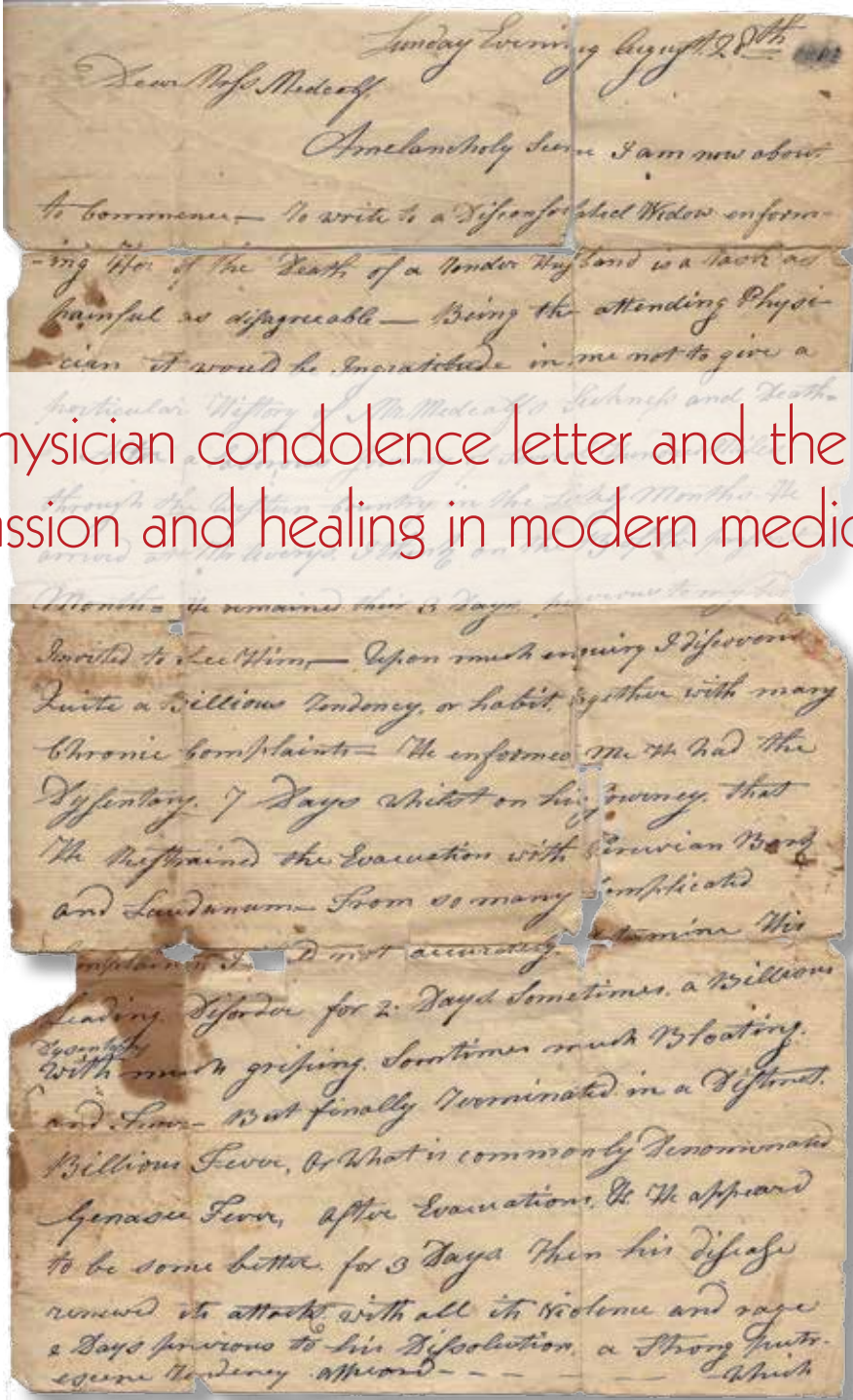




Illustration by Erica Aitken



The physician condolence letter and the role of compassion and healing in modern medicine

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Not long ago, Kathryn Fricchione (wife of Gregory and mother of Marielle), in the course of transcribing letters from her family's trove of early American memorabilia, showed me one dated August 28, 1803, from a physician in Richmond, Massachusetts.<sup>1</sup> In it, Dr. John Merriman addresses my wife's four-times-great-grandmother, Clarissa Thomas Metcalf. Clarissa was then living at the family farm in Lebanon, Connecticut, and had last heard from her surveyor husband in a letter dated July 9, 1803, from Warren, Massachusetts, about forty-five miles north of Lebanon.<sup>2</sup>

## The physician condolence letter

In the July 9 letter Joseph informs Clarissa that he has injured his right leg, requiring a recovery of a few days.<sup>2</sup> He uses the word “poisoned,” raising the question of ulceration or cellulitis, but he recovers enough to re-explore the woods on horseback, only to be laid low again by a broken tooth that may have become infected. Perhaps he developed a bacteremia, for he describes a febrile illness that lasted ten days.

Joseph tells Clarissa that he “Shall probably set out for home in about two weeks,”<sup>2</sup> but he does not return to Lebanon by then. Instead, he winds up in the little town of Richmond, or thereabouts, close to the border of Massachusetts and New York State, at the home of Mr. Avery, perhaps a friend or business acquaintance.<sup>1</sup> Thus, even after suffering the two illnesses, he apparently spent more than a month working his way through western Massachusetts in what turned out to be a fateful journey.

### The condolence letter

Sunday Evening August 28th

Dear Mrs Medcalf,

A melancholy scene I am now about to commence. To write to a disconsolated Widow enforming Her of the death of a tender husband is a task as painful as disagreeable. Being the attending Physician it would be Ingratitude in me not to give a particular History of Mr. Medcalfs sickness and death.

After a laborious Journey of Several Hundred Miles through the western country in the Sickly Months He arrived at Mr Averys. I think on the 13 of the present Month. He remained their 3 days previous to my being invited to see Him,— Upon much enquiry I discovered Quite a Billious Tendency, or habit, together with many Chronic Complaints.— He enformed me He had the Dysentary 7 Days whilst on his Journey, that He Restrained the evacuation with Peruvian Bark and Laudanum.— From so many complicated complaints I could not accurately determine His Leading Disorder for 2 Days. Sometimes a Billious dysentery with much griping Sometimes much Bloating and Fever— But finally Terminated in a disturbing Billious Fever, Or What is commonly denominated Genesee Fever. After Evacuations He appeared to be some better for 3 days. Then his disease renewed its attacks with all its violence and rage [illegible] days previous to his dissolution a Strong putrescense Tendency appeared - - - - - Which To our inexpressable grief Terminated Friday Eve, Just 20 minutes past 8 o Clock amidst a large concourse of his old former friends and others. He resigned his breath without a groan, without a Tear and without a murmur.—

He Conducted himself with a great degree of becoming firmness through the Several Stages of his Illness.—

He attracted the attention of all attendance, and in an especial manner the Family in which He was placed— I mention for the consolation of yourself and Family that every

attention and respect was paid your dear Husband by Mr and Mrs Avery that Imagination Could conceive. He was interred in a becoming decent manner by His Fraternal Brothers on Saturday at half past Eleven A.M.

Dear Madam

You have lost an affectionate Husband a Kind pardner the Choice of your Youth, the pertaker of your pleasure and misfortunes.— May this Instance of mortality teach us that the Empire of Death is unlimited and universal, and in respect to this Excellent man He died in the midst of His Extensive usefulness. O Ye! lost —consolated Orphans. You have lost your Kind and Indulgent Father. He that was to lead you to Felicity and honour. He that was to form your minds for the world is no more.— In his Death all your matters must be newly arranged.

At this point in his letter the weary doctor composes a poem to Joseph Metcalf’s memory:

How soon O Metcalf! Should we see thee rise  
O banish sorrow from our weeping eyes,  
. . . .  
Of virtue eminent and Sanctity,  
Sever one Mortal from the Shaft of Death  
And ransom from the Grave his vital breath

I could still write but the cold hand of despair is upon me.  
I shall conclude by wishing you and your Family farewell.

John Merriman  
Richmond 1803<sup>1</sup>

Recent medical articles recommend a modern template of the physician letter of condolence based on letters such as that written by Dr. Merriman. Physicians are encouraged to acknowledge the death in a personal way, to recall something special about the deceased such as a unique memory, a characteristic the doctor admired, or a humorous occurrence shared with the patient. They are admonished to remind the survivor or family of their own strength and tenderness in taking care of their loved one, to offer to review the management of the case, to remain supportive during the grieving process, and to conclude with a special mention of how the doctor will maintain the family of the deceased in his or her thoughts and prayers.<sup>3-5</sup>

Dr. Merriman’s note serves as quite a good forerunner of this template. After a brief introduction with a gracious paying of respects, Dr. Merriman gives a medical history of the illness that had befallen Clarissa’s husband. He follows with an account of and tribute to Joseph’s conduct as he died, and praises those who attended him, including Mr. and Mrs. Avery. He then ends by expressing his sympathy to the widow and family and again gives honor to “this Excellent man.”



### The history of the illness

According to Dr. Merriman, Joseph’s dysentery began on Saturday August 6. Joseph tried to “restrain the evacuation with Peruvian Bark and with Laudanum.”<sup>1</sup> As a reflection of its importance to travelers of the day, we know that Meriwether Lewis bought fifteen pounds of “Pulv[erized] Cort. Peru,” or Peruvian bark, from Philadelphia druggists Gillaspay and Strong for \$30—one-third of his total expenditures for medical supplies—before setting off in May 1804 on the Lewis and Clark expedition.<sup>6</sup> Jesuit missionaries, told of the healing properties of a certain tree bark by Indians in Peru between 1620 and 1630, advocated the use of this Peruvian bark—or Jesuit’s bark, as it was also known—for a variety of illnesses. Its value was due chiefly to its high content of quinine, although no one understood that until the compound was isolated in 1820. In June of 1805, William Clark applied it externally to Sacagawea’s lower abdomen to treat what some physicians now suspect was pelvic inflammatory disease. Lewis, however, gave the sick woman “two dozes of barks and opium” which “produced an alteration in her pulse for the better.”<sup>6</sup>

Joseph arrived at the Averys’ house seven days later, on August 13. Three days passed before Dr. Merriman was called

to the home on Tuesday August 16. The doctor then spent two days trying to figure out the complicated case.

### The differential diagnosis

In his letter to Clarissa, Dr. Merriman described the patient’s condition, telling her that Joseph had a “Billious Tendency” and that he had “Dysentery.”

The term “dysentery” today refers to frequent stools containing blood and pus, as well as pain with defecation or tenesmus.<sup>5</sup> However, the differential diagnosis of acute bacterial dysentery, or inflammatory enterocolitis, is broad and includes the species that cause bacillary dysentery (several *Shigella* species and invasive *E. coli* species), *Campylobacter jejuni*, amebic dysentery (such as that caused by *Giardia lamblia*, *Entamoeba histolytica*, or *Balantidium coli*, specifically termed ciliary dysentery), enteric fever, including typhoid and paratyphoid fever (caused by *Salmonella typhi* and *paratyphi*), and *Yersinia enterocolitica*, among others.<sup>7</sup>

Risk factors for the above syndromes include poor sanitation with stool contamination; lack of access to filtered or treated water; and, for non-typhoid *Salmonella*, *Campylobacter jejuni*, and *Yersinia enterocolitica*, exposure to farm animals. Amebic



Cinchona (Jesuit's or Peruvian Bark), 1795.

From *A Physic*, by Ebenezer Sibly (London, 1795). Photo credit: HIP/Art Resource, NY.

dysentery is common in those drinking from lakes or rivers. These risk factors would have been nearly universal in America in the early 1800s and are therefore not helpful in narrowing the differential diagnosis.

One of Joseph Metcalf's two earlier infection sites could have become contaminated or reinfected, leading to bacteremia. However it is more likely that his immune system was weakened by these two infections, making him more susceptible to contracting a gastrointestinal illness.

Diarrhea from *Giardia* can last one to two weeks, but should not cause fever. *Yersinia* can cause diarrhea for up to one to three weeks, and can be associated with fever, bacteremia, migratory joint pain, and erythema nodosum.<sup>7</sup> Cholera is highly unlikely, as it usually is characterized by acute onset watery diarrhea that progresses to death quickly without remitting, usually within one to three days, though sometimes within hours. Patients are typically afebrile.<sup>8</sup> Other types of

*Vibrio* species (*parahaemolyticus*) can cause dysentery, but they are typically transmitted through seafood poisoning and the diarrhea only lasts three to four days.<sup>8</sup>

Dysentery caused by *Shigella* can lead to systemic illness with fever in one-third of patients, abdominal pain, and copious watery diarrhea that becomes bloody and mucus-containing when it moves to the colon. Symptoms last on average seven days, but can last up to one month and can be more severe in malnourished individuals with weakened immune systems. Febrile seizures, sepsis, and hemolytic uremic syndrome can result.<sup>7</sup>

A less likely cause of Joseph's dysentery might have been leptospirosis caused by the ingestion of the spirochete *Leptospira* from infected animal urine (such as that of cattle, pigs, and horses). *Leptospira* infection also causes fever, headache, abdominal pain, jaundice, vomiting, and diarrhea. When fatal, it occurs in two phases, which could explain Joseph's preceding diarrheal illness and the more severe second phase. The initial phase of leptospirosis lasts five to seven days, followed by improvement in symptoms and disappearance of fever for one to two weeks. The second phase, sometimes called Weil's disease, has a mortality of 5 to 40 percent and can lead to death by kidney, liver, or cardiac failure, and pulmonary hemorrhage.<sup>9</sup>

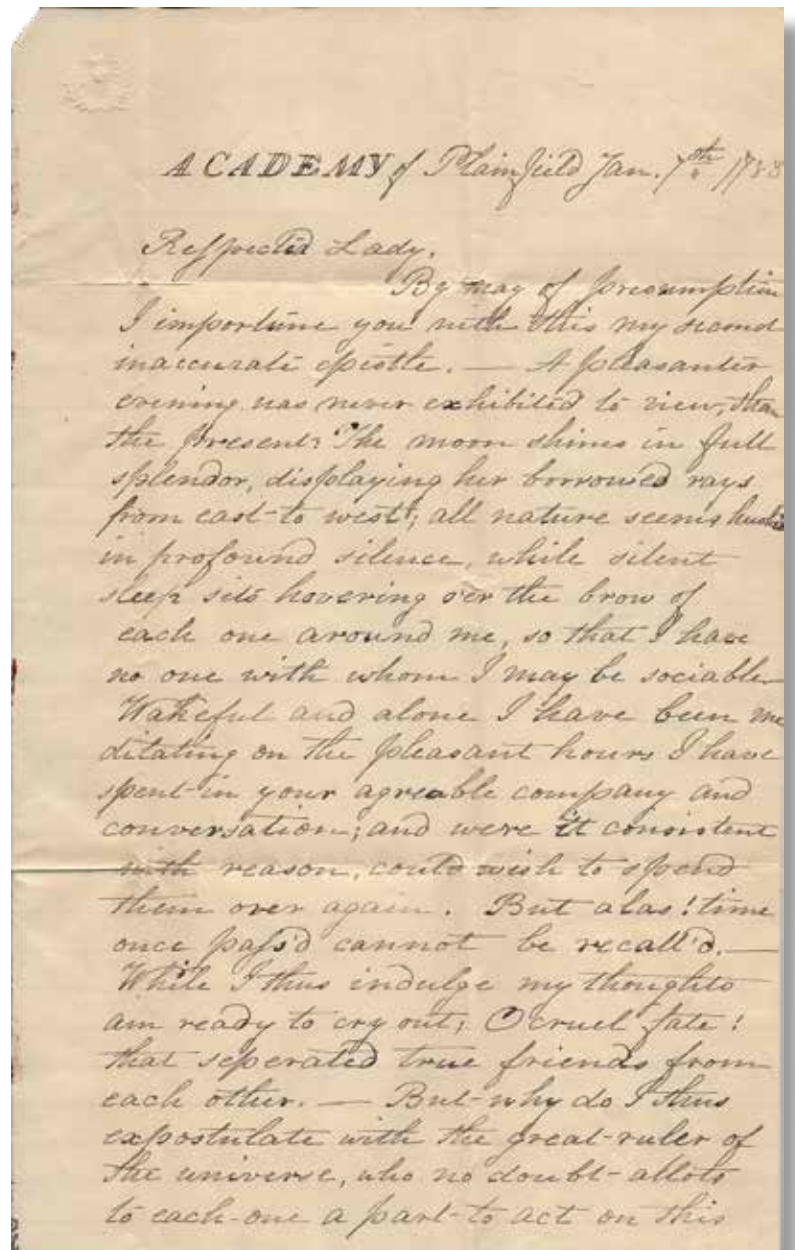
Among the many possibilities, typhoid fever and malaria are most likely to give a patient prolonged and periodic fevers such as those described in the letter. Untreated, typhoid fever can lead to febrile illness lasting up to four weeks, with severe complications such as intestinal perforation, hemorrhage, seizures, and encephalopathy that generally occurs after two weeks of fever. Only 20 percent of patients with typhoid fever experience diarrhea, while fever, headache, and anorexia are more frequent in 50 to 90 percent of patients.<sup>10</sup> Constipation occurs just as commonly as diarrhea. Untreated patients have progressively worsening fevers, abdominal pain in the first one to two weeks of illness, and develop a rash (classical rose spots) during the second week. Without treatment, 10 to 15 percent of those affected will progress to death over the next one to two weeks or recover on their own in three to four weeks. *Salmonella typhi* can infect the gallbladder and lead to cholecystitis, hepatitis, and jaundice.<sup>10</sup>

Malaria would have been common in the eastern United States in the summer of 1803, aided by an abundance of swampland and lack of mosquito control. Malaria is spread by the bite of the female *Anopheles* mosquito, which injects sporozoites in its saliva that travel to the liver and develop into schizonts. The disease is characterized by recurring paroxysms

of fever caused by the rupture of these schizonts, which leads to release of tumor necrosis factor and results in intense fever, chills, rigors, myalgias, and sweating.<sup>11,12</sup>

Dr. Merriman put great stock in what he saw as a relapsing fever and shakes. Joseph was “some better for 3 days” but then “his disease renewed its attacks with all its violence and rage.”<sup>1</sup> This may have convinced him that Joseph was suffering from the *ague* (recurring paroxysms of chills and fevers), of something widely known in those days as “Genesee Fever”—now thought to be a mosquito-borne malarial illness common in the “sickly months” of summer in the Genesee River Valley region of New York and western Massachusetts.<sup>13</sup> In 1793, this “intermittent and remittent fever,” as malaria was then known, appeared in certain communities in western Massachusetts.<sup>11</sup> The town of Sheffield, Massachusetts, only eighteen miles from Richmond, experienced outbreaks of malaria in the early 1800s.<sup>14</sup>

According to Dr. Merriman, Joseph was beset with “with much griping” during his illness, terminating in a “disturbing Billious Fever.” This likely refers to a sudden onset of fever, muscle aches and pains, severe headache, and chills. Doctors had long recognized that “billious fever” could be associated with a type of malarial fever, known as bilious remittent, due to the presentation of bilious vomiting, gastric distress, and sometimes bilious diarrhea, which accompanied the recurring exacerbations.<sup>15</sup> The fact that Merriman specifically mentions three days of relief from symptoms is particularly intriguing, as malaria caused by *Plasmodium falciparum* is also known as “Tertian fever” because the fever occurs every forty-eight hours, versus *Plasmodium malariae* termed “Quarternary fever,” which tends to cause fever every seventy-two hours. Dr. Merriman wrote that Joseph was “some better for 3 days.” Whether symptoms recurred on the third day or after three complete days, the cyclical nature of symptoms was clear. Although there is a range of periodicities with each *Plasmodium* species, they tend to be timed with the particular asexual reproduction cycle of the parasite.<sup>12</sup> As the patient defervesces, he becomes more somnolent, followed by an asymptomatic period. Headache, abdominal pain, anemia, and hepatosplenomegaly are common in malaria, while more extensive liver involvement leads to hyperbilirubinemia and jaundice in severe malaria patients. Altered consciousness, seizures, respiratory distress, severe anemia, renal insufficiency, hemoglobinuria, and shock can occur with life-threatening severe malaria.<sup>12</sup> Although diarrhea is not as common as abdominal pain or vomiting, diarrhea is present in many cases of severe malaria and should never rule it out.



In a 2001 book, Laurence Hauptman describes the Genesee River and its surrounds and proposes that Genesee Fever “despite its singular designation . . . was perhaps a manifestation of three separate maladies: malaria, typhus, and typhoid fever.”<sup>16p145</sup> Though malaria may not have been the sole cause of Joseph’s death (concurrent bacterial enterocolitis is also possible), it is still a candidate for a co-morbid diagnosis—perhaps even a unifying diagnosis.

### Condolence, compassion, and healing

With great empathy and sympathy, Dr. Merriman provided Clarissa with a glimpse of her husband’s final moments—a

unique memory for her. Joseph died on Friday evening August 26 at 8:20 PM “amidst a large Concourse of his old former friends and others. He resigned his breath without a groan, without a Tear and without a murmur.” He was strong and uncomplaining during his ordeal—a characteristic Dr. Merriman obviously admired. And he reassured Clarissa that the Avery family tenderly took care of him.

I mention for the consolation of yourself and Family that every attention and respect was paid your dear Husband by Mr and Mrs Avery that Imagination Could conceive. He was interred in a becoming decent manner by His Fraternal Brothers on Saturday at half past Eleven A.M.<sup>1</sup>

The largest section of the letter conveys Dr. Merriman’s condolences to Clarissa and her children. Here the shared human reality of mortality and mourning is addressed. The most important experiences in our lives involve the separation threats we face and the attachment solutions we seek. The separation threat of illness creates emotional suffering as well as physical pain for patients and families; the doctor must do all that is ethically possible to reduce this pain and suffering.

The vocation of medicine has always demanded commitment to healing in its deepest sense. Achieving such healing requires that doctors help their patients to find ways of maintaining or re-establishing attachments when separated from the things they hold dear and the sources of their resiliency and meaning. This is the essence of compassion and is the only thing powerful enough to heal the deepest human suffering.<sup>17</sup>

It is for this reason that physicians over the centuries have felt the obligation to write a letter of condolence to the loved ones of their patients who have died. But why have today’s physicians relinquished this obligation? Maybe today’s doctors feel too busy, or they think they don’t know the patient well enough, or they are just a small part of a treatment team, or they have not seen the patient in the recent past, or their personal sense of failure or loss is too great, or they just don’t know what to say.<sup>3-5</sup> Or maybe it is a fear of litigation.

These reasons do not seem good enough. Dr. Merriman could certainly have conjured up a few reasons of his own to avoid one more onerous task late on a Sunday evening at the end of his week. Nevertheless, after presenting the medical reasons for her husband’s death, he wades in and accompanies Clarissa and her children into the darkness of the moment. He embraces the moral mission of every physician in the presence of separation pain. He tries his best to provide a small attachment solution in the form of a condolence letter. And in recounting the dire and sad circumstances he must again expose himself to the “cold hand of despair,”<sup>1</sup> even as he prepares to face another week of doctoring in just a few hours.

These letters are haunting. They paint a picture of a frontier nation at the time of Lewis and Clark, when even western Massachusetts and upper New York were wilderness

territories. It is likely that men like Joseph knew the perils that lay in store for them on the road. Joseph and Clarissa had already lost three of their nine children by the time of Joseph’s death. Such a litany of losses would not have been rare in 1803.

These letters are also haunting to me for another reason. Dr. Merriman faced the failure of death after death stinging him over and over. And still he summoned up the energy and courage to write the widow Metcalf a heartfelt letter of condolence.

Gregory Kane recently recounted a personal vignette that emphasizes the stakes when a doctor ignores the need of survivors to maintain their attachment to the physician.<sup>4</sup>

I sat and listened while a tearful patient cried at having received no contact from the physician who treated her husband for metastatic lung cancer for a treatment duration of 9 months. As I struggled to comprehend her sense of pain and abandonment, I considered offering a possible explanation that the physician may not have been “on call” at the time of the death and may have mistakenly believed that his partner had offered such a gesture verbally. Before I could respond, however my patient added that her veterinarian had sent a card when the family dog died. I was speechless.<sup>4</sup>

Kane concluded:

Years from now, in another age, archaeologists may survey the remains of our society and marvel at medical technologies evidenced by the collection of joint replacements, cardiac stents, valvular implants, and titanium plates among the remains in our places of burial. It would be my hope that they would also identify in the written archives a condolence letter to note the personal connections that bound the physicians of the age to their patients and the surviving loved ones, providing evidence that we are truly human.<sup>4</sup>

After receiving Merriman’s letter of condolence, Clarissa may have extracted a special letter from among her keepsakes.<sup>18</sup> It too has survived. In it, the smitten twenty-year-old Joseph writes to his newfound fifteen-year-old love and beautifully expresses, in the language of the day, his desire to someday be with Clarissa. And in a poignant foreshadowing, he decries the “cruel fate” that has “separated true friends from each other.”<sup>18</sup>

ACADEMY of Plainfield Jan. 7th 1783

Respected Lady,

By way of presumption I importune you with this my second inaccurate epistle.—A pleasanter evening was never exhibited to view, than the present: The moon shines in full splendor, displaying her borrowed rays from east-to west; all nature seems hushed in profound silence, while silent sleep sits hovering o’er the brow of each one around me, so that I have no one with whom I may be sociable.— Wakeful and

alone I have been meditating on the pleasant hours I have spent in your agreeable company and conversation; and were it consistent with reason, could wish to spend them over again. But alas! time once pass'd cannot be recall'd. While I thus indulge my thoughts am ready to cry out; O cruel fate! that separated true friends from each other.— But why do I thus expostulate with the great-ruler of the universe, who no doubt— allots to each-one a part— to act on this grand theatre; the world. Did I not think it for my Interest and edification to leave that part of the country, could by no means endure it.—shall leave you there and rest easy in my mind as possible, till I may be so happy as to have a personal interview with you — It is now past 12 O'clock, I will write no more at present only assuring you that I am your sincere friend and well-wisher,

Joseph Metcalf<sup>18</sup>

### Conclusion

These letters are captivating in their ability to illuminate for us the lives of these early Americans. Perhaps the real reason physician condolence letters are important is that a compassionate doctor relieves suffering in the simple act of conveying the dignity of each life he has encountered. By doing so he nurtures the memory

of the attachments that person experienced in life—such as the attachment Joseph sought in his letter of January 7, 1783.

Also among my wife's memorabilia is the record of the marriage of Joseph Metcalf to Clarissa Thomas eleven months later on November 25, 1783, in Lebanon, Connecticut. Dr. Merriman's letter expresses his reverence for the twenty full years of sorrows and joys, strivings and reveries that Clarissa and Joseph lovingly shared together. And, as Joseph's "attending Physician," John Merriman himself became attached to the story of their lives. His condolence letter reaches to us from the past and assures us of his attachment just as it did for Clarissa on the day she opened it in 1803.

At times today, circumstances can make the relationship between the doctor and the patient's family distant or even adversarial. A condolence letter may then prove difficult to compose, but it is nevertheless a signal way of extending a healing hand to grieving families and illuminating the humanity of our profession.



Illustration by Erica Aitken



The example of the condolence letter may even inspire us to look for other opportunities to connect with patient families. For example, there may someday be a place for a post-mortem family meeting, perhaps using technology like Skype to make it possible for family members who live at a distance to attend. The condolence letter itself can now be written and received in real time using electronic mail. Of course, the caveat with the use of any technology is that it must always reflect the physician's appreciation of the unique life of the person who has died. This is what the patient's family will remember and pass on in a healing way—as Clarissa Metcalf has done with our family.

The power of medicine to heal is diminished when we marginalize the reverence for life and its attachments. As Arthur Kleinman recently wrote:

Modern medical practice's greatest challenge may be finding a way to keep caregiving central to health care. That way will turn on structural and economic developments, technologies, and therapeutic models, but also on the importance that professionals ascribe to patients' deep experience and to such enduring moral practices of caring as the laying on of hands, the expression of kindness, the enactment of decency, and the commitment to presence—being there for those who need them. This is the embodied wisdom . . . we all must remember.<sup>19</sup>

It is in this context that the doctor's letter of condolence should be reconsidered as a part of the vocation of modern medicine, no matter what form twenty-first-century medicine takes.

Can doctors today re-establish the tradition of writing condolence letters, or find other ways to assure the families of patients that we appreciate and embrace the meaning of the lives lost? If we can't, it is a sad commentary on the state of our profession—and on the state of our society.

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