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Suzanne Williams

Editorial Office

Massachusetts General Hospital

55 Fruit St., WHT506

Boston, MA 02114-2696

TEL: 617 726 8254

FAX: 617 726 7593

mghsurgsoc@partners.org

MGH SURGICAL SOCIETY REUNION

September 5-7, 2014

The MASSACHUSETTS GENERAL HOSPITAL SURGICAL SOCIETY

Newsletter

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Message from the President – Denny Lund '87

In 2014, once again, the MGH Surgical Society will celebrate a reunion of all of our members. As you know, we have such a reunion every three years. The dates will be **September 5-7, 2014**, and it will be held, as in the past, on the MGH campus. Contemplating my surgical training reminds me of one of my Harvard Medical School interviews with a Harvard Chief of Neurosurgery, who shall remain nameless. At the end of the half-hour interview, during which he spent 80% of the time on a phone call, he stated, "You know, it doesn't really matter where you go to medical school; where you train is far more important to your career." As a college undergraduate at the time, I wasn't quite sure whether this was an endorsement of my application to HMS, but he did touch on an important concept. Where you train is in fact very important to your career.

MGH Surgical Society reunions tend to be much anticipated and well attended. Why is this? Firstly, many of us spent the better part of 5 years or more in the hallowed halls of "Man's Greatest Hospital," and want to see what has happened to our old haunts over time. Secondly, many of our best friends in life are the residents with whom we worked in the trenches to care for sick patients, and with whom we shared "war stories" at the 9:30 Meal. Third, and most important, I believe many of us have very fond memories of our days of training – when we were on a steep learning curve and were convinced of the importance of what we were doing. MGH surgical residents always took great pride in believing that we were absolutely the best physicians in the hospital, the ones who were called when things really got dicey.

I recently joined a dinner for a number of MGH attendees at the American College of Surgeons Annual Congress. I was delighted to see many old friends, faculty, residents and students all together enjoying the evening. It brought to mind that the MGH training experience was and still is a collaborative and friendly one, even though it involves incredibly hard work and high clinical standards. Having worked in a number of institutions over the years, I am still impressed with the collegiality of the MGH, particularly since it is a high-powered academic surgery-training program with very competitive entrance requirements. Dr. Lillemoe has successfully continued the tradition of fairness and collegiality that was started by Dr. Churchill when he instituted the rectangular residency-training program over half a century ago. This camaraderie, which I experienced as a medical student, was a clear differentiator between residency programs when I was applying for training. Working together with residents of all levels and the outstanding nursing staff, especially on the ward services, taught us teamwork that rivals any model of patient-centered care in existence today. This experience of working with and leading teams has undoubtedly contributed to my ability to lead a large division of general surgery, and now a multispecialty group practice of 300 physicians.

I am hoping you plan to join me for the reunion in September, 2014. For this meeting, Drs. Matt Hutter, Tom Dodson and I will be formulating the scientific program. If any of you have suggestions of topics about which you'd like to hear, please send them your suggestions our way. We look forward to seeing everyone in September, and you will receive registration information some time in the Spring of 2014. **Mark your calendars!**

What Happened to the Class of '76? by Charlie Ferguson

July of 1976 marked the bicentennial of the United States of America, but for fourteen young doctors it also marked their entry into surgery, via MGH surgical internship. Curiosity led to tracking down these fourteen youngsters (plus one who joined a year late...) to see what became of us.

Hugh Auchincloss finished his surgery training at MGH and was the East Chief, then spent 20 years with the MGH transplant team, including running the BWH transplant program at the same time for a few years! In addition, he maintained an NIH funded immunology lab, and research eventually took over, followed by research administration. Now he's the Deputy Director of the National Institute of Allergy and Infectious Diseases at NIH. Most of his time is spent developing an AIDS vaccine and new TB drugs. He has three kids (one an MGH surgical resident headed toward thoracic) and one grandchild.

Scott Bartlett finished his general and plastic surgery training at MGH and then served a Craniofacial Fellowship at Penn, where he joined the staff in 1986. He is currently Professor of Surgery at Penn and Chief of Plastic Surgery at CHOP. In addition to running the craniofacial program, he has started a foundation, Children's Medical Foundation of Central and Eastern Europe (cmfcee.org) for the care of children in Eastern Europe. His interest in serving Eastern Europe started when he first traveled there with an MGH team in 1986 through Project Hope! The foundation provides funding for equipment and traveling scholars (including classmate Craig Lillehei). He has two daughters, 25 (a horse trainer) and 21 (a senior at Penn).

Bob Bates did two years of general surgery and then urology at MGH. He moved to Holland, Michigan where he still lives, but hasn't responded to several requests for updates. Secret sources tell me he is doing well by doing good and is a tremendous asset to the community.

Eric Hanson completed general and cardiac training at MGH and went to work at Beth Israel for six months, after which he joined Fred Levine at Sinai Hospital of Detroit. Fred left Detroit in 1992, but "Rico" stayed on for 30 years, having started two open heart programs. He is currently the director of cardiac surgery at William Beaumont (which he started), and two years ago helped to start a new medical school. Currently, he is in the process of merging the Beaumont Health System with the Henry Ford Health System, which will create an organization of 10 hospitals with three cardiac surgery programs. Nancy, a retired lawyer, is still "raising" four grown sons, including a physician, a dentist, a nurse, and a "member of the unemployed".

Marshall Jacobs, who came to the intern interview/exam wearing a tie festooned with martini glasses (it was a Friday...) joined the MGH staff after finishing general and cardiac training. He started out doing both pediatric and adult heart surgery and had a lab in the Knight Building. He married Geralyn McCullough (an OR nurse many of us remember) in 1987 and in 1989 went to Children's National Medical Center, Washington, DC. A year later he moved to Philadelphia where he has been since, practicing in several different hospitals over the years. He stopped operating about four years ago but remains active in outcomes research and quality improvement

in congenital heart surgery. In 2009 he was appointed to the Consulting Staff of the Cleveland Clinic as Director of Clinical Research for the Department of Pediatric and Congenital Heart Surgery, and also serves on the National Database Task force of the Society of Thoracic Surgeons and as Chairman of the Research Committee of the Congenital Heart Surgeons Society (of which he is the president elect for 2015-2016). He is also Editor-in-Chief of World Journal for Pediatric and Congenital Heart Surgery. Geralyn and Marshall have lived on the same small farm in Chester County, Pennsylvania for the past 23 years, with horses and Labrador retrievers.

Jeff Kaufman completed his general and vascular training at MGH and then moved to UNDNJ New Brunswick for four years, followed by four years at Albany Medical Center/VAMC. He then moved on to Baystate Medical Center, Springfield, MA, where he has been the hard working vascular surgeon of the area for the past 21 years. He is married to Mary Kraft (an anesthesia resident contemporary of ours) and has a daughter from a previous marriage who is an undergraduate at University of VT with no interest in medicine. Hobbies are photography and avid reading, and travel is a major priority.

Mike LaQuaglia completed his general surgery training at MGH (many of you may remember that he also set the record for training—started off in Neurosurgery, switched to general surgery, did a transplant fellowship, vascular fellowship, six months of thoracic in Liverpool, and East Chief) and then pediatric training at Boston Children's Hospital. From there he went to Memorial Sloan Kettering Cancer Center, where he has remained. He became Chief of Pediatric Surgery in 1994 and Professor of Surgery at Weill Cornell Medical School in 2000. He became an honorary member of the Royal College of Surgeons of Edinburgh in 2000, and received the Willet F. Whitmore Award for Clinical Excellence at MSKCC in 2006. He was named to the Joseph H. Burchenal Chair in Pediatrics in 2010, and has authored over 200 peer-reviewed publications and 40 book chapters. He and Joanne (SICU nurse!) have two kids—a son who is a surgery resident at Einstein-Montefiore and a daughter who will finish law school at Seton Hall in May of 2013. Ever the student, he is now learning the Japanese martial art of aikido, which has been kinder to him than golf, despite the throws.

Craig Lillehei finished his general surgery at MGH, then pediatric surgery at Children's. He is still somewhat of a procrastinator and hasn't returned any of my calls or emails, but I know from my time in Boston that he is a well-respected, hardworking "worker-bee" in the vineyard of surgery at Boston Children's where he practices a broad range of pediatric surgery.

Buzz Martin completed his general surgery at MGH and was West Chief, then moved home to Jackson, Mississippi to practice with his Dad. After four years he went to St. Thomas Hospital in Nashville for a vascular fellowship and has remained there since, practicing general and vascular surgery in a private setting with Vanderbilt residents and students rotating through (their resident have told me it's their best rotation). Currently he is the Chief of Surgery at St. Thomas and Associate Program Director at Vanderbilt. He and Wendy have five children, one

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of whom did her internal medicine and pediatric residency at MGH, and five grand children. Wendy is a Marriage and Family Therapist.

Doug Murphy completed his general surgery training at MGH in 1981 and then did his cardiothoracic training at Emory, where he remained on the staff for four years, starting the cardiac transplant program. He left Emory for St. Joseph's in 1987 and finally got some daytime OR time. He has been the Chief of Cardiothoracic Surgery for the last 17 years and was involved in the first clinical trials with the da Vinci robot. He has built an absolutely outstanding cardiac program at St Joseph's, and in the twists that occur with modern healthcare consolidation, is again employed by Emory. He and Sue celebrated their 40th anniversary this year and have three children and two grandchildren, all who live in Atlanta.

Bruce Perler completed his training at MGH and moved to Johns Hopkins, where he has been since. He was named the Chief of the Division of Vascular Surgery & Endovascular therapy 10 years ago, and has been the Senior Editor of the Journal of Vascular Surgery for three years. He and Patti have two kids, a son in his third year at the University of Virginia and a daughter who is a senior in high school. He had a small health scare 5 years ago (as I remember, an MI with acute mitral regurgitation requiring repair. Or it may have been a VSD, not sure....) but currently in the best shape of his life—"watching what I eat, jogging 30 miles a week, and valuing each day".

Ron Tompkins is another procrastinator—no responses. He completed his training at MGH and was East Chief, and joined the staff with a major research focus which has continued to today. He is Chief of the Burn Division at MGH and has a busy lab. God only knows what they study.

Sherry Webb has, I believe, the most convoluted story. Between her junior and senior years of residency she took a sabbatical to attend the Harvard Divinity School for their interdisciplinary Program in Bioethics, then to Yale where she earned a PhD in ethics. She then returned to MGH to complete general surgery training, going on to Penn for plastic surgery residency. Finally returning to the MGH for a fellowship in hand and microsurgery, and working at the Shrine for awhile before joining Bill Adams in the practice of plastic and reconstructive surgery. She gradually moved into breast reconstructive surgery, working at the Faulkner Breast Center. In 1995 she started Harvard Law (while still practicing surgery...). She retired from surgery in 1997, morphed into a patent lawyer, and worked for a law firm in Boston and became a partner. Eventually moving to Hawaii for family reasons, she currently lives in Honolulu and works as in-house counsel for a group of specialty chemical companies in Cambridge, MA. She has a teenaged son, and the two of them are involved in filmmaking—he aspires to become a documentary filmmaker.

And finally, me (**Charlie Ferguson**). I completed the residency and was fortunate enough to spend six months in Liverpool doing thoracic, then East Chief. I went into practice in Charlotte, NC and it just didn't work out—a combination

of my immaturity and a rather laid back partner. I then moved to Emory, working mainly at Grady, until 1991---eight very educational years learning how different people can be, and a lot of different ways to do surgery. I then went back to MGH as an "in the trenches" general surgeon and 13 years as program director, a period of really learning about young people. Stacy and I moved to LaGrange, GA (her hometown) in 2010 where I continue to practice a broad range of general surgery, mainly on the uninsured... We have three great kids (one in medicine as a nurse in Boston) and one grandchild who lives only an hour away.

So, it looks like the intern selection committees did pretty well back in 1975—the interns have all practiced (at least some) surgery, and it certainly it appears they have all made contributions to their communities, wherever that may have been. In collecting this information, I was heartened to hear that everyone felt quite grateful for the experience and the opportunities of training at the MGH (despite, or perhaps because of the hardships), and that this experience was instrumental in any accomplishments they may have achieved. It is truly a unique place.

**SIXTH MEETING
OF
THE MASSACHUSETTS
GENERAL HOSPITAL
SURGICAL SOCIETY
BOSTON, MASSACHUSETTS**

Friday, September 5th

**Reception at The Paul S. Russell, MD Museum
of Medical History and Innovation**

Saturday, September 6th

Academic Program

Luncheon

Academic Program

Clambake

Sunday, September 7th

Business Meeting

Academic Program

Farewell Luncheon

Message from the Chief
If you can't beat'em, join'em

Happy 2014 from your Department of Surgery. 2014 began in Boston like it ended, with unusually cold and snowy conditions. We are halfway through the academic year and most of the house staff are just coming off a short holiday break. We are also through the intern application process and I can assure you that the pipeline for the MGH Surgical Society is as strong as ever.

It will not be long however before spring will be here. The Red Sox will be defending their World Series Championship and the Bruins will be in the Stanley Cup Playoffs. And, they will run the 118th Boston Marathon. I don't have to retell this story of both tragedy and heroism. I must say, however, that the outstanding care was provided at the MGH, and especially by the Churchill (Trauma) Service supported by other surgical faculty and residents who came to their assistance when the almost 40 casualties hit the ER, the Emergency Room's physicians and staff, our perioperative colleagues in Nursing and Anesthesia. The MGH stood out, as did all the Boston Trauma Centers, the "First-Responders", as well as the entire City, State and Federal agencies during this senseless act of terrorism. It is certainly a performance that should make you proud of your alma mater, not just for the lifesaving care provided to the victims, but how they have used the knowledge gained at the MGH and all the Boston Trauma Centers to translate into how organizations should respond should such disasters ever occur again in this city or throughout the country.

A number of other notable events have occurred since our last newsletter. In October, Jay Vacanti, Surgeon-in-Chief of the MassGeneral Hospital for Children was awarded the William E. Ladd Medal by the American Association for Pediatric Surgery. This recognition is the highest honor that can be awarded to a pediatric surgeon. Jay follows the great lineage of outstanding MGH pediatric surgeons who received the Ladd Medal including Hardy Hendren and Patricia Donahoe. The future of this group remains bright, as earlier in the year the leadership of the Division of Pediatric Surgery within the Department was transferred from Jay to Allan Goldstein. Allan, a rising star in pediatric surgery, has embraced this opportunity to invigorate the Division in all of its academic missions.

In October at the Annual Clinical College of the American College of Surgeons, MGH Surgical Society President-Elect, Andrew Warshaw was elected to the position of

President-Elect of the ACS. Obviously the MGH Surgical Society at the Clinical Congress is always a very special event, but please plan to attend this year's event in San Francisco on Monday, October 27th to help celebrate Andy's Presidency of the College.

There has been a tremendous string of recognition for Susan Briggs over the last year. In the summer, at a gala event in New York City, Susan was recognized with the Partners Award for her outstanding contributions in global health and disaster relief by Project Hope, the international global health and humanitarianism organization. In the fall the Anti-Defamation League of New England recognized Susan as the 2013 Woman of Valor honoree. She was also elected Vice-President of the American Association for Surgery of Trauma. Finally, after her 70th birthday celebration at the ACS with residents and faculty, it was announced that the Department will be recognizing Susan by endowing a fellowship in her name to support resident activity in global health, a rapidly growing activity within the Department.

Other recent honorees for the Department were the election of David Berger as President-Elect of the New England Surgical Society, Matt Hutter as a James IV Travelling Fellow, Cameron Wright as the First Vice-President (President-Elect) of the American Board of Thoracic Surgery, and my election as Vice-President (President-Elect) of the Halsted Society. Locally at the MGH, Thor Sundt has been named the Director of the MGH Corrigan-Minehan Heart Center and Jay Austen was installed as the first MGH Trustees Endowed Chair of Plastic and Reconstructive Surgery. A new HMS Professorship recognizing Doug Mathisen for his many years of contribution to Thoracic Surgery locally and nationally has been established with Cam Wright designated to be the first incumbent. Finally, so that you don't think all the recognition comes to senior staff in the department, surgical intern Raghu Chivukula, M.D., Ph.D. was chosen by Forbes Magazine as Outstanding "30 under 30" in Science and Healthcare. This is quite an honor for one of our young trainees.

So now that I have "caught you up" on the Department's activities a bit about our new initiatives in communication. First the Department has initiated a new lecture series to help inform our patients, friends, donors and alumni of ongoing activities within the Department. The first of these programs was held at the Paul Russell Museum of History at the MGH in November and featured the contributions from the divisions of Plastic Surgery and Transplantation including the TBRC. The presentations focused on their

efforts to develop our important program in soft tissue transplantation, recognizing the first hand transplant performed at the MGH, but also a discussion of the exciting contributions of plastic surgeon Curt Cetrulo and David Sachs of the TBRC by creating important advances in quality of life of soft tissue transplantation, particularly in establishing immunocompetence to make such transplants a reality for our "Wounded Warriors" and other possible recipients. The second program will feature the leaders of our "General Surgical Services" (General and Gastrointestinal Surgery, Surgical Oncology, and Trauma, Emergency Surgery and Surgical Critical Care) will be held at the Palm Beach Country Club in Florida in the month of January. If you have any interest in being on the mailing list to learn about these programs please let the Department know.

Finally, "If you can't beat'em, join'em" is related to new developments within the Department, as we have finally come into the new age of the social media. I know you all wait anxiously for your newsletters to hear of the activities of the Department. Certainly myself and many other dinosaurs like me, have always loved the concept of something you can hold in your hand and read at your leisure related to activities of the Department. But like the daily newspaper, monthly periodicals, the MGH Newsletter faces challenges of being current and providing timely access to our readers. The newsletter is not going away; however, I do wish to inform you of two newer methods of keeping up with activities within the Department. First, the Department has established a Twitter account where updates of activities within the Department are provided multiple times each week. If you are a Twitter user or looking to be one, please check it out at @MGHSurgery. And if you want more than the periodic 80 character Tweet, please check the Department on the MGH Facebook page. Finally, the entire MGH is undergoing a major reformatting of the website over the next few months, but the Department of Surgery has been diligent as of late in providing more updates about our ongoing clinical activities, residency and other educational activities, research and our growing global health program, so check us out <http://www.massgeneral.org/surgery/>

Again, wishing everyone a healthy and prosperous 2014. We are certainly excited about the future of the Department and look forward to seeing you all at the MGH Surgical Society Reunion on September 5-7, 2014 here in Boston or at the MGH Surgical Society Reception at the ACS in October. ♦

MGH SURGICAL SOCIETY RECEPTION - OCTOBER 2013 - WASHINGTON, DC



**Looking Homeward: Address to the MGH Surgery Society,
September 2011** Elliot L. Chaikof, MD, PhD

In the fall of 2010, I was honored and humbled to return to Boston as Chairman of the Department of Surgery at our sister institution, the Beth Israel Deaconess Medical Center (BIDMC), after a wonderful tenure with Bill Wood, Tom Dodson, and other Massachusetts General Hospital (MGH) alumni at Emory University. Since I completed the surgical residency some 20 years ago, there have been three lessons of life that I have always held close.

The first lesson: "...there are no such things as mistakes, only lessons."

In caring for the challenging patient or after performing a particularly demanding operative procedure, I have often reminded our surgical residents and junior faculty that in the Bhagavad Gita, the 2000 year old Hindu scripture, it is written "...wisdom comes from suffering" and perhaps we have just not yet suffered enough.

The second lesson: "Be open in the widest possible way to encountering new people as they represent a new learning experience", or as we might say in the South, "Leave the screen door to the outside world unlatched - you never know who will walk in."

The third lesson: "Life's journey isn't to arrive at the grave safely in a well preserved body, but rather to skid in sideways, a little beaten up, worn out, and shouting - holy cow what a ride!"

I was reassured by many that all of these requirements would most certainly be fulfilled in returning to Boston.

So I find myself across town in a new home and what I have learned since returning to Boston is that at a time when this great institution is looking back at the legacy it leaves over the past two centuries and looks forward to the next 100 years, one cannot overstate the profound impact MGH Surgery has had on its cross-town, sister institution, within the Harvard Medical system.

Given the floor at this alumni event and with a great deal of humility, I felt it incumbent to recall a few of those MGH alumni whose legacy runs deep at the corner of Brookline and Longwood Avenues. The Beth Israel Deaconess Medical Center represents a merger of two rich legacies and traditions derived from the Beth Israel Hospital and the New England Deaconess Hospital, but the founding surgical roots of BIDMC extend back to 1864 with the formation of the Harvard Surgical Service at the newly opened Boston City Hospital some 40 years after MGH first open its doors. The founding of Boston City Hospital was "...intended for the use and comfort of poor patients, for whom medical care will be provided at the expense of the city..." At age 32, David Williams Cheever, who was a former trainee and member of the surgical service at the MGH, was the founding leader of this new surgical service and served in that capacity for over 40 years, succeeding Henry Jacob Bigelow as the second Chairman of Harvard Medical School's Department of Surgery. He built a vibrant clinical, academic, and teaching unit later renamed the Fifth (Harvard) Surgical Service. With a change in medical school affiliation at Boston City Hospital in 1973, the entire Fifth Surgical Service was moved to the New England Deaconess Hospital by William V. McDermott, MD, who later held the Cheever Professorship. A pioneering surgeon and man of immense dedication and integrity, Dr. Cheever was editor of the Boston Medical and Surgical Journal, a predecessor of the New England Journal of Medicine, and in 1889 served as President of the American Surgical Association.

A hundred years ago, Maurice Howe Richardson was Surgeon-in-Chief at the MGH and Moseley Professor of Surgery. As a deeply spiritual man, he was a staunch supporter of the Deaconess endeavor

from its inception and an active member of its surgical staff. In 1912, at the end of a heavy day of operating, Dr. Richardson died in his sleep at the age of 61.

The New England Deaconess Hospital noted in its annual report of 1912 that "The hospital has had sorrow and loss in the death of a true friend...His interest and kindly help ever made us look to him and think of him as the father of our Hospital..."

Leland McKittrick, Chief of the MGH East, a leader in gastrointestinal surgery and a pioneer in the management of surgical complications of diabetes, left an indelible imprint as a member of the New England Deaconess Association, which initially had two separate medical staffs, one at the Palmer Memorial Hospital, where he was Surgeon-in-Chief beginning in 1931 and a second at the New England Deaconess Hospital led by Frank Lahey, who subsequently founded the Lahey Clinic, and Richard B. Cattell. McKittrick assumed the leadership of both groups following the formation of a unified surgical service in 1964.

William V. McDermott, a Churchill trainee and a brilliant hepatobiliary surgeon and investigator, first lead the Harvard Fifth Surgical Service beginning in 1963 and subsequently assumed the Chairmanship of Surgery at the New England Deaconess Hospital after McKittrick's retirement. In memorializing Dr. McDermott, his colleagues quoted his favorite poem by Henry Wadsworth Longfellow:

*"...Lives of great men all remind us
We can make our lives sublime
And, departing, leave behind us
Footprints on the sands of time..."*

The legacy of the MGH at the Beth Israel Hospital has likewise been substantial. Wyman Whittemore was a graduate of Harvard College and Harvard Medical School, trained at the MGH, and was a member of the early MGH thoracic surgical faculty. He went on to serve as the 12th president of the American Association for Thoracic Surgery and as the first Surgeon-in-Chief of the Beth Israel Hospital, when it moved to the Brookline Avenue location in 1928.

Charles Mixter followed Whittemore, where he served as Surgeon-in-Chief at the Beth Israel Hospital for nearly 20 years. He was a graduate of the Massachusetts Institute of Technology and Harvard Medical School, completed his surgical training at the MGH, and was a founding member of the American Board of Surgery.

Cheever, Richardson, McKittrick, Whittemore, and Mixter were surgeons committed to their communities, caring in their relationships, and dedicated to innovation and excellence. Surgeons who brought with them the spirit of the MGH in creating an environment that sought to train the next generation of leaders in American Surgery, who were capable of rising to future crises and challenges.

When I began my internship 30 years ago, it seemed that becoming a surgeon meant that I had found a way of using my mind and my hands and of interacting with people in a way I had never done before. What was evident to me as a resident was the excitement of gathering with a group of very bright people whether in the operating room, clinic, the laboratory, or at the 9:30 PM meal and somehow, out of that interaction collectively arriving at an idea or solution that no one else would have had their own. Closing ingenuity gaps has always been dependent on creating an environment for collaborative thinking and problem solving.

The enormous power of collaborative problem solving, as a team sport, was made apparent to me soon after joining the vascular

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(Chaikof continued from previous page)

surgery faculty at Emory. In the spring of 1993, Bill Wood provided me with the opportunity to spend time in Buenos Aires with Juan Parodi who was rethinking the surgical treatment of aortic aneurysms through minimally invasive approaches. When I showed up at the doorstep of the Instituto Cardiovascular Buenos Aires, I recognized that the ability to have a truly meaningful impact in life is never really about resources – it's always about resourcefulness.

Ashby Moncure told me the day I left surgical residency to "... be true to my teachings". I was a bit confused at the time, since there seemed to be a lot of "teachings" imparted to me during my time as a resident. I believe he meant to be courageous and it is easiest to be courageous when you have a good team. Courage in the operating room is certainly not the same as courage at the lab bench, but life is about problem solving and it is a team sport.

I entitled this presentation Looking Homeward. We all have a very personal prism of family through which we view healthcare. Our first child, Rachel, was born in 1987 while I was a surgical resident. She was born profoundly deaf and within 18 months had lost all of her residual hearing. At some times in our life we seek out challenges and at other times challenges find us. At 2 and 1/2 years of age, our daughter was among the very first children to participate in an FDA clinical trial of cochlear implants. For our family - for our oldest daughter, as well as for our youngest child who was also born deaf, this technology - making the deaf hear - has truly been a miracle and all those who have touched our lives in providing this care, we consider miracle workers. To this day, my family and I remain so grateful for the support we received from my fellow residents, the MGH surgical faculty, and from the leadership of this department, Les Ottinger and W. Gerald Austen, during what was a very trying time for our family.

About five years ago, a few weeks before our oldest daughter was to enroll at the Savannah College of Art and Design, we learned that she suffered from retinitis pigmentosa. After further genetic testing, it was determined that our daughters have Usher Syndrome. The recessive gene is found in about 2-3 out of every 100 Ashkenazi Jews, a little less common than Tay Sachs, but a bit too common for us.

At some times in our life we seek out challenges and at other times challenges find us. Over the past 20 years, as a family, we have now had experience with over a dozen different operations on our children – initial procedures, bilateral implants, and operations to replace failing implants.

We have witnessed the very best that science, medicine and engineering have to offer.

We have witnessed the power of collaborations, partnerships, and teamwork.

We have witnessed the potential of artificial organs and implantable devices to change our lives.

We have witnessed the power of molecular genetics to predict our destiny and the hope of molecular therapeutics and surgery to provide us with a better tomorrow.

There is a family out there who really cares about the work we do, whose clock is ticking, who need our best ideas. Who needs all of us, in our own ways, to innovate and translate, to be courageous. It is what I learned several decades ago as a resident. It is not simply about caring, although that is central to what we do as surgeons, it is about curing.

Congressman John Lewis is a personal hero of mine. During the

last few years that I practiced surgery in Atlanta, I had the privilege of caring for the Congressman's family. One of my most cherished memories was coming upon John Lewis one evening while making rounds. The White House was televising a celebration of music of the civil rights movement. As I watched the event with the Congressman, Barack Obama noted that his presence in the White House was a direct result of John Lewis' courage in the civil rights movement.

John Lewis grew up in the small town of Troy, Alabama, 50 miles outside of Montgomery. He was fond of recalling that his beloved aunt lived in a "shotgun house" - an old house with one way in and one way out. When you fire a shotgun through the front door, the bullets go straight through the back door. Sometimes at night, John Lewis recalled that you could look up through the holes in the tin roof of that shotgun house and count the stars.

His aunt's shotgun house did not have a green manicured lawn. It had a simple plain dirt yard and from time to time, his aunt would gather branches from a Dogwood tree and tie the branches together to make a broom, which she called a brush broom. He recalled that she would sweep her dirt yard very clean two or three times a week, but especially on Friday and Saturday, as she wanted the dirt yard to look very good on the weekend.

As a young child, on one summer afternoon, John Lewis was playing in his aunt's dirt yard with a dozen or so of his cousins, brothers and sisters, when a terrifying storm arose. The wind started blowing, the thunder started rolling, the lightning started flashing, and the rain started beating down on the tin roof of that old shotgun house. His aunt was terrified and started crying. She thought her old house would blow away. She gathered the children together and told them to hold hands. And they did as they were told. The wind continued to blow, the thunder continued to roll, the lightning continued to flash, and the rain continued to beat down on the tin roof of that old shotgun house. When one corner of the house appeared to be lifting off of its foundation, she had all the children walk to that side to hold the house down and when another corner would appear to lift up, she would have the children walk to that side of the house. So they were little children walking with the wind. But they never, ever left the house.

The Congressman wrote me a note before I left for Boston in the Summer of 2010 that I should keep the faith. I have thought of his note, the story of his aunt's shotgun house and what it meant for me as I returned to Boston. What I do know is that in these very challenging times, we must all be committed to a shared vision and close relationships. The wind may blow, the thunder may roll, the lightning may flash, but we should keep the faith, walk with the wind, and let the spirit of the very best that MGH Surgery has represented guide our way.

*******WE WANT TO HEAR FROM YOU*******

PLEASE SEND US YOUR NEWS

REQUEST FOR HONORS, COMMENTS, PERSONAL NOTES, LETTERS TO THE EDITORS, ANECDOTES, CURRENT ACTIVITIES, SUGGESTIONS, ETC.

NAME _____ **CONTACT INFO:** _____

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