

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.

Nina

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THERE WERE NO WOMEN SURGEONS at my Midwestern medical school and only one woman internist on the faculty. In the 1960s women doctors were rare and usually went into pediatrics or obstetrics (fields that my good friend teased, “traded on their maternal instinct”), or sometimes less visible fields such as radiology, pathology, or psychiatry. I was one of 3 women in my class of 103 and was headed toward internal medicine. Until, that is, I saw my first operation during my surgical rotation. I was second assistant on an emergency inguinal herniorrhaphy in an elderly veteran. Incarcerated, gangrenous bowel was in the sac, and I saw my first bowel resection. I loved it. That day, one Saturday in the spring of 1962, I realized that I would become a surgeon.

The decision was not easy and, when internship time came, I backed off and applied for internal medicine. Although I matched in a wonderful program at Johns Hopkins, surgery was all I could think about. At Hopkins there were more women doctors, although—again—no surgeons. A friend, however, knew of a woman heart surgeon at the National Institutes of Health and arranged a meeting. We drove to Bethesda, Maryland one evening.

Nina Braunwald was a New Yorker who, against all odds, became a heart surgeon. I knew that she was married to a famous cardiologist, Eugene Braunwald, and that during her surgical residency she had 2 babies. Yet, she finished. She had to be tough and would tell it like it is.



Nina Starr Braunwald, circa 1963.

She entered in her scrubs right from the operating room, a dark-haired woman, surprisingly young, looking tired. She was all business.

“Tell me why you want to be a surgeon,” she said. I told her my story, that my interest had never faltered, and that eventually I would like to do pediatric surgery.

“We can accomplish the most tonight,” said Nina, “if you will ask your questions, and I will try to

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answer them.” My words and adrenalin flowed. I did not tell her that I had had a total of one hour of sleep the night before because of new admissions and the Hopkins system, which takes excellent, detailed work for granted and which, at that time, required interns to do their own complete blood cell counts and urinalyses at night. Nina’s responses were thoughtful, brief, and supportive. She commented “Intellectually, you’ll have no problem. The brightest ones (‘Her husband?’ I wondered.) usually go into internal medicine.”

The phone rang. She picked it up, frowned, then gave some orders. She explained to me, “Heart block. It was a large ASD. I’ll have to go soon.” I knew the anatomy of the conduction system and had a sudden insight into the world of surgeons and the ache over a possible technical complication.

I finished by asking for her recommendation of a program in general surgery. “Go to a cutting program,” she said, “where there are more than enough cases; where the junior residents don’t fight over who gets to do the appendectomy.”

“I will,” I said, and stood up. “Thank you, Dr Braunwald.” When she stood up to go, I realized that she was a tiny woman, barely 5 ft tall.

“You’ll do well,” she said, with just a trace of a smile. We shook hands and she was gone.

I found my cutting program, and Nina went on to a distinguished career. She died of cancer in 1992. Often we fail to realize what a difference we may make in the lives of our students and residents; and even in the life of one medical intern for I had been endorsed by Nina Starr Braunwald, the first woman heart surgeon, a tiny woman who was a giant in surgery.