

# Moments in surgery

Many of our readers are the guardians of lore, amusing or illuminating, about our surgical heritage. This oral history will be lost unless it is captured now. The Editors invite you to submit anecdotes, vignettes, stories of your mentors (great and small), or simply the tall tales you tell your residents about the way it once was.

## My teacher and chief: I. S. Ravdin

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ISIDOR SCHWANER RAVDIN, known to everyone as "Rav," was born in Evansville, Indiana, and attended Indiana University. He began medical school there but later transferred to the University of Pennsylvania and won an internship at the Hospital of the University of Pennsylvania.

When I first met Rav in the summer of 1929, he was 34 years old. After a 2-year internship, I was chosen to be the surgical fellow, roughly the equivalent of a surgical resident. In those days, general surgery did practically all of the acute fractures. After I had called Dr Ravdin at night on a number of occasions to assist me, he paid for me to go to Boston for a 1-week cram course on fractures. I'm not sure how much it cost him, but it saved him from getting up to kibitz my treatment of fractures.

Two or three episodes stand out in my memory during the ensuing years. One concerned a man who had had a fracture of the tibia. I had gotten a good reduction, and he was sitting in the ward in a cast. However, he took no interest in anything and was not eating and not thriving. Rav, on making rounds, asked him what his occupation was. He said he was a carpenter but expressed his concern about ever being able to work again. Rav assured him that he would be able to return to work because he needed a porch built on his summer house at the New Jersey shore and he wanted him

to do it. The whole attitude of the patient changed: he began to take an interest in life and ate heartily. The fracture healed, and he built the porch. It was typical of Rav's humanity and insight that he inquired into the patient's mind, grasped the fact that the depression was due to the patient's impression that he was helpless. It was characteristic of Rav to do something positive about it immediately.

Periodically he would make rounds, emphasizing health care economics and the folly of ordering too many tests. We came to a patient who had been sent in for a cholecystectomy on whom I had ordered a GI series. He was quite sharp in his criticism of this action on my part, characterizing it as economically wasteful. By some incredible piece of luck, the report came back from the GI series that the patient had an active duodenal ulcer. Rav never referred to the matter again, and neither did I.

Probably my most vivid recollection of my old chief concerned a day somewhat less than a year after I finished my surgical training. Rav had an acute upper-abdominal pain. He asked his friend Alan Whipple, who was Chief of Surgery at Columbia University's College of Physicians and Surgeons, to come to Philadelphia to evaluate him. Whipple came down on the train very promptly and saw the professor at his home. I had gone there to see if I could assist with transportation when Betty Ravdin came out of the consultation room and said, "Dr Whipple says Rav has to be operated on, and Rav wants you to do it." So the set up was that I operated on his gallbladder assisted by 2 very senior surgeons, Alan Whipple and Eldridge Eliason, who was then the senior surgeon at the Hospital of the University of Pennsylvania. The gallbladder was very inflamed, and there was a

Accepted for publication May 3, 1999.

Surgery 2000;127:584-5.

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0039-6060/2000/\$8.00 + 0 11/60/99849

doi:10.1067/msy.2000.99849

lot of edema around the head of the pancreas. I had been taught by the patient to do a cholecystostomy and a removal of the stones under such circumstances; so that was all I did. When I tried to get him to allow me to remove the gallbladder later, he declined. On autopsy many years later, his gallbladder was a little, shrunken organ that had never formed more stones. Dr Ravdin was fond of saying that he would rather be operated on by a lucky surgeon than a good one.

As is widely known, he was called upon to consult with the president's physician, Dr Howard McC. Snyder, and the chief of surgery at Walter Reed Army Hospital, Dr Leonard Heaton, when President Eisenhower came in with an intestinal obstruction. It was previously known, but not publicized, that Eisenhower had trouble with ileitis. Apparently, he had eaten a good deal of celery, of which he was fond, and with all this fiber the bowel had become obstructed. Rav was attending a meeting of the board of regents of the American College of Surgeons in Chicago when the call came requesting his assistance. One of the officers of the college called the airport and found out that an American Airlines plane was about to leave for Washington. He asked them to hold the plane and called the police to send a squad car. Rav left the meeting without any luggage and was hurried to the airport. When the traffic was stopped at a red light, the squad car would pass the vehicles waiting and cross the intersection to the empty side of the street beyond. About half way to the airport, the policeman who was driving it turned to Dr. Ravdin

and said, "Don't worry doctor, I haven't lost a patient yet." At the operation, he decided to bypass the area of chronic ileitis and relieve the obstruction and not to resect. This was, of course, criticized by surgeons around the country who perhaps felt that they could have handled the situation better. Again, his judgment was vindicated. The president was able to resume his duties shortly after he came out of anesthesia. The ileitis never again required an operation on the president.

Dr Ravdin's own military career began as a foot soldier with Pershing's army at the Mexican border before he went to medical school. In 1940, it became evident that the United States would probably be drawn into the war, and he organized a hospital unit which became the 20th General Hospital, which served in India near the border of Burma. Before very long he was the commanding officer of the hospital, which at one time swelled to a patient population of more than 2000. He is said to have been the first physician drawn from civilian life to become a brigadier general. Later, he retired as a major general. After the war, he was installed as the John Rhea Barton Professor and chairman of the Department of Surgery at the University of Pennsylvania, where he served for 14 years before becoming vice president for medical affairs. He was also elected president of the American College of Surgeons and of the American Surgical Association.

He, like Owen Wangenstein, did much to push surgery toward physiology without giving up its anatomical basis. In both peace and war, he was an inspiring leader.