
From the Editor

In Memoriam

Peter F. Ostwald, M.D., 1928–1996

Peter Ostwald died at home in San Francisco on May 25, 1996, after a protracted and courageous battle against cancer. He leaves his wife, Lise, a professional pianist, and two grown children, David and Chantal. His loss is keenly felt by all who have known him and worked with him throughout his long and multiple, successful careers. Psychiatry was Peter's primary occupation, in which he was greatly respected in all of its disciplines, clinical, academic, and research. He was much in demand worldwide as a speaker, was a prolific contributor to the psychiatric literature, and took an active role in the training of housestaff. On 1993 and 1994, respectively, he combined his interests by organizing two highly successful symposia in San Francisco. The first was on Mozart, "The Pleasures and Perils of Genius," and the second on Wagner, "Ring of the Nibelung: The Threat to the Cosmic Order."

Peter managed to have several side-by-side careers in addition to the practice of psychiatry, the most notable of which was as a psychobiographer, authoring three books in this field. These books, the first about Robert Schumann, the second about the dancer Nijinsky, met with medical and musical critical acclaim, especially for the level of scholarship. Not only did Peter go to previously untapped source material in Europe and elsewhere, such as ignored hospital records, but he was also able to persuade previously reluctant descendents and others to grant him important interviews. While his fluency in German was obviously of great help, it was the fastid-

ious use of this material to document his theses, while shunning previous hearsay, that was especially impressive. His final psychobiographical work, about pianist Glenn Gould, will be published next fall. Although Peter did not treat Gould, he knew him well and was acutely aware of his psychopathology. However, he both liked and enormously respected Gould, and this project was especially important to him. Peter finished the book only a short time before he died, and because of its priority, his ability to keep working, in spite of his relentless disease, may well have played a role in keeping him alive. However, typically of Peter, when he told me he had sent the book off to the publisher there was a sense of both relief and pride, but no hint that he planned to quit!

Peter was a leader and an innovator in his various roles within performing arts medicine. He was proud of having founded, directed, and sustained the Health Program for Performing Artists at USC/SF Medical School. He was an original member of the editorial board of *MPPA*. He was one of ten or so people who met over successive summers in Aspen who were instrumental in establishing (and finding an acceptable name for!) what became the Performing Arts Medicine Association, PAMA. He was the de-facto group conscience, continually making sure that the goals we were setting would be consistent with the long-term best interests of performing arts medicine. And, while some who were present may not remember how heated these discussions could be, I do, and I recall as well Pe-

ter's patience with us all, and his ever-present diplomacy, both of which were critical in the success of the final product.

Peter's interest in music and musicians, whether arts medicine, attending concerts, friendships with great and more everyday musicians, or performing, was no accident but came from the central role music played all his life. He himself was an avid and accomplished amateur violinist and was as rigorous and intense about his quartet playing as he was about any of his medical or scholarly endeavors. Peter's friends were drawn from all his diverse pursuits, and those that I've known shared a sense of fierce loyalty to him, which was, through thick or thin, always reciprocated. Although he did not suffer fools gladly, he was amazingly tolerant and rarely spoke ill of anyone, with the possible exception of administrators who would threaten to block his carefully conceived plans with narrow-minded and arbitrary decisions.

Peter was born in Berlin but rarely made mention of this because he was an American, having done most of his growing up in California. However, I've always been very conscious of Peter's European background because I've felt that some of his most endearing qualities were a product of this heritage. I've avoided until now invoking "Renaissance man" in describing Peter but, while the term is unquestionably overused and abused, it fits. While there are good examples of Renaissance men, and women, in the United States, the kind of milieu, at least historically, that is most likely to

spawn such a person is more likely to be found in Europe. Not only was Peter unusually soft-spoken, he was a truly gentle person, as well as a gentleman. His sensitivity and concern for others were always foremost and never hurried, and while they may have come from his training as a psychiatrist, I would bet that he had these traits long before his medical training.

The last summer that both Peter and I were in Aspen, 1994, I advised Peter logistically about a medical emergency that arose, and for the first time realized the extent of his illness and suffering, and its gravity. After returning home, Peter and I developed

a habit of speaking on the phone every 2 to 3 weeks. Although I never initiated this discussion, he always filled me in on the latest medical reports, which, when they indicated a status quo, was good news, but more often than not the news was bad or worse. Obviously Peter was medically knowledgeable and hardly stupid, but he had formulated his own survival plan with which he would stick until the bitter end. He would remain productive and, bad news notwithstanding, he would remain upbeat. I'm ashamed to admit that toward the end my courage wavered, I found it impossible to match his mood, and we spoke less frequently.

The last time Peter and I spoke was a couple of weeks before his death. He had been in the hospital for a couple of days and reported to me that "the doctors all wanted to talk with me about dying. I wanted to talk about living."

I can think of no more appropriate quotation from Peter with which to end this piece about our friend and colleague. We will all continue to miss him, but he has left us an inspiring legacy by which to remember him, and as a role model we would be hard-pressed to improve on Peter.

Alice G. Brandfonbrener, M.D.