

Man Goes to See a Doctor. . .

At the Didusch Museum of Urology, Milestones – and Stones

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By Hank Stuever

James B. "Diamond Jim" Brady, a Gilded Age railroad tycoon whom history records as proudly beginning his days with a breakfast of cornbread, pancakes, hominy, pork chops and a beefsteak (all of which he would wash down with a gallon of orange juice), had a prostate so swollen that he could no longer urinate. His body had betrayed his bodily pleasures.

Under the knife at Johns Hopkins University in 1912, Diamond Jim's prostate gland was removed, and so great was his immediate relief that he left millions of dollars in gratitude, which put Hopkins forever on the map as the place to go when you cannot.

Go, that is.

And so it also came to be, in 1971, after a unanimous vote of urologists gathered at their annual convention, that there should be a museum dedicated to their specialty at the offices of the American Urological Association (AUA). The William P. Didusch Museum, named for the medical artist whose collection of art and artifacts forms the core of the collection, has become a place where a visitor can peer into the epic drama of the troubled nether regions.

If you need to know what swollen prostates of yore looked like, or what kind of instruments first clumsily ventured their way up the urethra, or how the first people on dialysis felt about being hooked up to machines, then you have come to the right place.

Here, in hallowed surroundings, the focus is the same as any serious museum of history and art -- the narrative flow of the human condition:

A 3,000-year-old Indian text, "the Sushrita Samhita," speaks of catheters made of gold, bronze or even wood, lubricated with cheese or butter. Celsus Cornelius, in about 30 A.D., provided instructions for inserting connected bronze tubes into the urethra, noting that the tubes "ought to be a little curved, but more so for men. . . ."

A thousand years go by: There are very old drawings, from books kept in the Didusch Museum, of patients being held down by the rest of the village as they await the wandering "stonecutter" on his annual visit. The stonecutter is brandishing his iron forceps. Conveniently, the museum also has the forceps, right here, looking a bit rusty on the edges. . . . *Hoy.*

Another thousand years: On a recent Wednesday, just before lunch, Rainer M. E. Engel -- a 69-year-old retired urologist with a plume of white, combed-back hair, large-framed glasses, wearing a tweed sport coat and a necktie flecked with tiny flowers -- is walking through the Didusch Museum on the third floor of the AUA's headquarters on Charles Street, north of the Inner Harbor in Baltimore.

Engel is the curator of the museum and he lavishes meticulous care upon it, though hardly anyone ever sees the place, except for other urologists or the occasional med student or visiting pharmaceutical executive. The display cases glisten, freshly Windexed. Mahogany shelves are lined with antique medical texts and pristine early microscopes. The air conditioner is set down toward gelid.

Gaze now upon the artistic subtleties within Didusch's painting titled "Simple Perineal Prostatectomy" (1920), if you can.

It might take a minute.

Okay, maybe let's just look at everything but the prostate here: How the incision south (Or north? We're in places where directions no longer make sense.) of the testicles is pulled back wide and open, and then, well, try to slowly focus in on the swollen gland. Some poor soul's walnutty demon, with its enlarged median lobe.

Engel says that Bill Didusch, who died in 1981, was the master when it came to visualizing human plumbing. Didusch intuited things that would make any man or woman wince. He worked at Johns Hopkins for

decades, with his two Great Danes sitting at his feet in the laboratory studio with him -- just the artist and the dogs and all these intimate organs of the early to mid-20th century.

"See here," Engel says, with true admiration in his voice. "The glove? The fingers?"

All this beauty you do and don't see: How the surgical fingers Didusch drew glisten, but you also sense the cleanliness -- the viscera Didusch didn't show. It isn't a bloody mess. It looks vaguely like upholstery work, or pillow-making.

He depicted the routine, such as "Operation for the Cure of Incontinence of Urine," circa 1930. But he also drew the exotically rare and complex cases, such as "Pseudo Hermaphrodite: Plastic Operations -- Hypospadias, Orchidopexy and Removal of Vagina," also circa 1930, which you can stare at for half an hour and still not quite comprehend.

"Compare the way [Didusch] drew the fingers to these, drawn by Max Brodel," Engel marvels. "Didusch studied under Brodel. See how he took it just that one step further. It becomes . . . real."

Consider Brodel's view of forceps clamping onto seminal vesicles, sensitive dermis peeled back. "Slight pain," the text tells us, referring to Fig. 5 in the catalog, "may be experienced, which can be partly relieved by a deep injection into the inguinal canal."

Neat. So. Is there a bathroom up here?

"By the elevator," the gracious doctor says.

By the elevator, next to the cystoscopy table (circa 1927).

Urologists: Not like proctologists, who for some reason make you think of golf. Not like gynecologists, who show up in movies, ridiculously, as lady killers. A urologist is another personality type altogether.

There's a civility and seriousness to urologists, but also a strange wryness. You have to tell them things you'd just as soon not tell yourself, and so the patients tend to speak in euphemisms: Doc, I got a thing with my thing. Finally the patient just puts the facts out there: *I wet myself. I go constantly. ... I never go.*

Man goes to see a doctor. "I can't go," he says. "How old are you?" the urologist asks. "Eighty-three," the man says, and you know the punch line, as old as a wooden catheter: "You've gone enough," the doc says.

Ba-dum bum. In some way, just knowing this joke is knowing about how urologists tick. Would that there were more New Yorker cartoons about them, and fewer about dogs.

People who know doctors swear they can always spot the urologist. It's the lack of pomposity, but also the surety of ego. Stern, unfazed, methodical, frequently German, as if for effect. (Even the ones who aren't German make you think of Germans.) Their field didn't really come into its own until the late 19th century, when Maximilian Carl-Friedrich Nitze lit up the insides of bladders with early efforts at endoscopy. (The museum has several examples.) The story of urethral pain goes all the way back into history. The Didusch Museum is full of the strangely blank, medieval and post-Renaissance faces of patients over hundreds of years, frozen for all time in woodcuts and drawings.

As urology has advanced and completely rewritten its own history in the last 100 years, urologists have discarded their tools. Technology kept advancing and procedures became less invasive, but some urologists were sentimental about preserving what Engel jokingly refers to as "torture devices." This kind of collecting benefits the museum. Wandering through the Didusch, it is more than possible to mourn for the first patients who underwent laparoscopy or prostate removal. Further back, the history of urology is a story of chance, and much failure.

An exotic acquisition is almost always arriving at Engel's office, bequeathed by widows of urologists, or the doctors themselves, or turning up at auctions or even on eBay. Urologists are the kind of doctors who would keep old instruments in the garage because they're pretty to look at . . . urethroscopes, suprapubic drainage boxes, resectors.

These are beguiling things: mysterious, clumpy, tubular, curvy, bizarre.

There are also old photographs in the Didusch Museum of the urologists themselves, gathered for AUA conventions held eleventyseven years ago; framed, sepia-toned panorama shots of hotel dining rooms filled with men in three-piece suits, none of them smiling, some of them smoking, who all have mustaches or slicked-back hair. (In later years, women urologists come into the pictures; but even now, less than 1 percent of board-certified urologists in this country are women.) As dinner parties go, these long-ago gatherings look a bit stiff, though also, in a way, sort of fun. The wives look bored.

Moving on. There's a print in the Didusch Museum of kidney stones, from a painting done in 1906 by Max Brodel, each kidney stone more awful than the last, but also admirably exotic, looking like rocks you'd skip across a pond, looking like lima beans, even one looking like a starfish, or maybe a jack.

There should be a monument to all the people who have ever passed a stone. It should be huge; it should be the biggest thing ever built.

The standard practices of urology have almost entirely changed in the last 20 years. Engel used to do hundreds of operations a year for stones; by the time he retired, he almost never operated, because you didn't have to, because there are lasers now that are so precise they can zap the shell off a Grade A egg. Also, stones can be shaken to bits sonically. Medications frequently take care of problems that urologists used to sharpen scalpels for. The urologist, Engel says, "just doesn't go in" anymore, and there is the slightest trace of sadness in his voice about this. Instead the urologist has become the shrewd, outside observer.

"And penile implants!" he says, so recent, so popular, so ancient history now, since, of course, the "little blue pill." (It is Engel's hope that the eras of both the penile implant and the Viagra revolution will soon find their rightful place in the museum, somewhere in there with the first electric-light laparoscopes and the "anti-masturbation" rings that urologists of the Victorian Age prescribed to teenage boys, with sharp teeth that would cruelly dig into the penis if it became erect. These devices, once prescribed, had a remarkable way of disappearing, the exhibit notes.)

Man goes to see a doctor. In the mid-1970s, a man came in to Engel's office with his wife to schedule a penile implant. Engel took a medical history from him, and the patient said he had no health problems, wasn't on medication. His wife nodded; they both signed consent forms. Engel performed the operation as scheduled.

Hours later, in recovery, the patient suffered massive blood clotting and died.

"He never told anybody he had sickle cell anemia," Engel says. "I went to the waiting room to find the wife, and I looked around, and I asked the clerk, 'Where is the wife?' and the clerk said, 'She's right there, in the red sweater' and I said, 'No, that is not his wife.'"

It turned out that the man had brought his mistress to his consultation visits with Engel.

Urologists have always had to deal with the fact that men keep secrets. Medical history is so often man-oriented, like the rest of history. Urological problems live in the footnotes and margins of the patriarchal epic of the world.

It's a guy story. Wars, kingdoms, governments . . . and Doc, I got a thing with my thing. The parallel story of urology was always kept discreet: To wit, the Didusch Museum features a selection of fanciful, hollowed-out canes from the 19th century, in which men with prostate troubles used to carry around self-catheterizing kits, so they could discreetly relieve themselves.

That is something that has changed very much, something the museum does show us, "how much more open we are to talk about our problems," Engel says. Not only did 90 percent of everything I learned in medical school change completely by the time I retired, but so did the patients. People talk about their sex lives . . . 'it was good,' 'it was not so good,' 'I take Viagra' . . . all of these things you would not have talked about."

Women are not entirely left out of this story. Early devices invented by urologists also solved some essential gynecological mysteries. A woman in California donated her dialysis machine from the early 1970s to the museum; it is the size of a spare fezer, but she writes lovingly of how it kept it her alive, almost as if it were a companion.

Also, there is Bertha May Trott, who merits her own museum display: She was the secretary of the AUA from 1923 to 1970. Not a single manuscript of important urological research was published without her imprimatur, and something to love about urologists is that they have duly honored her typing, editing and organizational skills.

On another afternoon, Engel is beaming as he carefully unlatches a serious-looking, velvet-lined case containing the original Lichtleiter.

The Lichtleiter is somewhat shaped like a fish, about the size of a shoebox, something exotic and leathery and periscopic and Captain Nemo about it, although it's older than that. It was made in 1805 by the German doctor Philip Bozzini, and it gave the first real glimpse inside the body through the urethra. Bozzini wanted to see the inside of the bladder.

From there, the fate of the Lichtleiter is a kind of a long Anastasia story. A jealous rival of Bozzini campaigned to halt its use in further research. There are 19th-century replications of Lichtleiters out there, but the original disappeared from Vienna in 1945 after the Allied defeat of Germany.

This has some resonance for Engel; the time period, the tumult. The war also might have claimed him. He was 12 years old in Germany in 1945 when he was drafted into the Nazi army. The Germans were down to drafting boys as young as 10 near the war's end, "for what we thought was the glory of the Fatherland. . . . We were stupid, right, but there you go," Engel says. "None of my classmates who went to battle came back alive."

The Allies conquered Germany just as Engel was supposed to report to duty. Instead he went back to school, and eventually went to medical school in Bonn and Berlin. He couldn't decide on a specialty, and when a mentor suggested urology, Engel initially recoiled: Who wants to play with [ahems] all day?" he recalls saying, when he was young and didn't know better and all he really wanted to do was come to the United States and drive a sports car up and down the Pacific Coast Highway. (He'd seen the ocean cliffs and that mesmerizing road in a movie.)

The Lichtleiter resurfaced in 1965 as an anonymous donation to the American College of Surgeons. Engel, who emerged in America around the same time and started his practice at Hopkins, has spent significant time and effort negotiating the antique's return to a urology museum in Austria.

The doctor is still wild about driving. In late May, he carefully packed the Lichtleiter in his car and drove to the annual meeting of the AUA, which was held this year in Orlando. Attendance these days numbers around 10,000.

These (mostly) men urologists still pose for ceremonial pictures of the occasion, and it still looks sort of like a good time. The Lichtleiter is treated like the Hope Diamond or an newly discovered Van Gogh, and the Austrians are on hand to gladly take the device back into their care. Laser beams have eliminated much of the torture, but the reverence for the instruments remains.

Engel once took a church group through the Didusch Museum. Unlike visiting doctors, the church group, which was mostly elderly people, delighted Engel with their reactions.

"They were awestruck by the past and appreciated how things have changed," he says. "They shouted and screamed in all the right places."

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