

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.

A surgeon is an amalgam of many elements

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A RESIDENT IN SURGERY is exposed to certain characteristics and practices of his or her teachers. The resident brings together the best of what he or she sees and puts them all together to establish his or her own profile. Fortunately, I was exposed to many of the finest surgeons I have known during my training and as a member of the staff of the Mayo Clinic, all of them known in the surgical community at large.

Dr Donald C. Balfour was director of the Mayo Graduate School and a father figure to many of us. As a surgeon, his primary objective was not only to make the operation safe for the patient but to make the patient safe for the operation. His surgical philosophy was to cure some of the time, comfort frequently, help always: a good basis for a surgeon in the care of his patients.

Dr Howard Gray taught me understanding and comfort, to make the surgical procedure simple but always accurate on the basis of an expert knowledge of gross anatomy and pathologic conditions. An operation is most often successful when this is true.

Dr Stuart Harrington was a hard worker, very demanding and a "bear cat" in the operating room. He expected help from his assistants. Once when I asked if he always did a procedure a certain way, he looked over his glasses and under his bushy eyebrows and said, "Is there any other way to do it?" I learned to look and listen and infrequently to speak.

Dr John Pemberton is said to have done 25,000 thyroid operations in his career. He would scrub at a sink in the operating room and, on finishing, take

his mask down and drink a glass of water, replace the mask, and start the operation. He was always calm and steady.

Dr Virgil Counsellor impressed me with having a surgical procedure well organized—he made an operation seem like a song and dance. He used cautery freely in the destruction of tumors, especially in the bladder. When doing so, if the smoke got in his way, he would take his mask down, blow it away, and continue burning. The patients always did well. Do we overemphasize some aspects of our techniques?

Many will remember Dr John Waugh with his consistent pace—never hurried, always in a stepwise manner, each minute and movement counting. Whether easy or difficult, it was always the same operating time irrespective of the degree of difficulty.

There were others: Dr Joe Pratt taught me the value of blunt dissection, Jim Clagett demonstrated perfection in technique and the appropriate tension on tissues, and there were others who rounded out my surgical training.

It wasn't only the surgeons from whom we learned, but others—such as Joe Fritsch, the doorman who called everyone, staff and patients, by name.

And then there was also John Grasko, the interpreter, an expert in Slavic languages, who, after a long conversation with a patient, would say, "Doc, she's got gallstones." I remember an instance when a patient was alone and did not speak English and John was called in. The risk of surgery was high, and it was desirable to get permission for a postmortem examination in case the patient didn't make it. John discussed the situation with the patient at length and finally said, "He says it's okay, Doc; he's curious too."

A physician and certainly a surgeon is not molded in a common pattern but is an amalgam of many factors. What we are individually is a composite of what we have learned from others. As W. W. Mayo said, "No man is big enough to be independent of others."

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