

*The Journal of* THORACIC AND  
CARDIOVASCULAR SURGERY

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*Presidential Address*

## As I remember them

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It must be obvious that I have looked forward to this moment for some time—two years to be precise. To stand in the place where so many of one's surgical heroes have been is not something to be taken lightly. It carries with it a responsibility to give back to the Society something which you have given me. It is a time of real gratitude and loyalty. It is also a time of some trepidation, an emotion perhaps best portrayed by Munro Leaf in his story of Ferdinand the Bull as he entered the ring in Madrid.

This has been a busy and interesting year. Special thanks go to Bill Wheat, who as Secretary has carried the heaviest load and done his job with forthright energy. He now steps down after six years and carries with him the thanks of all of us.

In this year we lost two former Presidents, Brian Blades, a worthy successor to Evarts Graham and Emile Holman as Editor of our JOURNAL, and his close friend, Tom Burford.

To the members of the Council, to all those who have generously served on committees or as representatives of the Society, and to the many who have helped me in the preparation of this address, I am most grate-

ful. To that blithe spirit, our Executive Secretary, a positive note of recognition.

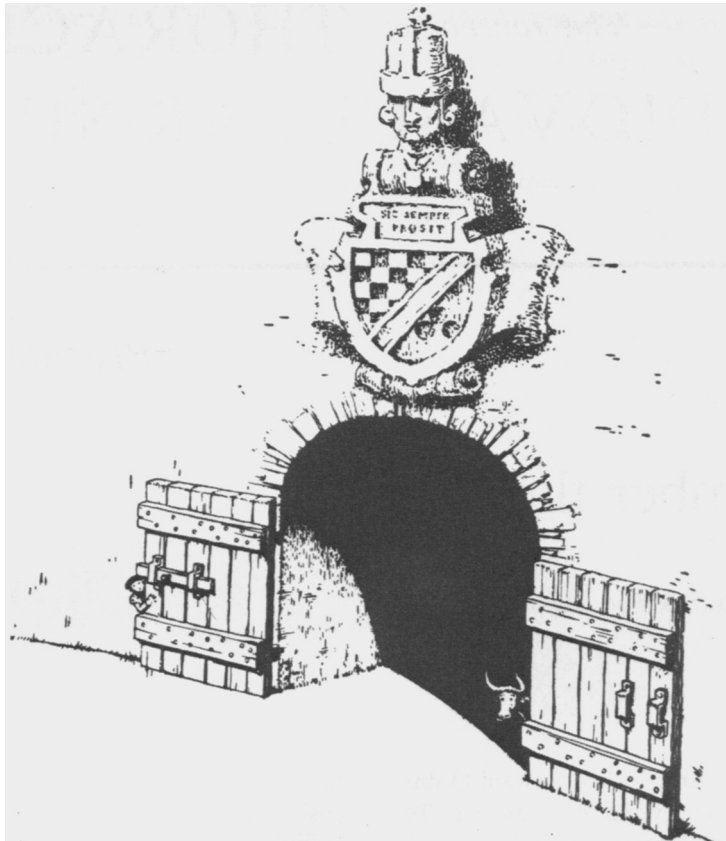
Finally, on a personal level, special thanks to my wife, Helen, who for the past two years has put up with my preoccupation with what I would say here today. I had hoped that I, too, would have the opportunity of a garden consultation with Aesculapius, so vividly reported by John Strieder<sup>1</sup> six years ago. To my knowledge, Aesculapius has not returned to Boston.

In thinking about this occasion, it seemed to me that I could contribute most by speaking briefly of four individuals, all former Presidents of this Society, who each in his own way made a particular impression on me, and, I suspect, on many in this audience to give this Association a *personal* meaning. There is reason behind this choice, for even now as I look about me at what this Association has and will become, I am conscious of the danger that we may all lose some of the personal values and meaning that this Association has given each of us. As one regards the size of this meeting place, the shadow of the Superdome nearby, and the distortion or, if you like, the reality of time and space that jet travel affords, one looks for the place of the individual. It becomes very much a matter of scale: "Scale, a property that leaves a man his dignity when he stands beside a monument or walks along a thoroughfare."<sup>2</sup>

I would like to avoid that which today dominates the

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**Fig. 1.** Ferdinand enters the ring at Madrid. (From *The Story of Ferdinand* by Munro Leaf, illustrated by Robert Lawson. Copyright 1938 by Munro Leaf and Robert Lawson, © renewed 1964 by Munro Leaf and John W. Boyd. Reproduced by permission of The Viking Press.)



**Fig. 2.** Four surgeons of the Massachusetts General Hospital; Bigelow, Cabot, Warren, and Townsend. Circa 1855.

medical scene, so aptly described as the rhetoric of anxiety. Clearly, many aspects of our profession demand our concern. Our responsibility to patients balanced against our relationship to government and the public good. Our responsibility to other peoples and other nations so clearly stated by Henry Bahnson<sup>3</sup> last year. The problems of continuing education, recertification and the Guilds, Boards and hobgoblins and the lessons of history so elegantly presented by Tom Ferguson<sup>4</sup> a year ago before our sibling society.

Who shall do what and how many, will concern us all for some time. However, I would ask you to put your mind in neutral, drift backward a little, and remember four men who gave special meaning to my thirty years in this Association: Leo Eloesser, Alfred Blalock, Richard Sweet, and Edward Churchill.

Why four? There is no special reason, except perhaps the memory of Yalta or an expression of that most familiar portrait which graces the library of Johns Hopkins—Welch, Halsted, Osler, and Kelley—or a less widely known and slightly earlier photograph which hangs in the Surgeon's Room at the Massachusetts General—Bigelow, Cabot, Warren, and Townsend.

To call our four well rounded would be to use far too pale a word, though the proper term eludes me. As a talented, perhaps slightly eccentric aunt of my wife wrote many years ago for *The New Yorker*:

Well rounded lives  
Are counted smart,  
Yet circles end  
Where circles start,  
While often times  
Mere angles are  
But tangled portions  
Of a star.

—R.L.J., 1929

She also wrote, "So truly friends live in the words of friends."<sup>5</sup>

### Leo Eloesser

Our first is Leo Eloesser, one of the most extraordinary surgeons of this or any age. Sometime Clinical Professor of Surgery at Stanford University, a concerned citizen of the world, President of this Society forty years ago, he was the sort of person about whom one could write endless citations which, I suspect, he would have ignored with grace and irreverence. From the time I went to work with Dr. Churchill in 1948, I remember the photograph of Eloesser that he had by the window of his office. One of my great joys this year has been the quest after this man, who fascinated me from

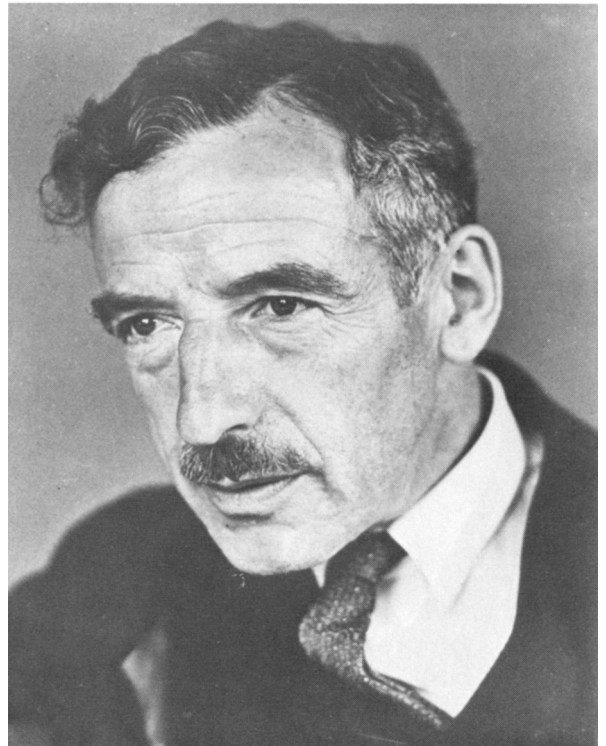


Fig. 3. Leo Eloesser. Photograph by Brett Weston, 1942.

the earliest meetings of the Society that I attended, including a few small hours quite early one morning in the Dallas Airport while we waited for an overdue plane. It will be for others who knew him better than I do to write the biography of this man who could say, at the age of 95 years: "Nostalgic recollections assail me of times when a sparse population left space on this planet for a boy's fancy to roam about in, romantic, unchecked and untrammelled; when revolt against authority, parental or other, was unnecessary because the wide world had easy room for any restive spirit."<sup>6</sup>

One cannot talk about Eloesser without some biographical sketch, but to pursue any of the many leads would easily exhaust our time. Fortunately, it has been done beautifully by Carleton Mathewson for the Pacific Coast Surgical Association, by Harry Shumacker for the American Surgical Association, and in our own JOURNAL by Alton Ochsner of this city.

It has been my good fortune to have the help of his loyal companion, Joyce Campbell, to interpret what *he* thought was important. I have had the *curriculum vitae* that he wrote himself. I have had the help of his many friends in San Francisco and particularly of Roy Cohn of Stanford, who describes himself as a sort of general factotum and errand boy to look up things and listen to



**Fig. 4.** Leo Eloesser during the mid-thirties, at about the time of his Spanish Civil War experience.

his words of wisdom. In fact, Roy disagreed with my thought that Eloesser was not well rounded. For, said he, here was a man who spoke German, Spanish like a native, and Russian and Chinese in a sort of way. He was a musician of considerable stature and, in later life, played the viola in the Mexican Symphony.

In his *curriculum vitae*, Eloesser writes that his “interest in music never waned. He is proud to have counted among his friends many musicians—Monteux, Molinari, Milhaud, Casals, the Budapest Quartette, Isaac Stern, Temianka—and to have them allow him to make chamber music with them.” He was a great collector of the arts. Some of his paintings by Diego Rivera, a personal friend, are much praised. He left these to the University of California and made a similar gift of his Amati violin.

Eloesser was born in San Francisco in 1882 to a family of substantial means. The family fortune derived, in part, from a product known as “Can’t Bust-em Overalls” which competed successfully with the blue denim of Levi.

In his own words, he was a “somewhat precocious,

intrusive little brat utterly pampered by a German grandmother.” He graduated from the University of California in 1900. Until the age of 20, he assumed that he would devote his life to music, but the edicts of an old family friend sent him off to Heidelberg and subsequently Kiel, where the traditional academic freedom of German universities suited his temper.

It might be appropriate to interject here an episode early in his thoracic career which should be of special interest to those among you who wrestle with the problems of esophageal motility. Eloesser recounts the following: In 1904 he was a student of von Mikulicz in Breslau. Von Mikulicz, a pioneer in thoracic surgery and one of the best clinical teachers he had ever known, had stated, “Liquids are driven by the act of swallowing only into the upper part of the oesophagus; thereafter they flow down to the cardia by their own gravity.” Eloesser didn’t believe this, largely because he noted that many animals, for example dogs and horses, swallowed *up*. He confirmed his disbelief by standing on his head and drinking a glass of water. He writes:

Being a timid youngster I didn’t dare approach the Herr Geheimrath with a refutation of his writings but confided my doubts to one of his assistants. Lo! Then and there, before the Geheimrath and the corona of his staff, I was encouraged to climb upon an operating table, let my head down over its side onto the floor, and give ocular proof of my assertions by drinking another glass of water.\*

Eloesser returned to San Francisco and the City and County Hospital in 1908. This is how he describes the scene:

How savory a flavor wraps around old city hospitals! Bellevue in New York with its noble facade and pediment rising above the grime of the Lower East Side; dingy Cook County, a plain deal and no fancy business; New Orleans Charity Hospital, still with the Civil War odor about it that goes with two patients in a single bed and maybe another on a mattress underneath; the San Francisco City and County, built to serve the port into which wafted flotsam of seven seas as well as those who headed West and found it their jumping-off place. Our hospitals with traditions as grey as those of the ancient Hotel Dieu on the Isle of Our Lady or the Salpêtrière with old crones hobbling about the court under the lime trees as they did when

\*From Eloesser L: Birth of modern chest surgery and von Mikulicz’s part in it. *J THORAC CARDIOVASC SURG* 50:757-758, 1965, published by The C. V. Mosby Company.





**Fig. 5.** Leo Eloesser at his ranch in Tacámbaro, Mexico, in the fall of 1976, age 95 years. (Photograph courtesy of Dr. F. D. Moore.)

Charcot watched them; the Berlin Charité where Virchow worked and taught; the Dublin Rotunda, with men lying on the bricks of the nearby empty lot dozing off last night's new paternal vigil. All of them, all city hospitals, each with its own particular private smell and flavor.

University Hospitals? No, no! Stately palaces of stately science, like McSorley's on East 7th Street versus the 21 Club.

What makes the difference? It cannot be architecture; it must be the clientele, the drunks, the down-and-outers, the denizens of Skid Row and the girls from the cribs, if any such places (or persons) still exist; the clientele and the kind of doctor used to treating it. Unsifted clientele, not well mannered, not well washed, not suffering from rare and interesting biochemical disorders, but from broken legs, infected louse scratches, gunshot wounds, and delirium tremens.\*

For seven years Eloesser worked in this environment; then, in 1915, anxious to see military service in World War I, he left for Germany where he soon headed surgical services in army hospitals. After the *Lusitania*, there was no question of where his loyalties lay, and he returned to San Francisco, escaping, we are told, with the aid of a niece of Kaiser Wilhelm. The young lady was a member of a string quartet in which he had played. His offer to serve in France was turned down, but through the good offices of Robert Osgood,

he did serve as Chief of Orthopedics at Letterman General Hospital.

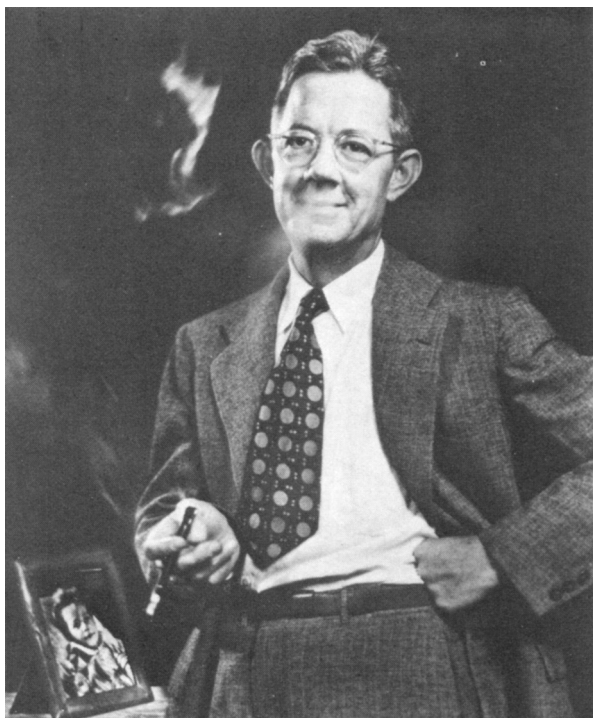
After the war his special interest gravitated toward thoracic surgery, particularly tuberculosis and suppurative disease. In his Presidential Address at Saranac Lake, New York, he discussed blocked cavities in pulmonary tuberculosis and suggested the possibility of resecting the cavity by lobectomy.<sup>7</sup>

It is interesting how a man's name can become so linked with a place or procedure that the identity of the man is lost. Thus, to many, Kennedy has become an airport. So, to many thoracic surgeons, particularly apparent during Board examinations, Eloesser has become a "flap," an ingenious method of draining an empyema, which he regarded as an insignificant bit of gadgetry. He reported this briefly in 1935 with the promise, never kept, that details with x-ray films, case histories, and other data would soon be published.<sup>8</sup>

In 1937 Eloesser went to Spain, having raised funds to equip an ambulance and a field station which he took with him. He was an officer in the Spanish Republican Army and served in the field at Teruel and on the Ebro front. In later years, in the era of Joe McCarthy, his Spanish experience rose up to haunt him and earned him a place on the government black list with the unusual designation "premature anti-fascist." This may have been the reason for his self-imposed expatriation to Mexico for the last twenty-five years of his life.

Joyce Campbell writes; "Spain was a painful experience for Leo, so much suffering, so many deaths. He was a doctor and a musician and he knew nothing about politics, especially the complicated politics of the left.

\*From Eloesser L: The City and County Hospital of San Francisco. Recollections of far away and long ago. *Am J Surg* 118:493-497, 1969, published by Dun-Donnelley Publishing Corporation.



**Fig. 6.** Alfred Blalock. The well-known Karsch photograph, about the time of the "thousandth blue-baby," 1950.

The rightists always seemed to be united. The useless loss of life in Spain might have embittered him except that he found the Spanish such noble, long suffering people."

On his return from Spain, he published a highly personal account of the management of severe wounds under the difficult circumstances of a rapidly moving front.<sup>9</sup> In 1941, at the request of Dr. Graham, he helped prepare, under the aegis of this Society, a manual for the treatment of chest wounds. This was later assimilated by the United States Army.

During the early years of World War II, ineligible to serve in the army, he returned to a busy surgical practice in San Francisco and to his old way of life as a bachelor. He lived in a small flat, slept on a canvas cot in an alcove, and ate his meals standing in the kitchen picking his dinner from dried foods hanging from the ceiling. Every Thursday evening he gathered outstanding musicians from all over the world to play quartet in his dining room, which had been converted into an incredibly complete medical library. He loved the rugged life, skied in the mountains, and in later years marched with the Eighth Route Army in northern China. He sailed his yacht, *The Flirt*, on the bay, mostly at night.

In the late 1940's he served the United Nations in China where, like Marco Polo, he went to teach and remained to learn. Like his friend Bethune, he placed professional interests above political boundaries. He stayed, under the difficult circumstances of war and the hardships of life in northern China, to help the Chinese people build a new approach to the medical needs of the rural Chinese community.

In the early 1950's he served with UNICEF in New York and thence to Mexico in 1952. Again, the needs of a large rural community called him. Up to the very time of his death a year and a half ago, he worked actively among the midwives and poor of Mexico and Central America and republished a handbook of midwifery which he had previously written in China.<sup>10</sup> Indeed, to expand Julian Johnson's phrase, "He was a thoracic surgeon and something more."

I am fortunate to have slides given to me by Francis Moore, who visited him at his Mexican ranch ten days before he died. So far as I can determine, they spent most of their time playing Bach on his out-of-tune Bechstein.

This is how I remember him. I remember also Henry Bahnson's<sup>3</sup> address last year: "Ageless Leo Eloesser, who always looked the same and whom no one could forget, who never missed a meeting and always sat down front. Because of his posture and hooded eyes, one could never quite be sure whether or not he was asleep. . . ."

In his will he arranged for musicians of a string quartet to play in some public place in San Francisco. To this performance friends and others who wished to come were invited, but there were to be "no vocal utterances."

Sometime when you have the time, and even if you do not, read his "Milestones in Chest Surgery."<sup>11</sup> You will find there von Mikulicz and Brunn and Graham, but most particularly John and Mary Gibbon. It also would not be Eloesser if he did not propose that perhaps the time had come to abolish our Board altogether, because "for the last five thousand years or so, attempts to assure integrity by laws and regulations and paper have failed."

A favorite theme of his was that you cannot *teach* anybody anything, although he made students think for themselves all his life. In a salute to Dr. Churchill, he wrote:

I've sat, in my day, at the feet of some great clinical teachers . . . . What they told me I've long forgotten, but I still remember, clearly, vividly, admiringly, reverently, their ways of thought, their lucidity, their logic, their insight, their imagination, their impatience with

dogma, with pretense and pretentiousness, with stupidity. A heritage beyond computers to bestow.\*

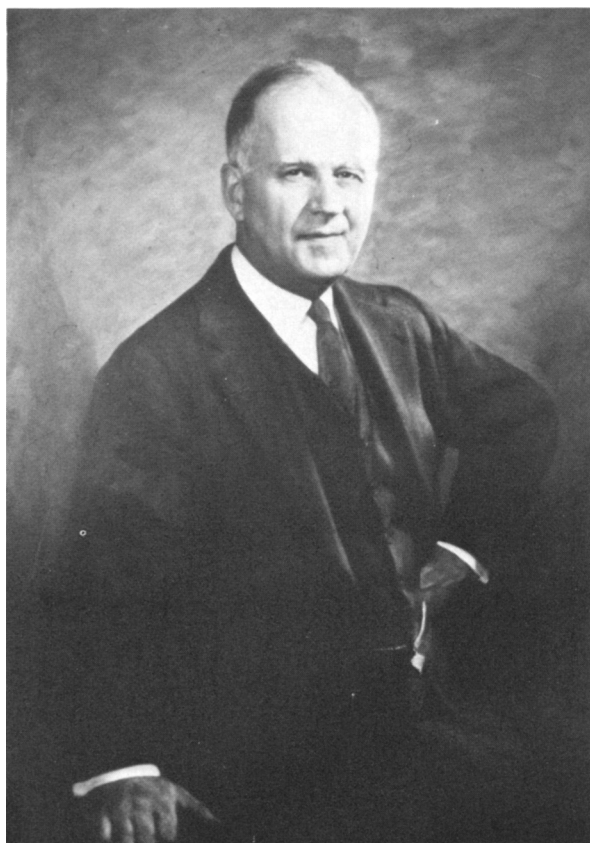
### **Alfred Blalock**

Let us move on to Alfred Blalock, President of this Association in 1951, successor to Halsted in producing a whole school of surgeons in the hospital of Johns Hopkins. As with Eloesser, it would be easy to describe him in an enormous list of citations. It would be an interesting exercise to put together his many honorary degrees: Yale, Turin, Rochester, Chicago, Lehigh, Hampden-Sydney, Emory, Georgetown, University of Saskatchewan. However, I remember him as the most gracious surgeon that I have known.

As many of you know, I am not an "old hand," as I believe surgical residents at the Hopkins were or are called, but I did have the opportunity to spend a few weeks with Dr. Blalock in 1948. At that time Harry Muller and Dick Clay were the chief residents, Denton Cooley was cardiac resident, and Hank Bahnson ran the emergency ward. I found in Baltimore a new set of household gods, but chiefly I remember "The Professor."

He was then well launched in his career of international honors. He had just sent one of his residents, Bill Longmire, to colonize the West. He had returned the previous year from a triumphant visit to France, so gracefully described by Charles Dubost<sup>12</sup> at our meeting last year. Yet he had the extraordinary quality of making a young visitor, a geographic Yankee at that, feel important. I know that there are many others of my vintage who had the same experience. The important thing is that he preserved that gracious interest at every meeting of this Society that I subsequently attended. If Dr. Blalock could so impress an outsider, there is little wonder that he could so profoundly affect the men who trained at Hopkins in the twenty odd years of his professorship.

In Blalock's collected papers there is a superb biography by Mark Ravitch,<sup>13</sup> and we have recently heard a moving tribute to Blalock by Dave Sabiston at the meeting of the American Surgical Association. Blalock was born in Culloden, Georgia, and his early development followed the expected pattern of one born into comfortable circumstances: the University of Georgia and Johns Hopkins Medical School. Then there was a break in the expected continuity: intern on the Urologic Service at Hopkins; a year with Crowe in otolaryngology and a surgical appointment cancelled by the com-



**Fig. 7.** Richard Sweet, shortly before his retirement. This photographic portrait by Bachrach hangs in the Sweet Room of the Massachusetts General Hospital.

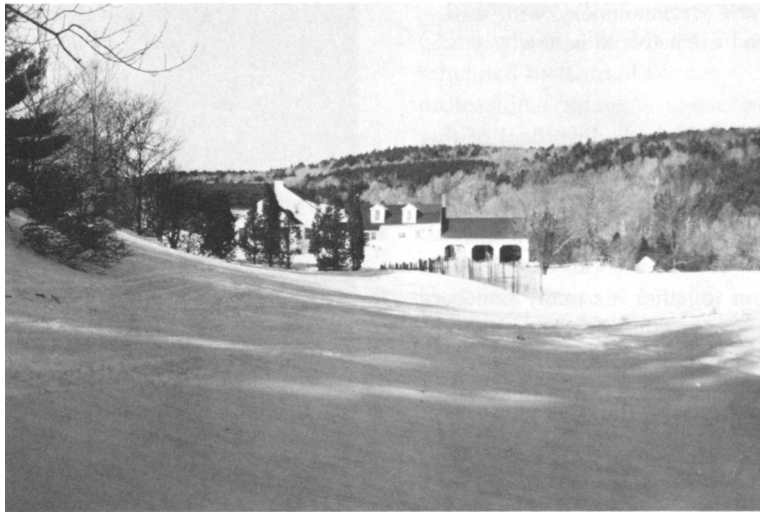
motion surrounding the appointment of Halsted's successor; a near thing when he almost came to the Peter Bent Brigham with Cushing, and what historical speculations that conjures up! Instead, he went to Vanderbilt as resident surgeon. This was followed by years in which his chief clinical interest lay in thoracic surgery but his major efforts, which I am told he regarded as his greatest contributions, lay in the study of shock. He was called to Johns Hopkins in 1941.

The influence of Blalock on the whole field of cardiac surgery is incalculable and universally recognized. He chose cardiovascular surgery as the subject of his address before this Society in 1951. In characteristic fashion, he gave the lion's share of credit to others.

His personal characteristics come to the fore in his Presidential Address before the American Surgical Association in 1956. His subject was "The Nature of Discovery." He wrote:

I will enumerate a few general principles that may be helpful to young scientists applying themselves to re-

\*From Eloesser L: Editorial. *Ann Surg* 158:912, 1963, published by J. B. Lippincott Company.



**Fig. 8.** The Sweet farm in Sullivan, New Hampshire, February, 1978.

search in experimental medicine. Contrary to popular belief, there is nothing magical about science or scientific investigators. The conception of the scientist as an intellectual superman, achieving important results through sheer mental brilliance, is quite unfounded . . . .

Without attempting to weigh their relative values, Cannon lists the following traits as important for a career of investigation: Curiosity, imaginative insight, critical judgment, thorough honesty, a retentive memory, patience, good health, generosity and humility.\*

All these, plus graciousness, were Alfred Blalock.

### **Richard H. Sweet**

Tucked away in one corner on the floor above the operating suite at the Massachusetts General is a generously designed room, the Sweet Room. Beside its door is inscribed, "Those attributes of a great surgeon; maturity of judgement, dexterity of hand, devotion in teaching and serenity in crisis."

The resident staff pass by this door daily, and the legend of Dr. Sweet—Sir Richard, to many of us—as a technical master has grown up. The image is incomplete. His enormous technical skill was that of a master craftsman, but the object of his craft was the patient and his surgical disease. In this, all things were alike to him.

Of the four individuals I have chosen, Dr. Sweet is the most difficult to characterize, chiefly because a recitation of his accomplishments in conventional terms fails to bring out the sense of total but complete integ-

rity and warmth that he engendered. I am sure that many of the senior members of this Society know what I am trying imperfectly to say.

This photographic portrait, which hangs in the Sweet Room, tells a great deal about him; a sense of confidence and elegance.

Dr. Sweet was President of this Association in 1961. He died while in office. He had prepared his Presidential Address on the treatment of hiatus hernia.<sup>14</sup> It was delivered by his associate, Earle Wilkins, whose time with Dr. Sweet paralleled mine with Dr. Churchill. We both knew them both in the same sort of way and could recognize the strong ties and mutual regard that bound them together and the opinions that differentiated them in a highly productive relationship.

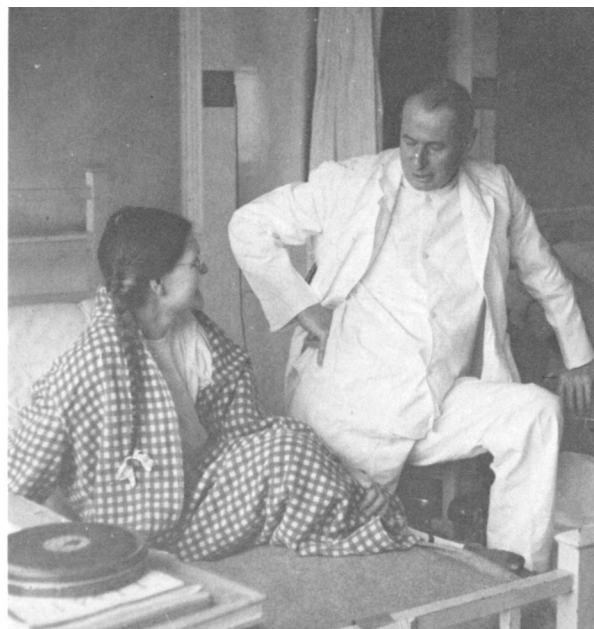
They were not too far apart in age. Both had come to Harvard from away; Dr. Sweet from New Jersey and Columbia, Dr. Churchill from Illinois and Northwestern. Both were residents at the Massachusetts General, but one, Dr. Sweet, went the clinical route as assistant to one of our most exacting clinical surgeons, Daniel Fiske Jones. I would not make light of this relationship. In preparing this account I talked about this with Dr. Leland McKittrick, who, slightly senior to Dr. Sweet, shared this clinical relationship with Dr. Jones and now, 45 years later, validates it meaning.

The recognition of Dr. Sweet as a thoracic surgeon was delayed until the early 1940's. From then on, his involvement in thoracic surgery became increasingly dominant, although he always delighted in pointing out that a sound training in gynecology was of inestimable value to the thoracic surgeon. These were the years of his acknowledged mastery of the esophagus. Of the two

\*From Blalock A: The nature of discovery. *Ann Surg* 144:289-303, 1956, published by J. B. Lippincott Company.



**Fig. 9A.** Edward D. Churchill on West Surgical ward rounds, Massachusetts General Hospital, 1941. (Recorded by Dr. John B. McKittrick.)



**Fig. 9B.** Edward D. Churchill, 1941. Surgical rounds. (Recorded by Dr. John B. McKittrick.)

books that he wrote, the larger one, *Diseases of the Esophagus*, was a translation, heavily weighted with his own modifications, of the textbook by Professor Terracol, an internist of Montpellier.<sup>15</sup> One of Dr. Sweet's major collateral interests was a broad familiarity with French literature, which he translated daily for relaxation. According to his wife, an unfulfilled project of his retirement was to translate the works of one of his favorites, Rabelais, another doctor of Montpellier. This is an image that I find a little startling.

Dr. Sweet's many surgical achievements are compressed into a relatively slim volume, first published in 1950, entitled *Thoracic Surgery*. The Preface is characteristic. "The present volume is based upon the concept that any properly qualified surgeon can acquire with relative ease a satisfactory proficiency in thoracic surgery by employing the technics herein described."<sup>16</sup>

He was one of the original members and an early Chairman of the Board of Thoracic Surgery. His ideas of proper surgical training were very definite. If the occasion demanded he could be a stern critic, insisting on accuracy of observation and reporting, accepting no less than the finest of technical detail. Churchill described him as a "Master among Masters."

The year 1961, his Presidential year, coincided with his retirement from active practice to his farm in New Hampshire. For many years he said that this was what he would do when he was 60 years old, and he did that.

The farm was a harbor of refuge, a place where he could convert professional tensions into physical work and writing. Here is how that farm looked on a clear, cold, February day this year. In New England, the prudent farmer builds close to the road where he can be plowed out.

On the wall of his study are testimonials to his great granduncle, a bone-setter in southern Massachusetts. There was a strong family tradition of bone-setting and carpentry. One faded testimonial reads:

This is to certify that I, James MacIntosh, Mariner and at this time in the town of Nantucket, was badly wounded in my leg and foot on a whaling voyage so much as to be an intire cripple and became an expence and was placed under the cair of the Overseers of the Poor Department, namely Captain Peter Chase, who employed Dr. Jonathan Sweet to operate and doctor my leg and foot, from which I have recovered the entire use of my leg and foot strength. Nantucket, October 2, 1837.

There were always clocks, many of them period pieces and quite old. To restore them to perfect running order was an obvious challenge. In his comfortable home in Brookline, later at the farm a great company of clocks, thirty-five of them, ran smoothly and kept perfect time. Now we all know that clocks are insensate objects, but if *he* had fixed them, how could they do otherwise?



**Fig. 10.** Col. Edward D. Churchill, M.C., A.U.S., Surgical Consultant to Mediterranean Theater of Operations.



**Fig. 11.** "Pete" Churchill. Photograph taken by Dr. J. B. McKittrick during the North African campaign, 1943.



**Fig. 12.** Dr. Churchill visits the 9th Evac. during the Italian campaign. Drs. John Stewart, Walter Crandell, and Roy Cohn to Dr. Churchill's right.





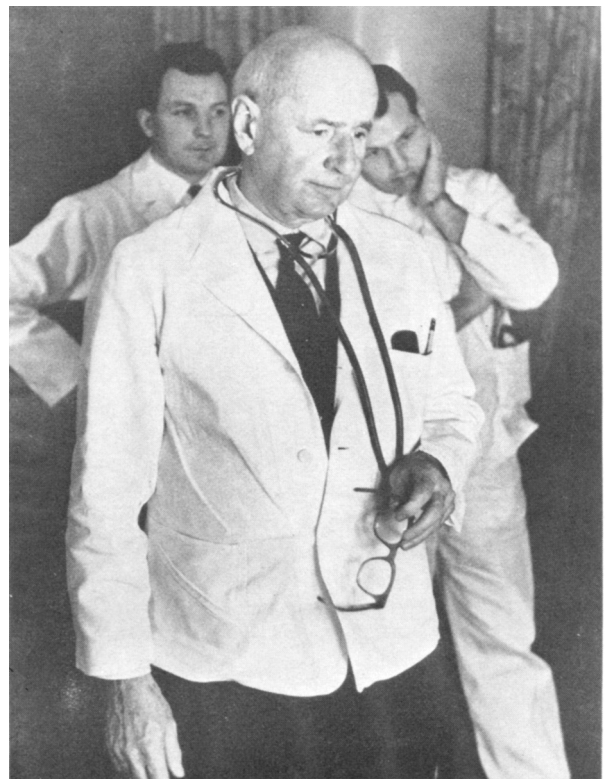
**Fig. 13.** Dr. Churchill after resuming his duties as John H. Mans Professor of Surgery following the war.

### Edward D. Churchill

I did not know Dr. Churchill during the late 1920's and early 1930's, years when he was very active in the affairs of this Society. He had been elected a member in 1929 at the almost unprecedented age of 34 years. These were years of close friendship with Graham and Alexander. They were scientifically and clinically productive years, built upon a solid foundation of scholarly accomplishment, both here and abroad and he attracted a number of future leaders to his laboratories; Gibbon, Lindskog, Bradshaw, Belsey, and Chamberlain, to name but a few among his thoracic people.

In 1941 he was elected President of this Association. The war intervened, and it was not until 1949, elected for a second time, that he presided over its meeting in New Orleans.

How seriously Dr. Churchill valued his membership is clear in his letter addressed to new members elected in 1941. These included Lyman Brewer, Bob Wylie, and Richard Sweet: "Those of us who have enjoyed the privilege of membership in the Society over a period of years feel that it has been the guiding influence in the remarkable development of thoracic surgery in this country. By the same token the future of thoracic surgery depends upon the perpetuation of the high ideals and traditions established by our predecessors." Then, putting on the Olympian hat that he could wear at times, he pointed out that other special societies had often become preoccupied with technical proficiency



**Fig. 14.** Dr. Churchill's "last" rounds at the Massachusetts General, shortly before his retirement in 1961.

and operative experience which could lead to "an encouragement of myopic regional technical surgery."

It is quite a strong statement, but then it came from a man whose contributions at the time ranged from the earliest pericardiectomies; resections for bronchiectasis, tuberculosis, and cancer; to pulmonary embolectomy and the surgical management of hyperparathyroidism—all these carried out when he was heavily committed to the organization of a full-time department of surgery in a large teaching hospital, so well described in his book, *To Work in the Vineyard of Surgery*.<sup>17</sup>

I suppose to the majority of the senior members of this Society, Dr. Churchill is the "Pete" Churchill of the Mediterranean Theater and the Second Auxiliary. This is an essential part of Dr. Churchill's life, perhaps its culmination. My access is second hand, although just by chance I happened to have lunch with him a day or so before he left for the war in January, 1943. His inner excitement was ill concealed. I was on the rebound of a year with tuberculosis. He had directed my care, pointing out the while that, after all, Blalock and others had not done so badly with the same disability. It was this personal experience that gave me some insight into the human qualities of a man who, heretofore, I



Fig. 15. Preliminary sketch for portrait. E. D. Churchill.

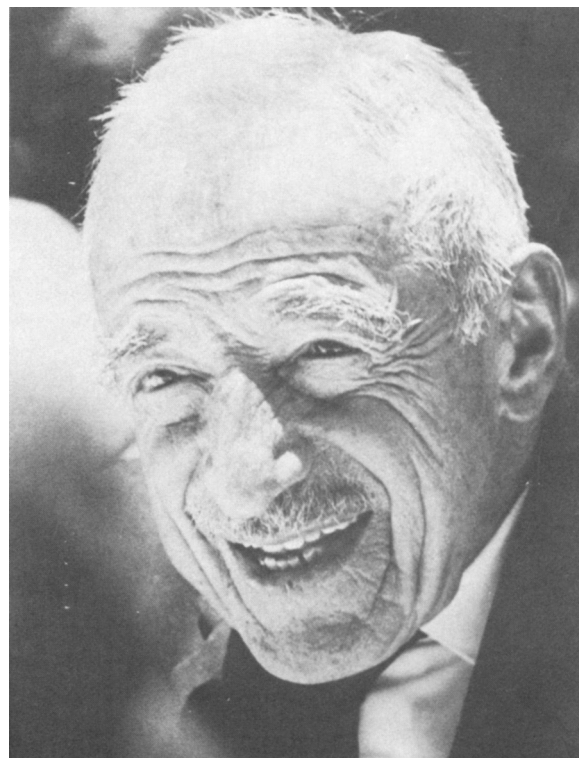


Fig. 16. Leo Eloesser in his later years, as he appears on the cover of Stanford medical alumni bulletin. (Published courtesy of Stanford, M.D.)

had regarded as a superb teacher but, shall we say, *formidable*.

Before our actual involvement in World War II, he had served on a committee of this Society chaired by Evarts Graham to cooperate with the Surgeons General. There was no Board of Thoracic Surgery then, and one of his major tasks in 1942 was to prepare a roster of young thoracic surgeons who were to serve the specialty so brilliantly during the war. His correspondence in this regard is voluminous and illustrates the enormous circle of friends that he had in the surgical community.

He went off to war, and things never were the same again. So many in this audience can speak to this point better than I, but I have had the opportunity to browse among his collected papers now housed in the Countway Library and have found there an enormous collection of wartime contributions by many of you. Some day these will see the editorial light they deserve. It is something that he was working on during the years of his retirement. As time closed in, he reported them in his *Surgeon to Soldiers*, a book which provides tremendous autobiographical insights.<sup>18</sup>

His official position in World War II was that of Consultant to the Mediterranean Theater. In personal terms, his role is best exemplified by the Excelsior Surgical Society which was formed by the now Senior Surgeons country wide with whom he lived for nearly three years. To him, "military surgery was not to be regarded as a crude departure from accepted surgical standards, 'an awful business' as it has been called, but as a development of the science of surgery to carry out a specialized and highly significant mission—the surgery of trauma encountered in epidemic proportions."<sup>19</sup>

After the war much of his time was preempted by Washington, the National Research Council and the Hoover Commission to reorganize the Department of Defense. As time went on he returned to his abiding interest in the development of surgical training as an educational experience, challenging the highly selective concepts of Halsted by offering an alternative pattern that introduced a new dimension into university and teaching hospitals.<sup>20</sup>

By force of circumstance, his clinical practice was limited. It was my privilege to help in the care of his



patients and to see one side of this complex individual which was too often obscured by his intellectual eminence. His sensitivity to the human needs of patients was exquisite.

He had a way with words and he made people think. His address, *Science and Humanism in Surgery*, given thirty years ago, is particularly apt today.

In times of change there is need for wisdom both in the external social order and within the profession. Spokesmen who loudly proclaim measures based on self-interest will not be tolerated. A hold-fast in Science is essential, but this represents only a part of the strength of Surgery. By maintaining the ancient bond with humanity itself through Charity—the desire to relieve suffering for its own sake—Surgery need not fear change if civilization itself survives.\*

So there you have them, my Big Four: Churchill—Sweet—Blalock—Eloesser.

And we all praise famous men,  
Ancients of the College,  
For they taught us common sense.  
Tried to teach us common sense,  
Truth and God's own common sense  
Which is more than Knowledge.

—Rudyard Kipling

\*From Churchill ED: Science and humanism in surgery. *Ann Surg* 126:381-396, 1947, published by J. B. Lippincott Company.

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