



History of Cardiothoracic Surgery at Washington University in Saint Louis

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The Division of Cardiothoracic Surgery at Washington University evolved a century ago to address what many considered to be the last surgical frontier, diseases of the chest. In addition, as one of the first training programs in thoracic surgery, Washington University has been responsible for educating more thoracic surgeons than nearly any other program in the world. Beginning with Everts A. Graham and continuing through to Ralph J. Damiano Jr., the leaders of the division have had a profound impact on the field of cardiothoracic surgery.

Semin Thoracic Surg 28:727–739 © 2016 Elsevier Inc. All rights reserved.

Keywords: history, cardiovascular surgery, thoracic surgery, pneumonectomy, Maze procedure

Since 2004, when I became the program director of the Thoracic Surgery Residency Program at Washington University in Saint Louis, we have welcomed applicants to our program each interview weekend with a 40-minute presentation on the history of cardiothoracic surgery at our institution. Like every other program, we generally interview a dozen or so applicants for each position that is available. We consider these weekends our opportunity to share not only a current day snapshot of our program but also the historical foundation of how we got to where we are today. In a recent interview, Dr Irving Kron, the 91st President of the American Association for Thoracic Surgery (AATS), referred to Joseph Simone's Maxim: "The Institutions Don't Love You Back" noting that "It's definitely the people" that make an institution great, not the buildings.^{1,2} As such, I thought I would summarize what I believe to be the most important contributions to our field from each of the 7 chiefs we have had in cardiothoracic surgery at Washington University during the 98 year existence of our program.

WASHINGTON UNIVERSITY CHIEF #1: EVARTS A. GRAHAM (1919-1951)

Everts Graham was born on March 19, 1883 in Chicago, IL, the son of a surgeon (Fig. 1). He completed his undergraduate work at Princeton University in 1904, Rush Medical College in 1907, and surgical training at Rush and Presbyterian Hospital at the University of Chicago in an apprentice-type model that he would eventually abdicate himself as the founding chairman of the American Board of Surgery in 1937. Dr Graham served on the Empyema Commission during World War I, the goal of which was to develop treatment

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Barnes-Jewish Hospital on the campus of Washington University in Saint Louis.

Central Message

The Division of Cardiothoracic Surgery at Washington University has evolved into a leading international cardiothoracic surgery program from one of the earliest such programs in the United States. Dr Everts A. Graham established and directed the program in the 1920s. Graham is known for many outstanding achievements, including the first successful pneumonectomy for cancer in 1933.

regimens for the pleural suppurative diseases afflicting young soldiers overseas. After the war, Dr Graham was appointed the Bixby Professor of Surgery at Washington University. His appointment represented only the second full-time academic Chairman of surgery in the United States, the first being Dr William Halsted at Johns Hopkins. The idea behind the academic appointment was that the professor was not required to establish a private practice to survive and could focus on research and teaching.³ That being said, by the late 1940s, Dr Graham accounted for 22% of the Department of Surgery's clinical funds. After publication of the Flexner Report,⁴ which outlined the requirements for proper medical training and ultimately closed nearly half of the medical schools in the United States, Dr Graham's department became the prototype for medical school reorganization across the country.

In the mid-1920s, Dr Graham initiated the Medical-Surgical Chest Service in conjunction with Dr J.J. Singer who was the medical director of the Koch TB Hospital. In 1929, he started a dedicated Thoracic Surgical Fellowship funded by the Rockefeller Foundation. The fellowship was the second in the United States. The first was introduced a year before at the University of Michigan under Dr John Alexander (17th AATS President). Dr Graham's training program was modeled after Dr Alexander's 2-year fellowship based on his conclusion that, "Two years of intensive study are sufficient to take the examination of a Board."⁵ At the time, however, there was no Board. It was not until 1948, under the leadership of Dr



Figure 1. Evarts A. Graham, circa 1925. (Courtesy: Historical Archives, Becker Medical Library, Washington University School of Medicine.)

Graham and others from the AATS, that the Board of Thoracic Surgery was founded.⁶ Dr Graham went on to become the president of virtually every major surgical organization and was the first president of the AATS from Washington University in 1928 (11th AATS President). Dr Graham was the first editor of the *Journal of Thoracic Surgery* in 1931, renamed the *Journal of Thoracic and Cardiovascular Surgery* in 1959, and remained as an Editor until his

passing in 1957. Dr Graham received Emeritus status in 1951 at the age of 68 years and stepped down as Chief, although he continued to participate in clinical practice, research, and teaching (Fig. 2).

In 1933, Dr Graham performed the first successful pneumonectomy for cancer in the world, which some feel was his most important contribution to the field.⁷ Dr Graham's patient was a 49-year-old obstetrician from Pittsburgh. Dr James Gilmore presented with a left upper lobe mass and after an attempt at aspiration was unsuccessful to make the diagnosis, he came to Saint Louis for a second opinion. Dr Graham first performed a rigid bronchoscopy where he diagnosed squamous cell cancer with inflammation of the left main bronchus. The patient went back to Pittsburgh before surgery to "get some things in order."⁸ Showing optimism, he had some cavities filled but in addition to visiting the dentist, he also purchased a cemetery plot! As was the case back in the day for high-profile patients, when Dr Gilmore returned to Saint Louis for surgery, his primary care physician, Dr Sidney Chalfont, accompanied him on the trip. Dr Graham took his patient to the operating room on April 4, 1933 for a planned left upper lobectomy. The procedure was performed in an amphitheater-type setting so the patient's private physician could watch from the bleachers. During the operation, Dr Graham found the distal main stem encased in tumor, making lobectomy impossible. Dr Graham then turned to Dr Chalfont for an intraoperative consult. Graham strongly advised the removal of the entire lung and asked Chalfont for his opinion. Chalfont questioned the history of the procedure to which Graham replied he had performed it successfully in animals. Knowing that Gilmore would have wanted even heroic attempts to cure the disease, Chalfont agreed (Fig. 3).⁸

On the year after Dr Graham's death, Dr Brian Blades, who was on the Washington University.

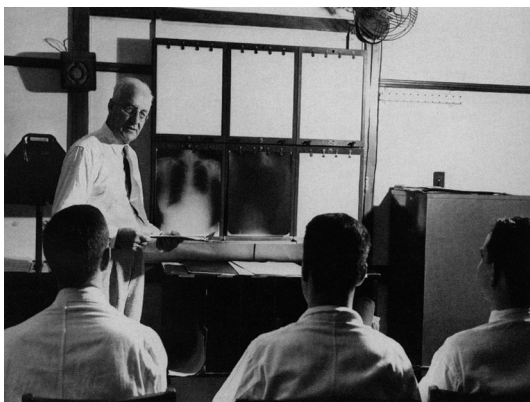


Figure 2. Dr Graham teaching in the Chest Clinic, 1948. This view box still resides in the Division of Cardiothoracic Surgery offices in memorandum of Dr Graham. (Courtesy: Historical Archives, Becker Medical Library, Washington University School of Medicine.)

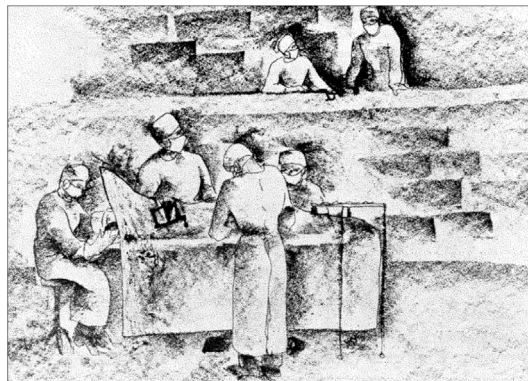


Figure 3. Artist's rendition of the intraoperative consult between Dr Graham and Dr Gilmore's primary physician.⁸

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