

## LITERARY CLUB – BUDGET PAPER

### TRANSFORMATIONS IN MEDICINE

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The cornerstone of the Bulfinch Building, the first building of the Massachusetts General Hospital, was laid July 4<sup>th</sup>, 1818 and its history follows the changing needs and technologies in medicine since that time. The central feature of the building was constructed as a surgical amphitheatre and some 8,000 operations were performed in that chamber over 45 years. After that period, the area became a storage room, a dining room and for the past 100 years or so, a teaching amphitheatre. Since 1846, when the first surgical procedure conducted under ether anesthesia took place, in the room, it has been known as the Ether Dome and it was in that amphitheatre that I passed many hours as a medical student, sometimes entranced and sometimes etherized – though true somnolence was difficult because of the cramped and uncomfortable seating. Many renovations have taken place over the ensuing years, including recently rearranged seating and audio visual facilities – and they have prepared the Dome for the new century.

Though the Ether Dome is the crowning structural feature of the building, other significant areas and activities exist in the Bulfinch. My own transformation from a surgery bound medical student to a psychiatrist and psychoanalyst was significantly rooted in the Psychosomatic Service located in one of the wards of the building. In the 1940's psychosomatic medicine had a flowering, strongly and fruitfully represented here in Cincinnati but also at the M.G.H. A generative learning experience for me occurred one day as an internist by name of Bill Beckman, made rounds on the ward, the "rounds" being made with a small group of fourth year students – literally going around the fourteen or so patients in the ward, all of them having been admitted for special study. The teaching points he made were to demonstrate that familiar medical diagnoses – duodenal ulcer, diabetes, hyperthyroidism, asthma, etc. gave but a beginning understanding of a given patient's illness, why and when they sickened and how best to

develop and implement a treatment plan. These daily teaching rounds during my medical service rotation of a month implanted a way of thinking that influenced me profoundly and began a shift in interest and planning that was demonstrated by my changing my service rotations during that fourth year of school.

The seeds planted during that month's rotation, of a budding interest in psychosomatic illness, then germinated and had an early growth spurt during a subsequent one month rotation at the Boston Psychopathic Hospital, now known as the Massachusetts Mental Health Center, where I had an experienced psychoanalyst, Helen Tartakoff, as a mentor. There I witnessed and began to learn the capacities necessary for making an indepth contact with suffering people and made a further career course correction towards psychiatry and what became known as the Biopsychosocial approach to illness, a terminology initiated by George Engel, who spent a number of fruitful years here in Cincinnati. But first I had some basic training to do.

The basic training took the form of a year's rotating internship and a following year of medical residency at the Hartford Hospital – with the usual accoutrements, at that time - board, room and laundry for compensation - and two years of every other night and every other weekend on call. The two years were a stretch – mentally, emotionally, and physically – and exceedingly growth promoting. I have very mixed feelings about the recently instituted limitations of on-call time for house staffs though I appreciate the reasoning behind them. As life influencing as any of the above was the two year courtship of my wife, Bobby, which also took place during that period. Truly a whirlwind two years. This feels like a place for a vignette.

Bobby and I met the first day of my internship and I quickly decided that our relationship should be explored. But how to fund a date when the compensation for the excellent educational opportunity and long hours of community service was nil. My solution was to exploit my unusual and much in demand blood type, O-Negative, and I sold a pint of blood to the Blood Bank. I was paid promptly and Bobby and I were out on the town. Bobby's mother was much distressed when she learned of this method of financing and there may have been some back channel conversations. In any event,

possibly through the influence of Bobby's father, who was Director of the hospital, our stipend for the second year of residency was \$20.00 per month. No murmurs of dissent were heard. The pint of blood brought in \$25.00.

During my second year at Hartford, I explored training centers strong in psychosomatic medicine. At the time Gene Ferris, George Engel, Charlie Aring, Arthur Mirsky, Milt Rosenbaum and Maury Levine, among others, were making the programs here outstanding. After a visit here in late 1949, I accepted an invitation to come here for a year of residency in psychiatry with the understanding that I would keep my options open to continue in internal medicine. But the die was quickly cast as Dr. Levine became my most influential teacher and mentor. And it was apparent to me that I had found an abiding and passionate interest in academic and clinical psychiatry. Parenthetically, the stipend for the first year of residency in psychiatry was \$50.00 per month – some minor transformations were in process.

There were interruptions in an even unfolding of training as the Korean War occurred at that time. Shortly after arriving in Cincinnati, I volunteered as a medical officer in the newly independent Air Force and went on active duty in September of 1950. My almost two years of service were again extraordinarily fruitful professionally. The theme of this evening's budget is experiences which influenced career decisions, or transformations, and my close to two years in the relatively new Air Force medical service were packed with new exposures beginning with being in on the startup of what shortly became a 1,000 bed general hospital receiving air evaced patients from all over the globe and then a concentrated training program to become a flight surgeon.

This can be a time for another vignette. As the base hospital grew, so did the psychiatric inpatient service, a growth leading to a service of well over 100 beds. Some of our patients were being surveyed for discharge for behavioral problems and some of them were very energetic and imaginative. One night one of them escaped from his secured ward and commandeered the base ambulance, racing through the base gates and startling the MP's. He was quickly apprehended. The headlines of the next day's daily

newspaper in Wichita Falls gave full coverage to the event. But our hospital commander, Black Jack Linfesty, Colonel Linfesty, was not amused. He assembled the hospital medical staff and announced that watch towers with machine guns in place would be erected at the four corners of the psychiatric service given a recurrence of a similar incident. Odds favored such a recurrence and I felt it was time for another transformation in my medical career. Good fortune dogged me and I was soon transferred to another base, a jet bomber combat crew training wing, where I emerged as a flight surgeon unthreatened by machine gun towers.

My last year in service, and I believe I am too old to be recalled to duty at this time, was serving as the flight surgeon for the base and the experience included 4-8 hours of flying time per month – usually in the B47's - teaching high speed, high altitude physiology to the flight crews, and, tragically making identifications of air crew involved in fatal aircraft accidents, a dramatic and exciting and sobering period and I listened intently as the Air Force extolled the benefits of a service career. But in the end, I resumed my previous path in Cincinnati with little indecision and wavering.

Beginning in July of 1952 the ensuing transformations and development were all within the field of academic psychiatry and psychoanalysis. I can say that the living wage pay scale of the Air Force – as a Captain in the Medical Service with flight pay – was a transformation I experienced with gratification. No doubt the transformation of finances enabled Bobby and me to start married life happily during the first year in service and we returned to Cincinnati after the second year with a very lively young son.

The now close to 200 years the M.G.H. Bulfinch Building has been in use spans a time of unparalleled developments and transformations - in medical practice, teaching, therapeutic developments, and research activities. For me the core of these changes always return to the fundamentals of human development and interpersonal relationships. Those early immersions about the importance of the total patient experience that took place in the Bulfinch Building in 1947-48 grew in influence over my early years in medicine and then were consolidated as I entered and absorbed the training experience in

Levine's department. Would I follow the same path if I had the opportunity to retrace and begin the journey again? That's hard to say but considering the times, and the circumstances in medicine today, and in my life, I do not regret the choices – the transformations led to a satisfying outcome which I am grateful for and continue to enjoy.

John A. MacLeod

Read as part of a budget

Literary Club

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