

MARION A. BLANKENHORN

1885-1957

MARION BLANKENHORN was in the tradition of the best clinical teachers of American medicine. I saw him successively through the changing eyes of resident, fellow, colleague, and friend. My admiration, once kindled, burned with steadily increasing fervor. Dr. Blankenhorn was born in a small Ohio town, into the family of a general practitioner whose admiration for Marion Sims gave his son a name. He was educated in local schools. His college, Wooster, is one of the many fine small schools which have provided so many distinguished persons in the country. At Western Reserve Medical School he came under the influence of Charles Hoover, a master diagnostician and teacher, who taught a whole generation of physicians to delight in understanding a sick person by the skillful use of eyes, ears, nose and nimble fingers. After residency training at Lakeside Hospital, he joined the U.S. Army in World War I. He gained wide experience as a consultant in thoracic disease. His work was noticed by Thayer and other leading physicians. Later he did research at the Rockefeller Institute. He returned to Western Reserve becoming Professor of Clinical Medicine; continuing as a stimulating teacher and popular consultant until he went to Cincinnati in 1935 as successor to Roger Morris in Internal Medicine.

Here Dr. Blankenhorn came into his own as a great clinical teacher attracting many who went on to distinguished careers—Stead, Ferris, Schiff, Spies, McGuire, Vilter, Hamburger, and others. His observations on pellagra were noteworthy for their careful clinical grounding at a time when there was much sensational hocus pocus in this field. In World War II he tried unsuccessfully to get into uniform. He kept up a steady stream of C.P.C. protocols and round robin letters to his former residents on duty far and near. His energy was channelled into research in aviation medicine in which he was active as a subject. As medical consultant for the Army, he brought clinical wisdom and refreshment. He was a medical elder statesman in the American College of Physicians and the Board of Internal Medicine. After the war he continued as consultant for the Surgeon General and emphasized when I came to him for advice the important difference between the camera-carrying and non-camera-carrying consultant. He was a visiting teacher in the

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Transactions of the Association of American Physicians, 1958
vol 71 pages 13-14

Universities of Puerto Rico, Wisconsin, and West Virginia. After his retirement, he made a valuable hospital survey for the American College of Physicians and became director of Internal Medicine in the Cincinnati Jewish Hospital.

As a teacher he reached the summit of success. He objected to a "dry clinic" and always had a patient. His rounds were formal, long, painstaking, and methodical. Presenting a case was a serious responsibility. No matter how carefully prepared, undergraduate, intern or resident might be found wanting—some point of the history overlooked or some physical sign missed. "What is your interpretation of the history?" "Did you ask?" So he put the "high power" on seemingly trifling details which held the secret. After the student presented his physical findings, Dr. Blankenhorn examined the patient, demonstrating and discussing as he went—"I . . . do . . . not . . . feel . . . the . . . spleen . . . or the liver" with great deliberation and a characteristic slow shake of the head. Before any laboratory data were proffered, he methodically questioned the student about differential diagnosis. We all learned to depend on our own careful history and physical examination because he observed, exposed, and explained our mistakes. He had a few curious pronunciations. To hear him say the word "diagnoozis" was to hear an incantation and benediction combined. There was no pomposity but great dignity in his bearing. He was feared only because he had such high clinical standards. I never failed to learn some useful fact or lesson from his rounds often from my exposed errors. I have been fortunate in a series of brilliant clinical teachers, Hamman and Longcope, Soma Weiss and his colleagues, but from none did I get more stimulus than from Dr. Blankenhorn. This stimulus was communicated unconsciously.

Dr. Blankenhorn was not an organization man. Schedules were made largely by his assistants. The residency training program was organized pretty much by the residents. Until after World War II, there were no departmental meetings. Each went his way unmolested so long as he did his required teaching stint and other departmental work. Each by his own means got support for his own research, which he did on his own. Advice was readily available for the asking but was not volunteered.

Dr. Blankenhorn loved the outdoors. He was an excellent hunter. His prowess at badminton was still a wonder in his 60's. He could outwalk most of his junior associates and all his contemporaries. Though serious and formal, he had a twinkle and chuckle which revealed a delightful sense of humor. It was a savoring of the droll, not mirthful explosion. In later years he had much pleasure in painting in oils and water colors. He had little interest in medical

history except for Marion Sims and Daniel Drake. He was recognized by his peers by membership in important regional and national medical societies. He was a member of A.O.A., Phi Beta Kappa, and Sigma Xi. He received an honorary S.C.D. from Wooster in 1937 and the honorary Doctorate of Humane Letters from Cincinnati in 1957.

No words about Dr. Blankenhorn would be complete without a tribute to Mrs. Blankenhorn, the former Martha Taggart, a college classmate. It was in their charming home that we got to know them and their three children. There we came to realize how much Dr. Blankenhorn owed to his wife and family and how devoted he was to them.

At the time of Dr. Blankenhorn's retirement a memorable celebration was held to honor him. A large number of his former residents and associates returned for a day of scientific refreshment and an evening of happy tribute. I wrote him on this occasion a letter of filial appreciation from which I quote:

"What your many students and colleagues have learned from you is not accidental, but results from your richly cultivated talents. In the catalog of your superior attributes, I should place very high your unexcelled ability to share your great clinical experience with those who are learning from you. Many physicians have seen perhaps more patients but I don't know of any who have seen patients more perceptively. Thus because of clinical experience analyzed, digested and made a part of you, your capacity as a clinical teacher has always been superb. Perhaps as part and parcel of this should be recorded your humility. In spite of many deserved honors and much praise you have managed to keep it. Many physicians, especially internists who achieve fame as consultants and who attain positions of outstanding recognition, tend to become pontifical and sometimes arrogant. Many ultimately are distorted by the bloating which attends the stuffed shirt phenomenon. These you have always escaped. Perhaps a third attribute is a delightful and subtle sense of humor. Your ability to chuckle and get fun out of most unlikely and indeed most outrageous situations undoubtedly goes a long way to explaining humility. No one who can still laugh at himself can get too false a notion of his uniqueness or importance.

"I would rank high your ability to attract younger men and to cull from that group those who have qualifications of potential leadership. Very few internists in this country ever developed a personal school. While perhaps you have not done so in the ordinary sense, your influence through your medical descendants has spread far and wide. In my opinion, it has been a most healthy influence on American medicine.

"Next I would add your capacity as a consultant which finds proper employment in bringing health and resolving personal difficulties for the sick and suffering of all social and economic levels.

"Added to all these things, a quiet personal charm and dignity. As I grow older, I find more and more that influence works as an almost completely unconscious thing—as a tendency for the students to copy the teacher, for physicians to emulate their department head, for those in a junior capacity to strive towards the same and even higher level of accomplishments. These are more important than all the didactic efforts we make in a more self-conscious way."

WILLIAM B. BEAN