UPCOMING RFA MEETING

“The History of the Physical Diagnosis”

John Walker, MD
Professor of Medicine
Chief, Division of Education
Department of Medicine

Friday, May 25, 2012
12:00 p.m. – 1:30 p.m.
Dean’s Conference Room
RWJMS, Piscataway

All current and retired faculty and staff are welcome to attend. Lunch will be available, and contributions for the lunch may be made at the meeting. Please RSVP to Nancy Stevenson (732)572-5023; stevenso@umdnj.edu by Monday, May 21, if you plan to attend and wish to reserve a lunch.

DETECTIVES, DOCTORS, AND DISEASE:
SIR ARTHUR CONAN DOYLE AS STORYTELLER AND PHYSICIAN

Vincent J. Cirillo, PhD

Dr. Vincent Cirillo, a former research scientist at Merck, earned a PhD from Rutgers in the history of medicine with a focus on military medicine. He is best known for his book on military medicine during the Spanish-American War, “Bullets and Bacilli.”


Below is a summary of his talk to the RFA at the February meeting.

Dr. Cirillo focused on two aspects of Conan Doyle’s life and work: his role as a physician in the Boer War, and the Canon, Doyle’s body of writing on Sherlock Holmes. The lecture ended with the lessons the Great Detective can teach all of us in the health sciences that may help in our daily work. Sherlock Holmes may be fictional, but what we can learn from him is very real.

The Boer War. When the war began Doyle was already famous as the creator of Sherlock Holmes. Motivated by patriotism and adventure, Doyle jumped at the opportunity to go to South Africa as a civilian physician with a private field hospital paid for by his friend, philanthropist John Langman.

From time immemorial more soldiers had died from infectious diseases than from enemy action. The Boer War (1899-1902), fought in South Africa between the British and the Boer republics of Transvaal and the Orange Free State, was no exception. Twice as many Britons died from disease than from enemy bullets, and typhoid fever accounted for 75% of the total deaths (continued on page 3)

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PROPOSED MERGER OF RWJMS AND RUTGERS UNIVERSITY

The proposed merger of RWJMS and Rutgers University is actively being discussed and planned as part of a larger reorganization of higher education in New Jersey. Dean Peter Amenta discussed the proposed merger at a Town Meeting at RWJMS on April 9, 2012, and Dr. Christopher Molloy, the interim provost for biomedical and health sciences at Rutgers University, discussed this at a RWJMS Faculty Council meeting on March 13, 2012. Both thought that the proposed merger was likely to be approved. A steering committee has been formed composed of members of the New Jersey Governor’s office, UMDNJ, and Rutgers University. Twelve subcommittees are meeting to develop plans for the various aspects of the merger. The planned target date for the merger, July 1, may not be met, at least in part, for logistical reasons.

The proposed merger of RWJMS and Rutgers University depends upon the acceptance of the total reorganization plan, which has a number of political, legal, and economic complications to be solved before its adoption. For example, if the plan is adopted, UMDNJ will not exist in its present form, and its bonds will need to be refinanced. This involves hundreds of millions of dollars of refinancing. A fuller account of these various issues may be found in the following articles:

http://www.njspotlight.com/stories/12/0411/2131/ (This article details the thoughts of the incoming President of Rutgers University, Robert L. Barchi, MD, PhD, about the planned reorganization.)

http://www.rci.rutgers.edu/~redlawsk/EP/Tables2012/RutgersRowanUMDNJMar2012.pdf (The Rutgers-Eagleton poll from March 21-27 found that a slight majority of New Jersey registered voters favored the proposed merge.)

http://www.app.com/article/20120410/NJNEWS1002/304100092/No-costs-yet-union-Rutgers-Rutgers?odyssey=nav%7Chead (This is one of several recent articles outlining some of the projected costs involved in the proposed reorganization of higher education in New Jersey.)

POSITION ANNOUNCEMENT: RWJMS RFA NEWSLETTER EDITOR

The RFA is establishing the position of the editor of the RWJMS RFA Newsletter. It will relieve the secretary of some work load and give an opportunity to those who are interested in writing and editing. The newsletter comes out four times a year prior to each meeting. As of now it contains a summary of the most recent talk, an outlook regarding the next meeting, relevant news of and for the retirement community, and is open to other literary essays. As you may have seen, it is archived on the website (http://rwjms.umdnj.edu/faculty/retired_faculty/about.html). About 150 people receive hard copies of the newsletter and about 500 faculty and staff members receive it as an email attachment. If you would like to be considered for this position, please contact Eckhard Kemmann (kemmanek@umdnj.edu) or David Riley (riley@umdnj.edu). The editor will be elected at the September 21 meeting of the RFA for a three-year term.

MEDICAL HISTORY SOCIETY OF NEW JERSEY MEETING

The Medical History Society of New Jersey will hold its annual spring meeting on Wednesday, May 16 at the Nassau Club of Princeton, 6 Mercer Street, Princeton, New Jersey. The dinner and meeting fee for members is $58 and for guests $63. Students, Interns, and residents will pay $25. For more information, please contact Dr. Sandra Moss (tel. no.: 732-549-5843, sandramoss3@verizon.net).
Cirillo (continued from page 1)

from disease. Of the 58,000 cases of typhoid, 8,000 died (mortality rate = 14%), and 19,500 were discharged as unfit for duty. Even though its causative agent, its transmission via infected feces, and effective preventive measures were known before the war, typhoid was still the major killer of British troops. The fault lay in the universal character of military culture. Scientific knowledge was not enough; it had to be translated into practice. So long as line officers commanded and medical officers served in an advisory role, camp sanitation was neglected and preventable diseases flourished.

Typhoid outbreaks occurred among British units throughout the South African theater of operations. Especially hard hit was the garrison at Bloemfontein, the capital of the Orange Free State. The Langman hospital was set up in Bloemfontein during the height of that city’s typhoid epidemic, which lasted from April to June 1900. Doyle, who had been immunized against typhoid before his arrival in South Africa, argued that the British army had made a major mistake by not making antityphoid inoculation compulsory. Inoculation was voluntary at the time, because the War Office was concerned about the safety and efficacy of the new killed-bacteria vaccine developed by Almroth Wright, a civilian pathologist at the Royal Army Medical School in Netley. Severe temporary reactions caused 95% of the soldiers to refuse immunization. Among those who declined was Winston Churchill, then a war correspondent, who recoiled at seeing “haggard forms crawling about . . . in extreme discomfort and high fever.”

Doyle later wrote in his autobiography: “We lost more from typhoid than from the bullet in South Africa, and it is sad to think that nearly all could have been saved had Almroth Wright’s discovery been properly appreciated. Typhoid had been so universal that there really seemed no other disease.”

After serving in South Africa for nearly four months, Doyle sailed for England in July 1900. After arriving home, he published two important works on the war: The Great Boer War and The War in South Africa: Its Cause and Conduct. In the latter Doyle rejected widespread accusations of British atrocities during the war, particularly those concerning the treatment of Boer women and children in British concentration camps. He argued that the British army was humane and did its best under difficult circumstances, and that the Boers themselves were responsible for the deaths due to their ignorance of basic hygiene that had to be observed under crowded conditions. This defense of his country was credited with turning world opinion in favor of Great Britain and earned Doyle a knighthood.

The Canon. The Canon is comprised of 56 short stories and 4 novellas published over a 40-yr period 1887-1927. Doyle modeled Holmes after Dr. Joseph Bell, his teacher at the Royal Infirmary in Edinburgh, whose diagnostic intuitions astonished everyone. Even before patients could speak, Bell would accurately describe their symptoms and details of their life. Doyle wrote, “I thought of my old teacher Joe Bell, of his eagle face, of his curious ways, of his eerie trick of spotting details. If he were a detective, he would surely reduce this fascinating but unorganized business to something nearer to an exact science.”

Holmes had the unique power of unburdening his mind of unnecessary details. He had a profound knowledge of chemistry and sensational literature. He developed an infallible test for bloodstains and knew every detail of every crime perpetrated in the 19th century. Holmes believed that a man “should keep his little brain attic stocked with all the furniture that he is likely to use, and the rest he can put away in the lumber room of his library, where he can get it if he wants it.”

Holmes, the bohemian, eagle-eyed observer, and Dr. Watson, his fiercely loyal companion, formed an unbeatable duo. Holmes was the unemotional, pure logic machine while Watson was the caring soul who humanized Holmes. Doyle understood that a good detective needed more than brains. He needed a heart. In medicine, we call this compassion. Their relationship was symbiotic. In “The Crooked Man” Watson states: “I was a whetstone for his mind. I stimulated him and served only to make his own flame-like intuitions and impressions flash up the more vividly and swiftly.”

Doyle believed he would be remembered chiefly for his historical fiction, especially The White Company, his novel about the 14th-century exploits of a company of English archers during the Hundred Years War. Doyle wrote: “I believe that if I had never touched Holmes, who has tended to obscure my higher work, my position in literature would at the present moment be a more commanding one.” So, Doyle killed off Holmes in “The Final Problem” (1893). Holmes apparently fell to his death over the Reichenbach Falls in Switzerland while locked in mortal combat with his arch enemy, Prof. James Moriarty, the “Napoleon of Crime.”

Doyle said that killing Holmes was a justifiable homicide. Devoted fans called Doyle a “brute” for killing Holmes, and publishers offered him huge sums of money to bring the Great Detective back to life. People roamed the streets with black arm bands. Doyle seemed to be the only man in England not sorry Holmes was dead. As a result of enormous profits from The Hound of the Baskervilles (1902), a retrospective account of an adventure that took place before Holmes’s demise, and the public’s incessant demand for more Holmes stories, Doyle finally relented and resurrected Holmes in 1903 in “The Empty House.”

Although Doyle complained that Holmes kept him from his finest work, the exact opposite was true. Countless readers have affirmed that Sherlock Holmes is Doyle’s best work.
Lessons for practitioners. There is a great similarity between detectives and doctors. Like detectives who come on the scene of a crime after it is over, doctors must reconstruct what transpired from surviving clues. Practitioners of both professions have a short time to arrive at a decision, need clear, logical reasoning, and must pay meticulous attention to details. Holmes’s methodology (observation, analysis, deduction) has a great deal to teach all of us who practice, consult, teach, or conduct clinical research. Attention to details is the wellspring of Holmes’s method. Holmes’s message is clear: we must sort through the evidence to distinguish meaningful information from noise. We must see clues where others see only irrelevance.

Dr. Cirillo concluded by reminding us that whether we read Doyle’s immortal stories for insights to make us better clinicians or simply for the sheer pleasure they bring, we will find our affection for Holmes and Watson unshakable. As long as readers exist, they will thrill to the undying words: “Come Watson, come, the game is afoot!”

NEW BUILDING DEVELOPMENT IN NEW BRUNSWICK

Downtown New Brunswick is continuing to undergo extensive development. One of the more recent sites under construction is the New Jersey Transit Gateway Village located one block from the Medical Education Building and the Robert Wood Johnson University Hospital. It is next to the train station and bounded by Easton Ave., Somerset St., and Wall St. This 24-story building will house 200 residential apartments, a 650 vehicle garage, and commercial space that will be occupied by the Rutgers University Press and a bookstore, as well as other businesses. A walkway will connect the building directly to the adjacent train station allowing easy access to the train station from the Old Queen’s portion of Rutgers University.

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RFA MEMBER NOTES

Frank Snope, the former chair of the RWJMS Department of Family Medicine, writes: "After retiring from UMDNJ-RWJMS in 1997, I worked part-time, for five years, as one of the physician members of a multidisciplinary Geriatric Evaluation Team, sponsored by Kimball Medical Center in Lakewood, New Jersey. Most of the patients we saw were in the early stages of dementia, and we coordinated diagnostic and support services for patient and family. It was interesting and challenging work. Unfortunately, funding dried up in 2002 (at my age 70) so I retired fully at that time.

"We had moved to Barnegat Light in 1994 and lived there until 2006. I served as a volunteer (non-medical) at Southern Ocean County Hospital until we moved to Medford Leas. Here, I serve as chair of the Health Committee of the Medford Leas Resident’s Association.

"Betsy and I have traveled to England, France, Holland and Alaska and have done a fair amount of Elderhosteling. We have also taken advantage of our proximity to Philadelphia to participate in the wonderful music and arts scene there.

"My best wishes to all." ■

AROUND THE WORLD IN TWENTY DAYS? REALLY?

By John Lenard and Nancy Stevenson

Yes, really, and it was far more exhilarating than exhausting—truly the trip of a lifetime. The announcement from the University of Chicago (UC) Alumni Association (our son’s alma mater, not ours) said “Around the world by private jet.” Turned out that UC was only one of several—University of Mississippi, Vanderbilt, Smithsonian—and at least one fellow traveler simply told his travel agent he wanted to go around the world. The only UC connection was that one of the several lecturers on board the plane was from UC; lectures were on geology, architecture, history and culture, and served to enrich our visits.

So, how do you go around the world in twenty days and not have it be an ordeal? In a few words, by exquisite choreography by an excellent tour company—TCS Starquest in our case. First, charter a Boeing 757 fitted out for all first-class international travel and hire an onboard chef. Second, fly west—jet lag is minimized and each day that you fly is lengthened by a few hours. Third, use only smaller airports, thus avoiding the delays at larger commercial ones, where private planes have lowest priority. This also enabled us to simply walk on or off the plane, walk through customs and immigration, board our buses (or smaller private planes in Tanzania, that took us to the Serengeti), and at every stop there were local guides waiting. We never traveled at night, never handled our own luggage.

Not wanting to bore our fellow retirees with the written equivalent of home movies, we sketch below the highlights of the trip, country by country.

Peru. Machu Picchu and Cuzco for most, a north coast tour for us. Home of the ancient Moche people (200BC-800AD), they built pyramids that (almost) rivaled Egypt, gold adornments, wall paintings, etc. There are dozens of pyramids, easily seen, still unexcavated. Visit to a magnificent town house in Trujillo currently inhabited by the 15th generation of a Spanish colonialist family. We thought we chose the better alternative.

Easter Island. Eastern Polynesia. The big blue 757, the only plane, dominating the coast-to-coast runway. The resurrected statues, on their platforms, facing inland, protecting their people. The quarry where the statues were made, some still embedded in the volcanic tuff, others scattered about as if just abandoned one day.

Samoa. Western Polynesia, 8 hrs. from Easter Island. Arrived on Super Bowl Monday, having crossed the date line. A harrowing narration by our guide of his full-body tattooing, an important coming-of-age ritual sufficiently painful that it has driven some to suicide (Quitting in the middle is a family disgrace.). Visit to the women’s governing body of a small village—a first for them as it was for us. Much singing and dancing, a wonderful time had by all.

North Coast Australia. Great Barrier Reef for most, rain forest for us, with aborigine guide showing us how his people lived. Lunch at “Botanical Ark” dedicated to classification and preservation of useful tropical plants, especially fruit. Unbelievable cornucopia of delicious, unrecognizable fruits. Run by an American couple, see webpage if interested.

Cambodia. Elephant ride and tour around Angkor Wat, magnificent and huge, largely unexcavated, still some land mines. Visit to a lake village, people living on the water and moving with seasonal water level changes. All the local guides had horrific stories to tell of the Pol Pot regime.


Tanzania. The Serengeti is as awesome as advertised. We arrived in the midst of the annual migration of zebra and wildebeest, enormous numbers, traveling together as protection from lions, one species has the better smell, the other the better vision. A hippo wallow with 50
or more cheek-by-jowl hippos. Lions by the road, leopard in a tree, secretary birds and lavender-breasted trogons. At the hotel, elephants and other animals were watering at the pond just beyond our balcony. At night, there were more stars than one can imagine coming from the northern hemisphere. A dozen Ma'asai warriors danced in honor of Nancy's birthday; every male in the group asked John what he intended to do to top that for her next birthday.

Egypt. Luxor. Scrapped Cairo due to politics. Valley of the Kings, lunch in a felucca sailing up the Nile. Dinner in the Temple of Luxor, rented by the group for the occasion. Guides were intensely interested in the current political situation, disagreed on level of optimism for the future.


And back to Orlando, where we started. Everybody we talked to agreed that the trip was marvelous, we took about 10 days at home to recover, which seemed about standard.

**Harold Varmus MD Is First Aaron J. Shatkin Lecturer**

By Michael Gochfeld

On April 16, 2012, Nobel Laureate, Harold Varmus, MD, addressed a packed auditorium at The Robert Wood Johnson Medical School’s Busch Campus at the inaugural Aaron J. Shatkin lecture. This endowed lectureship recognizes CABM Director Aaron Shatkin’s “scientific achievements and the excellence in science and education that he has fostered” at RWJMS. Dr. Shatkin recommended Dr. Varmus as the first speaker, and it was gratifying that Dr. Varmus was able to accept the challenge.

Dr. Varmus was co-recipient with Dr. Michael Bishop of the 1989 Nobel Prize for Physiology or Medicine, in recognition of his studies of the cellular origins of retrovirus oncogenes. Much of his research career was at the University of California San Francisco Medical School, where he pioneered the genetic basis of cancer. Dr. Varmus served as head of the National Institutes of Health (1993-1999) and as CEO of Memorial Sloan Kettering Cancer Center (2000-2010). In 2011 he accepted appointment as the head of the National Cancer Institute.

A reporter for *Nature* asked: “You had already headed the entire NIH. Why did you take the job as NCI chief?” Varmus responded, “When I was the NIH director, I often expressed envy of institute directors: they had the money and ran the scientific programs. I was right — this job is more interesting.”

**HAROLD VARMUS, M.D.**

The Varmus lecture covered new developments in cancer causation, genetics, and epigenetics, and the future of targeted cancer treatments. He believes that cancer research will progress by identifying and answering provocative questions. He closed his talk by identifying four domains of provocative questions: Epidemiology? Risk factors? Prevention? And Therapeutics? NCI funding will take into account the quality of the questions researchers propose, he suggested.
If you have not already done so, please send in your 2012 dues. Dues are collected for the calendar year. Please cut along the dotted line and return this portion with your payment.

**RWJMS Retired Faculty Association 2012 Dues**

**Benefits of RFA Membership:**
- Defining, advocating for and publicizing the benefits of retired faculty at RWJMS,
- Fostering ongoing engagement and participation of retired faculty in RWJMS activities,
- Promoting continuing interaction among retirees,
- Providing information and options for faculty considering retirement, and
- Interacting with other academic retired faculty associations (e.g., Rutgers Retired Faculty Association).

**Please Print:**

Name:  __________________________________________

Address:  __________________________________________

Phone:  __________________________________________

E-mail address:  __________________________________________

Please enclose a check in the amount of $15 made payable to “RWJMS Retired Faculty Association” and mail it to Nancy Stevenson, PhD, at the following address:

Nancy Stevenson, PhD  
444 Harrison Ave.  
Highland Park, NJ 08904

Please include any personal information that you wish to share with others.

Thank you.  

April 2012