Alpha Omega Alpha Honor Medical Society
Founded by William W. Root in 1902

Editor Richard L. Byyny, MD
Editor Emeritus (in memoriam) Robert J. Glaser, MD
Associate Editor and Managing Editor (in memoriam) Helen H. Glaser, MD
Managing Editor Debbie Lancaster
Art Director and Illustrator Jim M’Guinness
Designer Erica Aitken

Editorial Board

Faith T. Fitzgerald, MD
Sacramento, California

Daniel Foster, MD
Dallas, Texas

James G. Gamble, MD, PhD
Stanford, California

Dean G. Gianakos, MD
Lynchburg, Virginia

Jean D. Gray, MD
Halifax, Nova Scotia

David B. Hellmann, MD
Baltimore, Maryland

Pascal James Imperato, MD
Brooklyn, New York

John A. Kastor, MD
Baltimore, Maryland

Henry Langhorne, MD
Pensacola, Florida

Jenna Le, MD
New York, New York

Michael D. Lockshin, MD
New York, New York

Kenneth M. Ludmerer, MD
St. Louis, Missouri

J. Joseph Marr, MD
Broomfield, Colorado

Stephen J. McPhee, MD
San Francisco, California

Janice Townley Moore
Young Harris, Georgia

Young Harris, Georgia

Francis A. Neelon, MD
Durham, North Carolina

William M. Rogoway, MD
Stanford, California

Shaun V. Ruddy, MD
Richmond, Virginia

Bonnie Salomon, MD
Deerfield, Illinois

John S. Sergent, MD
Nashville, Tennessee

Clement B. Sledge, MD
Marblehead, Massachusetts

Jan van Eys, Ph.D., MD
Nashville, Tennessee

Abraham Verghese, MD, DSc
Stanford, California

Steven A. Wartman, MD, PhD
Washington, DC

William M. Rogoway, MD
New York, New York

David Watts, MD
Mill Valley, California

Manuscripts being prepared for The Pharos should be typed double-spaced, submitted in triplicate, and conform to the format outlined in the manuscript submission guidelines appearing on our website: www.alphaomegaalpha.org. They are also available from The Pharos office. Editorial material must be sent to Richard L. Byyny, MD, Editor, The Pharos, 525 Middlefield Road, Suite 130, Menlo Park, California 94025.

Requests for reprints of individual articles should be forwarded directly to the authors.

The Pharos of Alpha Omega Alpha Honor Medical Society (ISSN 0031-7179) is published quarterly by Alpha Omega Alpha Honor Medical Society, 525 Middlefield Road, Suite 130, Menlo Park, California 94025, and printed by The Ovid Bell Press, Inc., Fulton, Missouri 65251. Periodicals postage paid at the post office at Menlo Park, California, and at additional mailing offices. Copyright © 2014, by Alpha Omega Alpha Honor Medical Society. The contents of The Pharos can only be reproduced with the written permission of the editor. (ISSN 0031-7179)

Circulation information: The Pharos is sent to all dues-paying members of Alpha Omega Alpha at no additional cost. All correspondence relating to circulation should be directed to Ms. Debbie Lancaster, 525 Middlefield Road, Suite 130, Menlo Park, California 94025. E-mail: info@alphaomegaalpha.org

POSTMASTER: Change service requested: Alpha Omega Alpha Honor Medical Society, 525 Middlefield Road, Suite 130, Menlo Park, CA 94025.

Officers and Directors at Large
John Tooker, MD, MBA
President
Philadelphia, Pennsylvania

C. Bruce Alexander, MD
Immediate Past President
Birmingham, Alabama

Douglas S. Pauw, MD
President-Elect
Seattle, Washington

Joseph W. Stubbs, MD
Secretary-Treasurer
Albany, Georgia

Robert G. Atkip, MD
Hershey, Pennsylvania

Eve J. Higginbotham, SM, MD
Philadelphia, Pennsylvania

Richard B. Gunderman, MD, PhD
Indianapolis, Indiana

Sheryl Pfeil, MD
Columbus, Ohio

Alan G. Robinson, MD
Los Angeles, California

Wiley Souba, MD, DSc, MBA
Hanover, New Hampshire

Steven A. Wartman, MD, PhD
Washington, DC

Medical Organization Director
Carol A. Aschenbrener, MD
Association of American Medical Colleges
Washington, DC

Councillor Directors
Lynn M. Cleary, MD
State University of New York Upstate Medical University

Mark J. Mendelsohn, MD
University of Virginia School of Medicine

Alan G. Wasserman, MD
George Washington University School of Medicine and Health Sciences

Coordinator, Residency Initiatives
Suzann Pershing, MD
Stanford University

Student Directors
Christopher Clark, MD
University of Mississippi Medical School

Tonya Cramer, MD
Chicago Medical School at Rosalind Franklin University

Laura Tisch
Medical College of Wisconsin

Administrative Office
Richard L. Byyny, MD
Executive Director
Menlo Park, California

525 Middlefield Road, Suite 130
Menlo Park, California 94025
 Telephone: (650) 329-0291
 Fax: (650) 329-1618
 E-mail: info@alphaomegaalpha.org

“Be Worthy to Serve the Suffering”
## DEPARTMENTS

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Editorial</td>
<td>The care of the patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Richard L. Byyny, MD</td>
</tr>
<tr>
<td>41</td>
<td>The physician at the movies</td>
<td>Peter E. Dans, MD</td>
</tr>
<tr>
<td></td>
<td>Jersey Boys</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Monuments Men</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Train (1964)</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Reviews and reflections</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doctors Without Borders: Humanitarian Quests, Impossible Dreams of Médecins Sans Frontières</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Genesis of the Salk Institute: The Epic of Its Founders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Teaching Hospital: Brigham and Women’s Hospital and the Evolution of Academic Medicine</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Letter to the editor</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>2014 Fellow in Leadership Awards</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>2014 Edward D. Harris Professionalism Award</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>2014 Postgraduate Awards</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Marjorie Sirridge, MD: 1921-2014</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>2014 2014 Visiting Professorships</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>2014 Volunteer Clinical Faculty Awards</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>2014 Administrative Recognition Awards</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Exhibition: “The Surgeon General vs. The Marlboro Man”</td>
<td></td>
</tr>
</tbody>
</table>

## POETRY

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Perceptions of Ear Disorders</td>
<td>Thomas Balkany, MD, FACS, FAAP</td>
</tr>
<tr>
<td>25</td>
<td>Breast Exam</td>
<td>Trang Diem Vu</td>
</tr>
<tr>
<td>37</td>
<td>The Weight of a Marble</td>
<td>Alyse Marie Carlson</td>
</tr>
<tr>
<td>40</td>
<td>Third Year Medical Student Encounter</td>
<td>Glenna Martin</td>
</tr>
<tr>
<td>45</td>
<td>Sandglass</td>
<td>Aisha Harris</td>
</tr>
</tbody>
</table>

## ARTICLES

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>David Seegal</td>
<td><em>Ic ne wat</em> and other maxims of a master teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peter E. Dans, MD</td>
</tr>
<tr>
<td>10</td>
<td>Bleeding by the numbers</td>
<td>Rush versus Corbbett</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Andrew G. Shuman, MD, Marc Edelman, JD, MA, and Joseph J. Fins, MD</td>
</tr>
<tr>
<td>18</td>
<td>How postoperative respiratory distress conspired with friendly fire to kill “Stonewall” Jackson</td>
<td>Joseph J. DuBose, MD, James I. Robertson, Jr., PhD, and Philip A. Mackowiak, MD</td>
</tr>
<tr>
<td>26</td>
<td>Haiti journal</td>
<td>Ken Barnes, MD</td>
</tr>
<tr>
<td>34</td>
<td>Reflecting on a few well-remembered medical eponyms</td>
<td>Martin Duke, MD</td>
</tr>
<tr>
<td>38</td>
<td>Lullaby</td>
<td>Steven Krager</td>
</tr>
</tbody>
</table>

**On the cover**

See page 10

Cover illustration by Erica Aitken
The care of the patient

Richard L. Byyny, MD

Dr. Henry Kempe, author of the seminal “The Battered-Child Syndrome,” was a professor of Pediatrics and Microbiology and chairman of the Department of Pediatrics at the University of Colorado from 1956 to 1980. In 1978, he finished a hectic and busy day of work, grabbed a full suitcase and a heavy briefcase, and caught a flight to New York to receive the Aldrich Award of the American Academy of Pediatrics for contributions in the field of child development. He arrived at his hotel that evening, exhausted by the long day and travel. Shortly thereafter, he developed shortness of breath and hemoptysis. He called a colleague at NYU, who advised him to go to the ER at Bellevue Hospital; he took a cab to the emergency room and was admitted to the coronary care unit, where they fortunately had an open bed, in cardiogenic shock from an acute myocardial infarction with pulmonary edema. He was intubated and on a respirator, and had a balloon pump inserted in his aorta to assist in maintenance of his blood pressure.

With no recollection of his first two weeks in the coronary care unit, Dr. Kempe gradually awakened to pain and confusion. He continued to be very confused and sleep deprived by all that was going on in the unit, and was, in addition, fearful about his memory and reasoning losses and the delusions and frightening hallucinations he experienced. The only good thing about the unit was the nursing staff. They held his hands, bathed him, oriented him by looking him in the eye to tell him his name, his situation, and where he was and what day and time it was. The personal contact was comforting and caring. The nurses assured him that he would regain his sanity and that the “scary dreams” would resolve.

Two or more times a day his doctor and other physicians would make rounds. Dr. Kempe saw them as being like a school of sharks who would swim in, look at his chart, and watch the multiple monitors without talking to him, looking him in the face, or touching or comforting him. He watched them attentively to try to gain clues about whether he was getting better or worse: did they frown, grimace, shake their heads up or down, or yes or no? They would then swim out with his chart in hand.

One day, a few days after his balloon pump had been removed, he awoke frightened and crying. He could hear a loud pulsating sound. He was still intubated, so could not ask questions, but deduced that the balloon pump must have been reinserted indicating that he was worse. His nurse could see his disturbance. She asked, “Is the sound you’re hearing disturbing you?” She looked at him, held his hand, and said, “That is the wrecking ball knocking down the rest of the old Bellevue Hospital. You didn’t hear the noise on Saturday and Sunday, but you did hear it on Friday when your aortic balloon came out. That was a bad time. You remember not only how painful that was, but you also remember how the balloon sounded inside you during those rough days. I bet you are remembering that pain.” With her care and thoughtful reasoning about why he was suffering, and with her explanation, his distress disappeared. He gradually had fewer flashbacks—when he did the nurses would comfort and care for him. The nurses continued to support him with the intuition to understand his responses and distress to almost any change and to provide the needed
care and support. In due time he was discharged and returned to work as a doctor, scholar, and teacher.

Dr. Kempe told this story to our General Internal Medicine Residency fellows while I was residency director, but found it too difficult and disturbing to relate it more than once. The Pharos published his article about the experience in the Winter 1979 issue ("Nursing in a coronary care unit: A doctor-patient's view, pp. 18-19"), in which he included a footnote about the thirty-six physicians and surgeons involved in his care and his gratitude to them. No doubt many of the decisions made by the physicians were important in his successful outcome for which he was appropriately thankful and appreciative, but I am pretty certain that none of them were aware of his perception of their inability to understand his suffering and care for him. What he described was his need—as the patient—for caring by physicians.

Dr. Francis W. Peabody wrote in 1927 that “one of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is caring for the patient.” For me, the doctor-patient relationship and the care of the patient in the office or hospital represent the best in medicine. Serving as a physician has continued to be rewarding professionally and personally gratifying. It has remained true that successfully and effectively caring for patients is more than the application of science and technology. Caring for the patient is much more than treating a disease, illness, or injury. It includes—as AΩA’s motto proclaims—that we “be worthy to serve the suffering.” Caring may be primarily related to a disease in some patients and using specific and effective treatment may relieve most of the suffering, but many times there isn’t an effective, certain, or rapid intervention for the patient. Even when we are uncertain about the diagnosis or effectiveness of our treatment, caring for the patient and the relief of suffering is paramount.

Many changes in society and medicine have made it more difficult to care for and serve the suffering. Dr. Joe Marr described many of them in his article, “Fall from Grace,” in the Winter 2014 issue of The Pharos. These include: the rising cost of care; fee for service care; reliance on technology as a substitute for clinical judgment; organizational interference in the physician-patient relationship; the focus on patient visits per unit time rather than the care of patients and outcomes; the concept of profit and loss centers in medicine; billing and collection terminology; overuse and underuse of technology; development of cumbersome bureaucracies; for-profit hospitals; for-profit insurance companies with a focus on quarterly earnings; the use of non-physician employees to determine patient eligibility for care; the use of claims adjusters; the businesses and companies that set the rules of care; the use of euphemisms in medicine, in which a doctor becomes a “health care provider” providing “services” to a “client,” “consumer,” “customer,” or “stakeholder”—anything but a patient; coding of conditions so that GERD is code 530.81; and others. George Carlin in one of his routines said, “When I was a little kid, if I got sick they wanted me to go to the hospital and see the doctor. Now they want me to go to a health maintenance organization or a wellness center to consult a healthcare delivery professional.”

Medicine is now often perceived as a business rather than as a profession. Profit, business practices, business principles, and business strategies, rather than the care of patients, too often determine the care or lack of care for people. Sir William Osler’s maxim, “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head,” is being lost.

I gave a lecture a few years ago to community physicians who were mostly in their 50s and 60s. Over dinner most of the conversations and discussions were about how practicing medicine and caring for patients had become more difficult and less satisfying professionally. Across from me was a younger woman who was not participating in the discussion. I leaned forward to engage her in the conversation and asked, “What do you think about our conversation and the practice of medicine”? Her response was, “I don’t remember the good old days. I cherish my time caring for my patients and they seem to appreciate and benefit from my care and my team’s thoughtful caring. I have learned to fill out the required forms, make the necessary calls, and deal with the nonmedical management required.” Shortly thereafter, I spoke with a retiring physician executive from the Mayo Clinic, who acknowledged that managing a large hospital and clinic was no longer fun nor particularly professionally rewarding, but he noted that there were exceptional younger physicians capable of enthusiastically and competently leading and managing the care of the patients. One’s past experiences and context are important to our perception of medicine and our professional satisfaction with medicine.

Despite the developing elements in the care of patients, how we care for patients continues to be our most important professional responsibility. The care of the patient continues to be based on what the patient needs and what is most important for the patient and his or her illness and suffering. The qualities that a physician needs to do this job are many, but foremost is being present and engaged with the patient. Think about it. The doctor-patient relationship is at the foundation of our medical profession.

E-mail Dr. Byyny at r.byyny@alphaomegaalpha.org
David Seegal

/Ic ne wat and other maxims of a master teacher
Peter E. Dans, MD

The author (AΩA, Columbia University College of Physicians & Surgeons, 1960) is an associate professor of Medicine at Johns Hopkins University School of Medicine. He is a member of the editorial board of The Pharos and has been its film critic since 1990.

A 1921 graduate of Harvard College, David Seegal began his professional career as a physical anthropologist at Columbia before matriculating in Harvard Medical School’s class of 1928 (AΩA, Harvard Medical School, 1927). Returning to the new Columbia-Presbyterian Medical Center as a medical intern, he rose to be a professor of Medicine in 1951. In 1964 he became emeritus.

Seegal believed that first-rate clinical research began at the bedside and he helped elucidate the role of beta-streptococcal infection in the genesis of glomerulonephritis. In 1935, he was named director of the first service devoted to research and treatment of chronic diseases at Goldwater Memorial Hospital on Welfare Island, a joint project of Columbia Presbyterian Hospital, the Rockefeller Foundation, and the City of New York. Some have called it a precursor of today’s clinical research units and even, in part, of the NIH itself.

Seegal and his wife Beatrice were major contributors to Alpha Omega Alpha through their endowment of the Leaders in American Medicine series, a priceless trove of interviews with respected men and women physicians (a list of the interviews follows the article). The interviews can be accessed through the AΩA website (http://alphaomegaalpha.org/leaders.html). To encourage AΩA members to sample them, the late Dr. Oliver Owen (AΩA, University of Colorado, 1961) summarized six interviews in previous issues of The Pharos.

Seegal was also a prolific writer whose hundreds of contributions to the medical literature included the classic Pharos article “Never a Dull Day for the Compleat Physician” and haiku, an art form he came to late in life.

Yet, the accomplishment for which he is best remembered by more than one thousand students at the Columbia University College of Physicians and Surgeons (P&S) is the mark he left on us during a two-month subinternship at Goldwater. He personified Henry Adams’s famous epigram, “A teacher affects eternity; he can never tell where his influence stops.”

Why does David Seegal still live on in so many of us? Probably because, along with conveying a sense of the great privilege and responsibility we would assume on becoming doctors, he dispensed a philosophy of life as well. I still remember our first encounter as we began our Goldwater rotation. We milled around in the solarium until he called us to order, asking us to take our seats and face forward. Did we notice anything that seemed out of place in a medical school classroom, he asked? When no one spoke up, he pointed out the statue of a baseball player and other things that were seemingly out of place. In so doing, he was highlighting the observation that he would reinforce on rounds, noting what was on the patient’s bedside table like a family picture that could help us connect with the patient or provide some clue to who the patient was.

Seegal’s first teaching session would invariably involve his writing le ne wat on the blackboard and asking us what it meant. When no one responded, he would say it meant “I don’t know” in Old English, a springboard to his most famous admonition: know your limitations. He worried that when we put on the long white coat signaling the achievement of doctor status we would be reluctant to utter that phrase. He’d say that if we didn’t say “I don’t know” at least ten to twenty times a day, even as experienced doctors, we would not be true to our patients or ourselves. He then said that we couldn’t just stop there. It was just as important that we then “want to know,” followed by “look it up,” triggering the CML cerebro-mano-libro reflex or brain-to-hand-to-notebook-to-textbook. Today, one might substitute a trusted computer site for the textbook.

Another Seegal maxim was “Do it now.” Despite good intentions, important things might be put off with unfortunate consequences. He labeled procrastination the enemy of the conscientious clinician. Or take another maxim that hit home with me: “Be on time.” He said being late showed a disrespect for the patient and colleagues, implying that their time was not as important as our own. Still, he used to tell us that we should always, when correcting someone, allow them a way to escape to safety. In my case, he pointed out that I was an optimist, always thinking I could do more than I thought in the time allotted. When I slipped into my “late Dr. Dans” habit, his words came back to me. Other admonitions in his Decalogue included “Know your patients,” “Maintain an open mind,” and “Check and recheck” when presented with conflicting data.
Noting that the term doctor comes from the Latin root docere, “to teach,” Seegal impressed on us that being effective clinicians depended on our being effective teachers. He told us that if we looked patients in the eyes while instructing them, we could discern whether they would follow the plan, and could respond accordingly. Being a good teacher also extended to our peers and colleagues in whom, he said, we should strive to “Bring out the best.” Finally, he urged us to “Practice the Golden Rule” in helping our patients make difficult decisions, what he termed, “close calls.”

Okay, you say, isn’t this just plain old common sense? Of course it is, but, sadly, as Voltaire said, “Common sense is not so common.”

Seegal anticipated and risked that reaction from students who were not all that different from those of today. One of his former students, Quentin Deming, said, “There aren’t many people who can drill students in truisms and get away with it. Seegal could.” I have found that most of today’s students hunger for evidence that their teachers not only preach the values Seegal espoused, but, more importantly, live them.

Take the necessity to say “I don’t know.” The students in my junior/senior seminars agree with this admonition; after all, they are in school to learn, and one learns best after admitting ignorance or error. In my study of anonymous self-reporting of cheating and lying, thirteen to twenty-four percent of four classes reported cheating in the clinical years. This probably was an underestimate—as one student said, admitting you cheated is the hardest thing to do. This included recording tasks not performed, making up values when they were “sure that the data were normal” and saying they saw the fundi and heard a murmur when others did but they didn’t. One woman admitted making up exact values after being reprimanded by her resident for saying “I don’t know” on professor’s rounds because he said that it reflected on him. Another reported being told by a resident that she would come off better if she “lied a little.” Others feared that saying “I don’t know” would put them at risk of being graded down and losing the opportunity for that hoped-for residency.

Students also commented on behaviors such as “gunning” (referring to hard-charging students who try to show up their peers), clearly contrary to Seegal’s admonition to create a milieu that “brings out the best in our colleagues.” They called attention to one clinical service that had a number of “toxic residents” who were insensitive to patients, laughed at them, or repeatedly used pejorative terms in referring to them.

I have been interested in this phenomenon since writing “Dirtball” in 1982 (using a pseudonym so as not to call attention to Hopkins for what was probably a universal practice). Indeed, it struck such a responsive chord that six months later JAMA reprinted a sample of the many letters they received, including one—ironically—from an ex-Hopkins Osler house officer. Having canvassed four Hopkins graduating classes on the subject as recently as 1996, the good news is that the practice appears to have declined, but the bad news is that it is still prevalent. But the idea isn’t to get self-righteous about it, as one faculty member did in telling me...
that “they wouldn’t dare do that in my presence.” Rather, the trick is to try to understand why it happens and to conduct much of the discussion of the patient, as Seegal advised, not in the conference room, but at the bedside or in the clinic, to model the handling of even the most difficult patients and sensitive data with prudence and tact. It is admittedly harder to do in our fast-paced, bottom-line-oriented environment, where interactions between doctors and patients are often fleeting—but that’s the challenge. As Seegal would say, we “are the ones with the high IQs,” and if we fail to meet that challenge (paraphrasing Shakespeare in Julius Caesar), the fault lies in ourselves and not in our stars.

The timeliness of Seegal’s message is underscored by the fact that most diseases today are chronic, something that Seegal anticipated when he joined forces with Joseph Earle Moore, Hopkins’s renowned syphilologist, to begin the Journal of Chronic Diseases in 1955, a publication that flourished before the era of specialties and subspecialties. Just as in an earlier time, many patients are desperately seeking compassionate care and relief of suffering. Seegal was fond of quoting Longcope that the patient should be better off for the physician’s visit irrespective of the seriousness of the illness, else why do it (his emphasis). He warned against projecting a dour mien, calling “cheerfulness” the “intangible elixir in the doctor’s bag.” Seegal endured a twelve-year bout with polymyositis that ultimately claimed his life, so he knew whereof he spoke.

Seegal also had excellent advice for treating our increasingly elderly population using what he called the “principle of minimal interference.” He cautioned us to be wary of causing iatrogenic disease through a well-meaning activism and polypharmacy, a problem that if anything is greater today with more medicines being given to patients by more doctors whose care is not coordinated. Still, he was no therapeutic nihilist. He just as forcefully warned against “pigeonholing” the elderly and chronically ill by ignoring the cues and clues that could possibly indicate something different and treatable.

Finally, we hear a lot about the importance of lifestyle as students seek a sense of balance between their professional and personal lives. Seegal had much to say on this. Happily married to Beatrice Carrier Seegal, a distinguished professor of microbiology at P&S, he cared about his students’ personal lives. Seegal had much to say on this. Happily married to Beatrice Carrier Seegal, a distinguished professor of microbiology at P&S, he cared about his students’ personal lives. Seegal had much to say on this. Happily married to Beatrice Carrier Seegal, a distinguished professor of microbiology at P&S, he cared about his students’ personal lives. Seegal had much to say on this. Happily married to Beatrice Carrier Seegal, a distinguished professor of microbiology at P&S, he cared about his students’ personal lives. Seegal had much to say on this. Happily married to Beatrice Carrier Seegal, a distinguished professor of microbiology at P&S, he cared about his students’ personal lives. Seegal had much to say on this.

Seegal indeed had a great soul. It is a pleasure to introduce David Seegal to a new generation of readers. To learn more about him, I recommend the David Seegal tape made in 1975, in which his colleagues and former students Walsh McDermott, Arthur Wertheim, Quentin Deming, and John Loeb give their recollections, intercut with clips from The Making of a Clinician tape of Seegal teaching a group of students at his apartment shortly before he died (http://alphaomegaalpha.org/pdfs/Leaders/SeegalDE.mp4 and http://alphaomegaalpha.org/pdfs/Leaders/MakingClinician.mp4). He clearly was a shadow of his former self, but unlike what he wrote in the haiku, he wanted to teach until the very end. One might say that he died with his boots on.

Patient care and medical education have changed so much since David Seegal’s time, I would be interested in hearing from those on today’s front lines as to whether his maxims still apply—PED.

References
David Seegal


The author’s address is:
11 Hickory Hill Road
Cockeysville, Maryland 21030
E-mail: pdans@verizon.net

Leaders in American Medicine streaming videos

Videos may be watched at: http://alphaomegaalpha.org/leaders.html.

<table>
<thead>
<tr>
<th>Interview of</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymond Adams, MD</td>
<td>Arthur Asbury, MD</td>
</tr>
<tr>
<td>Mary Ellen Avery, MD</td>
<td>Marcia Angell, MD</td>
</tr>
<tr>
<td>Benjamin M. Baker, MD</td>
<td>Carol J. Johns, MD</td>
</tr>
<tr>
<td>Jeremiah A. Barondess, MD</td>
<td>David E. Rogers, MD</td>
</tr>
<tr>
<td>Paul B. Beeson, MD, and Eugene A. Stead, MD</td>
<td>Beeson and Stead</td>
</tr>
<tr>
<td>John A. Benson, Jr, MD</td>
<td>Daniel D. Federman, MD</td>
</tr>
<tr>
<td>F. Tremaine Billings, Jr, MD</td>
<td>Harvie Branscomb</td>
</tr>
<tr>
<td>Baruch S. Blumberg, MD, PhD</td>
<td>James Sherley, MD, PhD</td>
</tr>
<tr>
<td>Stuart Bondurant, MD</td>
<td>Jeremiah A. Barondess, MD</td>
</tr>
<tr>
<td>John Z. Bowers, MD</td>
<td>Robert J. Glaser, MD</td>
</tr>
<tr>
<td>Eugene Braunwald, MD</td>
<td>Lee Goldman, MD</td>
</tr>
<tr>
<td>George F. Cahill, Jr, MD</td>
<td>Ronald H. Arky, MD</td>
</tr>
<tr>
<td>Benjamin Castleman, MD</td>
<td>Ronald B. Weinstein, MD</td>
</tr>
<tr>
<td>Robert A. Chase, MD</td>
<td>Robert J. Glaser, MD</td>
</tr>
<tr>
<td>Purnell W. Choppin, MD</td>
<td>Richard M. Krause, MD</td>
</tr>
<tr>
<td>W. Montague Cobb, MD</td>
<td>LaSalle D. Leffal, Jr, MD</td>
</tr>
<tr>
<td>Lowell T. Coggeshall, MD</td>
<td>John Z. Bowers, MD</td>
</tr>
<tr>
<td>C. Lockard Conley, MD</td>
<td>Benjamin M. Baker, MD</td>
</tr>
<tr>
<td>Denton A. Cooley, MD</td>
<td>Ron Stone</td>
</tr>
<tr>
<td>George W. Corner, MD</td>
<td>John Z. Bowers, MD</td>
</tr>
<tr>
<td>Martin M. Cummings, MD</td>
<td>Peter D. Olch, MD</td>
</tr>
<tr>
<td>James E. Darnell, Jr, MD</td>
<td>Jeff Friedman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interview of</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael E. DeBakey, MD</td>
<td>Claude H. Organ, Jr, MD</td>
</tr>
<tr>
<td>Lester R. Dragstedt, MD, PhD</td>
<td>John Landor, MD</td>
</tr>
<tr>
<td>Harriet P. Dustan, MD</td>
<td>Edward Frohlich, MD</td>
</tr>
<tr>
<td>Richard V. Ebert, MD</td>
<td>William W. Stead, MD</td>
</tr>
<tr>
<td>Robert H. Ebert, MD</td>
<td>Richard V. Ebert, MD</td>
</tr>
<tr>
<td>John Eckstein, MD</td>
<td>Francois M. Abboud, MD</td>
</tr>
<tr>
<td>Gertrude B. Elion, DSc</td>
<td>Mary Ellen Avery, MD</td>
</tr>
<tr>
<td>John F. Enders, PhD</td>
<td>Frederick C. Robbins, MD</td>
</tr>
<tr>
<td>George L. Engel, MD</td>
<td>Stanford Meyerowitz</td>
</tr>
<tr>
<td>Maxwell Finland, MD</td>
<td>Edward H. Kass, MD</td>
</tr>
<tr>
<td>Jacques Genest, MD</td>
<td>Vincent D. Dole, MD</td>
</tr>
<tr>
<td>Robert J. Glaser, MD</td>
<td>Robert A. Chase, MD</td>
</tr>
<tr>
<td>Grace A. Goldsmith, MD</td>
<td>William J. Darby, MD</td>
</tr>
<tr>
<td>Richard W. Hanson, PhD</td>
<td>Oliver E. Owen, MD</td>
</tr>
<tr>
<td>George T. Harrell, MD</td>
<td>C. Max Lang, MD</td>
</tr>
<tr>
<td>Tinsley R. Harrison, MD</td>
<td>A. J. Merril, MD</td>
</tr>
<tr>
<td>A. McGehee Harvey, MD</td>
<td>Richard J. Johns, MD</td>
</tr>
<tr>
<td>Albert Baird Hastings, ScD, PhD</td>
<td>Peter D. Olch, MD</td>
</tr>
<tr>
<td>Donald A. Henderson, MD, MPH</td>
<td>Edith Schoenrich, MD</td>
</tr>
<tr>
<td>Emile Holman, MD</td>
<td>Peter D. Olch, MD</td>
</tr>
<tr>
<td>Dorothy M. Horstman, MD</td>
<td>Robert W. McCollum, MD</td>
</tr>
<tr>
<td>John P. Hubbard, MD</td>
<td>Edith E. Levit, MD</td>
</tr>
<tr>
<td>Charles Huggins, MD</td>
<td>Leon O. Jacobson, MD</td>
</tr>
</tbody>
</table>
Tinnitus
Dying street lamps hiss endlessly. In shrill moonlight
the plum tree withers

Hearing Loss
bronze bell on new snow
its leash pulls only silence
isolation grows

Vertigo
autumn fallen leaf
whirls in rushing mountain stream
memories of wind

When Doctors Disagree
A plum blossom floats
lost in Osaka River
seeking one true voice

Hearing
lightning bugs flitter
winking paths evanescent
Be still and listen

Certainty
torn leaves of Basho
windy rags and skeletons
certainties of youth

Aging
winter’s silent days
isolate the deaf old man
silent in his den

Thomas Balkany, MD, FACS, FAAP

Dr. Balkany (ΛΩΛ, University of Miami, 1972)
is the Hotchkiss Endowment Professor and
Chairman Emeritus, Professor of Otolaryngology,
Neurological Surgery and Pediatrics at the
University of Miami Miller School of Medicine.
His address: University of Miami Miller School of
Medicine, Department of Otolaryngology, 358
N. Ocean Boulevard, Delray Beach, Florida 33483.
E-mail: tbalkany@miami.edu.
Illustration by Jim M’Guinness.
Breast exam

And now we are going to drop the front of your gown.

Silently, she complies, but her eyes fix upon some light that shines behind us, over our heads. Her chin aligns with the tile floor, her neck becomes a stone column.

The doctor continues small talk—Sunday bread baking, slapstick antics of two young nephews, Labor Day lake swimming, the resilience of succulents—as her undulating fingers search our patient's drooping breasts and soft, unshaven underarms for small stones hidden deep.

Our patient is now a lady of marble, harder than anything we can palpate. Closing her eyes, she takes the softer things to a place our prying fingers cannot reach.

Trang Diem Vu

Ms. Vu is a member of the Class of 2016 at Mayo Medical School. This poem won honorable mention in the 2014 Pharos Student Poetry Competition. Ms. Vu's e-mail address is: vu.trang@mayo.edu.

Photo by Robert Kato.
Match the photo to the name (and condition)!

1. **George Huntington**  
   (Huntington disease)

2. **Etienne Louis Arthur Fallot**  
   (Tetralogy of Fallot)

3. **Carlos Chagas**  
   (Chagas disease)

4. **Thomas Hodgkin**  
   (Hodgkin’s disease)

5. **Herman Boerhaave**  
   (Boerhaave Syndrome)

6. **Paul Dudley White**  
   (Wolff-Parkinson-White Syndrome)

Images courtesy of the National Library of Medicine.
Reflecting on a few well-remembered medical eponyms

Martin Duke, MD

The author is retired from private practice in cardiology. He was formerly director of Medical Education at Manchester Memorial Hospital in Manchester, Connecticut, and assistant clinical professor in the Department of Medicine at the University of Connecticut School of Medicine.

Medical eponyms—terms in medicine named after people and occasionally after places—thumbs up or thumbs down? Much has been written about their pros and cons; I can add little further to those observations.1,2 Like or dislike them, there are thousands of medical eponyms, some well-known and in daily use, others familiar only to those within a particular medical specialty or with highly specific interests, a few that have been vilified in recent times,3,4 a considerable number now barely remembered, and many recognized solely for their historical interest.

Having always had a passion for the study of history, medical eponyms gave me an opportunity to continue this interest while actively practicing my profession. After coming across references to medical eponyms in articles or books, I would satisfy my curiosity by looking into the lives and accomplishments of these medical ancestors of mine. My years in medical practice became more meaningful and richer knowing that I was part of this heritage. And for a variety of personal reasons, some of those eponyms continued to maintain a strong hold on my memory.

For many years, I cared for a young man who as a child during the 1940s had received one of the early “blue baby” operations for tetralogy of Fallot. Aside from attending to the unique medical problems he experienced during his adult years, I helped him find a job and took pleasure in seeing him married and raising his children. I grieved with him when his young wife died unexpectedly of cancer, and years later I was present at his graveside funeral service. As a result of that relationship, I have always had a special feeling for the following two medical eponyms—the tetralogy of Fallot named after the Frenchman Etienne-Louis Arthur Fallot who in 1888 described this condition,5 and the Blalock-Taussig procedure named for the cardiac surgeon Alfred Blalock and the pediatric cardiologist Helen Taussig whose description of the first “blue baby” operations in 1945 was a monumental moment in cardiac surgery.6

Perhaps because it was one of my earliest contacts in medical school with a “real” patient, I have never forgotten an elderly man with Adams-Stokes attacks whom I saw in the early 1950s at the Bellevue Hospital Cardiac Clinic in New York. Named after two notable Irish physicians, Robert Adams (1791–1875) and William Stokes (1804–1878), their observations of this disorder, made many years ago in the first half of the nineteenth century without the advantages of modern-day technology, are still pertinent today and fascinating to read.7,8

In 1963, I gave a presentation before the New England Cardiovascular Society at Boston’s Museum of Science. Seated in the front row of the auditorium only a few feet from the podium where I stood was Paul Dudley White (1886–1973), a leading figure in cardiology and the second “W” in the well-known Wolff-Parkinson-White or pre-excitation syndrome.9 I recall the occasion well—it is not a daily occurrence to find oneself face to face with a legend.

A few steps inside the entrance to St. James’s Church, Piccadilly, a seventeenth-century church in
Reflecting on a few well-remembered medical eponyms

London that survived the World War II bombing of the city, I came upon a marble tablet in memory of William Bowman (1816–1892), the anatomist, physiologist, and ophthalmic surgeon whose name is eponymously attached to both Bowman’s capsule within the glomeruli of the kidney and to Bowman’s membrane, one of the layers of the cornea of the eye. How I had struggled in medical school trying to locate these structures under the microscope and understand their functions! The same church also contains a plaque to Richard Bright (1789–1858), remembered for associating dropsy (edema) and albuminuria with pathologic changes in the kidney, although the once-much-used term Bright’s disease is now obsolete and referred to only within a historical context.

On a visit to the Gordon Medical Museum at Guy’s Hospital in London, it was a strange experience, almost like a voyage back in time, to find myself standing before the original pathologic specimens prepared more than a century earlier by Thomas Addison (1793–1860) and Thomas Hodgkin (1798–1866), specimens that showed the diseases they described and that today continue to bear their names—Addison’s disease and Hodgkin’s disease. In Westminster Abbey I walked with great care around the edge of the stone and inscription placed over John Hunter’s (1728–1793) grave in the floor of the north aisle of the nave, although when doing so it was not possible to avoid treading on the nearby memorial stones of Ben Jonson and others. Memories arose of being an overwhelmed first-year medical student trying to dissect and identify the structures within Hunter’s canal in the upper thigh of the cadaver to which my partners and I had been assigned. I later met up with John Hunter again at the Royal College of Surgeons, where the surviving specimens from the remarkable museum he acquired during his lifetime are now exhibited.

It is doubtful that Chagas disease would have entered my personal pantheon of medical eponyms were it not for an unusual memory I have of swimming mice. Until that time, this disease had been merely a name vaguely recalled from a parasitology course in medical school. However, during a cardiology fellowship in the early 1960s, some of my colleagues at the time were involved in a research project studying the effects of exercise on mice with experimentally induced Chagas myocarditis, the exercise consisting of running in activity wheels and/or forced swimming in aquaria. It was truly an unusual sight to see these rodent equivalents of Olympians-in-training being urged on by my cardiology associates acting as swimming coaches. Chagas disease, named after the Brazilian physician and researcher Carlos Chagas (1879–1934), thus found a place on my special list of well-remembered medical eponyms, for which I owe thanks to Drs. Walter Abelmann and Ernest Federici and their aquatic mice for making me aware of a disease that I never saw or treated clinically but nevertheless came to appreciate as an important public health problem elsewhere in the world.

One cold winter evening in 1967, I was called to the emergency room at our local hospital to see a patient for a possible heart attack. He had been found by police on Main Street moaning in pain, vomiting, and with a strong smell of alcohol about him. On closer examination, however, it appeared that something other than a heart problem was the cause of his symptoms. Indeed, he had experienced a ruptured esophagus as a result of forceful vomiting during a recent drinking episode—an entity known as Boerhaave’s syndrome named after the Dutch physician, chemist, and botanist Hermann Boerhaave (1668–1738)—a surgical rather than a medical emergency. Once this was recognized, a chest surgeon was called and was there within a few minutes. Since his assistant was not immediately available, I was asked to temporarily substitute for him. And so I retracted and suctioned, observing at close hand the ugly-looking material within the chest as the surgeon proceeded to look for and repair the hole in the esophagus—my first active participation in an operating room since internship many years earlier. After about half an hour, a bona fide surgeon replaced me. Miraculously, the patient survived and returned to his usual haunts in Manchester. I would never see another case of Boerhaave’s syndrome during the remainder of my years in practice. However, my evening with that particular patient and my later reading of the fascinating story—it almost reads like a novella—that Boerhaave wrote in 1724 about his own patient with this syndrome,11 an admiral in the Dutch navy, probably accounts for my still vivid memory of this eponym.

Robert Massey, a former medical school dean, once wrote that a few eponyms “might become life-long friends.” And as with old friends, whenever we chance to meet them, either in our practices or in our readings, memories are awakened and reexamined. I have introduced a few of my old friends. Others, if they are fortunate, will meet up with and reminisce with such friends of their own.

References
I should have known something was wrong when she told me to call between five and seven p.m. on Friday, when she didn’t pick up on the second ring, when she didn’t ask about my exam.

“I went in for my MRI on Wednesday,” she says, and suddenly I know.

“It’s the right breast this time,” she says, and I’m clicking through the words in my head like flashcards—tamoxifen, letrozole, anastrozole, metastasis, metastasis, metastasis.

I think of the jelly bean-lymph nodes I plucked from a cadaver last year; I wonder if my mom’s are the same or if they’re already heavy as marbles with cells dividing uncontrollably.

Maybe if I had gotten that question right on the exam this morning, maybe if I had studied harder—was it raloxifene or exemestane for a fifty-eight-year-old post-menopausal woman with two sisters, one mother, one daughter, and a tamoxifen-resistant tumor?

Maybe if I had listened when she asked me not to move away, I would have known.

Instead, I sat a thousand miles away, staring blindly into a microscope at slides of cancer cells, at their mitotic chromosomes splayed out like a skeleton’s fingers and I didn’t know that those same fingers were slowly growing, squeezing between fibrous tissue, and taking root again.

Alyse Marie Carlson

Ms. Carlson is a member of the Class of 2016 at University of Iowa Roy J. and Lucille A. Carver College of Medicine. This poem won second place in the 2014 Pharos Student Poetry Competition.

Illustration by Erica Aitken.
The notes of a lullaby drifted through the labor and delivery ward, announcing the good news of a newborn baby. Muffled by the bustling sounds of the hospital wing, the song was missed by some. One young couple, however, heard the music clearly.

Steven Krager

The author is a member of the Class of 2014 at Creighton University School of Medicine. This essay won second prize in the 2014 Helen H. Glaser Student Essay Competition.
Their room was in the back of the ward, away from most of the traffic. A single solemn white rose was taped to the door. As the lullaby came to an end their eyes met for a moment.

“How are you feeling, Sarah?” John asked gently.

Sarah sighed. She did not know how she was feeling. How could she possibly express what was inside? How could she explain such a sense of loss? How could she put into words the sense that something was torn from the very center of her being? The only thing she could think of was having a beautiful dream, waking up and then feeling that dream slip away. Except this emptiness ached so much more.

“I’m okay.” She looked to the window. Sarah thought back to a day ago. She had been content. She had spent the morning making preparations for the coming weeks. Family would be flying in and finishing touches needed to be put on the nursery. She had felt the baby kicking earlier in the day so she was not concerned when he calmed down in the afternoon. Later that day Sarah and John went to a prenatal appointment at the hospital.

The doctor frowned as she moved the device around Sarah’s belly. “I seem to be having a little trouble finding his heartbeat,” she said. “I’d like to check an ultrasound.”

The rest of the day was a blur. The doctor confirmed what everyone now feared and the nightmare became reality. Connor would never be born.

Sarah still had a hard time believing what had happened. While she had feared the idea of losing her child, nothing could have prepared her for what it was actually like. When they told her she would have to deliver the baby she was dumbfounded. The thought had not actually occurred to her. She had to actually deliver him? To go through the same discomfort and pain? To be greeted not with a forceful cry but a lifeless body?

“Love, what are you thinking about?” John asked.

Sarah looked at him. Throughout it all John had been a rock, but she could see the suffering in his eyes as well. She decided to be honest.

“I was thinking about yesterday. I . . . I cannot believe that we lost him. I’m trying to remember if I did something yesterday. Did I bump against the counter? Did I eat something wrong? I can’t think of anything. I just . . . I just don’t understand.”

“You remember what the doctors said. There was nothing that you did. Nothing that you could have done to prevent it.”

Nothing that I could have done. That phrase bothered Sarah. The idea of futility was maddening. Her baby died inside of her body and she could not have prevented it. She was able to grow a child for over thirty weeks. Suddenly, something just happened to go wrong?

“I remember,” she replied softly.

They sat.

A quiet knock at the door broke the silence. A nurse entered. She seemed a little uncertain, her face a mixture of pity and hesitation. “Hello, Sarah, how are you feeling? Are you in any pain?”

Am I in any pain? The question echoed through Sarah’s mind. With a flash of anger, she almost blurted out, “Am I in pain? What do you think?” but she stopped herself. She understood. One way the nurse could help would be to relieve her physical pain, and the nurse obviously wanted to help.

“No, I’m fine. Thank you.”

“All right. Let us know if you need anything.” The nurse left.

It was another common phrase that the nurse probably said all the time, but it stung Sarah. I need my baby, she thought. I need to forget yesterday ever happened. I need to somehow replace this hole in my heart. I need . . . too many things that you can never get me.

“Everyone has been so nice here,” John remarked.

“Yeah.”

“I was thinking. We need to tell our families what happened. The last I told them was that you were getting checked over.”

The thought of talking about what happened with her family overwhelmed Sarah. For reasons she could not understand, she felt ashamed. The thought of talking about it with her mother, her sister, was almost unbearable. Sarah started to cry.

“Oh, I’m so sorry, Sarah.” He lay next to her on the bed, and she curled up against him. “Don’t worry about that right now. I can talk with them later.”

“It’s just so much. How do people get through something like this?”

“I don’t know how. I know people do, people do get through it. I know that we have each other. I do know that.”

Sarah continued to cry. She cried for her lost child. She cried for his father. She cried for all the birthdays he would never experience, all the places he would never visit, and all the friends he would never make. Sarah cried because she would never give him a bath or hear his first word or watch him graduate. She cried because all of this had seemed certain to happen yesterday and now it was all taken away.

Down the ward there was a rush of activity. A newborn baby cried out. And then, the sounds of the lullaby drifted through the hallways.

Sarah looked towards the door. With a faint smile, she recalled the words to the lullaby she had learned long ago.

Lullaby and goodnight,
With roses bedight,
With lilies o’er spread
Is baby’s wee bed.

Lay thee down now and rest,
May thy slumber be blessed.

May thy slumber be blessed.

—Brahms’ Lullaby

The author’s address is:
2111 W. 17th Street, Apartment K07
Santa Ana, California 92706
E-mail: krager21@gmail.com
Here comes a thorough review of all systems,
It's a rather long list of the usual questions,
To which you should answer: yes, no, or maybe.
And please, sir, don't think that I'm utterly crazy
For asking you whether you tingle or twitch
When what you are here for is simply an itch.

We'll start from the top, from your head to your toes,
And, oh, not to worry, we'll get to your nose.
But first tell me this: do you smoke cigarettes?
Have you had any fever, chills or night sweats?
Very good, that all sounds more than okay,
Now, sir, have you had any chest pain today?

Any problem with feeling you can’t catch your breath?
Family history of sudden or unexplained death?
Yes, I know that these queries seem somewhat erratic,
But I promise I’m not being melodramatic.
Now let me inquire about pain in your tummy,
Does it ever feel even a little bit crummy?

Continuing downward, this is awkward, I know,
But it’s crucial to ask how it is when you go,
To the bathroom, that is, when you poop and you pee,
Have you noticed—well—is there blood you can see?
No? Great. We are almost done with the list,
Any surgeries? Even for a sebaceous cyst?

So now we’ve completed the record of those,
(And I promise I will take a look at your nose)
But first I’m afraid you may tell me to scram,
Because I must do a full physical exam.
Yes, I know it may seem a little bit much,
But I’m a student, remember, so I have a soft touch.

Let me get from my pocket my optical light,
To shine in your eyes—yes, it’s a little bit bright.
Next open your mouth and say “ah” if you’re able,
Great. Now please, if you could lie down on the table.
We’re really almost done, please don’t think I’m a nut,
As I listen to your heart and your lungs and your gut.

Everything sounds clear, and you don’t have a murmur,
No call to do tests or anything further.
Thank you so much, sir, let me say you were great,
I’m sure you’re relieved that we won’t keep you late.
I’ll just check very quickly with Dr. Butray,
To see if I can give you some—well—just nasal spray.

Glenna Martin

Ms. Martin is a member of the Class of 2014 at University of Washington School of Medicine. This poem won honorable mention in the 2014 Pharos Student Poetry Competition. Ms. Martin’s e-mail address is: glennacm@gmail.com. Illustration by Jim McGinness.
Jersey Boys

Starring John Lloyd Young, Erich Bergen, Vincent Piazza, and Michael Lamenda.

This film is not just for fans of Frankie Valli and the Four Seasons but also for those who came of age in the 1960s and 1970s listening to “Sherry,” “Walk Like a Man,” “Can’t Take My Eyes Off You,” “Dawn,” “Big Girls Don’t Cry,” “December 1963 (Oh What a Night),” and many of their other hits, most of which featured Valli’s falsetto, the group’s trademark. I came away amazed by the group’s sheer productivity, attested to by their worldwide sales of 175 million records.

The film is directed by Clint Eastwood whose fascination with jazz led him to direct Bird about the ill-fated Charlie Parker. Although not a fan of rock and roll, he did like this group and championed the film’s production. Jersey Boys is based on a story that originally appeared in a stage show that won four Tony awards in 2005 and is still running on Broadway and in national touring productions, as well as in London. While the stage show was sixty percent music, the film is about forty percent. Filming it allowed Eastwood to focus on the interplay between the members of the group. It also is more candid than the stage production, which didn’t reveal much of the group members’ early lives.

The film opens in Newark, picturing the group as what used to be called “juvenile delinquents” who collect stolen goods that supposedly “fell off the delivery truck.” Two of them, Tommy DeVito (Vincent Piazza) and Nick Massi (Michael Lamenda), are shown going in and out of jail. One feature of these early scenes that I didn’t particularly like was DeVito, the group’s bad boy, letting loose with F-bombs which mercifully abated when the film’s focus shifted more to principal songwriter Bob Gaudio (Erich Bergen) and to Valli himself (John Lloyd Young).

That these young men became renowned singers rather than small-time mobsters is in some respects a version of the Horatio Alger story in which hard work, determination, and a
few good breaks led to success. That success had a dark side and came at a price, including addiction to drugs and alcohol, wild parties, cheating on spouses, absence from home, and Valli’s neglect of his two daughters as they were growing up. The toll it takes on his family is particularly poignant as his daughter, a talented singer, runs away from home, gets into drugs, and dies of an overdose. In his grief, all he can say is that “your children shouldn’t die before you.” What is left out is that Valli was married and divorced three times and that a step-daughter died the same year as his first daughter.

The link between the Mafia and entertainment industry has been well documented in the life of that other Jersey Boy whom Valli idolized and hoped to surpass, Frank Sinatra, whose connections with the mob included the Copacabana in New York City as well as the Las Vegas and Cuban gambling/entertainment empires. The Four Seasons’ connections were considerably smaller, in the persona of “Gyp” DeCarlo, a local gambler and numbers runner, played by the only recognizable actor, Christopher Walken, who adds a nice touch of lightness and steadiness to the film. DeCarlo promises Valli’s mother to keep Valli out of trouble. He also brokers a deal for the group to survive after DeVito gambles away their profits and Valli feels obliged to go solo to pay off the loan shark.

Eastwood chose almost his entire cast from the various stage companies. That probably was a good idea because they had internalized the story by playing their roles hundreds if not a thousand times. The scenes divulging how the group got its name and Frankie became Valli, rather than Valley, are particularly amusing. If you look carefully you can see Eastwood in an episode of the television series Rawhide which launched his career. He called it “a sneaky way of making a Hitchcock appearance.” One very effective technique Eastwood used was allowing the story to be told from the vantage point of the different singers. At the end of the movie, each group member talks directly to the audience giving his own point of view. The tagline is “Everybody remembers it how they need to.” This is an interesting way to conclude the story. Left unsaid is whether all those record sales, the election to the Rock and Roll Hall of Fame in 1990, the pleasure the group brought to many fans over the years, and the fame were worth the personal tragedies that came along with them.

References

Addendum
Growing up in New York City In the 1950s, I had a few degrees of separation from those reputed to be in the Mafia. In addition to many graduates of my high school, La Salle Military Academy, who served in the military or succeeded in business and the professions, it had graduates who became well-known, such as John Sununu, Chief of Staff of George H. W. Bush; John Zuccotti, deputy mayor of New York; Marcos McGrath, Archbishop of Panama; Peter O’Malley, son of Walter O’Malley, owner of the Brooklyn Dodgers and later owner of the LA Dodgers; the Somozas, presidents of Nicaragua; and director John Frankenheimer (see my review of his movie The Train below). There were also many young men from the families reputed to be Mafia. They were no different from a lot of other kids and I had no contact with their world; they were just in the same school.

My mother was an Italian and Spanish interpreter in the courts (Special Sessions, General Sessions, the State Supreme court). Through her I met and dated the daughter of one of the prominent defense lawyers and was introduced to a world where if she wanted impossible-to-get tickets for My Fair Lady starring Julie Andrews or Gypsy with Ethel Merman, orchestra seats suddenly appeared. Despite living in a tenement and a housing project almost the whole decade, I have to say that the 1950s in New York City was a magical time. Cue “Manhattan.”

The Monuments Men

Starring George Clooney, Matt Damon, Bill Murray, John Goodman, Cate Blanchett, and Bob Balaban.


This film was almost uniformly panned. With a $70 million budget, personable and talented actors, a cast of thousands, as well as lavish costumes and cinematography, what could possibly go wrong? Have the same person be the producer, director, screenwriter, and leading star—and not just any person but a paparazzi and fan favorite. The result is a Gorge Clooney vanity piece even to the extent that his father, Nick Clooney, a host of a PBS nostalgia music series, closes the picture walking hand in hand with his grandson down a church aisle into the sunshine after a visit to the Madonna of Bruges. The screenplay is based “loosely” on the book The Monuments Men: Allied Heroes, Nazi Thieves, and the Greatest Treasure Hunt in History by Robert Edsel. In one of the DVD’s special features, Matt Damon says that they didn’t want the movie to be a history lesson but rather more like a buddy movie or a heist picture. They succeeded. By the movie’s end, I had learned almost nothing about this group of art aficionados tasked by President Roosevelt to save the precious art works being stolen or destroyed by the Nazis. We are told that the best of the lot were destined to be in a museum to be built after the war in Linz, Austria, the birthplace of the Führer.

The picture opens with Frank Stokes (George Clooney) getting FDR’s permission to form the unit. The film then flashes briefly to Paris in March 1943, where Gestapo Major Stahl (Justus von Dohnányi) escorts Hermann Göring (Udo
Kroschwald) in one of his twenty or so visits to the Musée Jeu de Paume. Stahl asks his assistant Claire Simone (Cate Blanchett) to get another champagne glass—she and her fellow worker spit in it before pouring the champagne for the Germans.

Stokes recruits old buddies in the art world: James Granger (Matt Damon), Richard Campbell (Bill Murray), Walter Garfield (John Goodman), and Preston Savitz (Bob Balaban). All must undergo basic training, which is played for laughs as buddies might do, not those who intend to go to the front. Goodman wouldn’t have lasted a day of training.

They land at Normandy months after the D-Day invasion and join their French and British counterparts Jean Claude Clermont (Jean Dujardin) and Donald Jeffries (Hugh Bonneville). The film becomes very disjointed as Stokes splits the group into pairs and sends them to Bruges, Ghent, and other sites to locate an altarpiece and a statue of the Madonna and Child. The retrieval of these two treasures closes the movie. Unfortunately, the Frenchman and the Brit aren’t there to see the fruits of their labors—they take foolish chances and are killed.

Somehow Campbell and Savitz land at Bastogne in December 1944, where Campbell receives a copy of his wife singing “Have Yourself a Merry Little Christmas,” sung by Judy Garland in the 1944 musical Meet Me in St. Louis. It is played on the camp’s sound system while he showers. That in itself is hard to believe, but insult was added to injury when they used the version containing lyrics that were changed in 1957 by Frank Sinatra from “We’ll muddle through somehow” to “Hang a shining star up on the highest bough.” Oops!

Granger meets Simone, whose brother was in the Maquis (the French Resistance). She gives him the book in which she recorded the location of every painting. She offers to spend the night with him even though he is married. “This is Paris after all,” she says. He politely declines. Chalk one up for Granger/Matt Damon. The book reveals that many paintings have been stored in the salt and copper mines and in a castle. There, they find not just art, but gold bullion, and lots of gold teeth. Later Stokes finds a Gestapo officer destroying paintings and interrogates him. The war being just concluded, the German knows he doesn’t have to talk. Stokes tells him that he knows that he ran a concentration camp. The German asks if he’s Jewish. When Stokes says no, the German says, “Then you should thank me.” Stokes tells him that every morning back in New York he goes for a bagel and that, in one of his morning rituals, he hopes to find on page 18 of the Times that the German has been executed for war crimes. This is my vote for the most inauthentic scene out of a myriad of candidates.

To give the film some props they do raise the question if saving art is worth anyone’s life. They conclude that the two dead group members would have said yes. The question is even more forcibly posed in John Frankenheimer’s The Train.

The Train (1964)

Starring Burt Lancaster, Paul Scofield, Jeanne Moreau, and Suzanne Flon.

Directed by John Frankenheimer. B&W. Not rated. Running time 133 minutes.

This is a much better picture about the efforts to save the precious works of art. That this film was billed as John Frankenheimer’s The Train with his name above the title shows...
how long a way he came from his high school days at La Salle Military Academy. He had already directed such films as *The Birdman of Alcatraz*, *The Manchurian Candidate*, and *Seven Days in May*. It was another example of his having taken over a troubled movie after the original director was fired, and making it a success. The film opens with a tribute to the French railway men "whose magnificent spirit and courage inspired the story."

It is August 2, 1944, day 1511 of Germany's occupation of Paris, and the allies are on the outskirts of Paris. Colonel Von Waldheim (Paul Scofield), in charge of protecting the artwork at the Musée Jeu de Paume, arrives at the museum, which is guarded by Nazi soldiers. As he visits his favorite pictures, his reverie is interrupted by the curator Mlle. Villard (Suzanne Flon), who thanks him for saving the pictures. She assumes that because Paris has been declared an Open City, the Allies will not bomb it and that the art will soon be safety turned over to them. He tells her that he has no thought of doing that; in fact he orders the paintings to be crated and taken aboard a train bound for Germany. As the credits roll, we see separate crates for Gauguin, Renoir, Van Gogh, Manet, Dégas, Miró, Picasso, Braque, Seurat, Cézanne, Matisse, Utrillo, Dufy, and Lautrec.

The colonel is angered when his train is commandeered to take armaments and troops back to Germany. He argues to the general in charge that the artwork is more precious than the troops, being worth millions of reichsmarks. Meanwhile, the curator asks the trainmaster Labiche (Burt Lancaster) to hold up the trains until the allies come, notwithstanding that any evidence of sabotage on the part of the railway men results in swift execution. He tells her that he has no thought of doing that; in fact he orders the paintings to be crated and taken aboard a train bound for Germany. As the credits roll, we see separate crates for Gauguin, Renoir, Van Gogh, Manet, Dégas, Miró, Picasso, Braque, Seurat, Cézanne, Matisse, Utrillo, Dufy, and Lautrec.

The colonel is angered when his train is commandeered to take armaments and troops back to Germany. He argues to the general in charge that the artwork is more precious than the troops, being worth millions of reichsmarks. Meanwhile, the curator asks the trainmaster Labiche (Burt Lancaster) to hold up the trains until the allies come, notwithstanding that any evidence of sabotage on the part of the railway men results in swift execution. In fact, the number of engineers is already low. Labiche says, "We are talking about the potential sacrifice of men for what? 'La gloire de la France?'" Meanwhile, they are warned that Spitfires will strafe the railyards at 11 AM. The old engineer Papa Boule (Michel Simon) pulls out "his" train containing the art against orders to avoid its being hit. Having saved the paintings, he returns to the yard and sticks a franc in the oil line to keep the train from going any further. Von Waldheim detects the old trick and has him shot on the spot. Labiche takes over and he and his two assistants orchestrate an ingenious plan to save the paintings.

It's fun to watch Lancaster do all his stunts in the railyards and on the moving train. Before he became a movie star, he was a circus acrobat. If you get a chance check out *The Flame and the Arrow* (1950) and *The Crimson Pirate* (1952) to see him go full bore in his prime in two lighthearted actioners. Though *The Train* was made in 1964, Frankenheimer chose to film it in black and white—between the smoke, the oil, and the grime, it's hard sometimes to make out what's going on; apparently, the weather was terribly rainy during the shooting as well.

The film becomes a contest between Von Waldheim and Labiche. The colonel thinks they are going through Metz, an important switching nexus to Germany, whereas Labiche has orchestrated an elaborate ruse to bring the train back to Paris in hopes it has been liberated. Jeanne Moreau plays a small but excellent part as Christine, a widowed innkeeper who helps Labiche to pull off his scheme. Unfortunately, the liberation of Paris is delayed as a gesture to allow the French to lead the re-occupation in their march to the Arc de Triomphe. This "gesture" embitters Labiche because many Frenchmen trying to save France's patrimony and held hostage by Von Waldheim could die as a result. If so, most of them will never have been apprised of the reasons for their being put in jeopardy.

I don't want to give away any spoilers. Trust me, the film is worth seeing.

Dr. Dans (AΩA, Columbia University College of Physicians and Surgeons, 1960) is a member of *The Pharos’s* editorial board and has been its film critic since 1990. His address is: 11 Hickory Hill Road Cockeysville, Maryland 21030 E-mail: pdans@verizon.net
Propped up in his bed
I could see the sandglass in his eyes
He barely had the strength to live
I had forgotten the doctor’s advice
As I leaned forward
He kissed me
And I didn’t hear the cars braking in the background
I didn’t recall my neighbor yelling at the hungry strays
Nor did I notice how the sunlight made the burnt orange walls look beige
I wasn’t present
I didn’t hear the news anchor welcome in the spring season
Or the blueberry waffles pop out of the toaster
I didn’t notice anything in that moment
Nothing that defined my world
Nothing that would remain
He kissed me
Took my hand in reluctance
Said there was something else
Or was it nothing?
He said something
But I couldn’t hear him
I was barely listening
As white noise consumed me
Unprepared
I may have been standing
Or sitting
But I know a part of me was there
Long enough to discover
We were no longer hopeful
Because he kissed me with pieces of goodbye
Said he was tired
Time had taken its toll
So he closed his eyes
And allowed the sandglass to disappear

Aisha Harris

Ms. Harris is a member of the Class of 2017 at Georgetown University School of Medicine. This poem won third place in the 2014 Pharos Student Poetry Competition. Ms. Harris’s e-mail address is harris.aisham@gmail.com.
Illustration by Jim McGuinness.
Reviews and reflections

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

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,” 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.

Dr. Flescher is an associate professor of Preventive Medicine and English and core faculty in the Program in Public Health at Stony Brook University. His address is:  
Department of English  
Stony Brook University  
Stony Brook, New York 11794-5350  
E-mail: andrew.flescher@stonybrook.edu

**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 transdisciplinary 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.

Reference


Dr. Pederson is the Vitold Arnett Professor of Cell Biology and professor of Biochemistry and Molecular Pharmacology at the University of Massachusetts Medical School. His address is:
364 Plantation Street
Worcester, Massachusetts 01605-2300
E-mail: thorupederson@umassmed.edu

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

Peter V. Tischler, Christine Wenk, Joseph Loscalzo (AQ&A, Boston University, 1997), editors
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 titer. Investigators from Murray’s laboratory at the Brigham tested a number of derivatives of 6-MP and found that azathioprine prolonged graft survival. Azathioprine 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.

Dr. Reed is retired from a professorship in Internal Medicine and Infectious Diseases at the University of New Mexico School of Medicine. His address is:
317 Hermosa SE
Albuquerque, New Mexico 87108
E-mail: wreed1@centurylink.net
Letter to the editor

Wonder Bread

It was the summer of 1935 at 195 West Central Avenue, Pearl River, New York, and one of those hot, sultry days made hotter by the pushing of our old lawn mower over grass that I had let grow for too long. I was happy to be called by my Mom from the porch of our $35-per-month rented four-room bungalow. Anything to interrupt mowing was fine with me.

“I’m looking for a penny and I’ll bet I can find one before you can. I have a dime and need eleven cents for you to take downtown to buy a loaf of Wonder Bread.”

“What do I get if I win?”

“You get to have a piece of bread with dinner tonight,” she replied.

I ran to my room, opened the lower drawer of my dresser and, as I suspected, there among bubble gum cards, bottle caps, unusual colored stones, and pieces of colored ribbon was a penny.

I had never, at age seven, thought of our family as poor. But at this point my Dad had not worked for three years except for brief stints as a playground supervisor at $18 dollars per week. After three years of college he commuted to a good job in New York City with an up-and-coming advertising firm. He was the last person to be let go before the firm folded in 1932. He and my Mom had planned to save enough to build their own home but my mother died in 1958 and my Dad three years later, both in the little bungalow.

I had never known the magnitude of the debt incurred over the span of the three and a half years my father was without a job. However, when he died in 1961 his total estate consisted of a single term-life insurance policy with a benefit of $6000. As his sole heir, I used all of it to pay the remaining balance on the loan he had taken from the Pearl River State Bank in 1936 to pay off his creditors. He had added six percent interest to each account in appreciation for their kindness and patience.

I was thirty-three years old in 1961, married, with a three-year-old daughter, and completing my research fellowship at UCLA prior to starting my academic career as a full-time assistant professor of Medicine at Columbia College of Physicians and Surgeons in New York City. My starting salary was $15,000 per year. From my perspective this was a huge income, given that I made it through Colgate University as a pre-med with a $1,000 per year scholarship, through Columbia medical school with a $4,000 per year scholarship, and then internship, residency and fellowship with $9,000 per year. All in all close to $74,000 in supplemental scholarships over sixteen years of post-high school education. This made it possible for this Great Depression kid to start his career unburdened by debt and that made a huge difference in my life. I retired in 1997 as Castera Professor of Medicine and Physiology and Director of the UCLA Cardiovascular Research Laboratory.

A year prior to retirement I began to volunteer at the 2,400-student Lennox Middle School as an advisor for their Science Fair and speaker for their Career Day. The Lennox Community occupies just 1.3 square miles immediately east of Los Angeles International Airport. It is extremely impoverished, with ninety-six percent of its students qualifying for free lunch. Sixteen gangs operate in the district. Progression of a student through high school to graduation was problematic; entry to a four-year college, a rarity. Many of the students had never travelled outside the district in their lives! This Depression kid immediately identified with these twelve- to thirteen-year-olds.

My wife, Marianne, and I launched what we called “The Partnership Scholars Program” at Lennox in 1996 with the following goal: That motivated but economically and culturally disadvantaged students are limited not by their environment but are assured of progressing to a level determined only by their own considerable talents to the end that they will be competitive for entry into four-year colleges with scholarship aid.

A volunteer college-educated mentor is assigned to a seventh grader and mentors him/her extracurricularly for the next six years through high school graduation until college entry. An annual stipend of $2,100 per year covers scholar and mentor expenses for extra books, calculators/computers, museum trips, concerts/plays/meals with mentors and other scholars, campus visitations, educational travel, summer enrichment programs on college campuses, SAT prep—all the things that a middle-class family would provide for their college-bound child.

As of June 2013 we have graduated a total of 286 high school seniors from nine school districts, both urban and rural, in California. Of this group 265 (ninety-three percent) have been accepted to, are attending, or have graduated from sixty-one colleges across the country. The 265 have received more than $25 million in scholarship/financial aid, averaging over $94,000 per scholar for their four years of college or more than seven times the monetary investment of the Partnership Program over six years.

One of our current scholars recently wrote in thanking his sponsor: “You have given me the opportunity to prove I can be someone, that I can be more than a high school graduate working at Wal-Mart. You see, I have dreams; dreams that are one step closer to becoming true. At first I had no dreams, but now, knowing that there are people out there that see the potential in me, everything is changed.”

Glenn Langer MD
(A2A, Columbia University College of Physicians & Surgeons, 1953)
Founder, Partnership Scholars (www. partnershipscholars.org)
P. O. Box 361
Little River, California 95456
E-mail: glang@mcn.org

The Pharos/Autumn 2014
Leadership has long been a core value of Alpha Omega Alpha Honor Medical Society and is one of its criteria for membership. Because of their unique knowledge in medicine and their understanding of medicine’s core professional values, physicians are ideally suited to serve as leaders in these areas. Their professional experiences in serving and caring for people and working with teams in the health professions provide a solid foundation for leadership. AΩA believes that the best and most sustainable leadership for medicine must be grounded in the professional values of integrity and honesty, loyalty and duty, respect and care, service, and communication.

The AΩA Fellow in Leadership Award recognizes and supports further development of outstanding leaders exemplifying the qualities of leading from within, the society’s professional values, and the concepts of servant leadership.

The five essential components of the AΩA Fellow in Leadership Award are: 1) self-examination, the “inward journey,” leading from within; 2) a structured curriculum focused on topics related to leadership, including an understanding of the relationship between leadership and management; 3) mentors and mentoring; 4) experiential learning to broaden the perspective and understanding of leadership as it relates to medicine and health care; 5) team-based learning and developing communities of practice.

We are pleased to announce the 2014 AΩA Fellows in Leadership, each of whom received a $25,000 award to be used for further development as future leaders:

- **Nathan E. Goldstein, MD**—Interim Director, Palliative Care Program, Mount Sinai-Beth Israel Hospital
- **Lieutenant Colonel Joshua D. Hartzell, MD**—Associate Program Director, Internal Medicine Residency, Assistant Chief of Graduate Medical Education, Army Intern Director, Walter Reed National Military Medical Center
- **Monica Vela, MD**—Associate Professor of Medicine and Associate Dean for Multicultural Affairs, University of Chicago Pritzker School of Medicine

Fellows and members of the AΩA Board of Directors Committee on Leadership met in Hanover, New Hampshire for a two-day orientation meeting on July 8-9, 2014, in which fellows were helped to think more deeply about their projects and their leadership opportunities. Following the orientation meeting, fellows and some committee members attended the Geisel School of Medicine leadership course, The Science and Practice of Leading Yourself.
Nathan E. Goldstein, MD  
Associate Professor of Medicine,  
Icahn School of Medicine at Mount Sinai

Dr. Goldstein (AΩA, Mount Sinai School of Medicine, 1998) is an Associate Professor in the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai. His areas of expertise include pain in older adults, palliative care, and the use of advanced technologies for patients near the end of life. Dr. Goldstein is a clinician investigator whose work examines ways to improve patient-physician communication in patients with advanced heart failure. He has published both on his research as well as on a broad range of communication issues in palliative medicine in both general medicine and specialty journals. He lectures extensively across the country on palliative care.

Dr. Goldstein is an attending physician on Mount Sinai’s inpatient palliative care consult service, and is a clinician researcher at the James J. Peters Veterans Affairs Medical Center in Bronx New York. He was recently promoted to the position of Interim Director of the Palliative Care Program at Mount Sinai-Beth Israel Hospital. He graduated magna cum laude with a BA in Biology from Carleton College in Northfield, Minnesota, where he was elected to Phi Beta Kappa, and attended the Mount Sinai School of Medicine, where he was elected to Alpha Omega Alpha. He completed his training in internal medicine at the Mount Sinai Medical Center, followed by health services research training in the Robert Wood Johnson Clinical Scholars Program at the Yale University School of Medicine. He then returned to Mount Sinai to complete a clinical geriatrics fellowship, and subsequently joined the faculty in 2004.

**Leading and Redesigning an Academic Palliative Medicine Program**—Palliative care is interdisciplinary care that aims to relieve suffering and improve the quality of life for patients and their families; it is provided at the same time as life-sustaining or curative treatments. As a palliative care physician and geriatrician in the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai, I am deeply dedicated to providing high-quality palliative care for patients and their families. I have recently been appointed the Director of the Palliative Care Program at Mount Sinai-Beth Israel, an 856-bed teaching hospital founded in 1889 on Manhattan’s Lower East Side. My new appointment is a result of a recent merger of hospital systems and the staffing changes associated with the addition of Beth Israel to the Mount Sinai Health System. In this position, I am charged with redesigning the organizational structure of the division, creating a strategic plan and business case for the new service, and developing metrics to track the quality of care delivered by the palliative care team. I will use the AΩA award to develop skills to help me lead this new division through this period of change and transition. I will be reporting directly to the president of the hospital as well as to the director of the palliative care institute for the Mount Sinai Health System. In addition to being mentored by both of these individuals, I will undertake a program of formal coursework and work with an executive health care coach.

Joshua Hartzell, MD  
Associate Program Director,  
Internal Medicine Residency  
Assistant Chief of Graduate Medical Education  
Army Intern Director, Walter Reed National Military Medical Center

Lieutenant Colonel Hartzell (AΩA, Uniformed Services University of the Health Sciences, 2001) was born and raised in Pennsylvania and then went to Duquesne University where he was one of the Distinguished Military Graduates of the Army ROTC program. Dr. Hartzell then attended the Uniformed Services University of the Health Sciences School of Medicine (USUHS). Following medical school, Dr. Hartzell went to Walter Reed Army Medical Center for his residency in Internal Medicine. He was selected as Chief Resident and served in that position until starting his Infectious Diseases Fellowship in 2006. He is currently board certified in Internal Medicine and Infectious Diseases and holds the Certificate of Knowledge in Clinical Tropical Medicine and Travelers’ Health from the American Society of Tropical Medicine and Hygiene. He is a graduate of the Stanford Faculty Development Facilitator Course. Dr. Hartzell currently serves as the Associate Program Director for the Internal Medicine Residency, Assistant Chief of Graduate Medical Education (GME), and Army Intern Director at Walter Reed National Military Medical Center (WRNMMC). Dr. Hartzell’s current interests include mentorship, teaching, and leader development.

Dr. Hartzell has thirty-six peer reviewed publications, four letters to the editor, one book chapter, and eighteen abstracts. Dr. Hartzell has been an invited speaker or guest lecturer twenty times at different regional, national, and international venues. Dr. Hartzell has served as a reviewer for nineteen venues. Dr. Hartzell has served as a reviewer for nineteen venues.
different scientific journals including *Clinical Infectious Diseases* and *Lancet Infectious Diseases*. He currently holds the rank of associate professor at USUHS.

**Moving Beyond Accidental Leadership: A Leadership Curriculum Proposal**—Few medical schools and GME programs including the military provide explicit training on the knowledge, skills, and attitudes necessary to be an effective physician leader. Rather, most leaders develop through what has been called “accidental leadership.” I propose to create a leadership curriculum for the Graduate Medical Education Programs at WRNMMC and beyond. Instilling these concepts and skills into physicians during residency or earlier will create better leaders and develop a cadre of physicians who are more likely to pursue careers in leadership or, at a minimum, to be more adept at handling the day-to-day leadership moments faced by physicians. I am fortunate to have a team of leaders who are supportive of this proposal and will be providing personal mentoring throughout the year. The leadership and vision of Colonel Michael Nelson (Director of Education, Training, and Research at WRNMMC), Colonel Cliff Yu (Chief of GME at WRNMMC), Arthur Kellermann (Dean of USUHS), Lieutenant General (Retired) Eric Schoomaker (former Army Surgeon General, current Scholar-in-Residence and Distinguished Professor of Military and Emergency Medicine at USUHS), and Colonel Pat O’Malley (AΩΩA councilor at USUHS) have been instrumental in creating momentum for this project. Just as important has been the response of the trainees, who are eager to solidify their skills as leaders. As medical educators and leaders, we must continually evolve and make it a priority to develop the next generation of leaders. The goal of our team is to create a curriculum that enhances the leadership skills of a generation of military physicians.

**Promoting Diversity in the U.S. Physician Population**—Promoting the diversity of the U.S. physician population is an important step in addressing health and health care disparities for minority and underserved populations. Multiple studies have shown that under-represented minority (URM) physicians are more likely to provide care for minority, underserved, and indigent populations. Under-representation of minority medical students is problematic because medical students value diversity in their classmates, and diversity improves all students’ academic experiences and their abilities to work with patients from differing backgrounds. Medical schools vie for the same limited number of qualified minority premedical students. Medical schools have responded to this challenge by developing a pipeline of students supported by a variety of summer enrichment experiences.

The lack of published studies on existing programs significantly limits the ability for others to reproduce successful pipeline elements and to share process measures. No studies exist that review the practices of these unpublished programs for curricular content, teaching modalities, or assessment practices. My project has two specific aims:

- To develop and deliver a survey of the minority medical students across the United States to understand a) how many of them participated in pipeline programs, and b) explore which intervention practices have impacted either their admission to medical school or their success in navigating medical school.
- To develop and deliver in-depth interviews of pipeline program directors at U.S. medical schools in an effort to explore the types and scope of pipeline program interventions within academic centers and the perceived barriers to and facilitators of the interventions’ success. We will explore: a) those interventions that address the assets believed to promote minority student success in the process of applying to and succeeding in medical school, and b) the tools and instruments being used to assess pipeline intervention strategies.

**Monica Vela, MD**

**Associate Professor of Medicine and Associate Dean for Multicultural Affairs, University of Chicago Pritzker School of Medicine**

Dr. Vela (AΩΩA, University of Chicago, 2003) received her MD degree in 1993 at the University of Chicago Pritzker School of Medicine, completed internship in a dual Internal Medicine and Pediatrics program there, and completed residency in Internal Medicine at the University of Chicago in 1996. She provides primary care for patients at the Primary Care Group of University of Chicago Medicine (UCM). She has taught the nationally recognized course, Health Disparities: Advocacy and Equity since 2006. She directs a summer enrichment program for under-represented minority students and also directs the Minority Visiting Clerkship program for visiting senior students. She has served as the Associate Vice Chair for Diversity within the Department of Medicine at the University of Chicago Medicine since 2006 and as the Associate Dean for Multicultural Affairs at the Pritzker School of Medicine since 2011. In 2011, she was awarded the American College of Physicians’ National Award for Diversity and Access to Care, and in 2014 she was awarded the Society of General Internal Medicine’s Nickens Award for Diversity and Minority Health.
The Board of Directors of Alpha Omega Alpha is pleased to announce the winner of the 2014 Edward D. Harris Professionalism Award. This award emphasizes AΩA’s commitment to its belief that professionalism is a crucial facet of being a physician, a quality that can be both taught and learned. Originally named the AΩA Professionalism Fellowship, the award was renamed in 2010 to honor the late Edward D. Harris, the longtime executive director of the society. Applications were open to medical schools with active AΩA chapters or associations. Faculty who have demonstrated personal dedication to teaching and research in specific aspects of professionalism that could be transferred directly to medical students or resident physicians were encouraged to apply for these funds.

The winner of the 2014 Edward D. Harris Professionalism Award is:

**Lisa Moreno-Walton, MD, MS, FACEP, FAAEM**  
Professor of Clinical Emergency Medicine at Louisiana State University Health Sciences Center—New Orleans

Professionalism in clinical medicine entails providing every patient with the best service, and this requires that physicians are culturally competent and sensitive to the needs of unique patient populations. A recent review of the literature and an unpublished study conducted by Moreno, et al., indicate that medical school and residency didactic curricula provide an average of forty-five minutes a year of education regarding the unique health needs of the lesbian/gay/bisexual/transgender (LGBT) population. For this project, our team will create a video teaching tool designed to familiarize the learner with several health care situations unique to the LGBT population. It will address several errors and misconceptions common in the treatment of this population and will model culturally competent treatment interventions that can be rendered with dignity and mutual respect. The video project will make the learning of material, for which there are few content experts, widely available to medical students and residents, schools, and programs, both nationally and internationally.
In 2011, the board of directors of Alpha Omega Alpha established the Postgraduate Award to encourage and support AΩA residents or fellows from programs or institutions with an active AΩA chapter or association to pursue a project in the spirit of the AΩA mission statement. Project applications were accepted in the categories of:

1. Research: Support for clinical investigation, basic laboratory research, epidemiology, or social science/health services research.
2. Service: Local or international service work, focusing on underprivileged or immigrant populations or those in the developing world, as well as patient and population education projects.
3. Teaching and education: Research, development, or implementation of education academic curricula, with the focus on postgraduate education.
4. Leadership: Leadership development.
5. Humanism and professionalism: Projects designed to encourage understanding, development, and retention of traits of humanism and professionalism among physicians, directed to physicians in postgraduate training.

Ten applicants received $2000 awards to support their work. The recipients of the 2014 awards are:

Tyler Albert, MD  
University of Washington School of Medicine  
Project category: Teaching and education  
Mechanical ventilation training curriculum for critical care residents in Phnom Penh, Cambodia  
T. Eoin West, MD, mentor

Paige Armstrong, MD  
George Washington University School of Medicine and Health Sciences  
Project category: Research  
The effect of self-reported limited English proficiency on patient care and satisfaction in the emergency department  
Melissa McCarthy, ScD, mentor

Caitlin Demarest, MD  
Columbia University College of Physicians and Surgeons  
Project category: Research  
Development of a pulmonary assist device for chronic lung disease and pulmonary hypertension  
Keith E. Cook, PhD, mentor

Neha Gupta, MD  
University at Buffalo State University of New York School of Medicine & Biomedical Sciences  
Project category: Research  
Implementation of a palliative care screening tool in a genitourinary oncology clinic and assessment of its impact on volume of palliative care referrals, improvement in patients’ symptom burden and satisfaction: A quality improvement project  
Roberto Pili, MD, mentor

Cara Liebert, MD  
Stanford University School of Medicine  
Project category: Teaching and education  
Interdisciplinary simulation-based crisis resource management training curriculum for general surgery and anesthesia residents  
James N. Lau, MD, mentor

Robert McGarrah III, MD  
Duke University School of Medicine  
Project category: Research  
Identification of clinical characteristics and metabolic pathways linking insulin resistance and cardiovascular disease  
Svati Shah, MD, MS, mentor

Akshitkumar Mistry, MD  
Vanderbilt University School of Medicine  
Project category: Research  
Probing glioblastoma heterogeneity to expose cellular and molecular predictors of therapy response using novel flow- and mass-cytometry based assays  
Rebecca Ihrie, PhD, mentor

Joshua Palmer, MD  
Sidney Kimmel Medical College of Thomas Jefferson University  
Project category: Research  
Glioblastoma multiforme outcomes, toxicity and patterns of failure based on radiation therapy treatment volumes  
Maria Werner-Wasik, MD, and Jing Li, MD, PhD, mentors

Deepali Tukaye, MBBS, PhD  
Ohio State University College of Medicine  
Early remote ischemic conditioning provides cardioprotection in NSTEMI  
Subha Raman, MD, mentor

Lisa VanWagner, MD  
Northwestern University Feinberg School of Medicine  
Project category: Research  
Derivation and validation of a cardiac risk index in liver transplantation  
Donald Lloyd-Jones, MD, ScM, mentor

Marjorie Sirridge, MD  
1921–2014

Pharos Editorial Board member Dr. Marjorie Sirridge died on July 30, 2014. Dr. Sirridge was one of the founding faculty members of the University of Missouri-Kansas City School of Medicine. She is one of the women physicians profiled on the National Library of Medicine’s Changing the Face of Medicine: Celebrating America’s Women Physicians web site. Read more about Dr. Sirridge here: http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_296.html.

Dr. Sirridge (AΩA, University of Kansas, 1943) was appointed to the editorial board of The Pharos in 1997 and served until shortly before her death. We will miss her insightful reviews and her unfailing willingness to serve. The note from her son informing us of her death included this observation: “I am sure she would have liked to review one more article! That was her nature.”
Beginning in 2002, Alpha Omega Alpha’s board of directors offered every chapter and association the opportunity to host a visiting professor. Sixty-seven chapters took advantage of the opportunity during the 2013/2014 academic year to invite eminent persons in American medicine to share their varied perspectives on medicine and its practice.

Following are the participating chapters and their visitors.

ALABAMA
University of Alabama School of Medicine
Thomas Harbin, MD, MBA, University of Alabama School of Medicine

ARIZONA
University of Arizona College of Medicine
Jesse Hall, MD, University of Chicago Division of the Biological Sciences The Pritzker School of Medicine

ARKANSAS
University of Arkansas for Medical Sciences College of Medicine
Wesley Burks, MD, University of North Carolina at Chapel Hill School of Medicine

CALIFORNIA
Loma Linda University School of Medicine
Linda Brubaker, MD, Loyola University Chicago Stritch School of Medicine
University of California, Davis, School of Medicine
David Watts, MD, University of California, San Francisco, School of Medicine
University of California, Los Angeles David Geffen School of Medicine
Clarence Braddock, MD, University of California, Los Angeles David Geffen School of Medicine

DISTRICT OF COLUMBIA
George Washington University School of Medicine and Health Sciences
Dianna Grant, MD, Chicago Medical School at Rosalind Franklin University & Science
Howard University College of Medicine
Levi Watkins, MD, Johns Hopkins University School of Medicine

FLORIDA
Florida State University College of Medicine
C. Bruce Alexander, MD, University of Alabama School of Medicine and the AΩA Board of Directors
USF Health Morsani College of Medicine
Philip Farrell, MD, PhD, University of Wisconsin School of Medicine and Public Health

GEORGIA
Medical College of Georgia at Georgia Regents University
Dan Deloach, MD, Medical College of Georgia at Georgia Regents University
Morehouse School of Medicine
Ayman Al-Hendy, MD, PhD, Meharry Medical College

HAWAII
University of Hawaii, John A. Burns School of Medicine
Abraham Verghese, MD, Stanford University School of Medicine

ILLINOIS
Chicago Medical School at Rosalind Franklin University of Medicine & Science
Dianna Grant, MD, Chicago Medical School at Rosalind Franklin University of Medicine & Science
Loyola University Chicago Stritch School of Medicine
Thoms Vail, MD, University of California, San Francisco, School of Medicine
Northwestern University The Feinberg School of Medicine
Daniel Foster, MD, University of Texas Southwestern Medical Center at Dallas Southwestern Medical School
University of Chicago Division of the Biological Sciences The Pritzker School of Medicine
William Dement, MD, PhD, Stanford University School of Medicine
University of Illinois College of Medicine
Stuart Slavin, MD, MEd, Saint Louis University School of Medicine

INDIANA
Indiana University School of Medicine
Charles Moore, MD, Emory University School of Medicine

KANSAS
University of Kansas School of Medicine
Robert Simari, MD, University of Kansas School of Medicine

LOUISIANA
Louisiana State University School of Medicine in New Orleans
Robert Pynoos, MD, University of California, Los Angeles David Geffen School of Medicine
Louisiana State University School of Medicine in Shreveport
Raymond Joehl, MD, University of Arizona College of Medicine—Phoenix
Tulane University School of Medicine
Ian Taylor, MD, PhD, State University of New York Downstate Medical Center College of Medicine

MARYLAND
Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine
Thomas Spray, MD, Perelman School of Medicine at the University of Pennsylvania
University of Maryland School of Medicine
Darrell Kirch, MD, Association of American Medical Colleges

MASSACHUSETTS
Boston University School of Medicine
Richard Gunderman, MD, PhD, Indiana University School of Medicine and the AΩA Board of Directors
Tufts University School of Medicine
Jim O’Connell, MD, Harvard Medical School, Massachusetts General Hospital

MICHIGAN
University of Michigan Medical School
James Childress, PhD, Institute for Practical Ethics & Public Life at the University of Virginia

MISSISSIPPI
University of Mississippi School of Medicine
Ponjola Coney, MD, Virginia Commonwealth University School of Medicine

MISSOURI
Saint Louis University School of Medicine
John Pelley, PhD, Texas Tech University Health Sciences Center School of Medicine
University of Missouri—Columbia School of Medicine
James Bagian, MD, University of Michigan Medical School
The Alpha Omega Alpha Volunteer Clinical Faculty Award is presented annually by local chapters or associations to recognize community physicians who have contributed with distinction to the education and training of medical students. AΩA provides a permanent plaque for each chapter's dean's office; a plate with the name of each year's honoree may be added each year that the award is given. Honorees receive a framed certificate and engraved key ring. The recipients of this award in the 2013/2014 academic year are listed below.

CALIFORNIA
University of California, San Francisco, School of Medicine
Abhay Dandekar, MD

DISTRICT OF COLUMBIA
George Washington University School of Medicine and Health Sciences
Helen Burstin, MD
Howard University College of Medicine
Marc E. Rankin, MD, FACS

GEORGIA
Morehouse School of Medicine
W. Steven Wilson, MD

HAWAII
University of Hawaii, John A. Burns School of Medicine
Greg K. Sakamoto, MD

ILLINOIS
Chicago Medical School at Rosalind Franklin University of Medicine & Science
Martin P. Lanoff, MD
University of Chicago Division of the Biological Sciences The Pritzker School of Medicine
Mark Talamonti, MD
University of Illinois College of Medicine
Fred Richardson, MD

INDIANA
Indiana University School of Medicine
Jerry M. Jesseph, MD

IOWA
University of Iowa Roy J. and Lucille A. Carver College of Medicine
Ronald Wright, MD

KENTUCKY
University of Louisville School of Medicine
Donald C. Jr. Stuckey, MD

LOUISIANA
Louisiana State University School of Medicine in Shreveport
James Jackson, MD

MARYLAND
Johns Hopkins University School of Medicine
Willard Standiford, MD
University of Maryland School of Medicine
John Irwin, MD

MASSACHUSETTS
Boston University School of Medicine
Stephen Brooks, MD
University of Massachusetts Medical School
Audrey Tracey, MD

MICHIGAN
University of Michigan Medical School
Amanda Rabquer, MD

MINNESOTA
University of Minnesota Medical School
David Freeman, MD

NEBRASKA
University of Nebraska College of Medicine
Jerry Fischer, MD

NEW JERSEY
Rutgers New Jersey Medical School
Paul Ahn, DO
Rutgers Robert Wood Johnson Medical School
Gary Forester, MD

NEW YORK
Icahn School of Medicine at Mount Sinai
Mark C. Rabine, MD
New York University School of Medicine
Maria C. Shiau, MD
State University of New York Downstate Medical Center College of Medicine
Peter Gillette, MD
State University of New York Upstate Medical University
Daniel Harris, MD
University of Rochester School of Medicine and Dentistry
Stephen Ettinghausen, MD
Weill Cornell Medical College
Shari Midoneck, MD

NORTH DAKOTA
University of North Dakota School of Medicine and Health Sciences
Michael Luckenbill, MD

OHIO
Ohio State University College of Medicine
Roger Chaffee, MD
University of Cincinnati College of Medicine
Anthony Cionni, MD

PENNSYLVANIA
Drexel University College of Medicine
Daniel Taylor, DO, FAAP
Sidney Kimmel Medical College at Thomas Jefferson University
Rebecca C. Iaffe, MD
University of Pittsburgh School of Medicine
Andrew B. Lobl, MD

SOUTH CAROLINA
University of South Carolina School of Medicine
Matthew Marcus, MD

TENNESSEE
East Tennessee State University James H. Quillen College of Medicine
Sarah Edwards Bharti, MD
 Meharry Medical College
Carolyn Lightford, MD
Vanderbilt University School of Medicine
James Henderson, MD

TEXAS
University of Texas Southwestern Medical Center at Dallas Southwestern Medical School
Reese A. Mathieu III, MD

VERMONT
University of Vermont College of Medicine
Jennie Lowell, MD

WASHINGTON
University of Washington School of Medicine
Thomas Biehl, MD

WEST VIRGINIA
Marshall University Joan C. Edwards School of Medicine
Mathew Weimer, MD
West Virginia University School of Medicine
Mary S. Boyd, MD
2014 Administrative Recognition Awards

This award recognizes the ΑΩΑ chapter administrators who are so important to the functioning of the chapter or association. The nomination is made by the councilor or other officer of the chapter. A gift check is awarded to the individual, as well as a framed certificate of appreciation.

The following awards were made in 2013/2014, clockwise from top right:

DISTRICT OF COLUMBIA
Howard University College of Medicine
Ruth Yaasi Sackey

FLORIDA
University of Miami Leonard M. Miller School of Medicine
Gini Benen

ILLINOIS
University of Illinois College of Medicine
Rachel Maldonado

MISSOURI
University of Missouri—Columbia School of Medicine
Suzanne Neff

NEW YORK
Albert Einstein College of Medicine of Yeshiva University
Christina Chin

OHIO
The Ohio State University College of Medicine
Eileen Mehl

PUERTO RICO
University of Puerto Rico School of Medicine
Wanda Pizarro-Merced

SOUTH CAROLINA
University of South Carolina School of Medicine
Lynn Heard
On January 11, 1964, at a packed press conference in Washington, DC, Surgeon General Luther Terry released one of the most important documents in the history of medicine. The Surgeon General’s Report on Smoking and Health was the culmination of a year-long analysis of the world literature on smoking by a ten-member scientific advisory committee. The damning conclusion: “Cigarette smoking is causally related to lung cancer in men . . . and is a health hazard of sufficient importance to warrant appropriate remedial action.”

Yet for decades—right up until the 2000’s—cigarette manufacturers continued to publicly dispute the evidence about the harmfulness of smoking and sought to allay consumer anxiety by implying that new filtered, low-tar, and light brands were not harmful. The result: fifty years after the Surgeon General’s landmark report, even as other epidemics such as AIDS, obesity, and diabetes have taken center stage—and in spite of advances in the diagnosis and treatment of lung cancer and heart disease that have prolonged lives—the health and economic toll taken by smoking remains devastating.

“The Surgeon General vs. The Marlboro Man: Who Really Won?” is the provocative title of an original exhibition to commemorate the fiftieth anniversary of the report. It is curated by veteran anti-smoking strategist Alan Blum, MD, director of the University of Alabama Center for the Study of Tobacco and Society. Featuring more than 130 artifacts that include cigarette ads in the Journal of the American Medical Association, a cigarette filter made of asbestos, packages of candy cigarettes identical to real ones, hospital ashtrays, and a Mayo Clinic cigarette case, the exhibition traces both the promotion of smoking and the efforts to end it. A gallery tour of the exhibition may be seen here: http://youtu.be/O1-8DYq0jLo.

The exhibition debuted at the Gorgas Library of the University of Alabama before going to the Lyndon Baines Johnson Presidential Library in Austin and the Texas Medical Center Library in Houston. A traveling version of the exhibition is available to medical schools, libraries, and museums. Contact Dr. Blum at ablum@cchs.ua.edu.

In the companion film, “Blowing Smoke: The Lost Legacy of the Surgeon General’s Report,” Dr. Blum argues that efforts to eliminate smoking have become more symbol than substance. The twenty-five-minute film, available free online (https://docs.google.com/file/d/0B1j5VTNHmZmcFJW1wDB3Mms/) and for screening to audiences, chronicles what he calls “the fear, foot-dragging, and squandering of funds on the part of public health agencies, universities, and organized medicine in ending the smoking pandemic.”

“Surgeon General Terry’s indictment of cigarettes in 1964 should have marked the beginning of the end of the Marlboro Man,” Blum says. “Yet far from riding off into the sunset, the tobacco industry is still riding high in the saddle.”

In the film, Blum points to the record profits of the nation’s leading cigarette manufacturer Altria, maker of Marlboro; the company’s recruitment of college students on more than thirty-five university campuses as the new Marlboro sales force; and the significant investment in Altria by TIAA-CREF and other major pension funds. Moreover, although the percentage of American adults who smoke has declined to twenty percent, the number of people who continue using cigarettes—nearly 45 million—is not much less than in 1964.

“The fiftieth anniversary of the first Surgeon General’s Report is hardly a time for celebration,” Blum says. “Rather, it should be a sobering reminder of the missed opportunities to reduce demand for cigarettes, which remain the nation’s number one avoidable cause of cancer, heart disease, emphysema, and high health costs. That nearly all government funding that is allocated to fight smoking is spent on research that adds very little to what we have known since 1964 is disgraceful. It suggests that the most addictive thing about tobacco is money.”

Contact Alan Blum, MD (AΩA, Emory University, 1985) at ablum@cchs.ua.edu
Robert H. Moser, MD, MACP, served for many years as an enthusiastic and skilled member of the editorial board of The Pharos. He was the book review editor of the journal from 2001 to 2004, and continued to contribute to The Pharos until his death last August.

Alpha Omega Alpha wishes to honor Dr. Moser by establishing an annual award in his name to recognize excellence in writing in The Pharos. We invite your help. We propose an annual award of up to $6000, to which Alpha Omega Alpha would contribute $2500 annually. To reach our goal of a prestigious and significant award, worthy to bear Dr. Moser’s name, we have set a fundraising goal of $100,000 to fund the award annually. Dr. Moser’s wife Linda has pledged $10,000 toward this amount. If you would like to contribute to funding this award to honor one of the giants of American medicine of the last century, please send your contribution, noting that it is for the Moser Award to:

Debbie Lancaster
Managing Editor
Alpha Omega Alpha
525 Middlefield Road, Suite 130
Menlo Park, CA 94025

Dr. Moser’s illustrious career included an enormous variety of fascinating endeavors:

- He organized and serving as a surgeon in one of the first MASH units during the Korean War.
- He was a pioneering flight controller who monitored the physiological and psychological performance of astronauts for the Project Mercury through Project Apollo space programs.
- He served as Chief of Medicine at Walter Reed Army Medical Center in Washington, DC; William Beaumont Army Medical Center in El Paso; and Tripler Army Medical Center in Honolulu. During this period, he was instrumental in setting up programs that guided the education of generations of internal medicine house officers by integrating university-level training standards in Army teaching hospitals. He remained passionate about medical education throughout his life.
- During his years of private practice in internal medicine in Maui, he served as one of the doctors treating patients at the Kalaupapa leper colony on Molokai.
- Dr. Moser was the author of several medical reference books, some still in use today, and was one of the first physician/writers to deal with the problem of drug-induced disease.
- As editor-in-chief of the Journal of the American Medical Association from 1973 to 1975, Dr. Moser instituted sweeping changes in the journal that are still evident today.
- Dr. Moser served as Executive Vice President of the American College of Physicians in Philadelphia from 1977 to 1986. While there, he was invited to the People’s Republic of China to observe medical practice there in one of the earliest signs of detente. More importantly, he met his wife Linda while working at the ACP.
- In the 1980s, he served as Director of Medical Affairs for Monsanto’s NutraSweet division.
- After so-called retirement, he and his wife formed a medical consulting company to establish networks of medical experts in various specialties for large corporations.
- Not least, Dr. Moser was a frequent contributor to The Pharos and a member of its editorial board, on which he served until his death.

Dr. Moser published his autobiography, Past Imperfect: A Personal History of an Adventuresome Lifetime In and Around Medicine, in 2002. A video of reminiscences by Dr. Moser is available here: https://vimeo.com/22113933.