

Real Mentoring: Lessons from ‘The Liver Queen’



In 1970, I had the opportunity to spend time at the Royal Free Hospital in London. One of my professors at the University of Cincinnati College of Medicine, the late Leon Schiff, a renowned liver expert, arranged for me to work under Professor Sheila Sherlock. I was placed in a laboratory that was investigating the presumed immune basis of primary biliary cirrhosis. Roy Fox and Frank Dudley, the faculty in the lab, warmly welcomed me and taught me the basics of immunology research. My first scientific paper in *Gut*, was based on this work. However, as a budding clinician, I was drawn to the charismatic Professor Sherlock, so I took every opportunity to attend her rounds and teaching conferences. In many ways a fearsome figure, the Prof dazzled me with her clinical acumen, rhetorical skills, sense of humor, and drive. Though only a lowly visiting medical student, she including me in the exercises and even turned to me as a local “expert” on American culture. The entire experience was remarkably memorable. The Prof was filled with pearls, anecdotes, stories and caveats. Here are a few:

The “outpatient” consisted of the Prof seeing patients while the students watched. There were 6 cubicles in the room, 3 on each side of her desk, each guarded by a watchful nurse (sister) with a neat uniform and starched hat. In front of the Prof’s desk were several rows of chairs; perhaps a total of 16, for students who were to sit quietly unless specifically ask to speak or to feel the liver of one of the patients. If the Prof wanted you to feel the liver, she would actually take your hand in hers and place it on the abdomen. The Royal Free was formerly a women’s medical school. By the time I was there, it had accepted men, but there were still many more women than one typically saw in American medical schools. One day in the middle of outpatient, the Prof turned to one of the women students and declared: “You’re pregnant.” “No, I’m not,” said the shocked student. “Oh yes you are. Do you know how I know?” The Prof

scanned the room as she often did when looking for a response to her typically Socratic questions. “No, I don’t believe I am,” repeated the now red-faced student. “Yes, you are. There are two reasons that I know. One, you have a new spider angioma on your face and two, you have chorea.” And yes, the Prof was later proved correct. Do not try this one in the current era.

Once, she looked at a student and said, “You’re jaundiced. I notice you have a cold. You have Gilbert’s” (notably pronounced with a hard “G” as if it were an English name). Another time, she was feeling the liver of a patient who had travelled from afar to see her, as many did. “You must be a Greek farmer.” Correct again. She had felt what she had diagnosed as an echinococcal cyst (what she called hydatid disease), and she was Sherlock (Holmes) for the rest.

There were detractors, of course. Some considered her brash and theatrical. I once heard a senior professor opine that she had only been successful because she wrote her book on the liver during the war while the men were all in the service. A little jealousy and bitterness, perhaps? It was not all milk and honey. One day, at a radiology conference, I raised my hand to make a comment. When the Prof ignored me, I persisted, until she finally said sternly “Students are not to speak in this conference!” I feared that I had ruined my relationship with her, but no, it just was not my place. Students are not the center of the universe—something I had not learned very well from my American medical school experience. She later told me that she admired my willingness to participate but that I had to learn when to speak and when to keep quiet. That is a lesson I try to keep in mind (not always successfully) in many of the meetings of my current life.

On the day I left the Royal Free, I made an appointment to visit her in her office (a Quonset hut on the roof of the old hospital, which then was in Gray’s Inn Road near King’s Cross). I wanted to go home with an inscribed copy of her book. That was all I expected that day. However, after inscribing her book, *Diseases of the Liver and Biliary System*, the Prof said to me “You have been successful here. What are your plans?” I told her that I was enamored of neurology, an interest that was stimulated by Charles Aring, a mentor in Cincinnati, and fueled even more by my experience with the neurological complications of chronic

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liver disease that I had seen while working at the Royal Free. “Where are you going for your medical house-offership?” I did not know yet, though Dr. Aring, who had trained at Boston City Hospital, had suggested that I should go there. There was a matching system, and I had not even had my interviews. She immediately went to her phone and put in a call to one of her friends in Boston and said within my earshot: “I’ve got a good boy here. You should take him.” The rest is history. I applied to Boston City Hospital and was accepted. Four years later, I was serving as the chief resident on the medical service at Boston City Hospital and invited the Prof to serve as visiting professor. I had no right to believe that the world’s leading hepatologist would accept this invitation, but I was one of her “boys,” so she accepted. I was considered a miraculous rainmaker. She spent 3 days with us, dazzling everyone with her usual brilliance, flamboyance, and wit. In fact, she had come mainly just to help me. She had used her eminence and power to again energize a mentee. Thereafter, I wrote the Prof whenever a major personal event occurred or I was contemplating a move. On each occasion, I always received a brief handwritten note, which invariably ended “We’re very proud of you”.

In the current era, there is considerable talk about mentoring. Our residency applicants invariably ask whether our residency has a mentoring “program.” Of course, we respond that we do. We analyze their curricula vitae and try to match them with a faculty mentor who shares their interests and personal characteristics. These initial matchings sound good, but they almost never stick. This is because it is practically impossible to predict the chemistry of a mentor-mentee relationship. In fact, finding someone who is different than oneself is much better than affiliating with someone who is similar. Diversity is, after all, not a matter of altruism. It is a Darwinian issue of survival. Institutions that do not reflect the community that they serve become progressively atrophied and irrelevant and morph into quaint relics rather than dynamic, living organisms. The same is true of individuals. A mentor who is different than oneself can open doors and offer perspectives that otherwise would never be realized. Mentoring is

not simply offering advice. It is actually doing something actively to help a younger colleague gain access to the resources necessary to succeed. The Prof and I were different in most ways. She was short and I was tall. She was old and I was young—actually, I calculated that she was only 52 when I met her, but seemed old to me at the time. She was a woman and I was a man (actually, a boy as she was wont to call me). She was Christian and I was Jewish. She was British and I was American. She liked the liver and I liked the brain. Yet, she was one of the most important role models and mentors in my entire career. As I interact with my students and residents, I try to emulate her in so many ways. I try to be a great clinician and teacher. I try to not only talk a good game but actually do something to make a difference. I try to act immediately, while the mentee is in my presence, and in a tangible and useful manner. I try to stay with them even after they have left my immediate purview and, yes, I try to end each correspondence with the words “We’re very proud of you.”

Five Rules for a Real Mentor

1. Be a real expert. (Have something real about which to mentor.)
2. Do not avoid being a mentor because you are not “like” the mentee (e.g., gender, age, field, or ethnicity).
3. Give negative feedback when necessary, but do not hold a grudge.
4. Use your power to substantively help the mentee.
5. Be proud of your mentees and tell them so. (Take real pleasure in their accomplishments.)

Recommended reading: *The Prof: The Life of Sheila Sherlock “The Liver Queen”* by Om P. Sharma. The Royal College of Physicians, 2007.

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