

# medicine

at M I C H I G A N

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## Champions in the Fight against Depression

U-M's collaborative team takes the lead

# Letters

## House Officers, Then

I have been reading the Winter 2002 issue of *Medicine at Michigan*. My attention was drawn to “One of those awful policies...” on page 50, part of the “The Residency Years, Then and Now” article, which states that African-Americans were not admitted to the U-M residency program until 1965. I believe the statement overlooks an exception.

I graduated from the U-M Medical School in 1941. After a year of internship at University Hospital, I spent four years on active duty in the U.S. Navy as a medical officer during World War II. When I returned to Ann Arbor in 1946 to start my residency in surgery under Fred Coller, I found one of my fellow residents to be Martin Sutler [M.D. 1941], an

African-American. As well as I can recall, he completed his residency about 1950 and went to Cleveland to open a surgical practice. I do not know where he served his internship.

Incidentally, a Medical School classmate of mine, Ruth Moyer [M.D. 1941, Residency 1943], was the first woman to be accepted for an orthopedic surgery residency at University Hospital. I think Dr. Carl Badgley [M.D. 1919] came to feel eventually that he made a wise decision. He had declared previously that he would never accept a woman.

*Wayne H. Stewart*  
(M.D. 1941, Residency 1947)  
Vero Beach, Florida

The Winter 2002 issue of *Medicine at Michigan* states that “The first black resident was admitted to the program in 1965.” This, in fact, is not true.

Charles Thurston, M.D. (Residency 1966) was a black physician admitted to the U-M Dermatology Department residency program, directed by Arthur Curtis, M.D., in 1963. At the time Charles was a captain in the U.S. Air Force. He completed his dermatology residency and was regarded as one of the program’s best and well-liked residents. Charles continued his career as a dermatologist in the Air Force,

retiring as a colonel. He then established a very successful private practice of dermatology in San Antonio, Texas, from which he recently retired.

*Harold (Jerry) Richards*  
(M.D. 1962, Residency 1966)  
La Jolla, California

## The Legacy of Udo Wile

I submit the following information about Udo J. Wile, M.D., in the interest of presenting a fuller picture of his career at the University of Michigan Medical School.

Udo J. Wile was appointed professor of dermatology and syphilology in 1912 and served as chairman of the department until his retirement in 1947. He remained interested in dermatology and syphilology until his death in 1982.

Wile was the author of at least 145 publications. He volunteered and served in both World War I and World War II. He was the commander of a U.S. Army hospital in Liverpool, England, in 1917-18. During the Second World War he was a commissioned officer of the U.S. Public Health Service. In that role, he supervised the creation and monitoring of sixty-two Rapid Treatment Centers for the care of military patients with sexually transmitted diseases.



During his tenure as the chair of the Department of Dermatology and Syphilology, Wile trained over 50 dermatologists, many of whom went on to important careers as chairs of departments of dermatology. After 1962, “syphilology” was dropped from the names of departments, the American Board of Dermatology and the Archives of Dermatology.

Wile was honored during the Medical School’s sesquicentennial celebration by being named to the Hall of Honor at the Towsley Center, which distinguishes the 100 most important medical educators in the history of the School.

However, there is an ethical cloud over the head of Udo Wile. On September 23, 1913, he reported in



the *Journal of the American Medical Association* about an experiment carried out at Pontiac State Hospital for patients with mental diseases. After consultation with the superintendent of the Hospital, Wile, utilizing a dental drill to access the brain through the cranium, extracted brain tissue from living patients with general paresis and was able to demonstrate the spirochete of syphilis by the use of a darkfield microscope. This was an important discovery since at this time some syphilologists believed there were different strains of spirochetes infecting different parts of the body.

In 1916, Wile reported in the *Journal of Experimental Medicine* about an additional study in which he again took brain tissue from living general paresis patients at Pontiac State Hospital. He injected the material into rabbits and produced syphilis in these animals to prove that only one strain of spirochete was present and able to pass the infection from general paresis patients to others.

There was significant negative reaction to the two studies of Udo Wile, both in the general public and in the scientific community. The antivivisectionists initiated a campaign which included newspaper editorials very critical of Wile. At the same time, the negative reaction in the scientific community was manifested by letters to the editor of *JAMA* from such prominent physicians as William Keen, a Philadelphia surgeon, and Walter Bradford Cannon of Harvard Medical School. Both physicians criticized Wile in print and in private letters to him. They were concerned that Wile's experiments were giving aid to the antivivisectionists' campaign to stop all human and animal research. During the period of controversy, Wile was defended by Victor Vaughan, the dean of the Medical School. Wile was quoted when asked by a reporter, "You may quote me as having absolutely no interest in the matter, whatever people may wish to think regarding my experiment."

Wile's experiments violated the code of medical conduct then in force, the AMA Code of Medical Ethics of 1847, which was derived from the Hippocratic Oath and had as its basic premise, *primum non*

*nocere*; first, do no harm. Wile used defenseless patients and put them in harm's way. If he had accidentally struck an arterial blood vessel while drilling into the heads of these patients, he could have had to deal with a life threatening complication — hemorrhage from a major artery. He was a dermatologist/syphilologist, not a neurosurgeon. In addition, while the concept of freely given informed consent had not been codified in 1916, the Prussian parliament in 1898 took the position that consent of the subject was essential in all human experimentation.

Is it reasonable, in view of his unethical experiments, even by 1916 standards, to honor Udo Wile with a plaque and picture and a memorial lectureship in his name?

Michael J. Franzblau  
(M.D. 1952)  
San Francisco, California

*Wile was honored during the Medical School's sesquicentennial celebration by being named to the Hall of Honor at the Towsley Center, which distinguishes the 100 most important medical educators in the history of the School.*

*The ethical conduct of research is the critical foundation of academic medicine and one that we at Michigan believe in unconditionally. We would, however, like to address some of the cogent historical issues Dr. Franzblau has*

*raised about the research conducted by Professor Udo Wile at Michigan in 1916.*

*Susan Lederer, in her article in the Bulletin of the History of Medicine (1984; 58:380-387) and in her monograph on the subject of human experimentation in the decades before World War II (Subjected to Science, Johns Hopkins Press, 1995), clearly delineates — rather than condemns — just how complicated it is to judge past researchers' conduct using 21st century medical standards. As she notes: "[the Wile affair] illuminates the dilemma that they [early 20th century medical scientists] faced in reconciling their personal views of the ethics of experimenting on human beings with their commitments to continued medical progress." The biggest problems emerging from Udo Wile's research on syphilis, using brain tissue extracted from insane, tertiary syphilitics at the Pontiac General Hospital, was that he did not obtain informed* ►

# Letters

consent nor did the trephining procedure help in the diagnosis or treatment of these individuals. Indeed, Wile's sole justification was that the information he might gather could be used to help future patients — especially by proving that tertiary syphilitics had living treponemes in their brains and were capable of transmitting syphilis to another, something that was not fully understood and accepted at the time.

These experiments remind us, however, that safeguards on human subjects research were quite different circa 1916 from those of today. In fact, there existed no institutional review boards, *per se*, nor did major medical associations, such as the American Medical Association, have clear guidelines of what could and could not be done in the laboratory with either animal or human subjects. As Lederer notes in her Bulletin of the History of Medicine article, "human experimentation remained a matter of institutional policy and individual preference." This is hardly a blanket excuse, and a lack of policy led to disasters like the Tuskegee Syphilis studies and several other experimental studies no researcher would contemplate today.

As Lederer shows quite elegantly, in 1916 the medical community was rather divided as to how to respond to the Wile studies themselves. Leading medical statesmen such as W.W. Keen and Walter B. Cannon wanted to condemn Wile's work but also feared setting back medical research progress by giving ammunition to the rather vociferous antivivisection lobby that existed during the early decades of the 20th century. Other scientists of the day felt Wile was justified in the methods he chose to employ. Hence, it is critical for early 21st century observers to remember that by 1916 standards, Wile's work was objectionable research to many, but not to all, medical scientists. And as distasteful as it is to us all today, calling it unethical is a modern day conclusion, not an historical one.

How, too, should we consider with hindsight the responsibilities of the editors who published Wile's work in the Journal of Experimental Medicine and Journal of the American Medical Association? Simon Flexner, editor of the Journal of Experimental Medicine, denied even accepting the paper, stating he

was away in China at the time of its acceptance, and his assistant editor, Henry James Jr., was somewhat obtuse in accepting any responsibility as well. The editor of JAMA, Morris Fishbein, had no formal declaration of contrition but did publish editorials by Keen and Cannon discussing the rights and wrongs of human experimentation. To make matters more complex, Wile's own dean at Michigan, the eminent Victor Vaughan, dismissed the affair as one of philosophical differences only rather than one of the protection of human beings "subjected to science." In a letter to W.W. Keen, Vaughan argued: "To me the only point is a question of an individual's ethics, whether or not an

operation should be done upon an insane person incapable of giving consent."

We get into even murkier water when we consider just how common it was to conduct experiments well into the 1950s in this country on individuals who were disabled, insane,

mentally retarded, or convicts. The celebrated Jonas Salk conducted his first field trial of the inactivated polio vaccine (before the famous 1954-55 field trials conducted by Thomas Francis here at Michigan) on "crippled" boys living at the Watson Boys Home outside of Pittsburgh. Similarly, Saul Krugman and others tested their Hepatitis A vaccine on retarded boys at the Willowbrook Home during the late 1950s and early 1960s. This is hardly a conclusive list; we merely bring these famous examples to show how common the practice was.

What should we do about removing Udo Wile's name from our Hall of Honor? In doing so, should we not also remove Victor Vaughan from the same wall, not to mention from the building that bears his name, and the medical student historical society or the two professorships that bear his name? Should we ask JAMA to retract the cover of the February 16, 2000, issue which bears Vaughan's portrait? Wile's collaborator on one of the syphilis studies was a young Paul DeKruif, a Michigan graduate and later a best-selling author. We have at Michigan a medical student writing award and a professorship named in DeKruif's honor — this, too, might need to be revised. We mention these issues

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only to highlight the complexity of knowing where condemnation of Wile's research should begin and end.

All of these issues were, in fact, carefully discussed by the Medical Center Alumni Society's Committee of Nominations for the Hall of Honor on March 21, 2002. The committee also consulted several medical historians, ethicists and the original publications by Udo Wile during its deliberations.

Although one member of the Committee could not attend the meeting and abstained in advance, the other four members present voted unanimously to retain the Udo Wile plaque as part of the Hall of Honor. Among their reasons included the facts that the standards of human experimentation in the U.S. during this period were markedly different from those practiced today and that no subject was injured during Wile's studies. More pragmatically, the Committee noted that Wile was honored for his general contributions to medicine and, more specifically, for being professor and chair of Dermatology at Michigan for several decades.

The Nominations Committee's report was then presented, the following day, to the Medical Center Alumni Society's board of directors. The board voted unanimously to accept the recommendations of the Nominations Committee to retain the Wile plaque.

We are deeply indebted to Dr. Franzblau for reminding us of this chapter of Michigan medical history. Over the past several months he has inspired thoughtful discussions and lectures on the ethical conduct of human experimentation for our students, residents and faculty. He has served as an active and caring member of our University's alumni community by reminding us that the idea of an institution of higher learning is to tackle tough subjects and shed light on them even if they make us uncomfortable. Dr. Franzblau's contribution to this ongoing dialogue has been invaluable, and we hope he agrees that we have reached a reasonable conclusion to a carefully considered problem.

We are proud that our Medical School has taken a national leadership role in studying the historical and ethical implications of human experimentation through the activities of its Historical Center for the Health Sciences, the Bioethics Program, and the Program in Medicine and Society. Most important, as we enter the 21st century, we are engaged in a major effort to expand our Institutional Review Board process so that four review boards (and more than 60

faculty members) are examining each and every experimental protocol conducted here at the University of Michigan in order to uphold the more rigorous – and enlightened – standards of today.

Allen S. Lichter (M.D. 1972)  
Dean of the Medical School

Howard Markel (M.D. 1986), Ph.D.  
Director, Historical Center for the Health Sciences  
George E. Wantz Professor of the History of  
Medicine

George Morley (M.D. 1949, Residency 1952)  
Chair, MCAS Hall of Honor Committee on  
Nominations

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*The decision of the MCAS board was communicated to Michael Franzblau on April 26, regarding which he concludes:*

It is my feeling that I have been given ample opportunity to present my concerns about Dr. Wile to significant members of the Medical School's community. While I was disappointed by the decision reached by the MCAS Committee on Nominations for the Medical Center Hall of Honor, I had my "day in court."

I accept the decision of the Committee and consider the matter closed.

Your commitment to ethical conduct at the Medical School by the creation of as many Institutional Review Boards as necessary to accomplish the ongoing responsibility for research, both scientific and therapeutic, is to be commended.

My medical class will celebrate 50 years since graduation this year. I am proud to be an alumnus of the University of Michigan Medical School, and your treatment of my concerns plays a very large role in that pride.

Michael J. Franzblau 

*Medicine at Michigan* welcomes your letters and comments. Please send them to Richard Krupinski, Editor, *Medicine at Michigan*, Office of Medical Development and Alumni Relations, 301 E. Liberty, Suite 300, Ann Arbor, MI 48104-2251, e-mail address: rkrup@umich.edu, or fax them to (734) 998-7268. MM may edit letters for clarity and length.