**NEW BOOKS, BRIEFLY NOTED BY EDWARD HALPERIN, M.D., M.A.**

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Charlotte Jacobs.Henry Kaplan and the Story of Hodgkin’s disease.
Palo Alto: Stanford University Press, 2010.

I met Henry Kaplan twice. When I was a 26 year old fourth year medical student at Yale, I interviewed for an internal medicine internship and a radiation oncology residency at Stanford University Medical Center. This was the era before the computerized match for residency selection in radiation oncology and it was considered unusual for a 4th year medical student to already know that he/she wanted to go into radiation oncology and seek a residency. Because, I suspect, of the relative paucity of 4th year medical school applicants, I was treated very kindly at most of the schools I visited. At Stanford, the residency program director, Dr. Hoppe, was kind enough to ask me who I wanted to meet when I came to Palo Alto. My interviews were spread out over two days – including a trip to the Stanford Faculty Club for lunch! Henry Kaplan received me for an interview in what I recall as a small office. When I extended my hand to shake his, I noticed the congenital absence and deformity of some of his fingers. It was not until 31 years later, when I read Dr. Jacobs’ biography of Dr. Kaplan, that I came to appreciate the impact of this congenital deformity on his childhood, his relations with his mother, and its impact on the formation of his character. I recall that Kaplan’s office walls were decorated with a wide variety of citations and certificates. One particularly caught my eye. “What is that one?” I inquired. Kaplan looked up at the award. “That is the French Legion of Honor,” he replied. I must have visited Stanford on a Wednesday because, in the afternoon, all the treatment machines were shut down for chart rounds. Kaplan presided over the large light box used to display the simulation films and port films on patients with Hodgkin disease. A radiation oncology resident, Sandy Constine, was presenting cases to the professor. Kaplan had me sit next to him, on his left, as he made improvements and modifications in each individual patient’s treatment set up. He explained to me that there was a little block over the spinal cord at the junction of the mantle and inverted Y fields. “We didn’t use this in the past,” he told me. “We had a case of myelitis and now we use it.” In her biography of Kaplan, Jacobs describes his continuous quality improvement in the treatment of Hodgkin disease, meticulous attention to detail, his concern over the technical aspects of therapy, and his devotion to individual patients. Four years later I was a senior resident in radiation oncology at the Massachusetts General Hospital conducting research on the role of total lymphoid irradiation (TLI) as an immunosuppressive prior to organ transplantation in cynomolgous monkeys. I wangled an invitation to the Kroc Foundation Conference on the use of TLI for organ transplantation and the treatment of rheumatoid arthritis, multiple sclerosis, and lupus. The only resident at the conference, I proudly presented my little series of experiments in the presence of luminaries such as Kaplan, Zvi Fuks, Shimon Slavin, Raffaello Cortisini, and Emanuel Van de Schueren. During the lunch break I sat by the swimming pool and found myself on a lounge chair next to Kaplan. “What in the world will I discuss with the great man?”, I wondered to myself. I noticed that Kaplan had a copy of The New Yorker magazine. “Do you read The New Yorker regularly?” I asked. “Yes, indeed”, said Kaplan. I was also an addicted New Yorker reader; having begun my habit when I was 12 or 13 years of age. Kaplan and I spent the next two to three hours discussing articles in The New Yorker. I learned that he was a personal friend of Saul Bellow. The time passed quickly. Jacobs points out, in her biography of Kaplan, his attraction to the world of ideas, classical music, and art and architecture. My experience was certainly consistent with Jacobs’ description. When I was at Stanford, as a residency applicant, I also asked to meet the famous medical oncologist Saul Rosenberg. Rosenberg, to my knowledge, was half of the pair of S. A. Rosenberg and H. S. Kaplan, authors of multiple papers on Hodgkin’s disease that I had read in medical school. Rosenberg received me in his office and asked why I was there. “I am an applicant for radiation oncology residency,” I said. Rosenberg responded, “I am not a radiation oncologist, why do you want to meet me?” “I have read all of your papers on Hodgkin disease,” I said. “I know you are not a radiation oncologist but I wanted to meet you when I was here for an interview.” Rosenberg looked at me and said, “Okay, you’ve met me, what is it that you wanted to ask?” I was ready for this. I had prepared what I thought was a great “medical student question”. I asked Rosenberg, “I have read all of your clinical papers. What are you working on in the laboratory? What’s the next big advancement coming forth from the laboratory on Hodgkin disease?” Rosenberg fixed me with a steely glance. “The laboratory? Oh, you are one of those Yale medical students who think that everything important goes on in the laboratory. Well I don’t work in the laboratory. I’m a clinical investigator. Get out.” I found myself standing in the hallway having been dismissed from my interview. Flash forward by a year. I ended up as an internal medicine house officer at Stanford. As I was minding my own business, walking around the wards, Rosenberg came strolling down the hall. He walked a few steps past me, stopped, backed up, and pointed his finger at me. “You,” he said. “I remember you. You were the medical student who asked me what I was doing in the laboratory. What are you doing on my ward?” I pleaded for mercy and indicated that I was simply a helpless intern trying to get through the year. In her biography of Kaplan, Jacobs points out his tortured and difficult relationship with Rosenberg. Kaplan, a laboratory researcher and clinician, sought advancements in the laboratory and translated them into work in the clinic. He was often aggressive and willing to bypass some clinical trials to make moves that he judged to be for advancement in the treatment of Hodgkin disease. Rosenberg was more conservative and skeptical. He insisted on methodical clinical trials. In one dramatic episode, Kaplan denounced Rosenberg in front of all of the Stanford oncology trainees. I suppose that I, as an unwary medical student, walked head first into the cross fire. Jacobs’ book is lively, entertaining, and shuffles back and forth between Kaplan’s biography and the context of his times. The author pays due deference to the work of Vera Peters and Vincent DeVita. For this she is to be highly complemented. The only criticism I can offer of this excellent book is that it is a bit, for my taste, Stanford-O-Centric. Besides Vera Peters and Vincent DeVita, the names of other institutions making major advances in Hodgkin disease do not appear and, similarly, very little attention to paid to Kaplan and the context of his relationship to other important radiation oncologists of his era such as Juan del Regado, Gilbert Fletcher, Morton Kligerman, Leonard Prosnitz, or Samuel Hellman. This is a minor criticism, however, and I can strongly recommend this wonderfully written biography. Faith Wallis and Pamela Miller (editors). Seventy-five books from the Osler Library. Montreal: Osler Library, 2004. I should be ashamed of myself. I bought this book in 2004 and I’m finally getting around to reading and reviewing it for this newsletter! Better late than never. This paperback commemorates the 75th inauguration of the Osler Library at the School of Medicine of McGill University. The editors describe how they asked the “habitués” of the library including “physician-historians, scientists-historians, professors of the history of medicine of McGill and other institutions, historians of European, African, and North American history, scholars of English and French literature, and historians of art, architecture, philosophy, and religion to select titles from the library for inclusion in this book. “Each of the books selected, the “pearls” of the collection, is represented by at least one photograph of a page from the book, often a picture of the author, and one to two pages of text describing the contents of the book and its importance to medical history. Any amateur medical historian will find multiple pearls such as Laennec’s description of auscultation (1819). Richard Bight’s description of kidney disease (1827), Pasteur on bacteriology (1858), Newton’s Principia Mathematica (1687), Galileo’s dialogue, (1632), Harvey on the circulation of blood (1628), Copernicus (1543), Leonardo DaVinci’s works on anatomy, the aphorisms of Hippocrates, Jenner on small pox (1798), and works pertinent to the history of chemistry and the natural sciences. The illustrations are of excellent quality and the little vignettes are quite entertaining. /rma