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Dr. Victor A. McKusick
The Johns Hopkins Hospital
Baltimore 5, Maryland

Dear Victor:

I would like to pass on some of the comments that I heard both first hand and second hand which I think would be of value to you with regard to the Bar Harbor course. These are comments which were critical and whose authors I think were reluctant to express them to you since their general reaction to the course was very favorable.

The comments which I heard in particular were that the material on blood grouping seemed rather less than they would have thought useful to a course in genetics. There were no explicit comments on quality or nature of presentation but rather upon the fact that blood grouping seemed to be so intrinsic to human genetics that it deserved more emphasis. If I remember rightly, this is the opposite reaction to one year when there was thought by some at least to be too much emphasis on blood groups. I suppose this really reflects the difference in backgrounds and interests of the participants so that its relevance is questionable.

One comment which I seemed to hear from a ^{facile} number of individuals was that the guest speakers who did not have a ~~command~~ command of English were perhaps not as valuable to the participants as their big names would have suggested. I think everyone was more interested in having good teachers than they were in having individuals of international reputation.

For my own part, I would like to pass on the suggestion that Bill Young made. He felt that Gunther Stent made a most remarkable presentation on the DNA and molecular biology aspects of DNA at the LaJolla session.

As you can gather from my sundry comments during the course, I am most concerned about the translation of the basic knowledge of genetics into practical clinical genetics. I am obsessed with the difficulty of applying the concepts of allele, of mutation, and of recessive and dominant characters. I found it particularly interesting that, after the last day, when I once again badgered someone about the word recessive and its implications, that one of the students came up to me to discuss the matter. In the course of the discussion, he revealed that when my first interruption concerning the subject of recessive came during the early part of the week, he failed completely to understand what I was driving at. He did say that it took the whole two weeks for him to realize the basis for the quibbling. This characterizes much of the thinking in clinical genetics. Historically, physicians have attempted to demonstrate that man obeys the same genetical laws as ~~the~~ fruit flies and other organisms studied by the general biologists. This is a ludicrous situation since general biologists select for study those characters which behave as if they were

"good" characters. This implies that the characters behave according to simple rules and are easily studied. In man, of course, we are committed to the study of diseases which are important to our patients, not necessarily those which behave as "good" characters. The net result is that we are frequently faced with complex situations that would cause the general biologists to shudder if anyone suggested them as genetical models. I feel that medical men must someday shed their inferiority complex and have the courage to study the genetics of man as a science in itself and not merely as an imitation of the science of general genetics (I can hear Earl Green scream in the background.)

Rather than leave you merely with criticism, I would like to make the constructive (?) suggestion that a session be devoted to sorting out the difference between genetics as practiced with man and genetics as observed in the general biological area.

I hope I have a chance to see you at the Hague and to exchange a few comments with you there.

Best regards,



Park S. Gerald, M. D.

PSG/ss