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MGH Department of Surgery

Annual Reception

October 11, 2004

6:00-8:00 p.m.

WANTED
PROFESSIONAL AND
PERSONAL NEWS

*Please send to Editorial
Office address above*

The MASSACHUSETTS GENERAL HOSPITAL SURGICAL SOCIETY Newsletter

Fall 2004

Volume 5, Issue 2

A MESSAGE FROM THE PRESIDENT

Preliminary planning for the third meeting of the MGH Surgical Society is underway. Once again it will be in Boston during the week of the HMS graduation. The meeting will begin with a reception in the evening of Friday, June 10. There will be programs in the morning and afternoon of the 11th and morning of the 12th. Social activities are scheduled for Saturday evening and at noon on Sunday to close out the meeting.

To relate just a bit of history, the Society grew out of informal meetings of graduates of the residency program that were the idea of Patty and Jerry Austen and hosted by them at their Weston home. During the 1990's, and largely through Jerry's influence, a plan evolved for the Society. The first meeting took place in June of 1999 and the second in June of 2002. Four persons were especially instrumental in the evolution of the Society to its present state. Two are Jerry Austen and Andy Warshaw, the two department chairmen, who have supported the MGHSS with their ideas, energy, and the financial and administrative resources of the department. A

third is Seth Wolk, the secretary-treasurer from the beginning. In addition to fulfilling with great loyalty and skill the duties that come with the position, he was also instrumental in developing our constitution. The fourth is Suzanne Williams, the department secretary, who has facilitated all the council meetings and the two society meetings, and has brought her organizational and administrative abilities to the service of the Society in countless ways. Also to be named are the editors of the newsletter, Bill Abbott and more recently Jack Burke and Robb Rutledge. The programs, both judged a great success, were developed for the first meeting by Joren Madsen, and for the second, Mike Margolies.

I know that most of the members who attended meetings in the past have been exceedingly pleased to have been there. In major part, the program and activities provide a venue to see old friends and learn what has become of the fellow residents with whom we shared such an intense relationship, for some of us now four or five decades ago. The 2005 meeting will provide another such opportunity - perhaps one that ought not to be missed. ▲ Les Ottinger

SAVE THE DATE

JUNE 10-12, 2005

MGH SURGICAL SOCIETY ALUMNI REUNION

**JUNE 10TH
RECEPTION AT MGH**

**JUNE 11TH
ACADEMIC PROGRAM
CLAMBAKE**

**JUNE 12TH
ACADEMIC PROGRAM**

GOOD JUDGMENT? By Hal Urschel

New Years Day 1962, a Sunday Morning, the first day of my Chief Residency on the East Surgical Service was heralded by an early morning call from the Emergency Room to see an 87 year old female with massive upper GI bleeding. She had a gastric resection for ulcer by Dr. Henry Edmunds six weeks previously and had done splendidly in the interim. On the way to the operating room I put in a call to Dr. Grant Rodkey who was on service with Dr. Welch and Dr. Nardi. Grant immediately came by to “take a look” early that Sunday morning. At the same time he took my call he received another from Dr. Miles Baker, which he was unable to answer.

In the operating room, Grant looked over my shoulder and said that it looks like a “pretty grim mess.” There was a large inflammatory mass in the head of the pancreas that had eroded through the back of the anastomosis with diffuse bleeding sites. Ligation was impossible because of the inflammation the size of a baseball. Grant decided to scrub in and “take a feel” while we were contemplating the various options in this elderly fragile 87-year-old. After thinking through the few possibilities, all of which portended a dismal outcome; Grant looked at me and said “This is obviously a case for a Whipple.” For the first time in my life I was speechless and thought he must be kidding (or lost his “marbles” in the New Year’s Eve Celebration the night before.) He said that this was an extensive inflammatory mass with multiple bleeding sights and that this lady would only tolerate one procedure which had to be definitive. Any procedure that wasn’t successful would certainly lead to her demise. Parenthetically he added, “By the way, we get the best results with the Whipple in benign disease.” After rethinking the options, I agreed with him and proceeded with the operation in timely fashion. The patient “never turned a hair”, and was discharged seven days later without a single complication. The Morbidity and Mortality Rounds were a bit “hairy”; however, we survived because of the outcome.

Grant left the operating room in the early afternoon and never did get back to Miles Baker. Later, he found out that Miles wanted him to see Marlene Dietrich at the Parker House who needed a consult for abdominal pain. Grant has never let me forget this and later ransomed it into a “rent-free” month use of my house when he visited Jesse Thompson in Dallas. It was a great story, a great outcome and what I would consider outstanding, although unusual, surgical judgment. ▲

(Editor’s note: It is not surprising that Hal Urschel performed a successful emergency Whipple operation on his first day as the East Chief Resident in 1962. You would expect him to start out that way.

Hal was from Ohio and was a stalwart on the great Princeton football teams from 1947 to 1951,

He began his surgical internship at the MGH in 1955 after his graduation from HMS. His military service was at the Naval Medical Research Institute from 1957 to 1959.

Hal and Betsey moved to Dallas in 1963 where he has had a successful career in thoracic and cardiovascular surgery with membership in many surgical societies.

One of his interests has been the thoracic outlet syndrome. It is interesting that Hal still has his own cervical rib. Whether this is because of or in spite of his interest in the thoracic outlet syndrome is not clear.

Since his “retirement” he has been named the Chair of the Cardiovascular and Thoracic Surgical Research, Education, and Clinical Excellence at Baylor University Medical Center in Dallas. His current clinical interest is the use of adult stem cell transfer in the treatment of chronic heart failure.

Both Hal and Betsey remain extremely active in many educational pursuits. Betsey is a senior vice president of the Harvard University Alumni Association. However their greatest accomplishment is raising five children who all graduated from Princeton with honors.)

Invited Commentary by Grant Rodkey

Dr. Urschel’s tall tale of juxtaposed improbabilities is the more remarkable because it is true! I had previously operated upon a similar case in the Hale Hospital, Haverhill. The patient was an elderly man with ferocious bleeding in whom we found a 3 cm ulcer penetrating 2 cm into the head of the pancreas, with erosion of the pancreaticoduodenal artery, and with the Ampulla of Vater sitting as an island in the center of the crater. Similarly to Dr. Urschel’s patient, that gentleman also “never turned a hair”.

The discovery of H2 blockers and proton pump inhibitors, as well as learning the role of Helicobacter pylori have essentially eliminated the need of surgical treatment of peptic ulcer. As one looks back, there were many ingenious operations proposed, all were attempting to avoid the two major complications of ulcer surgery. The late complication was recurrent ulcer, but the early and deadly one was related to the complication of dissection of or closure of the duodenal stump. In the few very complex cases which we still have to operate, these same factors are at play. However, few surgeons of the present era have great experience with these issues.

On this account, I request permission to direct the attention of your readers to a short article which condenses the experiences of Dr. Claude Welch, Dr. Francis Moore and me: Safe Management of the Impossible Duodenum. Risk avoidance in Surgery of Peptic Ulcer, Arch Surg 1987;123:558-62. ▲

Missing Alumni

Kevin Abnet	John Berry	Robert Burton	George Clark III
Jeffrey Ditesheim	Brian Duncan	Alik Farber	Kevin Hanel
Jonathan Hasson	Craig Haug	Elizabeth Hingston	Mark Kulbaski
John Lewis	Jane Lingelbach	Michael Meistrell	Robert Powell
Dale Purves	Lisa Tran	Laurence Wolf	

If you know the whereabouts of any of the above-named alumni, please notify Suzanne Williams at the Editorial Address listed on the front of this Newsletter. Thank you.

The Spiel by Farrokh Saidi

A few surgical chest cases were being discussed in the Ether Dome, with Drs. Sweet and Churchill and other surgical luminaries sitting in the front row. A patient with empyema was presented and the best treatment discussed intensely. Carried away in that surgical intellectual atmosphere, I had the temerity to suggest injecting antibiotics into the chest cavity. Dr. Churchill's quick retort was that this would be like putting out a fire with a water pistol. Later that day I was astounded to have him call me and actually apologize for having been facetious!

Most of us have some vague ideas as to why the MGH surgical training in those halcyon days was good. A few may not remember or care. But I think I know some of the ingredients of that system, by having experimented with them.

Far removed from the Boston scene for forty years, and deprived of all the backup support, technology, equipment, and Harvard gravity, I had the unique opportunity on three separate occasions to start, de novo, a general surgical residency program: 1961 to 1969 in Shiraz, 1972 to 1982, and 1988 to 2000 in Tehran. And every time it worked out well judging on the criteria of clinical results, residents' happiness and their contagious enthusiasm. Now I know that the MGH surgical program works and is transplantable.

From what I recall, in those days three general systems for training general surgeons existed: the Johns Hopkins pyramidal, the MGH block, and the Mayo Clinic fellowship systems. Getting back home to my native country, Iran, in 1961, I discovered another one: The Geheimrat system which is essentially throwing a handful of young residents into a hospital and letting them battle it out, some never seeing the chief during their four years perhaps.

The first thing to do I found was to weld together an army-type discipline with a family spirit. The chief must be stern but friendly. Stressful interpersonal relationships can never be eliminated from a situation as demanding as an active surgical teaching service. However, competition and congeniality, seemingly an oxymoron, can coexist. High standards at the MGH were set by the string of stellar surgeons, known as the senior visiting staff. Personages like Richard Sweet, Claude Welch, Bob Linton, and above all Gordon Donaldson, were respected for their surgical prowess, but loved for their friendliness. Putting in long and hard hours for them did not appear as laboring under duress. A stifling atmosphere, I now know, is usually the reflection of insecurity on the part of the chief(s). Creating a corps de spirit does not really take much effort, young residents being all too eager to be the vanguards of the battle, if they see a good and benevolent leader and are treated courteously.

Next comes freedom of action.

How well I remember Arthur Baue, taking a private patient on Baker Memorial to the operating room to stop relentless bleeding from a peptic ulcer. For some reason the attending surgeon could not be located after a 48-hour intense search. Art received a commendation from Dr. Churchill, who at the same time reprimanded the courtesy staff surgeon. By nature, all surgical residents are in a permanent state of starvation for patients who need operations. Rather than telling them not to operate, they should be told to know when to operate. Even the junior visiting staff in our time, often felt called upon to put on the brakes to "protect" patients. But the overall policy of giving freedom to residents remained intact. Of course there was always an hour of reckoning, I yet have to find a better venue than the old ED, EJ, ET,

(Saidi continued on page 7)

Life After.....by Preston Gada

At the end of September 2000, I retired after 32 years of practicing general surgery in Raleigh, NC. It seemed like the natural thing to do. I had imperfectly done the best I could in an endeavor that I truly loved. I was, in my opinion, built to be a surgeon. It was that specialty in medicine that captured my imagination. I believed in myself and I believed in the profession that I had chosen.



About a year before my retirement, I was walking down the hallway of my office. As I passed by one of my associate's office, he called me in. On his computer screen was the picture of a beautiful airplane soaring through a mountain pass. My associate, Dr. Woodward Cannon, explained to me that this was a motor-glider that was built in Germany. He said that it offered the best of both worlds, a single engine airplane as well as a high performance glider. Woody is an avid aviator in both engine driven airplanes and sailplanes. Over the years, Woody and I have discussed flying. When my son was in his early teens, he and I built radio-controlled airplanes and flew them. Somewhere in the fabric of my being was something that resonated with the process of flight. I decided that after retirement, I would acquire this particular motor glider and learn to both fly and soar.

Immediately upon my retirement, I embarked on my training to earn a private pilot's license. I enlisted in a flight-training program and met my instructor who was in his early twenties. I thought that this experience would be much like learning to drive a car. Wrong! For the next six months I was confronted with a task that was much more complex than I could have imagined. With repetition being the mother of learning, I passed my written exam as well as a so-called "check ride" with an FAA flight instructor. For these accomplishments, I was awarded a "private pilot's license single engine land". At this point I was half way there. I still did not know what the inside of a glider looked like, let alone fly one. Next I was off to a soaring school in South Carolina for an intensive conversion course from airplanes to gliders. This was another eye opener. What appeared to be a piece of cake in concept in reality was a very precise and challenging task. Again with the benefit of repetition, I was able to add a glider rating to my pilot's license.

At some point during my flight training, I visited a Stemme motorglider representative in Telluride, Colorado and flew in the motorglider of my dreams. I ordered a plane to be delivered several months after I had completed my training. This part of my adventure took me on a two-week trip to Strausberg, Germany. The first few days were spent at the factory seeing my plane being constructed and then a week with a Welshman soaring in the

(Gada continued on page 7)

One Surgeon's Introduction to Research By Paul Russell



The Korean war had recently finished, and a number of us on the surgical house staff had just returned to the MGH after time in military service to get on with our surgical training. The year was 1953. My thoughts turned to getting back into some kind of research work.

I had become engaged in research while a medical student at the University of Chicago where I had worked nights and weekends in the laboratory of Charles Huggins, senior. I say senior because many will remember his son, of the same name, who ably ran the MGH blood bank for a number of years after his surgical residency training. "Old Charlie" was a most remarkable man. He had essentially no formal introduction to research himself and yet he was extraordinarily gifted in his ability to identify fruitful research problems, and he was a thorough romantic about discovery being completely captivated with its possibilities. He was a quick learner and had strong opinions about what constituted quality in research. One of his principles was that whatever one was examining the evidence to be sought had to be expressed quantitatively. My friend and medical school classmate, Paul Talalay, who later became an internship classmate in surgery at the MGH, had recruited me to join him in the Huggins laboratory during our second medical school year. Huggins' work had mainly to do with the potential for controlling the growth of certain cancers by hormonal manipulation. As a urologist he was well aware of the prevalence and importance of carcinoma of the prostate and it was in a campaign against this tumor that he applied almost all his waking hours. He soon included breast cancer, as well, as another lesion in a hormone dependent structure.

One of my first assignments was to find dogs who were afflicted with primary car-

cinomas of the breast. Breast cancer is quite common in older dogs and can be readily detected. Huggins said, "I will meet you here (at the back door of the hospital) at 8:00 AM on Sunday morning and we will go to the pound together". We drove far out to the West side of Chicago to a large and somewhat dilapidated building, which housed the municipal dog pound. Inside we found an elderly policeman in his undershirt and high boots spraying a hose through the bars into a large cell with a concrete floor containing some 60 dogs, all yelping at once. I was told to go into the cage and examine every animal for breast cancer. The dogs were still pretty wet and shook their excess water all over me, but I soon learned that if a dog did not have cataracts (a good sign of old age) I was not likely to find a tumor. So I would always look them in the eye first. After this, I got into the routine and was out at the pound early every Sunday morning. There were no public rules whatever regulating research using dogs, and no charge for an animal was made by the city as almost all of the dogs removed from the streets were sacrificed. Huggins gave me a dollar bill for each Sunday to give to the policeman, whom I got to know well. "That's enough for him, Paul".

The experiment was to remove the pituitary from these dogs and determine its effects on the growth of breast cancer, and on several other variables. Hypophysectomy had quite interesting effects. One of the more fascinating to me was that it resulted in a stable doubling of the serum amylase, a measurement I made with a new method for determining this enzyme that I developed at the time. This method was, incidentally, used later at the MGH for several years for all clinical determinations. (This account is not meant to describe the results from my fledgling efforts in research, but I have included a few references for anyone who would like to know more about the results.)

We went on to do a number of other projects, but the work ceased when I went off to the unknowns of Boston to become a surgeon. I had been a close witness of an extraordinarily successful example of research that was soon especially gratifying to Huggins as it proved to be a godsend to thousands of patients around the world. Huggins' Nobel prize in 1966 was well

deserved, I thought.

So here I was in Boston, home from the service, wondering whether I should pursue a life devoted entirely to clinical surgery, which I loved, or whether I might have some talent for research in addition. Although the prospect of choosing a line of investigation seemed formidable, and I was dubious about my capacity to perform independent research it did seem to me that this was the time to embark into a new area and to get a feel of how engaging it could be. But sitting there in my room in the "Moseley Flats" it wasn't easy to take the next step. I took to reading recent papers on a wide variety of subjects in the old Treadwell library, which fortunately stayed open late into the night. I came across a few papers reporting early observations of the behavior of kidneys transplanted from one dog to another. The transplanted organs functioned well for a few days and were then rapidly destroyed by a devastating inflammatory reaction every time. The nature of this reaction was just beginning to be understood, but its powerful force and utter predictability spoke strongly against the likelihood of organ transplantation ever becoming a useful form of treatment.

Then I found a short paper in the journal Nature. This paper described a remarkable experiment in which mouse fetuses were injected with cells from a foreign strain of inbred mouse. When born, these mice would freely accept skin grafts specifically from that foreign source in a manner exactly contrary to what normal adult mice might have done. The authors were three British zoologists, Rupert Billingham, Leslie Brent and Peter Medawar of University College in London. They called the state they had discovered "actively acquired immunological tolerance". It was not easy to see how this observation could be put immediately to use in clinical medicine, but I was looking for an interesting area to explore and was not thinking so much of practical applications. The tolerance discovery was so strikingly different from every other report of the fate of transplanted tissues that it stuck in my mind and eventually developed into a resolve to try to join these London zoologists to learn more of what they were doing.

I ought to mention at this point that it was an unusual idea, at the time, to leave resi-

(Russell continued on page 7)

FROM THE DEPARTMENT CHAIR

By Andy Warshaw

Prospective intern applicants come to the Massachusetts General Hospital with an appreciation of the volume, depth and expertise of its clinical surgical services. They are sometimes surprised to learn that we are also one of the biggest, best-funded research departments of surgery in the nation with total expenditures of more than 40 million dollars last year (Fig. 1), a 32% increase over the prior year) Nearly sixty surgical investigators hold 46 NIH grants including 26 RO1s, 5 career development (K) awards, 4 Program Project, 4 Individual Training Grants, and 2 Institutional Training Grants. Notably, four of these have been funded continuously for more than 25 years. Additional research funds come via 14 clinical trials and 44 grants from industry, foundations and societies. Each of the nine current Divisions of the Department has a basic science laboratory (and the new Trauma Division is planning for its).

The growth in research activities has occurred at all levels, from residents taking “time off” for mid-training fellowships to senior faculty in all Divisions, and in newly established laboratories. More than three-fourths of our residents spend two or more years in research and the number who have successfully competed for external funding has dramatically increased over the past five years (Fig. 2) as a consequence of a new incentive program which provides a cash bonus for getting grants. The financial burden on the Department has been significantly lightened while the salaries for the fellows have significantly increased. Much of the remaining cost of the resident research program has been offset from the endowed funds that Jerry Austen created years ago.

Laboratories have been established by young recruits to the surgical faculty: Jay Austen (perfusion-reperfusion of flaps); Jim Cusack (induction of apoptosis in cancer); Allan Goldstein (embryonic gut development); Mike Lanuti (viral oncolysis in lung cancer); Sarah Thayer (the hedgehog gene pathway in pancreatic cancer); Jonathan Winograd (stem cells in neural regeneration); and Sam Yoon (anti-angiogenesis strategies in sarcoma). New laboratories have also been created by mid-level faculty additions including Richard Hodin (gut epithelial biology); Mike Watkins (ischemia-reperfusion injury); and Steve Zeitels (laryngeal restoration).

Clinical research and outcomes studies are another whole story for another time. ♦

EXPENDITURES BY FISCAL YEAR

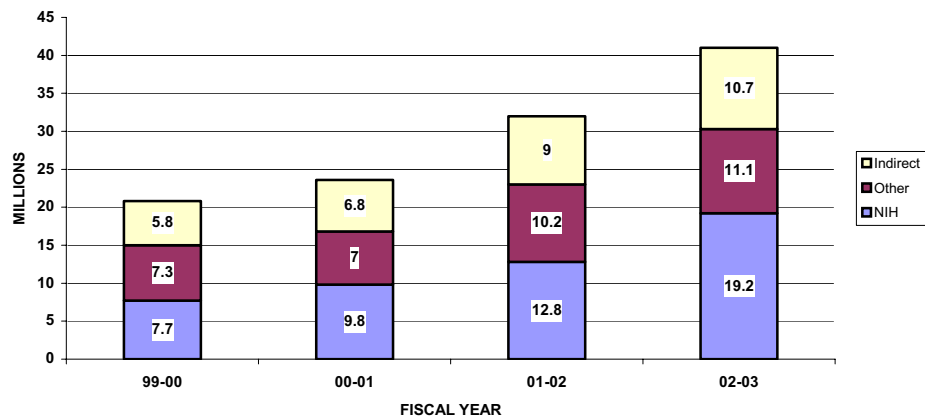


FIGURE 1

SUPPORT FOR RESEARCH FELLOWSHIPS IN SURGERY

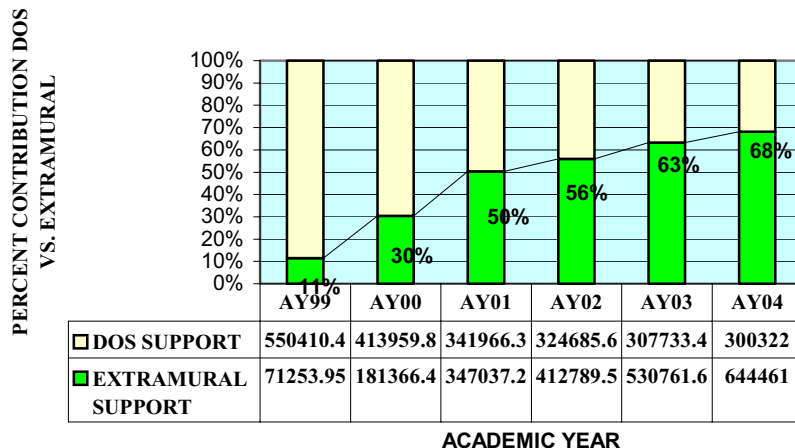


FIGURE 2

LETTERS TO THE EDITORS

Dear Editors:

I enjoyed the latest newsletter as usual. Fascinating to learn the history of the legends who were at MGH during my time. Although I only remember the GBE's 10-12 hr daily (except Thursday for veins) aorto-ilio-femoral endarterectomies with on lay vein patches, interrupted every 6 or 7 stitches. And holding my breath when he took off the clamps. There was the long moment of silence. I prayed that he would like it, but no, he wouldn't and the operation would be extended another hour or so.

Joe Civetta

Dear Editors:

I've enjoyed reading the MGH Surgical Society Newsletter. I particularly enjoyed Ed Carter's piece on Marsh Bartlett, who was a very special man in lots of ways. I remember a conversation with Marsh in December 1959, just before I finished the East Surgical Residency and left for Ann Arbor. He took me aside and gave me a generous check. He said, "This is an interest-free loan, because I know you can use some help in getting started there." It proved to be a lifesaver then, and after we paid it back we remembered ways to "pass it on."

Seeing Judd Randolph's picture in the last issue also reminded me of another experience. Judd and I (annual salaries were \$1500 in those days) were having supper in the cafeteria one night when an MGH Associate Director joined us. He was obviously very pleased, so Judd asked him how his day had been. He replied that they had just hired a bright young Administrative Resident. Judd then asked him what salary he'd be getting. The answer was, "\$5000 as annual stipend." This seemed a bit out of line, and as you might imagine we expressed our great surprise at this. Whereupon he defended his salary decision by saying "Well, you must remember that this man is a college graduate!" After that, what more was there to say?

Thanks again for your good words.

George Zuidema

Dear Editors:

I suppose that I am one of the few surviving real old-timers. I know of only four from the class of ES 1942: Bob Tracy, Rudi Herrera, Dexter Richards, and I. Ben Roe and Grant Rodkey came on a few months later, in 1943. The anecdotes about our long-gone revered masters as they re-live in the Newsletter do more than warm my heart. Every mention of Pete Churchill awakens a full flow! To wit:

After fifty-three years of surgical practice and teaching here in San Francisco, I have pursued a second career, the seeds of which had been planted in 1949, before I left the MGH. Dr. Churchill, knowing my interest in the history of surgery, gave me to read T. C. Allbutt's little book; later on in 1955 he gave me his copy to keep. Now I have completed translations of 7 of the notable treatises that served to reawaken surgery in medieval Europe after 1170, all of the authors that were cited by Allbutt. I have hopes that the books may quicken another curious surgical resident who prefers to read English. To that end I have distributed copies in more than 30 medical libraries, including Treadwell and Countway. I cannot resist adding that my own favorite is Henri de Mondeville, and that pages 190-320 in Volume I of his treatise are unique in what they tell us about the times and the tribulations of a keen surgeon.

So much for now. I send greetings to those who remember what it was like at the MGH in 1942.

Leonard Rosenman

Dear Editors:

At the advanced age of 82, I am once again an undergraduate college student enrolled at St. Mary's College as a "special Student." My college degree escaped me due to WWII, when I was accepted at Harvard Medical School after 3 years of pre-med studies. Should I retain my health and faculties, I'll graduate the tender age of 85.

I have embarked upon a project to study gender politics in the surgery. So far I have surveyed 10 woman surgeons who were former medical students or residents under my tutelage. I have developed my questionnaire and intend to increase the number of participants to 100 woman surgeons. So far as I can determine such a study has not as yet been done. I intend to allow these accomplished women to speak for themselves. I would be grateful to receive contact information for female graduates of the MGH training program in surgery.

I enjoy the Newsletter. It is always well done and rouses fond memories of days gone by.

Cliff Straehley

(Editors' note: It would seem reasonable to send Dr. Straehley contact information)

Dear Dr. Ottinger:

I was interested in the MGH Surgical Society Newsletter and thought about all the people whose articles were published. As one of the nurses who nursed the first of the heart surgery patients at MGH it interested me that none of us were mentioned. I don't mean by name but merely the impor-

tant part we all played in recovery of those patients in a most uncharted territory. My first initiation was in the old postoperative unit at MGH where the post-op cardiac patients were placed. I still have on a shelf a small rose-colored jar which was given to me by that patient. The patient had a mitral split the day before the harbinger of all cardiac surgery to come. I am sure the same question was asked in all of the hospitals over the world when this new, dangerous procedure was being done - how to manage their care and get them well. I am as surprised today, 50 years later, as I was then that none of the doctors involved questioned our ability to do so. We had always risen to the challenge and we would now. We mostly learned from each other with the generosity that had always been a part of the nursing experience. We were always most careful to pass on to each shift important new procedures and how to watch for serious changes in all vital signs. All day long we had the added chore of anxious physicians hovering over us.

Sometimes the recovery period and the return to the floor are overlooked in importance when post-op care is discussed and when a nurse was really on her own. We all learned through hard experience how to manage the care and get the patient well. None of this was very glamorous or exciting as the surgery was, but it was so important for the patients well being. It was just day-by-day hard work and an addition to our knowledge of patient care. As most other aspects of nursing we all shared what we learned from each other. I am proud to have been a part in the nursing experience of care of heart surgery patients.

Rita Conroy

(Note from Les Ottinger: This is a letter from Mrs. James Conroy, written after reading the Fall 2003 MGHSS Newsletter. Rita was one of perhaps a dozen special nurses who, during the 1960's, looked after especially ill surgical patients. This included open-heart cases in the hours, and sometimes days, after their operations. It was at a time in the hospital before intensive care units, and the White Recovery Room usually had to serve. The special nurses were noted, particularly by the residents, for their remarkable knowledge and skill. Their expertise was largely self-acquired, often from the other nurses, and their willingness to work hard and for long hours became legendary. Many seriously ill patients during that time, including those following heart operations, quite obviously owed their survival to Rita and the other "specials". ♦

IN MEMORIAM

***Sterling Edwards
Falls B. Hershey
C. Gene Wheeler***

(Saidi continued from page 3)

EM method of arbitration, along with the coveted verdict of PD. I put the same system into operation here in my three experiments. I don't know if the litigious atmosphere over there permits it now. But regardless of local constraints, accountability will be accepted and absorbed if carried out with fairness, friendliness and in a forthright manner. Invariably, I would be asked by new residents here if I would tell them whether a patient with borderline signs and symptoms needed to be explored for, say appendicitis. The answer I learned while on White 6 or 7 from Dr. Oliver Cope, if I remember correctly, is: "That you have to decide for yourself, but it had better be the correct decision." Help must be available when asked and needed, but always couched in such terms as "what do you think?" Undoubtedly, selection of resident material was crucial to the success of the program. Excepting for myself, I don't think the selection committee at the MGH made many grievous mistakes. But many of my residents had already been selected beforehand. Even then, I found it remarkable, how readily one or two black sheep would melt into the crowd. Or leave on their own.

How could I tell if my three experiments worked out well? When I observed residents making rounds on their own initiative, discussing pros and cons of how to operate and when. And by being painfully honest in presenting their own errors. Above all, when they could, but did not avail themselves of the attending's assistance, knowing that they were fully accountable for results.

Am I afflicted by "those good old days" syndrome? I am aware of the whole panorama of surgery having changed dramatically over the past few decades in the United States in line with socio-technological changes of great magnitude. The "paradigm" now is apparently an economic imperative. However, persistence of diseases requiring surgical intervention, and the need to train future surgeons to intervene, calls for selecting the best method to do this. The MGH surgical program that I remember, must have been good as it had universal application.▲

(Editors' note: Dr. Farrokh Saidi graduated from Cornell University in 1951 and the Harvard Medical School in 1954. He entered the surgical training program at the MGH in 1955, completing his training in 1960. Following his residency, he spent a year with Dr. Ronald Belsey in England at the Frenchay Hospital in Thoracic Surgery. He then returned to Iran where he continues to pursue a distinguished career in Academic General and Thoracic Surgery. He is a Professor of Surgery Emeritus at the University of Tehran and Chief of Surgery at the Modarress Hospital, Beheshti University School of Medicine where he continues an active clinical, teaching and research program.)◆

(Gada continued from page 3)

Alps in the same type of plane that I was acquiring. As we soared and motored through the Alps, I thought that I was watching a National Geographic Special. Upon my return to Strausberg, I spent three days receiving flight training from a company pilot in a Stemme motorglider.

In October of 2001, I took delivery of my motorglider. The fun

and challenges were just beginning. I was now faced with holding not someone else's life in my hands but my own. The complexity of my choice has been far beyond what I could have imagined, the rewards far greater still.

I tell this story as an example of what may lie ahead for all who make it to the retirement years. There are challenges that can fill your life with excitement and satisfaction. These challenges may or may not be related to what you are now doing. Keep an open mind but not so open that you forget who you are. At the end of a career of conscientious dedicated medical practice, one can retire to something that is less altruistic and not feel guilty. If your dream is to go to Africa to help the suffering and dying then that is what you should do. However, I resist the expectation from some corners of our society that would like to put a guilt trip on you for not continuing to use the skills that both you and society paid so dearly for. The two certainties of life are birth and death. Between those two extremes is the journey that defines the character of our lives. That journey through life should bring forth a variety of attributes that are contained within the confines of our skin. They are there. They are just waiting to be given a chance.

(Editor's note: Preston H. Gada, a native of California, received his baccalaureate education at the University of California Berkeley, following which he received a commission from the U.S. Navy at Newport, Rhode Island and completed underwater demolition team training. After his release from active duty with the Navy, Preston graduated from the Medical College of Virginia at Richmond with honors and was accepted in to the MGH surgical residency program in 1963. Following completion of his surgical training, Dr. Gada joined another MGH trained surgeon, Isaac V. Manly in Raleigh, North Carolina. This union became the nidus of a MGH dominated practice later being joined by Dick Myers, Woody Cannon and Brad Drury. In addition to a busy practice of general surgery, Preston has served as Chief of Surgery at Rex Hospital and as well, on several college and music society boards. Along with his wife, Ginny, Preston became a master chef, having trained in Italy with Marcella Hazan and with Simone Beck of France, a colleague of Julia Child. Preston retired from the practice of surgery in 2000, and has approached retirement with the same vigor and enthusiasm he brought to the practice of surgery. He completed a cross country flight from Raleigh to Modesto, CA and back (to visit his 96 year old mother) in his Stemme Motor Glider in the Summer of 2003.)◆

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dency training for a research experience, and particularly to do so abroad. A few others had had special experiences elsewhere, such as Gordon Scannell's time in Minnesota with Boyden, where he worked out the anatomical variations of the right upper lobe of the lung. The healthy custom we now have of exploring such opportunities had yet to be developed, however.

Anyway, a letter of inquiry addressed to Professor Peter Medawar, a recently appointed 39 year old department chairman, brought back a courteous response to the effect that he presided over a department of people investigating fossils and obscure parochial matters in zoology and that his small group of three beside himself was not in a position to receive "visitors", especially, I gathered, by surgeons. (I later learned that to be an American surgeon was considered an additional drawback, see below). With this news I decided to consult Dr. Churchill, our MGH surgical chief. Churchill had given me leave to find a research position, of course, but he had not heard of the young

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English professor I had approached and was not aware at all of the potential interest of the field of tissue transplantation. Nevertheless, he took up my cause and wrote, himself, to Medawar asking him to reconsider. I don't know what Churchill wrote in his letter, but to my great joy it worked. Medawar replied that his situation had changed and that he could offer me a place after all. I later learned that space at University College had indeed opened up because Julian Huxley had changed his plans to work there at that time. He did return after I left, however, to occupy the little room that was assigned to me.

My wife, Allene, had just let me know that we were soon to become parents so this had to be figured into our planning. No financial help could be expected from the hospital, but I was told I could apply for a post-doctoral fellowship from the US Public Health Service. That was fine, and I appealed to Medawar to help in preparing my case. Even so, we were left with the problem that the outcome of my fellowship request was not going to be known until after we were scheduled to arrive in England. My family fortunately offered to help with basic necessities, but our savings were small.

I soon found that a complicated process of approval was required in Britain for anyone who expected to pursue experiments involving animals, and most of all if they were to include "survival" experiments. A full written account of one's plans had to be considered and approved, not only by the Home Office, but by the president of one of the Royal Colleges and a bishop. With all this accomplished we were ready to pack. We expected to arrive in London in early September of 1954. Even though Allene had been told that she should expect our child to be delivered some time in October just to be safe we decided to go by air rather than sea, although air travel to Europe was fairly new. Our big propeller driven Lockheed liner couldn't make it all the way to England without refueling twice, once in Gander, Newfoundland, and again in Shannon, Ireland, where we were served kippers for breakfast in the airport café by a waiter wearing tails and a hard collar.

We found a residential hotel pending a final resting place and soon learned that we had been fortunate to make the faster trip. Our first child was born unexpectedly only five days after we arrived. She was born into what was still a war torn city. Although we, in the United States, had begun to leave the immediate effects of the war behind us by 1954, this was far from true in Britain, and especially in London. Evidence of major bomb damage was everywhere. Some bomb-sites had been barely cleared of debris and there were major gaps between many surviving buildings throughout central London. It was at a time before the advent of some of our familiar American conveniences, such as supermarkets and central heating. One shopped separately at the green grocer and the butcher. Not much variety was available at either, though, and we soon found that a small piece of meat was a real luxury. Vegetables were confined pretty much to Brussels sprouts, onions and potatoes. I was able to find an apartment while Allene was in the Middlesex hospital recovering (for the obligatory 9 days) from her delivery. Our quarters consisted of the second floor of an old Victorian house on the shore of the Thames in west London at Chiswick. For me to get to work at University College on Gower street near the British museum meant either a train ride to Waterloo station followed by a stretch on the "tube" or a bus ride and two tube rides all of which took almost an hour.

The day after we arrived I had paid a visit to the Department of Zoology at University College to meet Professor Medawar whom

I had not seen before. His building was an old converted warehouse. I climbed the solid stairs across from the entry after passing by the office of Mr. Redpath, the Head Technician of the department. In the center of the curving stairs was a rickety looking, but useful, elevator that I later learned was to serve the animal quarters on the top floor. Medawar's office was at the end of a long corridor and was adjacent to his small personal laboratory. I had given little thought to what all these new sights would be like and certainly had no mental picture of Medawar himself. He was a stunning presence. Tall and somewhat dark with an easy smile and bright and penetrating eyes he was as handsome as a movie star looking a bit like a cross between Cary Grant and Gregory Peck. He greeted me warmly and, after inquiring about how well our little family was settled, got right to the business of what projects I might pursue. His research group included only Billingham, Brent, and a young recent PhD graduate, Elizabeth Sparrow. I was offered projects with three of the group. With Elizabeth it was to look into some endocrine effects on pigmentation in mice. With Billingham I was to explore some features of wound contraction in rabbits, and with Medawar, himself, we were to study adrenal cortical transplants between inbred mice.

Medawar was careful to caution me about how to behave in his department. He explained that some of the faculty were communists and that all lived together fairly peaceably so long as politics was not mentioned. I gathered that one of the reasons he had been reluctant about accepting me was that "McCarthyism" was rampant in the U.S. and he was afraid I might stir things up with some of his colleagues. The department included a number of fascinating and highly intelligent, but independent minded and eccentric people. J.B.S. Haldane, the famous geneticist and scientific philosopher, was a leader among the communists. Haldane was one of the foremost intellects in Britain at the time. He was a great bear of a man, somewhat unkempt, constantly smoking his pipe. He was responsible for some of the major theorems in genetics but wrote often and brilliantly about all sorts of interesting topics, such as "Why do animals assume the sizes they do?" or how are we to cope, as a species, with the prospect of colliding with a large meteorite? He was especially suspicious of Americans and thought the presence of our troops in Britain, and especially of American nuclear armaments, was an abomination. David Newth, an accomplished embryologist, was thoroughly charming and friendly, and he, too, was a communist. Professor G. P. Wells, son of H. G., turned out to be the world's expert on the biology of certain lug worms, a species that lives in the Thames estuary. Kenneth Kermack, a paleontologist, was also a foremost student of Greek triremes. John Maynard Smith, a brilliant geneticist was a pioneer in mathematical game theory, a subject that was to become popular later. He had been a room mate of Christopher Milne at Eton and confessed that he and Christopher's other schoolmates had been quite cruel to him, always asking, "Christopher, have you said your prayers?". Christopher was, of course, the model for his father's Christopher Robin. Another remarkable person was Alex Comfort. Comfort designated himself as a "gerontologist" and was, indeed, an accomplished and genuine expert on biological aging. He was also a writer and had produced a number of volumes for general reading about biological and medical subjects. Later he wrote the famous manual "The Joy of Sex", made a lot of money, and moved to California. As Alex was "medically qualified" he, and soon I, became the targets of urgent inquiries from Helen Spurway, Haldane's left leaning wife, about her special fish, fish that she claimed had been created by "virgin

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birth". We had a lot of discussion about Helen's fish and the likelihood that parthenogenesis had actually occurred. The matter was finally settled when a proper expert noted that the tank contained, not only female fish, but a few hard-to-identify males.

Helen also became notorious in connection with the "Marlboro Arms". This was our local pub. Often after work a few of us would walk over to the pub, have a pint, and play bar billiards. One afternoon, for reasons unclear, Helen got into a nasty altercation in front of the pub with a London bobby over her dog which she took many places with her. It ended up with her spending at least one night in jail where she remained out of principle, and Haldane chose not to bail her out against her will. The British tabloids loved it.

The subjects I had embarked on investigating were such that virtually all the work could be done with whole animals. As in any research, careful planning with full knowledge of past information on the subject to be tackled, was essential. Here I was fortunate that transplantation biology was in such an early stage that most of the relevant information could be mastered, and the field remained wide open. Almost all the people actively interested in it could soon be known personally as most of them were in Britain. Thus, with concerted effort the entire history and relevant publications could be mastered. This helped the work to progress efficiently.

University College is the largest of the major components of the University of London. It embraces all of the traditional fields of study including a medical school. At that time the hospital, University College Hospital, remained a free standing institution directly across the street from the arts and sciences buildings, although it has subsequently merged with other hospitals under a major reshuffling and amalgamation of London teaching hospitals. A founder of the college in the 18th century was the noted philosopher Jeremy Bentham. Bentham was a true son of the enlightenment, a man of forceful opinions and possessed of a healthy self-respect. He had formulated the doctrine of "logical positivism", often summarized as the "greatest good for the greatest possible number". Convinced that his presence at meetings of the governing board of the college would continue to be of value after his death he provided in his will that, after his body had been suitably dissected (a popular duty at the time to demonstrate enlightenment) it was to be placed in a telephone booth sized box, dressed in his usual attire, and topped by an exact replica of his head to be fashioned by Madame Tussaud. In this fashion he could be placed at the table of the board to lend gravity to their meetings. Between meetings the imposing box in which Bentham's remains still resided was placed in the ground floor hallway of the college's central building where we could salute it as we passed through for faculty tea after lunch.

Tea was a big thing and always very welcome. We had daily teas in the department and the attendance was good. It was there that I gradually became friendly with Haldane, and it was there that Comfort told me how, as a curious boy, he had detonated several fingers away from one hand in a chemical experiment.

Not long after we arrived in London we had welcome reinforcements in Jack and Aggie Burke who arrived for a similar year. Jack was to work at the Lister Institute with a marvelously cultured and attractive man, Ashley Miles. There he did his valuable and widely quoted work on the importance of timing antibiotic administration with reference to an infectious insult. We saw a fair bit of the Burkes over the next few months, and I believe

they enjoyed their London experience as much as we did ours. We also got to know the Miles a little as they were friendly with the Medawars. Mrs. Miles was quietly famous in our private conversations because she was the first woman we had seen who smoked cigars.

Day trips in our little Hillman car allowed us to see local sights like the Tower of London and also things a bit farther away like the great old universities in Oxford and Cambridge and many famous historic places like Runymede, the site where the barons prevailed upon King John to sign Magna Carta in 1215, as well as other places we had always heard of like Hampton Court palace and Greenwich with its 0 longitude line drawn right on the floor for all to see.

Medawar was unfailingly generous and thoughtful of me. We came to know him and his family in their beautiful house in Hampstead, and he also invited me to memorable occasions at the building of the Royal Society and at his imposing club, the Atheneum. The tradition of British science and philosophy have been closely intertwined and remained so for our group at that time. Rather than finding the scientists I was privileged to know separated off by themselves without much contact with those in other disciplines in a fashion reminiscent of C.P. Snow's complaint in his book "Two Cultures" a few years later, we were often in conversation not only with astonishingly well informed and broadly engaged giants like Haldane but also with major contributors to the philosophy of science like Karl Popper. Visitors from many countries became a regular diversion, and through their visits I came to know people I would never have met as a surgical resident.

Indeed, for me, this is the point of the story. Surgery is unlikely to be a wellspring of new ideas and approaches in basic science. Most of the advances that have pushed surgery ahead into new possibilities have come from other disciplines. Surgeons have then put together components of this sort to bring their fruits to bear directly on clinical medicine. Of course, this is not universally true and the development of open heart surgery may stand as an example of a more purely surgical story than was the invention of, for example, antibiotics. The present expansion of endoscopic techniques, an undeniable advance, is strongly technically based and represents an interesting mutual stimulation between clinicians and industrial firms.

It is important to emphasize that not all surgeons in our residency program should be expected to spend time in research. The MGH has always been very proud of its surgical clinicians, both those who stay on at the hospital and those who carry on elsewhere. Many of our most gifted clinicians focus simply upon giving the most highly skilled and thoughtful care they can, and I, for one, am immensely gratified to see the good that our clinical graduates do. This little account is not meant to take anything away from that.

Still, it seems to me that surgery will benefit most if some young surgeons, already identified as such in their career pathway, are encouraged to go out beyond the culture of surgery and experience directly new areas of scientific advance that they choose individually as being of interest. This will give a constant infusion of new possibilities into the surgical sphere and will encourage ongoing relationships that can have continuing benefits for all concerned. I believe that the story of transplantation biology and surgery illustrates this theme. In transplantation we continue to rely on close collaboration with imaginative scientists in a relationship that has brought some valuable new advances to pa-

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EVENTS OF NOTE

- **Joseph M. Civetta, MD, FCCM**, was honored with the Society of Critical Care Medicine's *Lifetime Achievement Award* during the 33rd Critical Care Congress for his numerous scientific and clinical advances in critical care medicine, as well as his extraordinary organizational vision and leadership.
- Currently President-elect of the New England Surgical Society, **A. Benedict Cosimi, M.D.** will assume the Presidency in October of 2004. In addition, Ben has been named President-elect of the American Society of Transplant Surgeons and Congress President of the World Transplant Congress to be held in Boston in July of 2006.
- **Patricia K. Donahoe, M.D.** received the Flance-Karl Award during the Executive Session of the annual meeting of the American Surgical Association on April 16, 2004 in San Francisco. This award recognizes her contributions to basic research applicable to clinical surgery.
- The Endocrine Society's highest honor, the Fred Concrad Koch Award, was presented to Patricia K. Donahoe, M.D. at the 86th Annual Meeting of the Endocrine Society, which will take place in June 2004. The award is designed to recognize exceptional contributions to endocrinology.
- **W. Hardy Hendren** was awarded Honorary Fellow of the Royal College of Glasgow in July 2004.
- **Dr. Pual S. Russell** was awarded the American Society of Transplant Surgeons Roche Pioneer Award in recognition of his dedication to excellent patient care. Dr. Russell graciously donated the \$25,000 award to the Paul Russell Endowed Lectureship.
- On April 26, 2004 the University of Michigan Medical School inaugurated the **George D. Zuidema** Professorship in Surgery. This endowed professorship was established by the University of Michigan Hospitals and the University of Michigan Medical School in his name. It will be used to support a senior faculty member in Health Services Research. At the ceremony, Dr. John Birkmeyer was inaugurated as the first holder of the professorship.



*Three Generations of Pediatric Surgery Chairs
(l to r) Jay Vacanti, Pat Donahoe and Hardy Hendren*

The MGH Department of Surgery Archives Committee led by Paul Russell and including Jerry Austen, Jack Burke, Pat Donahoe, Hermes Grillo, and Andy Warshaw is in the process of selecting archival items for display in the Sweet Room. We are seeking antique surgical instruments and books, photos, posters, and personal items which belonged to MGH surgeons. If you can donate items to be displayed, please contact Suzanne Williams in Dr. Warshaw's office at the MGHSS address listed on the front of this Newsletter. Thank you for your consideration of this request.

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tients. Our own David Sachs with his brilliant colleagues in the MGH "Transplantation Biology Research Center", along with Ben Cosimi and his clinical group, offer a fine example of this.

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(Editor's note: Dr. Paul S. Russell graduated from the University of Chicago where he received both a B.S. and then in 1947 an M.D. He was appointed an Intern in Surgery at the MGH in 1948 and served as the East Resident in 1956. During his Surgical Residency he spent a year (1954-55) in Professor P. B. Medawar's Laboratory, University College of London (the subject of his essay above) as well as serving in the United States Air Force from 1951-53. In 1960 he was recruited by Columbia University as Associate Professor of Surgery and returned to the MGH in 1962 as Chief of the General Surgical Services on Dr. Churchill's retirement. During this time Paul established the Laboratory of Transplantation Surgery at the MGH which has trained numerous Transplantation Surgeons and Biologists as well as making many important contributions to Transplantation Biology and to Surgery. Although ostensibly retired from Transplantation he continues to function as a distinguished Investigator, Teacher and superb Model of an Academic Surgeon as he serves as Senior Surgeon at the MGH and the John Homans Distinguished Professor of Surgery at HMS.) ♦



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