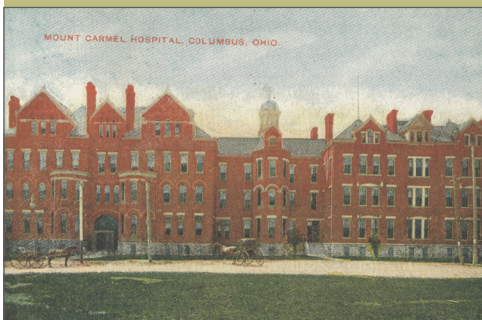


# House Call

A publication of the Medical Heritage Center at The Ohio State University

## FROM THE MHC ARCHIVES:



Mount Carmel Hospital (West),  
established 1886

## THE MHC MISSION:

The Medical Heritage Center preserves, promotes, teaches and celebrates the health care legacy of central Ohio as the essential foundation from which the future of the health sciences are born.

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## Note from the Curator

by Judith Wiener, MA, MLIS

Fall is an exciting time of year at the Medical Heritage Center and this year is no different. The staff has been busy preparing for the fall lecture season. This year, we are collaborating with the OSU College of Dentistry, the Ohio Historical Society and the OSU Department of History. We will be recognizing Columbus' bicentennial with a special lecture by local historian, Ed Lentz, who will review the health sciences legacy of the area over the past 200 years. We are also thrilled to have two new scholars-in-residence: George Paulson, MD and Popat Patil, PhD. Both will be using our unique resources to research topics in local medical and pharmaceutical history. More on their projects will be featured in upcoming issues.



George Paulson, MD



Popat Patil, PhD

**Fall Lecture Series:** All lectures are free, open to the public and will be held in the MHC meeting room (550) in Prior Hall, 376 West 10th Avenue, Columbus. Visit [hsl.osu.edu/mhc](http://hsl.osu.edu/mhc) for more information!

- **September 13, 2012:** *Robert Louis Stevenson's Dentist* by Dr. Robert Stevenson; lecture in collaboration with the OSU College of Dentistry. Reception at 4:30pm; lecture at 5pm
- **September 27, 2012:** MHC Heritage Lecture in memory of Charles F. Wooley; Columbus Healthcare Bicentennial Highlights by Ed Lentz. Reception at 4pm; lecture at 4:30pm
- **October 11, 2012:** Conestoga Club Lecture by Dr. Steve Gabbe, in collaboration with the Ohio Historical Society. Reception at 4pm; lecture at 4:30pm
- **October 25, 2012:** John C. Burnham Lecture by Dr. George Weisz from McGill University, in collaboration with the OSU Department of History. Reception at 4pm; lecture at 4:30pm

I hope you enjoy reading about these discoveries and hope to see you at one (or four) of our upcoming lectures!

## Ghosts of Buckeyes May Still Roam the Old Sod

*Robert B. Stevenson, DDS, MS, MA*

The grassy swatch just west of 11th Avenue, surrounded by Hamilton Hall, Postle Hall, and the James Cancer Hospital, is often filled with people visiting The Ohio State University Medical Center. Few realize they are walking in footsteps of early Buckeye athletes who played conference baseball games there beginning 1882, and "football activity," reported as early as 1881.

An 1892 photo shows a baseball game in progress by the old North Dorm, camera facing south. The football gridiron was situated between the diamond and the dorm, running east-west. Home football games were played there 1892-96. The next football field was located along High Street near Woodruff, beside the Armory and Gymnasium erected 1898. University Field opened 1897, and was renamed Ohio Field in 1908 after improvements by groundskeeper Tony Aquila.



A baseball game played by the old North Dorm in 1892.

When the North Dorm was torn down, Hamilton Hall was built on the same site. An early photo from a similar camera angle shows a diagonal sidewalk across the former fields.

Ohio Medical University (OMU) had its own football team, and first played Ohio State University on this site October 3, 1896. Buckeyes prevailed 24-0, led by Captain Edward H. French, whose brother Thomas would spearhead the Ohio Stadium dream. OMU forfeited the next meeting, recorded as a 0-0 tie. The last time they met on Dorm Field, OSU won again, 12-0, November 21, 1896.

Buckeyes scheduled OMU three times that year, the only OSU season that ever happened, but it was really not too strange. From 1892-95, Ohio State scheduled home/away games in the same year with Oberlin, Kenyon and Wittenberg, respectively. In 1886, Harvard played MIT three times, and Yale played Wesleyan three times in '86 and '88.

Ohio State began the 1896 season with an interim coach, Sid Farrar, a student enrolled at Starling Medical College who played football at Princeton. Charles Hickey took over as coach mid-season. It was not the only time a medical student coached Ohio State football. John Woodworth Wilce played football at Wisconsin and was OSU head coach 1912-1928. During World War One, Wilce attended medical school, graduating 1919.

OMU and OSU met four more times. Medics finally scored at the last game, in 1900, but lost 11-6. Today, no signs or plaques honor the site of Ohio State's first measured fields; where wooden bleachers held 200 fans and a season football ticket cost one dollar.

## A Surprise Ending To The History Of American Medicine

*By John C. Burnham, PhD*

For several years as an Associated (sometimes Resident) Scholar of the Medical Heritage Center, I have been working on a single-volume history of American medicine, with a title more appropriate for the present: *400 Years of American Healthcare*. The book is still undergoing revision and has not been submitted for publication, but I have reached the end of the story, which I find surprising.

*A Surprise Ending, continued on page 3*

*A Surprise Ending, continued from page 2*

The book is divided into three major sections. The first section deals with the period from 1607, when the first successful English settlers landed in Virginia, to the 1880s. During this period the small and then growing population used ideas and methods overwhelmingly imported from Europe and adapted in the New World. Part 2 takes up the rise and maturing of biomedicine, from the 1880s to about 1990. I have divided this part into a number of eras: surgery and germ theory, physiology, antibiotic, technological, and environmental.

There is another era that began sometime around 1990, the era of genetic medicine. But now in the book that new era is overshadowed by a change, one that is not the genetics that came on around the end of the 1980s and culminated in the human genome project and related medical thinking.

What I discovered was that here and there in the United States, observers of medical practice noticed a new trend in the work that was going on in the doctor-patient encounter. My story in fact had started in the colonial period, when there were very few trained doctors. Healers of various kinds had worked with people who were so sick that their traditional knowledge or advice books were not answering their needs. At that point, the doctor could offer standard traditional medications, advice and often nursing. In the later age of biomedicine, degreed physicians more frequently brought the science of the day to the bedside. Regardless of science, however, around the 1990s something changed, and hardly anyone noticed.

The change was to see patients not as sufferers from diagnosable diseases but, rather, as members of risk groups who should be protected against likely afflictions to which they may eventually fall prey. Historical sociologist William Rothstein has portrayed this as an extension of the insurance mindset that envelops us all—so that we did not notice the change. Other scholars have framed the idea slightly differently. The most succinct is embodied in a short article published in JAMA in November 2010 by a practicing physician and University of Pennsylvania ethicist, Jason Karlawish. He describes the new doctor-patient encounter as “desktop medicine.” The doctor evaluates the patient and, using a computer, decides into which risk groups the patient falls—a smoker who has heart and lung dangers, a young patient from a family with a particular kind of cancer, etc. etc. The physician then prescribes whatever will best protect the patient from the risks that have been determined.

I maintain this is a basic change, signaling a new epoch in the history of medicine, because the patient no longer can fall into the traditional sick role. This concept, with which many people in medicine are still familiar, was introduced by the sociologist Talcott Parsons in 1952. Later, anthropologists and historians confirmed that the sick role was universal. In traditional societies, a person who subjectively feels ill or has an injury tries to communicate some level of suffering and possible disability to immediate associates. Every society then has a social role one can try to adopt: the sick role. The sick role means that the person is excused from ordinary responsibilities, forsakes his or her role as a worker, student, family member, or whatever is normal for that person, and takes on this new role. The sick person in turn has to try to get well and resume a normal role, and must turn to and cooperate with a socially-approved healer, like a doctor.

In the past twenty years or so, people have often found the sick role denied to them. Disabled people insist they are to be treated like other citizens, not sick. The patient is now reduced to being a consumer, which is not a special social role. So the medical encounter we have known since 1607 has now turned into risk group determination. The prescription is for symptoms the patient does not even have yet and may never get.

It is a surprising ending to my 400 years of history. Maybe I should cut it off at 383 years of American healthcare.

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Starling-OHIO Medical College,  
class of 1912

## Recent Donations (April 17 – August 6, 2012)

**Material:** Dr. John Bock (book) • Dr. Bob and Mrs. Leslie Buerki (books and journals) • Dr. John Burnham (books and journals) • Mrs. Margaret Burns (books) • Ms. Wendy Caldwell: in memory of Dr. Dale Dickens (WWII Field Skin Suture Vile) • Dr. Jerome and Mrs. Betty Dare (Leaded Carrier for Transfer of Brachytherapy Radiation Sources and Operating Room Foot Stool) • Dr. Roy Donnerberg (surgical needles) • Dr. Garth Essig (books, slides and tapes) • Dr. J. Richard Hurt: in memory of J. William Hurt, MD (books and journals) • Estate of Dr. Norris E. Lenahan (books and journals) • Dr. Bruce Meyer: in memory of Dr. Paul D. Meyer (books) • OSU College of Nursing (additions to their collection) • Dr. Popat Patil (film of visit to Lilly Res. Labs in the 1960s) • Drs. George and Ruth Paulson (books and slides) • Riverside Methodist Hospital (CD with scanned documents of their history) • Dr. Fred Shell (books)

**Monetary:** Dr. Donald Bowers • Ms. Pamela Bradigan • Ms. Linda Castle • Dr. Homer Cheng • Columbus Medical Association Foundation • Mrs. Betty Elliott • Dr. Garth Essig • Dr. Charles Meckstroth • Ms. Sally Morgan • Drs. George and Ruth Paulson (in memory of Dr. Mel Olix and in honor of Dr. Ed Sadar and Dr. Ed and Mrs. Nancy Hamilton) • Ms. Judith Wiener



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