Harry Lee Parker: Games Lost and Won on the Playing Fields of Neurology

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Harry Lee Parker (1894–1959) was an American and Irish neurologist who reported unique paroxysmal symptoms in patients with multiple sclerosis, and wrote a book on clinical neurology popular enough to be reprinted 13 years after initial publication. Parker penned profiles of other physicians, but his biography has only been touched on briefly in obituaries, articles, and books. Following his advice that “a honeyed obituary is an insult to the dead,” we will describe in detail the life of Dr. Harry Lee Parker, using primary sources from the W. Bruce Fye Center for the History of Medicine at Mayo Clinic, the Royal College of Physicians of Ireland Archive, the Trinity College Dublin Manuscripts & Archives Research Library, other archives, and interviews of family members. This paper will explore his early years and medical training; define the influence of several major world events of the first half of the 20th century on Parker; explain why he moved from Ireland to America twice; identify his national and international neurologic influence; describe the background of his book Clinical Studies in Neurology; and illustrate his personality. It will also give insight into how Mayo Clinic attracted medical school graduates and faculty members from outside America and highlight the close professional and personal relationships that William J. and Charles H. Mayo (who, along with their father, founded Mayo Clinic in Rochester, MN) engendered with their faculty members. As Parker recommended when doing biography, we will focus on “his thought, his deed, the star he followed, the issues he achieved (p. 12),” so as to “give you your man, a living presence with a voice, a heart that beats and a hand that labours (p. 12).”

FORMATIVE YEARS

Harry Lee Parker (Figure 1) was born in Limerick, Ireland, on February 20, 1894, to Eleonor Margaret Parker, née Lee, and John Henry Parker. In the 1901 Irish census, John listed his occupation as registered druggist, and Harry and his older brother Ivan George were noted to be scholars. The Parkers were members of the Church of Ireland. Harry described his religious upbringing:

“When I was very young my mother made me read the Holy Bible as something incontrovertible. Speedily, I found inconsistencies and verses that could be played one against the other. Again and again I importuned her for explanation. Finally in her quandary and anger she told me ‘The Devil can cite Scripture for his purpose.’ After this was flung at me I felt in a sense an Avocatus Diabolicus [devil’s advocate] and asked no more questions letting the thing settle itself (p. 1).”

When Harry was approximately 7 years old, his father was ruined by the misconduct of a business partner, and the family sought refuge in South Africa. He was educated at the Marist Brothers’ School in Johannesburg, and worked as a telegrapher at a post office. He enjoyed swimming, pugilism, fishing, and hunting, and was an excellent long-range rifle shooter. As a teen, in approximately 1911, Harry took his savings and headed alone to Dublin, Ireland. His father died of tuberculosis in South Africa on July 30, 1914, while his mother became a nurse.

Once in Dublin, Parker worked to get into Trinity College Dublin (TCD), the sole college...
of the University of Dublin, Dublin, Ireland. He spent 2 years at Mountjoy School and was also privately tutored. Harry was admitted to TCD in January 1913 after passing the entrance exam. He was a pensioner, which meant he paid a fixed annual fee, and his tutor was Mr Fraser (likely John Fraser, MA, Fellow of TCD). Harry entered the School of Medicine in April 1913 at the age of 19 years (Figure 2). 

Trinity College Dublin was founded by Queen Elizabeth in 1592 and was considered a Unionist institution. This was clearly evident during the 1916 Easter Rising, when Irish republicans rebelled against their British rulers, as members of the TCD Officers’ Training Corps defended the institution against their own Irish countrymen. Harry was a cadet in the TCD Officers’ Training Corps, which had been formed to standardize military training for medical students interested in becoming officers in the Royal Army Medical Corps (RAMC; the medical wing of the British Army). Parker defended Trinity from a college building across the street from the General Post Office, very near Horatio Nelson’s Pillar (which had a statue of the one-armed British war hero at the top). Perhaps reflecting Parker’s mixed loyalties, family lore is that he shot off Nelson’s other arm, although photographs after the dust settled showed the arm still to be attached. Parker received a replica silver cup (of two larger silver cups presented to the TCD Officers’ Training Corps from the citizens of Dublin) for his actions during the Easter Rising (Figure 3). Harry’s name was not listed as a silver cup recipient in two incomplete sources, but the name HH Parker appeared as a penciled annotation on a “List of Members of the Dublin University Officers Training Corps To Whom Replicas Are To Be Given.” Most likely this should have been HL Parker, as the name HH Parker does not appear on TCD admissions registers from 1905 to 1919 (Aisling Lockhart, written personal communication, December 10, 2020).

Parker received a Bachelor of Arts degree from TCD in 1916. He acted as a demonstrator of anatomy from October 1916 to March 1917, and also served as a demonstrator of botany for TCD Professor Henry H. Dixon, later becoming Dixon’s assistant. Harry made enough money that his family did not need to give him financial support during his TCD days. In 1918, Parker earned the triple degrees of Bachelor of
Harry won several awards during his schooling (Table 1), and his fees were forgiven when he received his BCh degree because of his examination success. In 1918, he also obtained a Licentiate in Medicine (LM) from the Rotunda Hospital in Dublin, where he did his obstetrics training.

There was great pressure from the medical establishment to join the war effort during Parker’s training. Frederick Conway Dwyer, President of the Royal College of Surgeons of Ireland, stated in March 1915 that “Graduates should enter as speedily as possible the Royal Army Medical Corps to place their professional skill and knowledge at the disposal of their King and country” (p. 52).

There was also significant social pressure to enlist. Women in the Order of the White Feather gave white feathers to young men who looked healthy enough to enlist but were not in uniform. Harry studied continuously and limited going out in public to avoid being given a white feather. Additionally, there were economic motivations to enlist, as a doctor in the RAMC received £400/year plus a uniform allowance. Many felt morally compelled to enlist so as to ease suffering humanity, which was a professional responsibility.

Parker joined the RAMC in May 1918 (Figure 4) as a lieutenant, promising to serve 1 year. He was not alone in doing so, as TCD contributed more doctors to the war effort than the other major Irish medical schools. Harry was attached to the Royal Inniskilling Fusiliers in France and saw 6 months of fighting before Armistice was declared November 11, 1918. Parker described his war experience:

“[Dr. Aloysius John Maguire and I] were both medical officers in His Britannic Majesty’s Army at the time the enemy attacked in the spring of 1918. My friend had many wounded to care for, while luckily for me, all of mine had been evacuated. I ran so fast that I...”
He operated anywhere, anytime, with a bottle of chloroform on one hip and a bottle of ether on the other. During one surgery in front of a fire, he dropped one of the bottles, fortunately chloroform, as ether is flammable. Harry became ill with influenza in 1919, and woke up in a London hospital with two medals (Victory and British) and his discharge papers next to him. His dates of military service were May 1918 to May 1919.

By June 1919, Parker was back in Ireland, working as a temporary medical officer at the dispensary in Clifden, County Galway. Harry cared for the sick in the dispensary, which was part of the Irish poor law system (Clifden Poor Law Union), until early August 1919. He wanted to continue his medical training, but his options were limited in Ireland. Irish universities routinely produced more medical graduates than could be employed in Ireland, and most went to Britain or its Empire. This state of overcrowding reached new heights following demobilization. In addition, World War I intensified nationalist feelings in Ireland, and some returning soldiers were abused and threatened due to their association with the British Army. Finally, the Irish War of Independence from January 1919 to July 1921 made Ireland a violent place. Although speculative, these factors may have swayed Parker’s decision to leave Ireland.

TO ROCHESTER
Parker’s cousin, Sir Thomas Myles, was influential in steering him to America. Myles was an accomplished Irish surgeon who had a complicated relationship with Britain. He was knighted in 1902, and in 1910 was appointed honorary surgeon in Ireland to King George V. Conversely, in 1914 he used his yacht to transport guns and ammunition from Wales to Irish nationalists. From 1914 to 1918 he served as a temporary lieutenant colonel in the RAMC, and consulting surgeon to the RAMC in Ireland. As part of an Allied surgeons’ tour, Myles and several other important European surgeons visited Mayo Clinic in Rochester, MN, on October 30, 1918. Myles met with William J. “Will” Mayo, and discussed Parker’s talent. Mayo gave instructions for Harry to come to

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**TABLE 1. Awards Received by Harry Lee Parker From Trinity College Dublin**

<table>
<thead>
<tr>
<th>Date</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>1914</td>
<td>Medical Scholarship in Physics, Chemistry, Botany, and Zoology. Awarded annually to the student with the highest marks in these subjects.</td>
</tr>
<tr>
<td>1915</td>
<td>John Mallet Purser Medal. Awarded annually to the student with the highest marks in physiology and histology.</td>
</tr>
<tr>
<td>1915</td>
<td>Daniel John Cunningham Medal in Anatomy. Awarded annually to the student with the highest marks in anatomy.</td>
</tr>
<tr>
<td>1916</td>
<td>Professor’s Prize in Anatomy. Awarded annually to the student with meritorious anatomy examination performance.</td>
</tr>
<tr>
<td>1918</td>
<td>Thomas FitzPatrick Scholarship. Awarded annually to the student who obtained the highest aggregate marks on the intermediate and final medical examinations.</td>
</tr>
</tbody>
</table>
Rochester once he was released from the Army.\textsuperscript{40}

Parker departed on the SS \textit{Columbia} from Londonderry (also known as Derry) on September 22, 1919.\textsuperscript{41} He arrived in Rochester on October 1, 1919, and wrote to Will Mayo:

“My cousin Sir Thomas Myles, surgeon, on his return from this country told me that he had spoken to you about me. He advised me to come here as soon as I was released from the army and could get a boat. I have done so. I arrived in this town this morning. I have a letter of introduction from Sir Thomas Myles … Could you spare a little of your valuable time and grant me an interview at whatever time and place as may suit you best (pp. 1-2).”\textsuperscript{40}

In the introductory letter, Myles summarized Parker:

“Though he is rather a shy sort of youngster he is full of brains and has had a most brilliant university career in Trinity College, having got 1\textsuperscript{st} place in every subject and got every prize that was open to competition in the Medical School. He gave me the impression of being essentially a School man rather than the markings of a practitioner, as he had a gift for teaching and possesses considerable powers of exposition (p. 1).”\textsuperscript{17}

Parker met with Louis B. Wilson (physician head of the Mayo Clinic residency training programs) and Will Mayo in late October 1919. Wilson recorded that “Dr. Mayo requests that P. be taken on fellowship to begin Nov. 1 and given whatever work is available (p. 1).”\textsuperscript{42}

Harry transferred his major to neurology on July 1, 1921. The other Mayo brother, Charles H. “Charlie” Mayo, noted in an April 1925 letter to Myles that “I am sure you will be glad to know that Doctor Parker has made good and is now a member of the permanent staff in Doctor Shelden’s [Neurology] Section (p. 1).”\textsuperscript{46}

Family lore is that at the end of this meeting Harry had to ask the stern Will Mayo for a cash advance, as he was out of money.\textsuperscript{20}

Harry started his Mayo Clinic residency training on November 1, 1919 (Table 2). He was initially registered in the surgery program, perhaps influenced by his war experiences, but quickly changed his specialty to medicine.\textsuperscript{44} Will Mayo wrote to Thomas Myles in 1921 about Parker’s performance during residency:

“You will be pleased to know, I am sure, of the high standing which your [cousin], Dr. Parker, has gained in the Clinic … When Dr. Parker came he was received most kindly because of his birth and training and our deep-seated affection for [you], but today he stands on his own feet, admired and respected as one of the best of the younger men in the Clinic (p. 1).”\textsuperscript{45}

Parker quickly established himself as a neurologic force of nature at Mayo Clinic. By 1927, Will Mayo would report to Thomas Myles that his cousin was “doing splendid work and making a fine reputation (p. 1).”\textsuperscript{47}

Harry’s neurology colleague Fred Moersch noted:

“Dr. Parker was a powerful man, both physically and mentally … We frequently referred to him as the ‘wild Irishman.’ Harry was well-read, and gifted in the use of the written word. He was an untiring worker … In the course of a day’s work he was able to consult on more

\begin{table}[h]
\centering
\caption{Harry Lee Parker’s Residency Rotations at Mayo Clinic\textsuperscript{43}}
\begin{tabular}{|c|c|}
\hline
Quarter/date & Rotation \\
\hline
November 1, 1919 to end of 1919 & General pathology (Dr Louis Wilson) \\
1\textsuperscript{st}, 2\textsuperscript{nd}, and 3\textsuperscript{rd} quarters of 1920 & Neurology (Dr Walter Shelden) \\
4\textsuperscript{th} quarter of 1920 & Medicine (Dr Arch Logan) \\
1\textsuperscript{st} quarter of 1921 & Medicine (Dr Arch Logan, proctoscopic rotation) \\
2\textsuperscript{nd} quarter of 1921 to 4\textsuperscript{th} quarter of 1924 & Neurology \\
& Appointed first assistant in April 1921 (through end of residency) \\
& Transferred major to neurology on July 1, 1921 \\
January 1, 1925 & Named neurology consultant \\
\hline
\end{tabular}
\end{table}
patients than any of us. He loved to teach the fellowship men and had the gift of impressing his listeners with an appropriate anecdote ... Harry’s somewhat dramatic presentations had the effect of leaving a lasting impression on his audience (pp. 14-16)."\(^4\)

Parker summarized his experience teaching Mayo Clinic residents:

“For 15 years, I had taught postgraduate students at the Mayo Clinic. It was a labor of love since these young men are carefully selected as being of high intelligence and of a previous faultless career. They absorbed information with an unparalleled gusto, and could ask and answer questions in neurology that were controversial topics. They could go further and discuss modernities of which I was ignorant (p. vii)."\(^2\)

Louis B. Wilson, head of the Mayo Foundation for Medical Education and Research, stated in 1933 that Parker was an outstanding neurologist.\(^4\) In comparison, Wilson stated that Parker’s mentors at Mayo Clinic, Henry Woltman and Fred Moersch, were competent neurologists.\(^4\) Luman Daniels (trained by Parker at Mayo Clinic) clarified that Parker was not infallible, and also had a dark sense of humor at times:

“My first year in Denver (~1933), I failed to recognize a case of tabes, probably because the patient was a doctor’s wife. Harry Lee did not miss it. Later that year, Harry referred a ... woman to me for followup. He and [Mayo Clinic neurosurgeon Alfred Adson] thought she had a spinal cord tumor. Through dumb luck, I happened to read a paper on parasagittal meningioma and was able to recognize the condition in the case Harry referred. She did not survive surgery in Rochester. Harry’s report of the outcome ended with the sentence, ‘now we’re even (p. 2).’"\(^5\)

Parker was academically productive during his initial years at Mayo Clinic. He received a Master of Science Degree in neurology in June 1923 for a thesis on tumors involving the fourth ventricle of the brain.\(^5\),\(^6\) Harry published important papers on post-encephalitic disturbances of respiratory rhythm in children (1922), multiple sclerosis-associated trigeminal neuralgia (1928), paraneoplastic cerebellar degeneration in a patient with ovarian cancer (1933), and traumatic encephalopathy of professional pugilists (1934).\(^8\),\(^53\)-\(^56\)

American neurologist Maurice Victor stated that Parker’s 1933 report on cerebellar degeneration was the third pathologically verified patient with carcinomatous (paraneoplastic in today’s nomenclature) cerebellar degeneration.\(^7\) Partly based on his research productivity, Harry was elected to active membership in the exclusive American Neurological Association in 1931.\(^8\) He was also charter member (1922) of the Central Neuropsychiatric Association.\(^18\) By 1934, he was an associate professor of neurology.\(^18\) Parker was cited 18 times in famed British neurologist Samuel Alexander Kinnier Wilson’s well-referenced, 1940 textbook Neurology, which was evidence of the quality of his clinical research.\(^59\)

On the personal front during these early years in Rochester, Parker met Florence May Lampert while she was recovering from goiter surgery at the home of Charlie Mayo.\(^2\) Family lore is that she and Harry were set up by Charlie.\(^2\) They married on August 4, 1923, at Grace Episcopal Church in Madison, WI, and had two children, Sheila Margaret Parker and Thomas Myles Parker.\(^18\) Harry became a US citizen in 1927,\(^60\) a process he had started when first moving to Rochester in 1919.\(^2\) He was politically independent.\(^60\)

**BACK TO IRELAND**

The main impetus for Parker’s return to Ireland was the sudden death of Frank Purser on February 28, 1934.\(^11\) Purser had been the neurologist at the Richmond Hospital in Dublin, and Honorary Professor of Neurology at TCD.\(^11\) Pioneering Irish neurosurgeon Adams McConnell of the Richmond Hospital invited Parker to replace Purser via a telegram that read, in its entirety, “Purser died. Will you take the position (p. 6)?”\(^20\) McConnell had graduated from medical school at TCD in 1909, and likely met Parker when he came to Mayo Clinic on November 26, 1923, to observe the work of Mayo neurosurgeon Alfred Adson.\(^61\)

There were other contributors to the move. Parker’s former resident Roland Mackay noted that “in the midst of all this vigorous activity he was nonetheless restless,
discontented, and like all his expatriate countrymen, homesick for Ireland (p. 220). Parker had more than one homeland, given that he spent many years of his youth in South Africa, but he clearly had a fondness for Ireland. A print currently hanging in the Woltman-Moersch library at Mayo Clinic in Rochester, MN, titled *The Blue Hills of Connemara* (by Paul Henry) was inscribed to his Mayo Clinic Neurology colleagues with “from the country I love to the people I love.”

The Great Depression led to decreased patient registration at Mayo Clinic starting in 1930, and reached the lowest in many years in 1932. Patients understandably had great difficulty paying their bills. In response, salaries of the professional staff were reduced by 15% to 35%. Parker may have indirectly referred to these salary cuts in a letter to Charlie Mayo in 1935 after he returned to Ireland when he stated that “things are going well with me here—at least I am able to eat bacon and eggs for breakfast each morning and pay for them in advance (p. 2).”

A going-away party was held at the Rochester Country Club on July 12, 1934, during which Charlie Mayo remarked that “we at the clinic should not feel sad at losing one of our best men, we should look at it rather that such men would go to their native lands, and carry still further the ideals and traditions of the clinic, and put into practice what they had learned for the general good of humanity (p. 1).”

Harry Lee Parker (Figure 5) returned to Ireland in August 1934, and became a staff physician at the Richmond, Whitworth, and Hardwicke Hospitals in Dublin. Although these hospitals had some private beds, they mostly served the poor: The inscription over
the front hall arcade of the Richmond Hospital read “Necessitati haud gratiae hae portae patent” (to necessity, not in influence, these doors are open).12 Harry also established a private neurologic practice, with consulting rooms at 20 Fitzwilliam Square from 1934–1937 and 32 Upper Fitzwilliam Street from 1938–1945.67 Parker was warned by the Dublin medical community when he first arrived that “if I confined my practice to neurology I would not make a living ... for they felt [neurology] could be done well enough by the general practitioner (p. 1).”68

Parker continued to communicate with his friends William J. (Figure 6) and Charles H. Mayo, making observations about practice in Dublin and comparing it to Mayo Clinic. In a February 1935 letter to Charlie Mayo, Parker stated:

“I have found after some weeks of anxiety that there was a place for me here and I am gradually and rather rapidly for a newcomer building up a nice consultation practice—each day some new member of the profession sends me a case or calls on me and it seems to be irrespective of politics or creed or medical school. I have had the usual failures, a few successful diagnoses, and a very few ‘cures’ (p. 1).”69

In addition, Harry relayed to Charlie Mayo that his experience at Mayo Clinic prepared him to deal with “strange doctors who are, as usual, sensitive and ready to take offense.” He continued:

“Medicine here is much as in the States except a death is not taken so seriously and I think the doctors fight more here with quips and jests and less with bitterness and rancor. I miss greatly my old colleagues and the ideal conditions of work in Rochester. McConnell is a great help. He and I are building up a neurosurgical train and last month he removed a meningioma from a doctor’s head successfully without paralysis and with much comment (p. 1).”65

In June 1936, Parker was named an Honorary Professor of Neurology to TCD, which had been a life-long ambition.69 He gave an update on his activities to Will Mayo that same year:

“All I have done this year is get attached to a few more hospitals as consultant neurologist, written a few papers, and mainly, do as we all have to do, earn my bread and butter (pp. 2–4).”70

Parker became a consultant neurologist at the Stewart Institute for Feebleminded Children, the Royal Hospital for Incurables, and the Bloomfield Mental, National Children’s, Mercer’s, Meath, and Orthopaedic Hospitals.71 By 1940, Parker could state that that he had “manifestly shown the medical world here that I have been more than successful (p. 1).”68 He noted that because of this, University College Dublin had recruited its own neurologist, Dr Edward L. Murphy:

“It has hurt their feelings very much for me to take patients from them although they have been very kind in calling me in consultation up to date. Had I not blazed a trail in the last five years they would not worry their heads about such a specialty as neurology. This newcomer, I can readily see, has been put in to act as a competitor (p. 1).”68

Parker saw some memorable patients in Dublin. One such patient was a burglar, whose work entailed climbing up the sides of buildings.20 The patient had progressive numbness of the hands, and Harry told him he needed to seek alternative employment. The patient then
became a fence, handling stolen merchandise, and made more money than he had as a burglar. He subsequently gifted Harry a set of dueling pistols, which are still in the Parker family. Family lore is that Harry proceeded to make his own gunpowder and shot a hole in his visitor’s couch.20 Parker misdiagnosed a different patient, a streetcar conductor, with an incurable disease, and every time Harry boarded, the conductor would loudly proclaim “here is the doctor who said I’d be dead by now (p. 8).”20

In a 1940 letter to psychiatrist Dr Karl Menninger, Parker noted that he was “working in the law courts and getting to know the legal fraternity both in court and at home (p. 1).”72 Parker was a Visitor in Lunacy for the Chief Justice,71 one of four examiners of persons designated wards of the court.60 This legal work supplemented his private practice income.11 In 1941, Parker made 5 guineas (a little over £5) for determining that a patient’s disabling mental illness was related to prior military service.73 The patient was a ward of the court at Grangegorman Mental Hospital.73 In court, Parker “could behave as if he were in a classroom (p. 94).”11

From a research perspective, Harry continued to publish, but his pace slowed. Although Adams McConnell and Parker published one of the first descriptions of the surgical treatment of Chiari malformation in 1938,74,75 McConnell complained that Parker did not publish enough.11 Harry was granted the MD degree from Trinity College Dublin in 1945 (Figure 7), and later the process of obtaining it was explained:

“The dean of Trinity College said to him, ‘you have a number of important publications in neurology; these will count as your thesis. You have done both graduate teaching and investigation; these will count as your graduate work. Neither requires any academic examination or defense. I shall therefore attest that you have fulfilled all requirements for the degree of doctor of medicine (p. 1).’”76

Parker was named a Fellow of the Royal College of Physicians of Ireland as well as the Royal Society of Medicine in London.18,71 He was President of the Dublin University Biological Association from 1943 to 1945, and similarly President of the Section of Medicine of the Royal Academy of Medicine of Ireland from 1944 to 1945. He became a member of the Association of British Neurologists in 1934.18,71

Harry’s teaching audience changed from mostly residents at Mayo Clinic to primarily medical students at the Richmond hospital. He held Tuesday morning ward rounds from October to June during his Dublin practice years, which were popular and drew large crowds of students.2 Usually two patients were presented. He prepared the patients for their parts and promised they would be treated respectfully.3 Parker felt that a student’s concentration was limited to 40 minutes.11 He “would look thunderstruck if asked questions, as if insulted that he had not made things clear (p. 92).”11 Parker likened himself “to Charcot at the Salpetriere with his ‘Lecons [du] mardi (p. viii),’”2 and humbly stated that “alas, there was not forthcoming his … genius for research, or his aptitude for correlating new facts (p. viii).”2 The students thought Parker had an American accent, and he was nicknamed “Buffalo Bill (p. 93).”11
Parker lived with his wife, two children, and a cat named Cleopatra at 20 Fitzwilliam Square and later at 23 Merlyn Park, near several embassies. He enjoyed fishing, shooting wild fowl, and hunting rabbits (with the assistance of ferrets he kept) on the west coast of Ireland, by Lough Conn. He was a member of the Royal Irish Yacht Club and offended members with his red sail and shooting of birds with a rifle when he became bored. Parker had an extensive knowledge of Irish and English literature and was friends with Dr Oliver St John Gogarty, William Butler Yeats, and Liam O’Flaherty. He enjoyed Veuve Clicquot champagne and dining at Jammet’s French restaurant on Nassau Street (currently The Porterhouse Central restaurant), where he liked to order “Galway oysters in the shell, jellied calf head and brains with sauce ravigote ... crepes suzette, and a cold, brown, long-necked bottle of Steinberger Kabinett Spätlese of a good vintage.

BACK TO ROCHESTER

At some point during his stint in Dublin, Parker decided he and his family should move back to Rochester. The reasons for this were manifold. He wrote in 1945: “Lately I have been analysing some of my reasons for leaving here, and the one thing that stands out, whether it be in War or in Peace, is the complete scientific isolation from which I suffer. Up to date I am the only neurologist of repute in Ireland, and the lack of friendly competition and scientific stimulation leads to gangrene (p. 1).”

Irish neurologist Hugh Staunton noted in 1988 that: “Harry Lee Parker was the first full-time neurologist in the country ... He was an outstanding neurologist, with a reputation to match that of his contemporary surgeon Adams McConnell. He was impatient of the necessity to practise some psychiatry on the side, however. For that and other reasons, he was never really content here, and returned to the United States in 1945 ... [to] the Mayo Clinic (p. 123).”

Parker told his family that he practiced some outpatient psychiatry to “pay the bills (p. 8).” Although Harry initially told the Mayo brothers that he worked well with neurosurgeon Adams McConnell, their relationship soured later. Parker had a tough time with McConnell, who felt it was the neurologist’s duty to localize and get it right. Failure to achieve perfect localization provoked an outburst from the neurosurgeon. Parker got fed up with this and took refuge in drink. The general impression was that Harry was unhappy and did not think much of his medical or neurosurgical colleagues. Irish neurologist Edward Martin noted that neither McConnell nor Parker was an easy colleague, and that they did not develop a friendly relationship. Mrs McConnell observed that her husband “was not heartbroken when Parker went back to the United States (p. 72).” There was also “perpetual slight friction with Leonard Abrahamson, the senior physician [at the Richmond Hospital], though on a ward round each would give a courteous bow (p. 93).”

World War II also influenced Parker’s move from Dublin. Winston Churchill viewed Irish neutrality as self-serving and greedy, and Britain put in place a supply squeeze from 1941 on. The lower classes were affected the most, and there were worries about a second famine. Parkinson discussed the influence of World War II on him in 1945, and noted that there were severe shortages of tea, gasoline, coal, and candles. Automobile use...
was so limited (to doctors, members of the clergy, and those in government ministry) that on some days there were no cars on the roads. Households were forced to warm their homes exclusively with peat/turf instead of coal. Parker thought peat was a dirty form of fuel and that Dublin townhouses were not constructed to be heated with it. He would later state how much he appreciated the central heating in his Rochester home. There was plenty of food for Parker and his family other than citrus fruits. As a result of World War II austerity, Harry’s wife needed to start working as his office manager and receptionist. Florence initially had the time of her life in Dublin and made many friends in the embassy circuit and American expatriate group, but she became less enamored of the city during the war. Parker noted another impact of the war in a letter to the Mayo Clinic Board of Governors:

“Then the War came on, and all personal contact ceased. This was a grievous blow, for I had only just realized as a result of many happy meetings, one on your side [in 1937] and many on this side of the Atlantic, what a companionship of friends I had left (p. 1).”

Parker requested to return to Mayo Clinic, and was appointed by the Mayo Clinic Board of Governors on April 6, 1945. He had difficulty arranging a boat to America, but eventually he did so, sending a telegram on July 23, 1945, to Henry Woltman that read “on my way—full of beans—seeing you soon (p. 1).” His wife noted that “Harry Lee told me one midnight that he would be off at four next morning on a freighter to the U.S., and off he went, leaving a pair of shoes under his desk in the consulting room, and me, to clear up the whole complicated mess of his sudden departure (p. 1).” Harry sailed with his son from Liverpool to New York City and arrived August 2, 1945. He returned to work at Mayo Clinic on August 7, 1945, with the rank of professor of neurology (Figure 8).

His Mayo Clinic colleagues noticed something different about Parker upon his return to Rochester. Fred Moersch observed:

“Harry’s sojourn to Ireland proved to be an unfortunate adventure. Disillusioned, he returned to the Clinic in [1945]. He was a changed man. The great drive was no more (p. 33).”

Parker was still excellent clinically, and was certified by the American Board of Psychiatry and Neurology in December 1946 (certificate no. 2433). Mayo Clinic neurosurgical resident Irving Cooper, who trained from 1948–1951, noted:

“Dr. Harry [Parker], an exceptional medical neurologist, a huge, red-faced immigrant to the Mayo Clinic from Ireland, taught me the significance of intuition in neurologic diagnosis and the importance of maintaining some...”
A cut skin heals in six days, a broken bone in six weeks, but a damaged nerve may take six months or more.”

“[When checking sensation] always [work] from the area of diminished sensibility to that area where feeling is normal.”

“The old term, ‘paralysis agitans,’ [instead of Parkinson disease] should never be used. Its inexactitude lies in the fact that such patients are never paralyzed and not always do they shake.”

“Fasciculation plays over both upper extremities and chest muscles like trout jumping in a pool on a sultry day in May.”

“At an early age we learn that the highest point in neurology is testing sensation, and that the Mount Everest of all our laborious climbing comes in syringomyelia. Tabes dorsalis runs a close second.”

“In chronic subdural hematoma there may be no history of injury, in that it has been so slight that the patient has forgotten it.”

“As I passed that famous tavern of Davy Byrnes in Anne Street this morning, I remembered a character here called Soapy Mouth Burke. He had a habit of chewing soap until a liberal froth was engendered. Then he would fall suddenly on the street corner nearest Davy’s place of refreshment, convulse in a scientifically accurate fashion and surround himself with a crowd of helpful, sympathetic folk. Coming out of his fit he would gasp, ‘Surgeon MacCarthy told me many a time that if I had one of them fits in the street, I was to be brought directly to Mister Byrnes’ public house and made to take three glasses of raw brandy!’”

“In the case of adolescents, a long skinny hobbledehoy may pass out at a long church session, from the effects of emotion, an empty stomach and standing for long intervals.”

“The so-called ‘whisky fits’ [alcohol withdrawal seizures] occur while a patient is recovering from an orgy of drink, and not during the actual period of imbibing.”

“I should like to advise you never, never to tell a patient with headaches that you suffer similarly, hoping so to give him the idea that because of personal experiences you have a more than sympathetic viewpoint with regard to his disease.”

“In public bars … [this patient with essential tremor] has to hold his glass with both hands, but he adds that as the evening progresses one only is sufficient.”

“We can not be too rigid in this prognostication [of inherited disorders], for even, at times, the peas fooled Mendel.”

“The inability to chew and the drooping lower jaw are pathognomonic signs of myasthenia gravis.”

[To a student who suggested doing a spinal tap on a patient with symptoms/signs of a cerebellar tumor] “The child would then be dead, dead, dead. And you, my friend, would be the executioner.”

“Length means vulnerability; therefore the long thoracic nerve is more easily injured, as are the sixth intracranial nerve and the sciatic.”

“The medulla oblongata and pons represent a crowded area of vital structures and do not suffer disease gladly.”

[A patient with tabes dorsalis] “walks like a cat on hot sand, lifting his feet too high each time he takes a step.”

[Advice to graduating medical students] “You must remember one thing first, second and last, and that is to be kind, both to your patients and to your fellow craftsmen, above you, with you, or beneath you.”

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The inability to chew and the drooping lower jaw are pathognomonic signs of myasthenia gravis. We cannot be too rigid in this prognostication of inherited disorders, for even, at times, the peas fooled Mendel.

As I passed that famous tavern of Davy Byrnes in Anne Street this morning, I remembered a character here called Soapy Mouth Burke. He had a habit of chewing soap until a liberal froth was engendered. Then he would fall suddenly on the street corner nearest Davy’s place of refreshment, convulse in a scientifically accurate fashion and surround himself with a crowd of helpful, sympathetic folk. Coming out of his fit he would gasp, ‘Surgeon MacCarthy told me many a time that if I had one of them fits in the street, I was to be brought directly to Mister Byrnes’ public house and made to take three glasses of raw brandy!’

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On the other hand, it was stated that “in his daily work with his associates and students at the Mayo Clinic he was loyal, eager but volatile, and at times moody and unpredictable” (p. 221). His obituary writer observed that Parker was “always restless, yearning for something more ... it is candid to say that he was still not content nor quite happy [upon his return to Mayo Clinic]” (p. 220). Mackay observed that Parker’s “output of scientific papers diminished” (p. 220). Parker acknowledged in 1950 that “the academic and
The experimental phases of neurology have moved on and left me somewhat behind.  

Figure 9 summarizes Harry’s publications by era. Although he was much more academically productive in the first third of his career, Parker made significant contributions in his final years. He was the first to accurately describe paroxysmal dysarthria and ataxia in patients with multiple sclerosis, in 1946.  

And in 1949, he published a paper on the neurologic manifestations of periarteritis nodosa (polyarteritis nodosa).  

Parker’s main academic achievement in the latter part of his career was the publication of the book Clinical Studies in Neurology in 1956, which described his bedside teaching in Ireland in the 1930s (Figure 10). Each chapter started with a quote from English, Irish, American, ancient Greek, or Biblical literature, followed by an anecdote, both dealing with the subject at hand. The diagnosis was given at the end of the presentation. The book was filled with historical allusions, and Parker highlighted local color by mentioning the sites he drove by on the way to the Richmond Hospital from his home (or visited at other times) including Merrion Square, Saint Patrick’s Cathedral, Saint Stephen’s Green, The Guinness Brewery, Davy Byrnes pub, Smithfield Market, and many others. The writing was informal and witty while still being scientific.  

A reviewer noted that “one sees, feels, and even smells the scene and the patient (p. 679).” There were many clinical pearls and memorable statements in the book (Table 3). The book cost $6.50, and sold well. Florence Parker reported in 1967 that she was getting three to four requests per month for copies of the out-of-print book, and it went through a second printing in 1969. Although Parker was worried about negative reviews from “those who are so orthodox … that they can see no joy in life and less in neurology and depend on the dead house pathology for an inspiration of a kind (p. 1),” he was reassured by positive comments from the neurologic critic Robert Wartenberg. Ultimately, reviewers liked the book, the exception being R.E. Kelly in the journal Brain. In response to this mostly positive feedback, Parker “wrote half a dozen scathing reviews [of his book] for his own private amusement (p. 220).”  

Parker summarized the educational philosophy that guided his teaching of medical students and residents in 1956: “In teaching the main function is to interest the young. Knowledge and wisdom will follow later to those who listen. And yet all the time the spirit of humanism, kindliness, charity and love for our less fortunate fellow beings must be inculcated lest a patient becomes simply a mathematical formula to be solved and then thrown aside (p. 1).”  

His Mayo Clinic resident Roland Mackay observed the following about Parker’s teaching, feedback, and approach to the doctor-patient relationship: “As consultant in neurology he exerted a profound scientific and personal influence upon a steady stream of medical and neurologic fellows who learned the intellectual discipline of neurologic diagnosis under his pungent and unforgettable tutelage … He was always an earnest, betimes caustic, but often gentle and considerate critic, whose homely aphorisms and ruthless rejection of sham left nothing doubtful or unclear.”
In his clinical teaching he painted with broad, sure strokes, abjuring the pretentious and the precious. He was thus a good teacher, with a flair for the essential and a rich sense of proportion. His sympathetic understanding and kindness to patients was a notable example to his students (p. 221).

Parker could be a bit hard on residents at times:

“In about 1950, one of the fellows in Medicine, who had been in Rochester only a few months, was assigned to Neurology. His first patient in Neurology was one from Bogota who had been referred from Medicine and spoke no English. She had a skin rash on the right shoulder and sensory and motor problems in the right hand. The fellow had no idea of the nature of the problem but sent her to Dermatology to see Dr. Paul O’Leary. Later he discussed the problem with Dr. Harry Parker, the neurologist, who said it must be leprosy and immediately called Dr. O’Leary, hoping he had not yet been seen in Dermatology. When Dr. O’Leary answered, he replied, ‘Oh, you mean the patient with leprosy?’ Dr. Parker slammed down the telephone, uttered an expletive and was irritated he had not seen the patient beforehand. The fellow was chagrined, embarrassed and felt that he was in ‘the wrong league,’ that he belonged in the minors. He continued, however, and became chair of his sections and a member of the Board of Governors (p. 41).”

Kenneth Woolling, a Mayo Clinic internal medicine resident in 1949, discussed what it was like to work with Parker:

“Dr. Parker had a definite Irish accent and a deep voice, the latter most probably occasioned by his constant cigarette smoking. Before starting to see patients each morning, we all would gather in the staff room and linger for a while, briefly discussing general topics. I can still remember Dr. Parker puffing away on one cigarette after another, extinguishing the numerous butts in an ashtray. He had a love for funny and slightly risqué stories and would laugh heartily as each was told … Sadly, [the other resident on service] suffered from asthma and would often have an attack during our discussions, causing him to become very dyspneic and require the use of an inhaler of epinephrine for relief, which he would step outside the door to utilize (p. 85).”

To the Americans, Parker had an Irish or hard to place accent. When asked, he would say that he came from the East.

Harry and his wife Florence settled into their final Rochester home at 903 Sixth Avenue Southwest in approximately 1948, and in 1949 converted to Catholicism (from Protestantism). Their daughter Sheila worked as head of the art section of the National Library of Medicine in Washington, DC, and their son Thomas completed a pathology residency at Mayo Clinic from 1955–1959. They added a dog named Snooksie to the family in the 1950s. Parker continued his strong interest in Irish and English literature. He was particularly fond of Arthur Conan Doyle’s short stories and books involving Sherlock Holmes and Lewis Carroll’s books Alice’s Adventures in Wonderland and Through the Looking-Glass. At the May 31, 1952, meeting of the Minnesota Society of Neurology and Psychiatry in Rochester, Harry gave an illustrated lecture on “Alice Through the Looking Glass.” For the talk he designed a 10-course menu of the day (“Carte du jour Hotel Carroll-Dodgson”) based on the foods mentioned in the writings of Lewis Carroll (Charles Dodgson). Parker excelled as an after-dinner speaker (Figure 11).
FINAL YEARS

In 1948, the first of many prolonged absences by Parker due to illness was recorded in the annual report of the Mayo Clinic Neurology Section. Harry “suffered from emphysema, which led to increasingly frequent periods of disability (p. 700),” was “bedeviled by cardiac weakness (p. 220),” and had gout. In a June 1950 letter to a colleague at the Menninger Clinic in Kansas, Parker mentioned that he thought he was going to “lose the tip of one of [his] fingers (p. 1).” He clarified in September 1950 that he had Raynaud’s syndrome, which required bilateral cervicothoracic sympathectomies. Parker went on to note that “the operation was not without incident and it was even conjectured that I might leave the hospital in a horizontal position rather than a perpendicular one (p. 1).” He stated in 1952 that “I am afraid time and tissues are running against me (p. 1).” Parker also suffered from alcohol addiction and would sit in his basement and drink whiskey with beer chasers; it was said that time could be regulated by the sound of beer cans hitting the trash can.

In 1954, Parker was named a senior neurology consultant at Mayo Clinic. In 1956, he mentioned that he was sad to see Henry Woltman and Fred Moersch finally retire but that he planned to do the same in 1959. He was fine with this plan, stating that “I have had my innings and never can anyone play cricket with such a gallant company as I have done and I rejoice in the memories of games lost and won on the playing fields of Neurology (p. 2).”

Harry Lee Parker died on an Irish-foggy Sunday, March 1, 1959, at 4 AM, at age 65. The immediate cause of death listed on his death certificate was congestive heart failure due to hypertensive cardiovascular disease. Sister Mary Brigh, administrator of St Mary’s Hospital, told Florence Parker that “we have lost our most colorful friend and our best teacher (p. 1).” Parker had planned to retire April 1, 1959. The Mayo Clinic neurology section was going to start a new tradition by presenting him the first gold Tromner reflex hammer, and in the future give those to retirees and distinguished visitors. Mayo Clinic neurologist Doug Rooke noted: “The only misgiving that arises on such a selection is that the standard becomes a stiff one. We may have trouble awarding such hammers in the future (p. 1).”

Unfortunately the gold hammer presentation was scheduled for after Parker died, and the hammer was given to his wife in the family home instead (Figure 12). Florence Parker wrote to a friend “how this expression of the esteem of his friends would have cheered him; he regarded himself as a total failure (p. 2).” Parker’s funeral was held at St John’s Catholic Church in Rochester at 9 AM on Tuesday March 3, 1959. He was buried at Calvary Cemetery (Figure 13), “far from his homeland, but near the scene of his greatest labors (p. 220).” His obituarist noted that Parker was a “shrewd clinician, skillful neurologist and memorable teacher (p. 219)” who “left the mark of his unique personality on those fortunate enough to have had him for friend and teacher (p. 221).”

FIGURE 13. The grave of Harry Lee and Florence Lampert Parker (A) at Calvary Cemetery in Rochester, MN (B). The photograph was taken on Memorial Day 2020. Note that Parker was a veteran of the British, not American, military and so the flag is likely incorrect. Harry became a United States citizen in 1927; before that he was a British subject. He and his wife converted to Catholicism in 1949 and thus are buried at this Catholic cemetery.
CONCLUSION
Harry Lee Parker’s biography reveals what it was like to live through the 1916 Easter Rising, World War I, 1918–1919 influenza pandemic, Irish War of Independence, Great Depression, and World War II, and highlights the individual and cumulative impacts of these historical events on a medical professional. Irish surgeon Thomas Myles opened the Mayo Clinic door for Parker because of his relationship with Will Mayo, but Harry’s performance got him the job there. Parker became friends with Will and Charlie Mayo. He could be tough on those he worked with, but he was notably gentle with patients. Harry shined as a teacher of neurology, and this was his greatest educational achievement; the book Clinical Studies in Neurology was his second greatest educational accomplishment. Parker had a great eye for research topics, and many are still of interest (paraneoplastic disease, chronic traumatic encephalopathy, paroxysmal symptoms of multiple sclerosis). The bulk of his research occurred in the first 15 years of his career, and he had national and international influence on the field of neurology. Harry Lee Parker had a restless spirit, and an unforgettable personality.

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