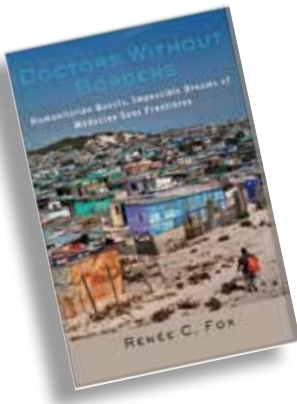


Reviews and reflections

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors

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Doctors Without Borders: Humanitarian Quests, Impossible Dreams of Médecins Sans Frontières

Renée Fox (AQA, Honorary Member, 2004)
Baltimore, Maryland, Johns Hopkins University Press, 2014

Reviewed Andrew Flescher, PhD

In her latest examination of a historically significant medical movement, health care sociologist and medical ethicist Renée Fox chronicles the history, mission, and political complexities of Médecins Sans Frontières (MSF), Doctors Without Borders, first founded in 1971. In the volume Fox manages to

capture, mostly through her access to the revealing blogs of several of MSF's clinicians, the first-person, often emotional and intimate accounts of those charged with the often draining tasks of healing and nurturing underprivileged inhabitants in war-beleaguered and disease-stricken regions of the world. Besides her ample access to these journals, what makes Fox's work distinctive is her treatment of arguably irreconcilable tensions inherent in a movement that since its inception has struggled with a dual identity.

Indeed, much of Fox's analysis hones in on the internal power struggles within MSF. MSF is first and foremost a humanitarian organization devoted to addressing the medical needs, and in some instances ameliorating the living conditions, of suffering populations. This said, as Fox explains, it began as a French leftist grassroots campaign committed to preserving the ideal of *témoignage*, "bearing witness,"^{p47} a notion its founders interpreted right from the beginning to entail a resistance to becoming media darlings or to exoticizing the imperiled others they were seeking to help. MSF, in other words, historically has had pretensions to be a movement that was contradictorily practical and pure, accompanying its clientele into whatever murky and dangerous environments it may be ushered, while striving to remain uncontaminated by the political realities attendant to such noteworthy journeys. Like any movement with profound ambitions, MSF has had its share of compromisers and purists. *Doctors Without Borders*, then, tells the story of what happens when such an organization, as a condition of efficiently addressing world health crises, must form partnerships with the governments of other countries, the media, and other non-governmental organizations (NGOs) that are predictably less innocent and more tendentious

than MSF in their own modes of operation. Naturally, rifts and schisms will ensue the more the organization becomes recognized (and funded) for its heroic endeavors.

Particularly throughout the first part of the book, Fox alludes to poignant examples that call attention to this tension. In one instance she describes a mission MSF undertook in 1979, eight years after its creation. Led by the flamboyant founding member and president, Bernard Kouchner, MSF sought to retrieve by ship Vietnamese refugees, "the boat people," from their formerly besieged country. Kouchner and his supporters were later vilified for manufacturing a crisis for the sake of publicity. In the years after, MSF coped with whether its founding presuppositions allowed for expansion beyond its French Marxist setting. Could there be, for example, a Belgian or Greek wing of MSF? Would MSF's ideological identification be diluted by working in non-European settings? In bringing modern medicine to the third world, would MSF become a subtle, if well-intended, prong of colonialism?

Internal pressure came to a head in the fall of 1999 when MSF received the Nobel Prize for Peace for its groundbreaking humanitarian efforts worldwide. Following the "collective astonishment" of receiving such a recognition, however, the award triggered the most serious internal crisis to date: such international commendation, critics from within MSF feared, irrevocably "institutionalized" a movement that was better served rebelling (and being known for rebelling). The conventional and too easily sanctioned policies of corrupt governments in cahoots with Western ones were, after all, the ones originally responsible for the problems of the populations they were committed to helping.

In the context of winning the Nobel

Prize, Fox psychoanalyzes MSF as a group struggling to neither let the good compromise the perfect, nor to let itself get “too big a head” and become an organization that arrogantly rested on its laurels. Fox subsequently devotes nearly eight pages to the question of how MSF worked out who was to give the recipient speech and what to do with the prize money. In the next two chapters, she dwells on comparable schisms played out in the case of MSF Greece. Throughout, *Doctors Without Borders* is replete with Fox’s reporting of MSF leadership’s intermittent self-condemnations for aiding and abetting war criminals in this or that case, or for failing to stay independent of compromising and scandal-plagued governments. At times the reader is left wondering why these sorts of questions of self-identity trump the magnificent achievements of the clinicians themselves, whose indefatigable labor brought the movement to fame in the first place.

Where Fox shines is, correspondingly, in her less convoluted heralding of the almost 30,000 personnel at every organizational level of MSF. Their individual stories are inspiring in both their largesse and in their specificity. Fox tells of several examples of clinicians fearlessly rushing into perilous environments and describes in meticulous detail the many obstacles with which they had to contend: disease outbreaks, such as the multi drug-resistant tuberculosis epidemic in Siberian prisons; genocidal conditions such as those in Darfur; and hostile governmental reception, such as they encountered with “AIDS denialism” in South Africa. Fox notes additional examples in which MSF became an instrument of social justice, serving as the megaphone through which the public would learn that widespread abuses were taking place on a systematic level within a stricken country’s borders. And in her prose she humanely captures the idiosyncratic motivations that historically led to such a diverse body of doctors and nurses deciding to undertake

the “humanitarian quests” and to live the “impossible dreams” for which MSF would become known. These portions of the book are enough to recommend the volume, even if they are sometimes overshadowed by the extended attention Fox devotes to infighting within the movement, which at times misleadingly gives the reader an impression that recognition is the curse of accomplishment, or that collaboration represents the falling away of singularity of purpose.

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Genesis of the Salk Institute: The Epic of Its Founders

Suzanne Bourgeois
Berkeley, California, University of
California Press, 2013

Reviewed by Thoru Pederson, PhD

This story about the Salk Institute for Biological Sciences is a riveting account of an MD who turned to virology immediately upon completion of his internship, and who then dedicated himself to research for the remainder of his career, attaining national and

worldwide fame and going on to create a research center of excellence, despite many setbacks. Free-standing clinical research centers founded by physicians include the Mayo Clinic in 1889 (as St. Mary’s Hospital) by Will and Charlie Mayo, and the Cleveland Clinic in 1921 by the local physicians Frank E. Bunts, George Washington Crile, William E. Lower, and John Phillips. Basic biomedical research institutes founded by physicians are even rarer. This book offers an engaging read to anyone interested in the history of American medicine and biomedical science.

Suzanne Bourgeois launches her book with a brief account of the work that led to one of the two polio vaccines, but immediately gets to the grist of the story—Jonas Salk’s zeal once he had become a household name in America to create a research institute. Bourgeois traces the efforts Salk made to create his institute at his own institution, the University of Pittsburgh, as well as his explorations of other sites, such as Palo Alto in California. Local and other complexities doomed these two sites. The author then recounts how Salk looked to the Institute for Advanced Studies (IAS) in Princeton, New Jersey as perhaps a better model for his idea, which was still being progressively refined. This institute’s design was based on bringing in physicists who would just think—no labs, no actual experiments. As the author vividly relates, this notion appealed to Salk—not that he didn’t want actual labs in his planned institute but that he thought having some free-floating thinkers also walking around would be ideal. A second seed was also planted in Salk’s mind when he visited the IAS: such a research center could be placed near the campus of a fine university but yet be administratively and financially separate from it.

And so it came to pass that, in part influenced by advice from the Princeton Institute’s Robert Oppenheimer, Salk went out to San Diego, where he encountered the oceanographer and dynamic scientific impresario Roger

Revelle, a towering Norwegian who had by this time convinced the San Diego city leaders that biology was one of the sciences of the future and had also convinced the trustees of the University of California that there should be a new campus in San Diego. Salk hit it off with both Revelle and the San Diego civic leaders and the rest is history.

What about Salk's dream that his new institute should have both lab scientists and "thinkers"? He invited an elite cast of intellectuals to come as "Fellows," envisioning that they would walk along the campus—a magnificent site overlooking the Pacific Ocean—and both among themselves and with the research scientists they would somehow divine trans-disciplinary ideas to advance biomedical science. The author emphasizes how strongly Salk, a physician, believed that this broader view was essential and how this outlook was embodied in his choice of the "founding Fellows," including the humanist-philosopher of science Jacob Bronowski who was keen about Charles Percy Snow's then-famous idea of "two cultures" (science and the humanities, each out of touch with the other). This part of Salk's scheme began well enough but eventually ran down. The idea, however, was very much a part of Salk's persona and was a surprising dimension that would not have been predicted from anything in his earlier career. Perhaps he believed in the notion of *shem tov*—to leave a name crowned not by fame, but by something good done.

What one can take away from this book is how a physician-virologist—possessed both by a physician's drive to prevent a disease and later a zeal to leave a greater legacy—got it done. Salk was never elected to the U.S. National Academy of Sciences nor did he or Albert Sabin win the Nobel Prize. One of Salk's legacies was the National Foundation for Infantile Paralysis/March of Dimes.¹ His other was the Salk Institute.

Due to the current NIH funding nadir, the lowest in forty-five years, many freestanding biomedical research

institutes are now exploring university affiliations. What Suzanne Bourgeois' book teaches us is that Jonas Salk had a restless ambition beyond pediatric infectious disease and that when he achieved unimaginable fame, he chose not to rest on his laurels but to push on for Act II. The author powerfully presents this fascinating man and his journey as the powerful drama that it was.

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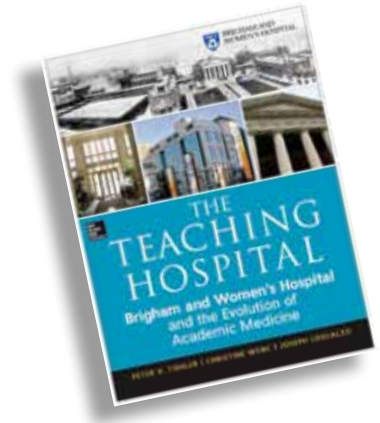
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The Teaching Hospital: Brigham and Women's Hospital and the Evolution of Academic Medicine

Peter V. Tischler, Christine Wenk, Joseph Loscalzo (AQA, Boston University, 1997), editors
New York, McGraw Hill Education, 2014

Reviewed by William P. Reed, MD

This year is the one-hundred-year anniversary of the founding of the Peter Bent Brigham Hospital. It combined with four other hospitals and other entities at various times to form the present Brigham and Women's Hospital. The intervening century has seen enormous changes in the practice and effectiveness of medicine, and changes in its teaching. This book was written to document many of those changes and to show the leading role of Brigham and Women's Hospital in bringing them about. For instance, the most common diagnosis for patients admitted to the Medical Service during the first year of the Peter Bent Brigham's



existence was typhoid fever. This diagnosis is now rare in the United States and many other countries. In fact, I know many young physicians who have never seen a case of it. Portions of this book were written by dozens of authors and tied together into a cohesive whole by the editors who themselves also authored large parts of the book. I graduated from Harvard Medical School in 1959, and a large share of my clinical work was done at the Brigham. The hospital structure today is entirely new and vastly superior to the original that I experienced during my training.

For writing this review I read the entire book, but I presume that many people who refer to it will read only portions. The index is quite complete and should allow most readers to do that with ease. During my second year in medical school I lived at the Free Hospital for Women, where I knew and worked for Dr. John Rock, helping with some of his research in infertility. Therefore I found portions of the book about him to be of particular interest. The book points out that he was a world leader in evaluating and treating infertility. He strongly felt that women should be in charge of their own fertility and the timing of their pregnancies. He is perhaps best known for his work in developing and clinically testing the first birth control pill. He was excommunicated by the Catholic Church for this work, and felt deeply wounded by this action.

Another of the many interesting

doctors at the Brigham was Harvey Cushing, the Brigham's first Chief of Surgery and the first person to develop the field of modern neurosurgery. He described Cushing's disease from cortisol producing tumors, and Cushing's syndrome from exogenous cortisone. Before he assumed the role of Chief of Surgery at the Brigham, it was common for aspiring American surgeons to travel to Europe to train and work with European surgeons. By the time he retired from the Brigham, European neurosurgeons were coming to Boston to train with him. He died in 1939, but in 2000, the journal *Neurosurgery* named him the Neurosurgeon of the Century.

Dwight Harkin was named the first Chief of Cardiothoracic Surgery in 1948. He was the first surgeon to successfully treat post-rheumatic mitral stenosis, which he did at first by finger dilatation of the mitral ring, then progressing to instrument dilatation. He was a marvelous speaker, and I heard him present a description of this procedure at a Congressional hearing in response to anti-vivisectionist attempts to ban experiments with animals. Harkin described the development of the procedure as involving three groups of six subjects each. In the first group of six subjects, all died from the surgical procedure. In the second group five survived with good results, and only one died. In the third group all six subjects survived with excellent results. He then revealed that all twelve subjects in the first two groups were dogs, and all six subjects in the third group were humans. Harkin's persuasive testimony was undoubtedly significant in leading Congress to decline to limit animal experimentation.

The treatment of renal failure was of great interest to many people at the Brigham. During the Nazi occupation of Holland in World War II, a Dutchman named Willem Kolff invented an artificial kidney and used it to dialyze patients who were dying of renal failure. Kolff ended up working with John Merrill, an internist and sub-specialist

in renal disease, and with Carl Walter, a surgeon and engineer. The result was a much more compact machine than Kolff's original and they called it the Brigham-Kolff Dialysis Machine. It now resides at the Smithsonian, and is the forerunner of a wide variety of newer machines. This new machine was successful in prolonging life, but the cost was high, especially in time spent on dialysis by the patient.

This situation rather naturally led to a high level of interest in kidney transplantation, and the Brigham also became a leader in this. The world's first successful kidney transplant was at the Brigham in 1954 and involved identical twins as donor and recipient. The surgeon was Joseph Murray.

However, subsequent attempts at transplantation usually failed, and it soon became apparent that the major problem preventing transplantation was host rejection of the transplant. There were several potential approaches to reducing the immune response that led to rejection. For instance, I did a renal rotation at the Brigham at a time when total body radiation was being tried as a mode of immunosuppression, but the result was that most subjects died of the radiation. It was quite discouraging. In 1959 investigators from Tufts reported that treatment of experimental animals with the anticancer drug 6-mercaptopurine (6-MP) lowered antibody titers. Investigators from Murray's laboratory at the Brigham tested a number of derivatives of 6-MP and found that azathyoprine prolonged graft survival. Azathyoprine plus corticosteroids became the standard immunosuppressive drug for tissue transplantation for nearly two decades, but has subsequently been replaced by cyclosporin A.

By the 1970s it became recognized that most medical research had been performed using adult white male subjects and the results might not be applicable to other groups. One of the early responses to this observation was from Frank Speizer, a Harvard physician

at the Channing Laboratory, which at that time was located at Boston City Hospital and soon became a part of the Brigham Hospital. The original question from this national questionnaire-based study was: does use of the birth control pill by women lead to breast cancer? Later it was expanded to look at many aspects of women's health, and clinical trials were included. One of these added studies showed that daily low dose aspirin may have a role in preventing ischemic stroke in women. However, it lacked the role of preventing the thrombotic consequences of coronary artery disease which a PHS study had shown in men. Although it did not reduce the frequencies of heart attacks in most women, it did reduce heart attacks in women over the age of sixty-five.

I have focused this review on a few of the remarkable research aspects of Brigham and Women's Hospital during its first century. However, it also showed excellence in patient care and teaching. The Flexner Report had recently come out when the Peter Bent Brigham Hospital was first formed, and the Brigham Hospital and the Johns Hopkins University Hospital were the first two to take this report seriously and thoroughly reorganize medical education along the lines the report suggested.

The book is well organized, well written, and a pleasure to read. I would recommend this book to anyone presently or formerly associated with Brigham and Women's Hospital, and would recommend reading of selected parts by those interested in the huge changes that have taken place in the past 100 years of medicine including medical education, medical care, and research.

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