The Department of Surgery and the Halsted Tradition

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In 1913 Dr. Frank Sladen joined the new Detroit General Hospital as Chief of Medicine. When subscriptions to the hospital funding lagged, Mr. Henry Ford took over and changed the name to Henry Ford Hospital. Three years later, in 1916, Dr. Roy D. McClure became Surgeon-in-Chief. From those early years, creation of accomplished surgeons was part of the mission of Henry Ford Hospital.

James Priestly (1) said in his presidential address to the Central Surgical Association that the essentials of a great surgeon were the head, the heart, and the hand. He said, "I believe that the head and the hand aren't doing too badly, or at least they shouldn't be, but what of the heart? Has this been forgotten?" Priestley emphasized that the resident absorbs from his seniors not only their scientific approach and details of the surgical techniques but also something of their character.

There can be no doubt that the formal surgical residency coalesces many factors of intellect, personality, culture, manual dexterity, and training, essential to the development of an accomplished surgeon. Role models have a major impact on the outcome.

The surgical tradition at Henry Ford Hospital emanated from Dr. William Halsted of Johns Hopkins Medical School, for he was the role model for Dr. McClure. McClure, one of Halsted's favorites, one of "the chosen 17," was a worshipful admirer of the great surgeon. A rare day passed in one's association with Dr. McClure without his reference to what Dr. Halsted would or would not do in a given situation or without the recounting of some anecdote of his life.

The Halsted school embodied 1) perfection in the technical methods of surgery; 2) study and research into all problems which aroused surgical interest; and 3) long, thorough training of assistants. As Surgeon-in-Chief, Dr. McClure launched his life's work and continued the Halsted school at Henry Ford Hospital. He was the leader of a role model group that impacted surgical residents for decades.

Dr. Arthur McGraw, a member of the staff from 1922 to 1954, was the first of these role models. Although trained in New York, he became a true disciple of the Halsted school with a special interest in surgery of the thyroid and the breast. He became surgeon-in-charge of the tumor clinic, and in 1950 his cancer follow-up system brought him international recognition. Dr. McGraw took great care and much time in his dissection and in hemostasis. His patience, kindness, and interest in the surgical residents endeared him to all.

Dr. Laurence Fallis, a Canadian, came to Henry Ford Hospital in 1925 after training in Ontario, London, Edinburgh, and Vienna. His great interest was surgery of hernia, stomach, colon, and rectum. After the death of Dr. McClure in 1951, he became Surgeon-in-Chief.

Dr. Fallis had a distinguished career and was a popular teacher noted for his pithy surgical aphorisms, such as "abdominal pain is appendicitis against the field." In the operating room and on rounds Dr. Fallis always spoke in abrupt, questioning...

*Based on the presentation given at the Medical Alumni Association Meeting, Henry Ford Hospital, October 1990.
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phrases. His goal was precise, detailed patient care, and he continued the great tradition of the Halsted school.

On one memorable occasion a special six-finger glove we had developed for mitral commissurotomy was mistakenly placed in a general surgery glove pack. Dr. Fallis pulled on the glove and looked at it in alarm. When the scrub nurse explained that he had inadvertently used my six-finger glove, Fallis, aghast, retorted, "Really, I didn't know Dr. Munnell had a deformed hand."

Dr. Conrad Lam, a Texan, joined the staff in 1938 after training at the Yale Medical School. In his early career, Dr. Lam worked with Dr. McClure in research on the use of heparin as well as burn therapy. After 1946 he limited his work entirely to cardiovascular-thoracic surgery and established a training program in the specialty in 1950. Dr. Lam's enthusiasm seemed inexhaustible; he developed and performed many heart operations, was constantly furthering a project in his laboratory, and also was a prolific writer. He was one to "get on with it." In medical/surgical conferences, he frequently would fidget during lengthy presentations and at some point would interrupt to say, "Well, can we operate on the patient or can't we?" Dr. Lam's motto for speaking was "stand up, speak up, and shut up." The welfare of the patient and the absolute tailoring of an operation to his needs were paramount.

Dr. Brock Brush is the fifth member of this role model group. Another Canadian, he trained at Henry Ford Hospital and became a member of the staff in 1943. All the residents enjoyed working with him. Pleasant, "laid back," accommodating, and rarely flustered, he exhibited a picture of tranquil, precise surgical care, with a delightful attitude toward all of his patients.

Dr. D. Emerick Szilagyi, born and educated in Hungary, studied at the Sorbonne in Paris and the University of Michigan before coming to Detroit. After training with Dr. McClure, he be-
came the medical director at the Ford rubber plantation in the Amazon Valley. He returned to the staff in 1945, and his accomplishments in the field of peripheral vascular surgery became recognized internationally. Discipline is the key word in discussing Dr. Szilagyi’s approach to vascular surgery as well as his principles of personal conduct. Anything less than meticulous dissection of tissues and precise postoperative care of the patient was unacceptable. Dr. Szilagyi has been described as a critical thinker, a surgeon of uncompromising honesty, and the “conscience” of vascular surgeons. He became Chairman of the department when Dr. Fallis retired in 1966.

For years Dr. Szilagyi took his research papers and journals home daily in a large briefcase. On one occasion surgical residents slipped a brick into the briefcase. Subsequently, Szilagyi carried the brick around for two days before he discovered it. Obviously, he had not had time or the inclination to open the case at home. Suddenly certain residents were in trouble but he did not know who.

Dr. Joseph L. Ponka came to the surgical staff in 1951 from West Virginia by way of Washington University and the University of Michigan. Even as a senior resident, Dr. Ponka emulated Dr. Halsted. While certainly not as reserved as Halsted, Dr. Ponka never left any doubt in the minds of those in training as to what he expected them to achieve. Anything short of full attention to detail, the well-being of the patient, and the surgical problem often prompted a lengthy but needed “straightening up” of the resident. In due time his teaching expertise was recognized when he received the first staff award for “excellence in teaching.”

In 1965 Dr. Szilagyi (2) wrote, “The art of medicine...is not synonymous with ethics although the expectation of ethical conduct is contained in it. It encompasses compassion, sacrifice, and humility.”

The surgical tradition at Henry Ford Hospital is an extension of the original influence of William Halsted. Dr. Roy McClure, trained in the “Halsted school,” established the surgery department at this institution and developed his faculty. Although the group of surgical pioneers noted here came from other origins, both in our country and abroad, they have been role models for surgical training, extending and redefining the goals of the tradition. Their expertise and example contributed to the careers of a great host of accomplished surgeons.

Acknowledgments

Biographical and bibliographical information was provided by Ms. Nardina Nameth, Director of Library Services, Sladen Library; the late Dr. C. R. Lam; Dr. R. F. Smith, present Chairman of the Department of Surgery; and Dr. D. E. Szilagyi.

References