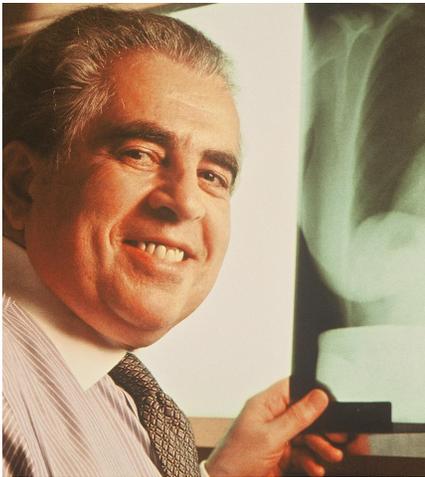


## SOM ALUMNUS OSCAR MANN, M.D., SHARES HIS *A JOURNEY OF HOPE*

Jim Lehrer—acclaimed host of PBS's *The NewsHour with Jim Lehrer*—writes in the foreword to *A Journey of Hope* that:

*“There have been times when I believed Oscar Mann, who became my doctor after my heart attack, to be a saint. Now, after reading his book, I know for a fact that he is. His story...is that of a man of compassion and accomplishment, who had the courage to have big dreams when even small dreams seemed impossible. Oscar is, in short, a child of France and the Holocaust, who grew to be a saint of America.”*



Oscar Mann, M.D.

Oscar Mankowski was born Oct. 13, 1934, at the Rothschild Hospital in Paris. His parents, Aaron and Hinda, had moved there in the early 1930s from a village in eastern Poland.

His father was later arrested by the French police, on behalf of the Nazis, on charges of being Jewish and maintaining a business. He was transported to Auschwitz and murdered on June 19, 1942. Oscar was only seven. His younger, José—from the Yiddish Josi—was five.

In 1948, the children and their mother visited North America. They

The story of his childhood and medical career are detailed in his memoir *A Journey of Hope* (Hamilton Books, 2005). Excerpts from chapter 17—which looks at Dr. Mann's work with famed Georgetown cardiologist W. Proctor Harvey, M.D.—follow. To order the book or for more information, visit [www.journeyofhope.info](http://www.journeyofhope.info).

### CHAPTER 17: W. PROCTOR HARVEY, M.D.

A desirable medical sub-specialty fellowship is composed of two players—a master clinician-teacher and an eager pupil.

**“His story...is that of a man of compassion and accomplishment, who had the courage to have big dreams when even small dreams seemed impossible. Oscar is, in short, a child of France and the Holocaust, who grew to be a saint of America.”**

**—Jim Lehrer, acclaimed host of PBS's *The NewsHour with Jim Lehrer***

came to the United States individually between 1953 and 1956. During their naturalization processes, their surnames were anglicized to Mann. José's first name was changed to John, and their mother, Hinda, became Helen. Oscar completed his medical degree in 1962, his residency in 1965, and his fellowship in 1966—all at Georgetown University. In 1999, he received the Alumni Association's prestigious John Carroll Award.

During my cardiac fellowship at Georgetown, I grew in the light shed by accomplished clinical diagnostician, medical innovator, and teacher W. Proctor Harvey, M.D.

It was my good fortune to have Dr. Harvey, the master of the stethoscope, teach me not only sophisticated auscultation—the art of listening to the heart with a stethoscope—but also the whole spectrum of clinical heart disease. As he

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educated me in cardiology, he also taught me to appreciate clinical excellence and to temper science with empathy. Dr. Harvey, by his example and teaching, influenced how I conducted my life. He was the best of mentors.

Dr. Harvey achieved fame by bringing the time-honored skill of auscultation into the modern era. His talent, passion, and genius changed cardiac auscultation. The monoaural stethoscope, an instrument made from cedar and brass, and looking much like a small telescope, was invented by René Laënnec, M.D., in 1816.<sup>1</sup>

...The rudimentary device of 1816 was a predecessor to today's binaural stethoscope. Over the years, there were many clever and innovative modifications to Laennec's design. Dr. Harvey, in the mid-1950s, ingeniously conceived and produced a most sophisticated three-head instrument, the Harvey Stethoscope, an important element in his approach to patients. The first Harvey stethoscope was designed by Dr. Harvey and manufactured by the Cefaly Research Corporation of Brentwood, Md. It was known as the Harvey Cefaly stethoscope. Later, Tyco, a well-known manufacturer of medical equipment, took over its production.

Very similar to the standard first head of a conventional stethoscope, Dr. Harvey's second stethoscope head, a corrugated diaphragm, helps to bring out faint heart activity. By varying the pressure, one may assess a wider range of frequencies than with the bell or flat diaphragm.

For me, the second piece, an exquisitely designed small bell, is the winning feature of the Harvey scope. This bell,



Dr. Mann graduates from medical school in July 1962. With him are his mother (center) and brother John (right).

when properly applied, creates a sealed hollow dome on the chest wall, an ideal acoustic chamber for low-frequency sounds.

I have only owned Harvey scopes, at first out of loyalty, to be sure, but second, because for me the Harvey scope has always been the best.

...In the summer of 1950, Dr. Harvey arrived at Georgetown together with the medical class of 1954. Its yearbook would be dedicated to W. Proctor Harvey.

*Four years ago we came to Georgetown with college cap and gown so freshly set aside. To learn of medicine was our goal. ... W. Proctor Harvey came to Georgetown as we, four years ago. Year by year our admiration and respect for him have grown. Whether in the classroom, conference, or at the hospital bedside, he strove to give individual attention, never tiring of repetition and the difficulties of the less gifted. His teaching aids and personal enthusiasm are well-known to all of us and 'Proc' has become a symbol of quiet leadership by his zeal, selflessness and gentle ways. ... It is with the deepest gratitude and appreciation that the class of 1954*

*dedicates this Grand Rounds to you, W. Proctor Harvey.*"<sup>2</sup>

Dr. Harvey had introduced me, as he did all Georgetown medical students, to his *five finger* approach to cardiovascular diagnosis: the fingers being medical history, physical exam, ECG, chest x-ray and lab tests. This analytic method stressed using the head, the eyes, the ears, and the hands with Dr. Harvey assigning the greatest significance to the history and the physical exam. Dr. Harvey likened the history to the thumb because the thumb is the most important finger.

...Every day of cardiac fellowship reaffirmed his principles as Dr. Harvey animated his teachings in his own inimitable way; precepts became living and memorable teaching pearls. Under Dr. Harvey, assimilating the fine points of extra-heart sounds such as "gallops," opening snaps and clicks, and the intricacies of heart murmurs was a labor of love, passed on with joy and humor.

...Harvey is still a leader, influencing by example, teaching by example and leading an exemplary life. He possesses the rare gift of making others feel at ease with themselves—the orderly, the janitor,

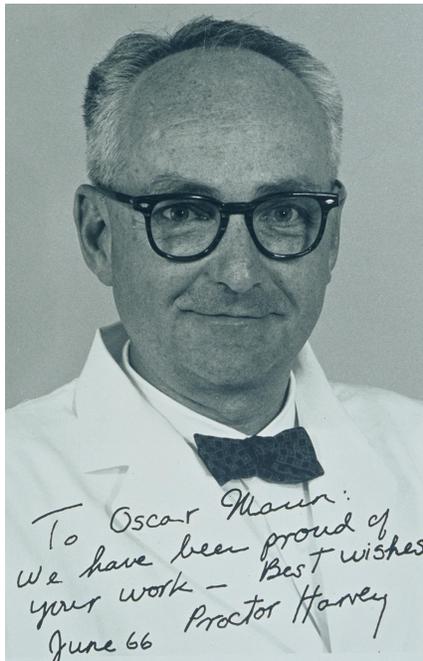
the senator, the businessman, the intern, the medical student, the ambassador, and always, the patient. He has a miraculous way with patients.

Dr. Harvey's bedside manner is that exquisite courtesy so characteristic of a true Virginia gentleman, a southern version of the Boston gentleman. He never fails to win over the patient as he readjusts the head pillow to be certain that the patient's neck is well supported while sometimes rolling a towel under the patient's neck. Next Dr. Harvey, sitting rather than standing by the patient, touches him by gently taking his pulse and gains the full confidence, cooperation, and approval of the patient being evaluated before a group. The silent attention to the patient goes on while the house officer presents the patient's history and general physical findings.

Then and only then will Dr. Harvey proceed with the actual examination of the heart by inspection, palpation, percussion, and last of all auscultation. Dr. Harvey has always favored this systematic approach. The patient, already relaxed and comfortable, is reassured by expressions such as, "You would be the rare patient if we could not help you...regular, strong pulse...I have fibrillated myself...your doctor can take care of my family...benign innocent murmur...it does not mean anything."

...As for me, an *ex-schmatta* boy of the old country, I always felt at ease with Dr. Harvey. He was always amiable with me. Remarkably, Dr. Harvey achieved his reputation with a good-natured disposition, an easy going demeanor and unique personal attributes, disproving the old adage that nice guys finish last.

...Rotating through the cardiac consultation service at Georgetown Hospital was a very busy experience for fellows since all consultation requests were originally handled by the cardiac fellow. Everyone seemed to get a cardiac consultation. Thus, during July and August



W. Proctor Harvey, M.D.

1965, all these requests were filtered through me. We also took pediatric cardiac consultations, since an independent pediatric cardiology service did not yet exist at Georgetown. As a fellow responsible in part for teaching, when the nature of the case permitted, I sometimes let a student, an intern, or a resident do the initial work-up. I was accountable, however, for going over every consultation before the presentation to the attending cardiologist of the day.

During the consultation service, every fellow thought he ran the Thursday night conferences. Dr. Harvey, in his gentle, generous, and courteous southern Virginia manner, allowed this idea to germinate in each fellow. The conferences always went well because of their detailed preparation at a preliminary planning session late Tuesday afternoon in Dr. Harvey's office. Meticulous implementation of the arrangements was the responsibility of the fellow on the cardiac consultation service. The fellow also made the introductions and presented the history of the patient, who was then interviewed, and examined.

Next, the case was discussed by one of the Georgetown cardiology department's clinical faculty members. Dr. Harvey discouraged "a single clinical star" conference, preferring "a different star for each case."

In 1966, Colonel Jules L. Bedynek, Jr., was chief of cardiology at the Walter Reed Army Medical Center. Dr. Harvey, being at Walter Reed one morning to make teaching rounds, subsequently invited the colonel to begin presenting cases at Georgetown's weekly conferences. A new tradition was born with physicians from the National Institutes of Health, Bethesda Naval and Walter Reed medical centers, as well as other distinguished guests from far and wide, now participating regularly in the conferences.

The event took place every Thursday from 8 to 10 p.m., with four cases being presented and discussed each week. Electronic stethoscopes and sophisticated audiovisual equipment allowed audience participation to the fullest extent in the spacious, then very modern Gorman Auditorium. A pleasant and collegial ambience prevailed with all attendees being invited to an informal pre-conference dinner held at 6:30 p.m.

...The Thursday evening conferences grew in popularity and attendance, attracting numerous physicians from far and wide, Harvey directing the conference with a firm hand. The genius of Dr. Harvey was that no one, including Dr. Harvey, seemed to appreciate this fact. "The conference runs itself," people said.

Dr. Harvey nurtured this weekly event, his brain child, with constant attention to details, periodic refinements, and new improvements. We soon had closed-circuit TV and electronic and teaching videos. The *palpator*, an ingenious device developed by Jim Waters, M.D., one of Dr. Harvey's acolytes, came into use in the mid-1960's. This new gadget, an electronic small box-pad, transmitted the motions of the patient's

chest wall as the audience members put their own hands on the pad and felt everything the demonstrator experienced. Likewise, the *Cardiology Patient Simulator*, a computerized mannequin, named after Dr. Harvey and brilliantly conceived and developed by Dr. Michael S. Gordon, one of the six fellows in my class, mimicked classic cardiac conditions and became a popular teaching aid.

...Dr. Harvey's teaching postulates were never dull dogma but always rather logical and fun to learn. He taught

young instructors of the full-time faculty and prime members of the volunteer faculty. On the pulmonary service, we trained under the brilliant Kenneth Moser, M.D., a fine authority in lung diseases, and at D.C. General Hospital, we were fortunate to receive the attentive tutoring of Dr. Frank Marcus, a quiet, dedicated, and affable clinical cardiac great, who became chief of cardiology at the University of Arizona.

At the National Heart Institute, we performed phono-cardiograms and

the diagnosis on the cases we presented to Dr. Perloff.

Dr. Perloff, in his careful, systematic and brilliant manner, usually arrived at the diagnosis through the Harvey five finger approach and seldom allowed himself to be stymied. With Joe, one had to stay on his wavelength or be lost. However, if one remained intellectually in tune with Dr. Perloff, one absorbed his genius at arriving with clinical cardiology points for the final diagnosis.

## Dr. Harvey's teaching postulates were never dull dogma but always rather logical and fun to learn. He taught bedside medicine with passion, enthusiasm and facility.

bedside medicine with passion, enthusiasm and facility. ...Dr. Harvey's clinical skills rubbed off on me to some extent, and for this I will always be indebted to him. I learned a big lesson. The two big fingers of the *five-finger Harvey approach*, history and physical, have stood the test of time, and they are a cardiologist's—and any doctor's—best diagnostic tools. I was to discover that these tools, optimally sharpened by Dr. Harvey, would serve me well in practice.

The fellowship was skillfully devised by Dr. Harvey to provide six rotations; the cardiology consultation service; the pulmonary service; the cardiac lab and cardiac surgery, all at Georgetown where Dr. Recep Ari was always available for advanced ECG teaching, a big ticket item in those days. National Institutes of Health and D.C. General Hospital cardiology rotations were extramural. But the imprint of Dr. Harvey was on each rotation of this well-rounded and diversified program.

We came in close contact with the cardiac stars of Georgetown, excellent

presented them to "Mr. Cardiology," Dr. Eugene Braunwald. The wealth of cases on Braunwald's service was breathtaking; recording phonocardiograms on these patients taught me much. There was an added feature at the NIH. Joseph Perloff, M.D., came every Wednesday for a conference, attended by the NIH cardiology staff, and it was the job of the fellow to prepare two "tough cases" for presentation and "attempt to stump Joe."

Those were the days when intracardiac catheterization was beginning to come into its own in America. Catheterization involves inserting a catheter into a peripheral blood vessel and guiding it into the heart. Dye is then injected through the catheter to highlight the actual heart valves, vessels and chambers in motion. As opposed to other modalities, it is invasive and can result in complications such as bleeding, infections, vessel laceration and even death. At Georgetown, Dr. Perloff was the director of the catheterization lab. At the NIH, however, catheterization was already being done on every patient, so we had

Now, for a patient's eye view of Dr. Harvey, enters David F. Jackson, presently a receptionist at Georgetown University Hospital:

*I met Dr. Proctor Harvey in 1983 when serving as a volunteer, back-up and ECG technician in the heart station at Georgetown University Hospital. I was immediately and tremendously impressed with Dr. Harvey as a very congenial individual who I could see was highly respected as a medical professional and who was a 'diehard Redskins' fan.' Periodically I would see Dr. Harvey in the hospital, usually with several other physicians, as he went about demonstrating his expertise. ...*

*In 1982 I had an experience with hardening of the arteries of the heart, for which I received a new treatment, angioplasty. Dr. Harvey knew about my case. I was somewhat of a 'pioneer patient' with this procedure. Dr. Harvey felt that having me as a subject for an upcoming cardiology conference would be a welcome addition to his program before an assembly of medical doctors in a packed Gorman auditorium. Dr. Harvey and I engaged in*

*a bit of humorous banter on stage as he made his presentation regarding the popularity and effectiveness of the angioplasty procedure... .*<sup>3</sup>

...W. Proctor Harvey, M.D., was director of the Georgetown University Medical Center Division of Cardiology from 1950 to the mid-1980s. Dean Ray Mitchell comments:

*Dr. W. Proctor Harvey has recently celebrated his 51st anniversary at Georgetown University—concurrent with the*

*magnum opus*, the definitive cataloguing, editing and digital recording of the prodigious collection of Harvey's tapes of heart sounds and murmurs on DVDs. The message is unambiguous as Harvey, not believing in retirement, has yet to slow down.

...Deep down, nearing the end of my fellowship, I knew that I was a "thinking" doc, not a "cutting" one or an "invasive" one. In my mind, I had found my professional niche, the

*are now so dependent upon such advancements that many practitioners have lost the basic clinical skills that enable bedside diagnosis.*<sup>5</sup>

The art and science of medicine, not mutually exclusive, are complementary to each other. The pendulum of American medicine, however, has swung far in favor of technology. It is sad but true that hands-on skills and competent auscultation are neglected and falling out of favor in the grand scheme of medical

**Concurrently with his teaching activities, Dr. Harvey is working on his *magnum opus*, the definitive cataloguing, editing and digital recording of the prodigious collection of Harvey's tapes of heart sounds and murmurs on DVDs. The message is unambiguous as Harvey, not believing in retirement, has yet to slow down.**

*graduation of the 150th class from the School of Medicine. In the early 1950s, Dr. Harvey was instrumental in developing innovative techniques to take bedside teaching to a full auditorium of learners; he has also maintained that teaching throughout the subsequent 50 years.*

*He continues to teach the entire first year class and physiology graduate students auscultation annually, and he has delivered a school and house staff-wide course during a "Senior Colloquium" for all senior students, interns, residents and fellows. Dr. Harvey has moved his office to the front lobby of the School of Medicine, where he actively meets and mentors students. Last year, Dr. Harvey and Laennec Publishing donated 1000 sets of the Harvey teaching tapes to all students at the school and each incoming class, a kindly contribution worth \$150,000.*<sup>4</sup>

Concurrently with his teaching activities, Dr. Harvey is working on his

practice of internal medicine and cardiology. And I knew that *invasive* cardiology would not lure me. Dr. Harvey took an inordinate personal interest in his fellows and told me to follow my instincts. He wished his fellows to be competent, principled, and happy physicians.

...Dr. Harvey has had an impressive impact on American medicine. And American medicine has contributed enormously to our world. New invasive and noninvasive diagnostic techniques and therapeutic modalities, not to mention wonder drugs, have revolutionized the care of patients. Mankind has been the great beneficiary of these advances. People live longer and better, but something has happened on the way to the forum:

*Medicine has become driven by research and technology, both of which have yielded indisputable benefits. Yet we*

education. I hope that the pendulum will swing back, as well it should, toward clinical medicine. Surely, we need more bedside clinical giants. We need more old-time clinicians.

We need more W. Proctor Harveys. ■

## NOTES

1. See, for example, R.T.H. Laënnec, "Stéthoscope: Son origine, Description de la découverte," in his *Traité de l'auscultation médiate et des maladies des poumons et du coeur*. (Paris: Brosson, 1819).
2. *Grand Rounds*, Joseph S. Costa, M.D. (Ed), Georgetown University School of Medicine: Class of 1954.
3. Personal communication from David P. Jackson, March 2003.
4. Personal communication from Dean Ray Mitchell, M.D., May 2003.
5. S. Kimara March, "W. Proctor Harvey, Master Clinician-Teacher," *Texas Heart Institute Journal* 2002; 29: 183.