Having apparently approached the book with the preconception that it would be a "how to" guide, he is disappointed, because that is not the book we wrote.

Mr. Dunn trips in his effort to entrap us on causation. He seems not to understand that to an oncologist, the etiology of the cancer is less critical than the management of the patient today, which depends on the accuracy of diagnosis. In situations where qualifications for entitlement or demonstration of injury are concerned (such as workers' compensation or tort litigation), the precise diagnosis is less important than establishing causation, that is, demonstration that the condition arose out of work or the tort. By referring to the primacy of etiology (causation) in his own practice, which appears to be malpractice litation, he inadvertently validates our very point but does not see it.

Finally, Mr. Dunn alleges that Professor Sara Rosenbaum, among the most respected figures in health law, "simply does not understand" the early history of ERISA litigation. This impugns her grasp of the entire subject, not just what she wrote in her excellent chapter. Two sentences of correction are not enough to back up such a personal comment. It is incumbent on him to show us the error in her entire body of work on the subject, including the textbook, to demonstrate that she does not understand a topic she has been discussing for 30 years of contributions to health law. (This is not his only gratuitously personal remark. Mr. Dunn, a lawyer, has the nerve to speculate that a practicing physician author "is a nonclinician, out of his element.")

We take exception to his many trivial criticisms (he criticizes a physican author for using the pronoun "we" while talking about himself and other physicians), taking selections out of context and abuses of a reviewer's privilege, such as complaining that a summary sentence to a well-referenced chapter lacks a reference.

We think that the single major reason that Mr. Dunn has thrown what can only be called a hissy fit over our book is that he found it threatening. The book is different from his preconceptions. It does not say what he obviously expected to read. That is his problem and not the fault of our book.

We ask only that interested physicians and lawyers read the book and decide for themselves if it advances their understanding of this field.

Tee L. Guidotti, M.D., M.P.H.
and Susan G. Rose, M.P.H., J.D.
Washington, D.C.

Mr. Dunn responds to Dr. Guidotti and Ms. Rose

su•per•cil•ious *adj* [**L** *superciliosus*, fr. *Supercilium* eyebrow, haughtiness, fr. *super-* + *-cilium* (akin to *celare* to hide)—more at HELL]: coolly and patronizingly haughty **syn** see PROUD

Even in their attempt to defend the indefensible, the authors fail. They confuse the word "supercilious" with the work "valid."

This book was improperly conceived, and improperly executed, and, speaking as one who has been trying cases involving medical evidence for over 30 years in federal and state courts and a variety of state agencies, my opion of this book remains unchanged.

"Don't buy this book."

Lee J. Dunn, Jr.
Boston, Massachusetts