A History of the Department of Surgery
at Weill Cornell Medicine and NewYork-Presbyterian

In Occasion of the 120th Anniversary | 1898 - 2018
## CONTENTS

### Foreword

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Origins</td>
<td>1 - 6</td>
</tr>
<tr>
<td>2</td>
<td>Lewis Atterbury Stimson, M.D., LL.D. 1898 - 1917</td>
<td>7 - 16</td>
</tr>
<tr>
<td>3</td>
<td>Charles Langdon Gibson, M.D. 1918 - 1931</td>
<td>17 - 22</td>
</tr>
<tr>
<td>5</td>
<td>William DeWitt Andrus, M.D., F.A.C.S. 1947</td>
<td>33 - 38</td>
</tr>
<tr>
<td>7</td>
<td>Clarence Walton Lillehei, M.D., Ph.D., F.A.C.S. 1967 - 1970</td>
<td>49 - 56</td>
</tr>
<tr>
<td>9</td>
<td>Paul Allen Ebert, M.D., F.A.C.S. 1971 - 1974</td>
<td>67 - 72</td>
</tr>
<tr>
<td>10</td>
<td>Bjorn Thorbjarnarson, M.D., F.A.C.S. 1974 - 1975</td>
<td>73 - 80</td>
</tr>
<tr>
<td>13</td>
<td>John Michael Daly, M.D., F.A.C.S. 1993 - 2002</td>
<td>97 - 106</td>
</tr>
<tr>
<td>15</td>
<td>Fabrizio Michelassi, M.D., F.A.C.S. 2004 - Present</td>
<td>117 - 130</td>
</tr>
<tr>
<td>16</td>
<td>Present and Future</td>
<td>131 - 134</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Department of Surgery Chairmen</td>
<td>135 - 138</td>
</tr>
<tr>
<td>II</td>
<td>Department of Surgery Chiefs</td>
<td>139 - 142</td>
</tr>
<tr>
<td>III</td>
<td>Department of Surgery Annual Class Photo</td>
<td>143 - 160</td>
</tr>
<tr>
<td>IV</td>
<td>Department of Surgery Lecture Visiting Professors</td>
<td>161 - 170</td>
</tr>
<tr>
<td>V</td>
<td>Department of Surgery Award Winners</td>
<td>171 - 172</td>
</tr>
<tr>
<td>VI</td>
<td>Weill Cornell Medicine Faculty Presidents of the ACS and the ASA</td>
<td>173 - 180</td>
</tr>
</tbody>
</table>

### References

<table>
<thead>
<tr>
<th>References</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>181 - 189</td>
</tr>
</tbody>
</table>
The Department of Surgery at Weill Cornell Medicine and NewYork-Presbyterian was founded in 1898. Over the course of the last 120 years, the department has contributed profoundly to the practice and science of Surgery. Notable milestones have included the establishment of one of the first systematized patient post-operative follow-up systems in the early 1920’s; the important research and efforts which led to the standard installation of seat belts to improve car safety in the 1960’s; the establishment of one of the first multidisciplinary burn centers in the nation in the 1970’s; the opening of a state-of-the-art simulation center in the first decade of this millennium; and the development of laparoscopic and robotic techniques for liver transplant live donations in the second decade. At the same time, countless residents and fellows have trained in our department to become excellent surgeons, researchers and leaders in academic surgery.

As we celebrate the 120-year anniversary, we want to take stock of our heritage and our past achievements. Readers will learn much about the history of the Department of Surgery at Weill Cornell Medicine and NewYork-Presbyterian and the contributions made by the surgical leaders who spent time here. The remarkable advancements and the incredible growth since 1898 can only make us enthusiastic about our future. I hope you find this book of interest and share our enthusiasm for the future of surgery at our institution.

Sincerely yours,

Fabrizio Michelassi, M.D., F.A.C.S.
Lewis Atterbury Stimson Professor
Chairman, Department of Surgery
Weill Cornell Medicine
Surgeon-in-Chief
NewYork-Presbyterian/Weill Cornell Medical Center
In 1771, King George III granted a royal charter to establish The Society for The New York Hospital. Construction of the hospital was delayed by the start of the Revolutionary War. The hospital finally opened in 1791. Dr. Wright Post, one of the first surgeons appointed to the hospital in 1792, was the first in America to ligate the femoral artery for the treatment of a popliteal aneurysm in 1796, the common carotid artery in 1813, and the subclavian artery for the treatment of a brachial artery aneurysm in 1817. He developed state-of-the-art surgical techniques for aneurysms, paving the road for the innovative work of Dr. Valentine Mott, a pioneer in vascular surgery, who achieved the astonishing record of treating 138 aneurysms by ligation, including one of the innominate artery in 1818, the first time in the history of surgery. In November 1846, only one month after Dr. W.T.G. Morton demonstrated the use of ether anesthesia in Boston, Dr. John Rodgers used ether anesthesia during the treatment of a perirectal abscess at The New York Hospital. Another prominent surgeon at the time was Dr. Alexander Stevens, a physician and professor of surgery admired for his clarity, sound judgment and precision. Dr. Stevens contributed significantly to the fields of lithotomy and eye disease. He was also an important advocate for the benefits conferred by medicine on society, especially in the areas of vaccination, the treatment of mental illness and the application of
science to the arts and agriculture.

The building where The New York Hospital was originally housed became inadequate to care for the many patients it attracted by the second half of the 19th century and a new hospital building was completed in 1877 [Figure 4]. In 1878, Dr. Lewis Atterbury Stimson performed the first public demonstration of an antiseptic operation in the United States. Dr. Stimson also introduced the molded plaster splint for the setting of fractures. Dr. William Stuart Halsted, considered by most to be the founder of modern surgery and surgical training, and one of the most influential surgeons in America, began his own medical training at The New York Hospital in 1878. Under the mentorship of Dr. Henry Sands, an attending surgeon, his interests in surgery and anatomy were encouraged. In 1883, Dr. Halsted was appointed visiting surgeon at The New York Hospital, where he introduced the first bedside patient chart.

In 1898, Dr. Stimson wrote the charter of a new medical school, the Cornell University Medical College [Figure 5]. Along with the medical school’s first dean, William Polk, Dr. Stimson was instrumental in obtaining a gift of $1.5 million from the well-known philanthropist Colonel Oliver Payne to open the new medical college along First Avenue, between 27th and 28th Streets in Manhattan [Figure 6]. Dr. Stimson expanded the traditional surgical curriculum by adding bedside training sessions and laboratory research to the didactic lectures and, by 1908, residents would, for the first time in history, require a college education as a qualification for admission. Dr. Lewis Atterbury Stimson [Figure 7] was named the first chairman of the Department of Surgery at Cornell University Medical College, a position he held until 1917 [Figure 8]. It was during his tenure as chairman that an agreement was signed in
1912 between The New York Hospital and Cornell University, which led to the building and opening of The New York Hospital and Cornell University Medical College at their present location on the Upper East Side of Manhattan in 1932 [Figure 9].

Dr. David B. Skinner [Figure 10], internationally renowned esophageal surgeon became the president of The New York Hospital, circa 1987. On assuming the presidency at The New York Hospital, he worked with then Board Chairman, Mr. Maurice R. Greenberg, to affect the successful financial turnaround that became a model for other hospitals. Under his leadership, outdated inpatient facilities were replaced and the new
Maurice R. and Corinne P. Greenberg Pavilion, a 880-bed pavilion built over the FDR Drive in a most technological advanced engineering feat, was completed. Since then, an additional floor with 48 beds has been added to the initial construction [Figure 11]. In 1997, Dr. David Skinner spearheaded the merger between The New York Hospital and The Presbyterian Hospital into one entity named NewYork-Presbyterian Hospital. Simultaneously, the medical college started a new course of expansion under the leadership of Dean Antonio M. Gotto and of Mr. Sanford Weill, Chairman of the Board of Overseers. The medical college was renamed the Weill Cornell Medical College as a result of the transforming generosity of Joan and Sanford I. Weill.

The geographical convergence of The New York Hospital and Cornell University Medical
College at their present location in 1932, which evolved later into the NewYork-Presbyterian/Weill Cornell Medical Center, served as the setting for the expansion of the Department of Surgery over the decades. Today, the Department of Surgery counts close to 100 full-time faculty members, who are nationally and internationally renowned in their respective fields and provide our patients with high quality, personalized care using advanced technologies and, when feasible, minimally invasive techniques to achieve the most successful surgical outcomes [Figure 12].
CHAPTER 1
Origins

Figure 11. New York-Presbyterian/Weill Cornell Medical Center, circa 2008

Figure 12. Department of Surgery, 2018
Lewis Atterbury Stimson, M.D., LL.D., served as the first chairman and professor of surgery at Cornell University Medical College for nearly two decades, from its founding in 1898 until his death in 1917. Dr. Stimson was instrumental in persuading his close friend, Colonel Oliver Hazard Payne, to donate $1.5 million to establish the medical school and create the Department of Surgery. He was an attending surgeon at The New York Hospital, then located on 15th Street in Downtown Manhattan, and head of service at its Hudson Street emergency branch, the House of Relief Hospital.

An internationally renowned surgeon and dedicated educator, Dr. Stimson’s visionary leadership helped to distinguish Cornell University Medical College as one of the leading academic medical schools in New York. During his tenure as chair, he led the charge to raise the academic standards for admission to the medical school. He enforced that medical students were required to have a college degree for admission to the program, a requirement which was extremely rare at that time in the United States. Dr. Stimson wrote of the challenges initially caused by this unprecedented change in the academic requirements, in a letter dated September 29, 1908: “This year at the college is required a college degree for matriculants and thus far only two students have registered. What a lot of teaching they will get? We hope to get ten. I had hoped for 20 or 30.”

Today, Weill Cornell Medical College graduates approximately 100 medical students per year. Additionally, in 1899, one
year after the start of the medical college, Cornell University agreed to accept women to matriculate, by admitting all of the women students attending The Women’s Medical College of the New York Infirmary after it closed. In 1903, in recognition of his many contributions to medical education, Cornell University erected a new building on the Ithaca campus, Stimson Hall, for the teaching of anatomy and physiology.

Dr. Stimson, along with Mr. George Baker, Sr., a governor and benefactor of The New York Hospital, also led the way toward the creation of a new medical center, when Cornell University Medical College and The Society of The New York Hospital signed an affiliation agreement in 1912. He had the foresight to envision the many benefits that this synergistic relationship would engender, meeting the rigorous academic training needs of medical students as well as providing vitally-needed medical and surgical care to the Hospital’s patients. In a letter to his older brother Rev. Henry Stimson on August 10, 1912, about the proposed affiliation with The New York Hospital, Dr. Stimson reported
“...My New York Hospital plan seems likely to work out. Rives approved of it and is working for it among his colleagues. I have submitted a proposal which six of them have accepted in principle and practically in detail. And I think they are so eager to get hold of the money that I can probably be stiff in my requirements.”

Dr. Stimson’s significant accomplishments are recognized in the minutes of a faculty meeting at Cornell University Medical College, dated October 19, 1917, after Dr. Stimson’s death: “...Doctor Stimson was a potent force in developing medical education in New York. His name will always be associated with the establishment of the Cornell University Medical College, because it was through him and his intimate friend, Mr. Henry F. Dimock, that Colonel Payne first took an interest in the creation of such an institution; and then through his judicious and tactful presentation of the aspirations, necessities and accomplishments of the School, the interest and continuous generosity of the founder were maintained. The affiliation in 1912 of the Cornell School with The New York Hospital was the result of his personal efforts and his strong conviction that such an association would yield great mutual advantages.”

Born August 24, 1844, in Paterson, New Jersey, Dr. Lewis A. Stimson was a gifted student who entered Yale University when he was only 15 years old, graduating with honors in 1863. He married Candace Wheeler in the American embassy in Paris in 1866. They had two children, Henry Lewis Stimson and Candace Catherine Stimson. Henry, who was born in 1867, went on to serve in key leadership positions with four U.S. Presidents. He became Secretary of State under President Hoover and served as Secretary of War under Presidents Taft, Roosevelt and Truman. After his death in 1944, his daughter Candace endowed the Lewis A. Stimson Professorship of Surgery at the Hospital.

Dr. Stimson joined the army at 18 after graduating from Yale, and served as a Captain and as aide-de-camp to two generals; Major General Birney and later Major General Terry. Interestingly, he was appointed aide-de-camp by the U.S. Secretary of War, Edward Stanton, on behalf of President Andrew Johnson on April 21, 1865. This was shortly after President Johnson became U.S. President, as President Abraham Lincoln was assassinated six days prior, April 15, 1865. He was recognized for his dedicated service to his country by being elected Companion-at-Large of the First Class of the Military Order of the Loyal Legion of the United States. Dr. Stimson recounted his first
Figure 4. Letter from the US Secretary of War, on behalf of President Andrew Johnson, appointing Lewis A. Stimson, M.D. aide-de-camp

War Department,
Washington, April 21st, 1863,

Sir:

You are hereby informed that the President of the United States has appointed you aide-de-camp, with the rank of Captain, under the act approved July 17, 1862, for Major General Terry, in the service of the United States, to rank as such from the twenty-first day of April, one thousand eight hundred and sixty-two. Should the Senate, at their next session, advise and consent thereto, you will be commissioned accordingly.

Immediately on receipt hereof, please to communicate to this Department, through the Adjutant General of the Army, your acceptance or non-acceptance; and, with your letter of acceptance, return the oath herewith enclosed, properly filled up, subscribed and attested, and report your age, birthplace, and the state of which you were a permanent resident.

You will report for duty to Major General A. H. Terry, U. S. Vols., Commanding, 10th Army Corps.

[Signature]

Secretary of War.

Capt. Lewis A. Stimson,
Aide-de-Camp, Volunteers,
This Major General A. H. Terry, U. S. Vols.

[Signature]

Lewis A. Stimson, M.D.
exposure to trauma surgery during his military service in a paper he later wrote about his Civil War experiences. In a foreshadowing of his future prominence and pioneering advances in the field of trauma surgery, he wrote:

“...an unexpected volley had brought down a number of men, the doctors were hurried up, improvised operating tables, and set about their work. It was, though I did not know it, the beginning of my surgical career, for I asked a doctor why he was going to amputate an arm from which the back of the elbow had been shot away. ‘Why do you not leave it as it,’ I asked, ‘the arm is still good and I should think he could get well of his smash as well as he could of an amputation.’ He snorted with scorn and off came the limb! Nowadays, we should certainly save it, and I still think it might have been done then.” 

Dr. Stimson did not take up the study of medicine until he was 27 years old. After the war, he initially went into banking with his father, and became a member of the New York Stock Exchange in 1867. However, his wife fell ill, which in combination with his interest in science and medicine, motivated him to pursue medical school. He moved his family to France in 1871 to attend The Paris School of Medicine. He returned to New York to complete his formal medical education at Bellevue Hospital Medical College, earning his medical degree in 1875. His original notebooks from medical school, preserved in the Medical Center Archives of NewYork-Presbyterian/Weill Cornell, illustrate his meticulous attention to detail with some of his anatomy drawings [Figure 5-6].

Dr. Stimson was responsible for many pioneering breakthroughs that helped advance the field of American Surgery, many of which were heavily influenced by his close relationship with both Drs. Pasteur and Lister. While studying medicine in Paris, Dr. Lewis A. Stimson formed an important friendship with Dr. Louis Pasteur whose germ theory would deeply influence his own surgical career, and he authored a biographical essay on Dr. Pasteur. In a letter written from Paris to his brother Henry, dated Feb 28, 1875, Dr. Lewis A. Stimson wrote: “I went to the Academy of Medicine the other day and was lucky enough to see and hear Pasteur. The subject under discussion was bacteria...” 

Dr. Stimson then went on to form a close association with Dr. Joseph Lister, who was world renowned for his ground-breaking demonstration of sterilization in surgery in Europe. He had seen Dr. Lister operate in a carbolic acid mist, and wrote a prize-winning essay in 1875 titled “Bacteria and Their Influence upon the Origin and Development of Septic Complications of Wounds.” His fascination with Dr. Lister’s work led him to perform the first antiseptic operation in the United States at The New York Hospital in 1876, where he amputated a tumor located on the knee, in which the wound was sewed up “under the rules of Lister.” In a letter Dr. Stimson wrote to his brother Henry about the new procedure on November 26, 1876, he reported with great excitement “…my operation came off last Tuesday and was quite a success. I used the antiseptic method of Professor Lister of Edinburg in all its details and that brought quite a crowd, 50 to 75 people. The operation went off smoothly and the man has been
doing marvelously well. The whole wound, except half an inch where the drainage tube lay, united within 48 hours and there has not as yet been a drop of pus, nor a tenth of a degree of fever. At this rate, he will be entirely well in 10 days which is quick work for an amputation of the thigh high up. Still, I must not ‘holler’ before I am out of the woods.” In a letter dated December 10, 1876, he wrote “…my amputee has made a brilliant recovery and for that I am very grateful. The case has had a certain retentissement of account of the antiseptic method which was used for the first time in all its details in a capital case and publicity in the city and perhaps in the country, though it is well known abroad. An account of it will be published in a few days.” Seven days later, he sent a letter to his brother, where he declared with great humility, “I send you an account of my operation. Don’t make too much of it. It is ‘no great shakes’."

An internationally-recognized expert in fractures and dislocations, Dr. Lewis A. Stimson is noted for introducing the molded plastic splint for fractures. At the House of Relief Hospital, he saw a large volume of acute trauma surgery, gunshot injuries, fractures and dislocations, developing strong experience and expertise in the field. During the years he served there, from 1894 to 1905, there were 14,566 fractures recorded. He developed combined traction (Stimson-Hodgen) for femur fractures. He advanced new methods of reducing dislocations of the hip and shoulder, and
he was the first to recognize the significance of newly formed bone on the end of the humerus as an obstacle to the reduction of the dislocation of the elbow. He also contributed to various fields in general surgery including gynecologic surgery. He helped develop the Pfannenstiel-Stimson transverse incision as an operative approach to the abdominal organs and the pelvis. Additionally, in 1889, Dr. Stimson performed the first ligation of the ovarian and uterine arteries in sequence in their course during a hysterectomy, which significantly improved surgical outcomes.\textsuperscript{13}

He authored two classic and widely-used textbooks “Operative Surgery” and “Fractures and Dislocations,” \textsuperscript{[Figure 7]} and published over 130 articles, in various prestigious medical journals.\textsuperscript{14,15} Dr. Stimson held leadership positions in numerous professional societies. In 1879, he co-founded the New York Surgical Society with his colleague, Dr. William Van Buren. At that time, there were only about 30 surgeons practicing in New York, at nine large general hospitals, with three active medical schools. Drs. Lewis A. Stimson and Van Buren organized the founding meeting in October of 1879 with other New York surgeons including Drs. McBurney, Keyes, and Wier. He was also an active member in the French Society of Surgery, an honor accorded to very few surgeons outside of France. Dr. Stimson served as vice-president of the New York Academy of Medicine from 1893 to 1896, and he was a Regent of the State of New York from 1893 to 1904. He was also awarded a Doctor of Laws degree from Yale in recognition of his scholarship.\textsuperscript{[Figures 8,9]}
A member of the New York Yacht Club, Dr. Stimson had a great life-long passion for sailing, and often sailed with his daughter Candace on his famous 80-foot schooner-yacht, the *Fleur-de-Lys*. When Dr. Lewis Stimson sailed in the Kaiser’s Gold Cup race of 1905, Candace was the only woman in the race. Each summer, he was known to cruise around Europe on his yacht with his daughter Candace, sometimes accompanied by his colleagues Dr. Edward Keyes and Colonel Payne (Figure 10).

Dr. Stimson often enjoyed spending his leisure time at his home in Shinnecock Hills, New York with his family and his dog (Figure 11). Sadly, it was while out at this home in Long Island that he died unexpectedly on September 17, 1917 of a sudden heart attack while walking his dog. At the time of his death, he was working on a book on military surgery, with a special focus on shell-shock, trench disease and antiseptic irrigation of wounds. Dr. Edward L. Keyes, a Yale classmate and professor of urology at Cornell University Medical College, said in a memorial service for Stimson
that he “manifested the possession of that well known asset that has been called the hand of steel in the glove of velvet.” In a letter dated March 13, 1879, Dr. Stimson commented reflectively, “after all there is little in life except the satisfaction of doing good work and doing it well. There is nothing so satisfying to horse or man as functioning well.” Clearly, by Dr. Stimson’s own measurement, he certainly achieved a meaningful life. There is a plaque that remains at Weill Cornell Medical College today, commemorating his illustrious contributions to this institution. His rich legacy still lives on today, as evidenced by the cutting-edge surgical advances being developed in the Department of Surgery at Weill Cornell Medicine and NewYork-Presbyterian.
Figure 1
Charles Langdon Gibson, M.D. served from 1918 to 1931 as chairman of the Department of Surgery at The New York Hospital – Cornell University Medical College. He presided over the First Surgical Division of The New York Hospital at 8 West 16th Street, which was comprised of full-time Cornell University Medical College faculty members, and served in this capacity until the opening of the third site of The New York Hospital on its current location on 68th Street on the Upper East Side.

Dr. Charles Langdon Gibson was born May 5, 1864 in Boston, Massachusetts to Charles Langdon and Margarette Carter Smith Gibson. He spent much time abroad as a young man, and received most of his early education from private tutors in France. He went on to learn French fluently and gained an intimate knowledge of the French people and culture. His family had wanted him to attend Oxford University, but he rebelled, returned to the United States, and finished his education first at Adams Academy in Quincy, Massachusetts, and then received his undergraduate degree from Harvard University in 1886, and his medical degree also from Harvard in 1889.

Dr. Gibson completed his internship at St. Luke’s Hospital in New York from 1890 to 1892. After completion of his internship, he had his first publication in *Annals of Surgery* entitled, “Operative Procedure in Advanced Age, Based on a Study of Sixty-Five Cases Ages Seventy or More.” This was a case series of patients over the age of 70 who had undergone surgery after which he noted that early mobilization of elderly patients, “…is of cardinal importance and on it depends often the
recovery or death of old people.”

Following his internship, he returned to Europe to complete his training at clinics in Heidelberg, Vienna and Breslau. He spent most of his time studying diseases of the stomach, namely severe gastric ulcer disease leading to gastric outlet obstruction, and wrote several editorials on his experiences at these clinics, and the various surgical methods employed abroad. He was an opponent of the pyloroplasty due to the high mortality of 38% at the time, and advocated for simple gastrointestinal bypass, which had much better outcomes in benign disease.3,4,5

He returned from Europe in 1900, joined the staff at St. Luke’s Hospital and was quickly advanced to full attending surgeon. He was also appointed as a clinical instructor in Diseases of the Genito-Urinary System at Cornell Medical College. In 1907, he joined The New York Hospital Surgical Staff full-time, and by 1913 was an attending surgeon in charge of the Cornell Division of The New York Hospital. He also served in the downtown House of Relief of The New York Hospital [Figure 2], in addition to remaining on staff at St. Luke’s, Memorial, State Hospital for Deformed and Crippled Children, Vassar Brothers Hospital in Poughkeepsie, and Southside (Babylon Hospital) in Long Island.

At the outbreak of World War I, he took a leave of absence in February 1915 to organize relief efforts in France and Belgium. While in Belgium, he visited a friend of his, Dr. Antoine Depage, who was in charge of a Red Cross Hospital not far from the front line and operated promptly on soldiers who had suffered penetrating wounds to the abdomen. Dr. Gibson was impressed by the bravery of Dr. Depage in working so close to the trenches, commending his belief that “risks must be taken, both to patient and personnel, and do such operations close enough to the lines to allow their speedy transportation and treatment.” 6 Upon his return to New York [Figure 3], he organized efforts to obtain money and supplies, much of it from his personal funds, for the hospital in Belgium.

In 1916, Dr. Gibson returned to France to accompany Dr. Depage on a visit to Compiegne,
France, where Dr. Alexis Carrel, winner of the 1912 Nobel Prize in Medicine, was devising a novel treatment of the wounds of compound fractures to improve infection rates. The wounds were debrided within 24 hours, and filled with a large number of 16 Fr rubber tubes. Through these tubes, Dakin’s solution was infused every two hours. Daily quantitative bacterial counts were obtained, and when these fell to zero for six days in a row, the tubes were removed and the wounds were sutured closed. Dr. Gibson noted that these wounds, “heal in a manner that is simply indescribable.” He and Dr. Eugene Pool brought the method back to The New York Hospital, and felt they “had been able to control suppuration more promptly than by any other method.”

Dr. Gibson helped organize Base Hospital Number 9, The New York Hospital Unit, and he was made a Major in the Medical Corps of the Army in April 1917 (Figure 4). The hospital was mobilized on July 21, 1917. After a brief period of training on Governor’s Island, the unit left New York on August 7, 1917 and sailed to France. The unit was stationed in Chateauroux and occupied recently constructed buildings that had been intended for an insane asylum. The hospital operated from September 15, 1917 until January 13, 1919 and treated 15,219 sick and wounded. Upon the sudden death of Dr. Lewis Atterbury Stimson in 1917, Dr. Charles Gibson returned to New York to assume the position of full-time professor and chairman of the Department of Surgery, and he left the supervision of the unit under control of his close friend Dr. Eugene H. Pool. The unit returned to New York on April 27, 1919. For his work and efforts in Europe during World War I, Dr. Gibson was later recognized by King Albert of Belgium with the honorific title of “Commandeur de l’ordre de la Couronne”, or Commander of Order of the Crown, at a ceremony in Brussels on December 22, 1920. This honor was given by the King of Belgium for services rendered by military and diplomatic personnel of other countries who provided support to Belgium during the War.

Dr. Gibson’s greatest contribution to The New York Hospital – Cornell University Medical College was perhaps his development of one of the earliest surgical follow-up systems in the country, first instituted in 1913. In 1919, Dr. Gibson published his “Analysis of the Results of Six Years Follow-Up System in a Hospital Surgical Service.” Upon leaving the hospital, patients were given a card with a follow-up appointment for three months after the date of discharge. The patients returned to clinic on an assigned day depending on their surgeon, and the surgeon marked their condition as “excellent”, “satisfactory” or “unsatisfactory.” Patients who wished to see
Figure 4. Charles Gibson, M.D. at the time of World War I
their surgeon outside of their appointment were asked to attend Monday afternoon rounds, during which the full staff of surgeons were present for full rounds on the in-house patients. He published two further reviews detailing “Final Results in the Surgery of Malignant Disease: Study of a Twelve-Year Follow-Up” and finally “The Educational Value of the Follow-Up: A Report of 14 Years-From the First Surgical Division (Cornell Medical) of The New York Hospital.” In his follow up of cancer patients, he described only 13 five-year survivors from various cancers, and concluded that "no sadder report of the disheartening status of cancer surgery has come to our attention." His reports of general surgical follow up after 14 years showed a 95.9% rate of return patients for follow-up, with a 4.6% operative mortality.

Dr. Gibson continued to publish frequently in *Annals of Surgery*, with 37 publications in that journal alone during his career. He studied methods of antisepsis and the treatment of gastric outlet obstruction. He described “subserous cholecystectomy” to avoid post-operative bile leak and tools to improve intestinal anastomosis. He advocated for early removal of small breast masses in women over 35 to prevent the development of cancer. He published a series of over 1,000 cases of hernia repair at The New York Hospital, and described a modified version of the Bassini repair where transplantation of the rectus muscle or sheath was performed in direct hernias to reinforce the floor of the inguinal canal. He also published a technique for repairing large ventral hernias where “the closure is made in layers...tension being relieved by released incisions parallel to the line of suture on either side.”

Dr. Charles Gibson was a member of many professional societies including the American Surgical Association, of which he was treasurer from 1912 to 1915 and vice-president from 1915 to 1916. He was president of the New York Surgical Society in 1911. He was also a member of the Society of Clinical Surgery, International Surgical Association, Associate member of the Academie de Chirurgie in Paris, and a corresponding member of the French Academie de Medicine. He also belonged to the Sons of the Revolution, Society of Colonial Wars, and the Military Order of Foreign Wars.

When The New York Hospital moved to the Upper East Side and Dr. George Heuer was to be the new chairman, Dr. Charles Gibson, at the age of 68, retired from active practice and was made Professor Emeritus and consulting surgeon to The New York Hospital. He continued consulting work at St. Luke’s and Memorial Hospital until falling ill in 1943. He spent nearly a year as a patient in The New York Hospital and passed away on November 24, 1944.
George Julius Heuer, M.D., F.A.C.S., served from 1932 to 1947 as chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center [Figure 1]. A master technician and excellent teacher, he trained under distinguished professors such as Drs. William S. Halsted and Harvey Cushing, and is responsible for the formation of the residency program here at NewYork-Presbyterian/Weill Cornell Medical Center. Dr. Cushing thought of him as “An inspiring teacher and a clinician who instills the utmost confidence in his patients. His skill, resourcefulness and composure put him in a class by himself as an ace of operating surgeons.” Dr. Halsted described him as covering “the whole field of surgery better than anyone in the United States. He operates beautifully, tranquilly, and honestly.”

Dr. George Julius Heuer was born on February 6, 1882 in Madison, Wisconsin, to German immigrants George H. and Louisa Zehnter Heuer. He came from a family of merchants, and his drive to succeed was inspired early on by his Uncle Julius, who often took him along on business trips. He attended the University of Wisconsin in Madison from 1899 to 1903 and graduated with a Bachelor’s of Science. He had always desired to study medicine and applied for admission to Johns Hopkins Medical School in June 1903.

It was while Dr. George Heuer was a medical student that he had his first interaction with Dr. William S. Halsted, a long time mentor of his, when he was asked to examine several surgical patients, and noticed one that very clearly had a lower extremity sarcoma. He skipped this patient, having been confident in the diagnosis and moved on to the others. At the end of his examination,
Dr. William S. Halsted asked if he had noted any limb length discrepancy in the patient with the sarcoma. Dr. George Heuer was embarrassed as he had not fully examined the patient. He was quickly ushered out of Dr. Halsted’s office. Fortunately this incident did not leave a lasting impression on Dr. Halsted, for Dr. George Heuer graduated from Johns Hopkins University with honors in 1907, and was soon after appointed as a surgical intern on Dr. Halsted’s service. After one year, when given the choice “…of serving as Cushing’s special assistant in neurosurgery or as an assistant resident on Halsted’s staff, I chose the former and spent one entire year in neurosurgery.” After the one year appointment, he returned to general surgery and was appointed assistant resident under Dr. Halsted from 1909 to 1911. Eventually, he was appointed the 13th resident surgeon under Dr. Halsted and held this position from 1911 to 1914.

His interests in academic medicine were fostered during medical school when he had his first publication in the *Johns Hopkins Bulletin* describing “The Pancreatic Ducts of the Cat.” During residency, he continued to build his interests in both general and neurological surgery and published several papers that he co-authored with Dr. Harvey Cushing. When Dr. Cushing left Johns Hopkins for Peter Brent Brigham Hospital in 1912, he supervised the neurosurgical work. During this time, he developed a novel approach to pituitary tumors for which he unfortunately did not receive adequate credit due to his inability to present the paper during his service in World War I.

Following completion of his residency he was appointed associate professor of surgery at Johns Hopkins University and associate surgeon at Johns Hopkins Hospital. Dr. Halsted selected him to complete an exchange program in Breslau, Poland.
to work with Dr. Herman Kuttner (who developed the “peanut” or “Kittner” dissector) [Figure 2]. Dr. Heuer did not take well to the clinic. In a letter to Dr. Halsted, he wrote “I can’t say that I have been very much impressed with the surgery here. Prof. Kuttner operates very well, as you told me, but is less careful and thorough than he should be…I am glad however to have the opportunity to see others at work, if for no other reason, then to have brought home to me more forcibly the value of ideals in surgery such as you have always had and which you have tried to impress upon your staff.”

His time at the Breslau Clinic was cut short at the breakout of World War I.

In 1914, Dr. George J. Heuer was appointed chief surgeon for Evacuation Hospital Number 10 and after a brief period of training was deployed to France [Figure 3]. He kept detailed handwritten accounts of all of the patients he cared for, including eight notebooks and over 500 individual patient notecards. He included in his notes patient radiographs and the results of autopsy studies that he often performed. He corresponded with Dr. Halsted frequently during this time period, and often complained that he had not been acknowledged for his hard work, to which Halsted replied, “It must be a source of satisfaction that you have not been over-rewarded for your achievements. It is mortifying to receive undue recognition and undeserved advancement.”

During this time, he made contributions to the standardization of treatment of penetrating war wounds of the chest, and published his findings in the Annals of Surgery. Antibiotics were still not available at this time, so many patients perished from overwhelming sepsis secondary to their injuries.

Dr. Heuer was discharged from the army as a major, and upon his return home in 1919 was hoping to be appointed as chief of neurosurgery at Johns Hopkins, but the position had already been given to Dr. Walter Dandy, a later Halsted resident who was three years Heuer’s junior. Dr. Heuer instead resumed his position at Johns Hopkins as associate professor of surgery. In 1922,
Dr. Halsted and Dr. W.W. Keen, a well-known thoracic surgeon from Philadelphia, endorsed Dr. Heuer for membership in the American Surgical Association.2

In 1921, Cincinnati was seeking a new surgical chairman and wished to form a surgical residency such as that under Dr. Halsted. They first asked Walter Dandy, but when he refused, asked Dr. Heuer. Dr. Heuer was conflicted about the proposition because he enjoyed being at Johns Hopkins but had not received promotion while there. He left the decision up to Dr. Halsted, who replied that he “had difficulty considering the Cincinnati proposition unselfishly. I’ve leaned on you for so long and your loyal and capable support has been such a delight to me that I can hardly even yet regard the situation fairly. To me it seems a fine and rare opportunity aside from the possible handicap of which I am ignorant... before accepting you should stipulate that your voice must have great weight in the choosing of the faculty, otherwise you might have endless conflict with men whose views are antagonistic who could surpass you in political intrigue. You operate so well and cover the operative field so completely that I feel the natural career for you is on the operating table where surely you should be a teacher.” 2

Dr. George Heuer followed Dr. Halsted’s advice and in 1922 became the first Christian R. Holmes Chairman in Surgery at the University of Cincinnati. He brought with him several associates from Johns Hopkins to help build his department, a move later known as the “Hopkins Invasion.” While his arrival was well-received by the community, internally he faced the very problems of which Dr. Halsted warned him. He included as many of the local surgeons as he could in his new department, but dismissed those who he saw unfit. In a letter to Dr. Halsted, he wrote, “I have watched some of the surgeons do simple things like hernias, with utter amazement. Such things as control of hemorrhage, gentle handling of tissues, nice approximation of structures all seem to be unknown. Whether or not they will be able to grasp the difference between their ways and mine I do not, of course know as yet.” 7 Further dissent from the local faculty came when Dr. Heuer insisted on improved surgical techniques, that surgeons take histories from their patients, and examine them. He also required that all surgical tissue be examined in the laboratory to confirm diagnosis, which was a novel concept at the time.8

A negative editorial in the local newspaper

---

Figure 4. George Heuer, M.D. with surgical staff
and a lawsuit against Dr. Heuer for converting some of the ward spaces to private rooms further soured the atmosphere in Cincinnati. He continued to have support of the public, however, noted that “Either the Medical College will become a worthwhile institution or it will become a small provincial school with narrow outlook and a very narrow field of usefulness… Johns Hopkins does not limit itself to Baltimore when it is looking for professors, any more than Yale limits itself to New Haven or Harvard to Cambridge… If we are going to stick to a “little Cincinnati” policy at the Medical College, we might as well give up the idea of a great medical school on a national scale in Cincinnati and look for progress in that direction to institutions elsewhere which operate on a broader plane.”

In 1925, he married Juanita Reid, the sister of one of his good friends Dr. Mont Reid, who he brought with him from Johns Hopkins. The wedding was held in Virginia on the Reid family estate, and almost did not occur, as the bride’s uncle was entrusted with the task of obtaining a marriage license and instead produced a fishing license on the big day. Luckily, the mistake was corrected and the two were married.

After nine years in Cincinnati, Dr. Heuer was recruited by the Board of Governors of The New York Hospital to be the first chairman of surgery at the brand new The New York Hospital – Cornell Medical Center that was set to open September 1, 1932 on the Upper East Side. This saw the affiliation initiated by Dr. Lewis Atterbury Stimson in 1902 finally come true, as Cornell Medical College had controlled about half of the beds at the old The New York Hospital on 16th Street. The Board particularly wanted Dr. Heuer as they had a desire to instate residencies on all services. This made the residency at Cornell Medical College the fourth residency of its kind in the country, following Dr. Halsted’s at Johns Hopkins, Dr. Cushing’s at Brigham, and that at Cincinnati that was formed by Dr. Heuer.

Dr. Heuer was looking forward to the move from Cincinnati to New York, however, wished to have assurance that his transition would be more welcome than at Cincinnati. He consulted...
with his friend Dr. Eugene Pool (of the abdominal suction tip that bears his name), who he had served with during World War I. Dr. Pool was part of the old guard of surgeons that included the former chairman, Dr. Charles L. Gibson, who headed the surgical services at the old The New York Hospital downtown. Dr. Pool assured Dr. Heuer that there would be no resistance to his arrival and the formation of a new residency program.

The third version of The New York Hospital opened on September 1, 1932. The census was initially small, and the new residents organized a research society as a result of the free time they had. In its first year of existence, 1,765 operations were performed, with total mortality of 2.6%. Dr. Heuer was disappointed with the volume and variety of cases noting that over the course of the year, although “the number of traumatic and emergency surgical conditions has steadily increased, we still lack sufficient material of this sort for teaching purposes. Whether this lack of special material is due to the location of the hospital or to the lack of an ambulance service, I am at present unable to say.” However, he noted that “the general care of surgical patients has been excellent.”

Dr. Heuer published detailed annual reports during his years as chairman, going into great detail about the numbers of procedures done, detailed description of the mortalities and autopsy reports, along with comments on the various departments including pathology, urology, ophthalmology, and orthopedic surgery. Many patients, while having adequate surgical procedures for conditions such as appendicitis, continued to succumb to their disease from peritonitis left untreated because of the lack of antibiotics.

During Dr. George J. Heuer’s time here, many significant contributions to the hospital were made. Many grants for research were obtained, and in the first five years 358 papers were published by the surgical staff, all of which were reviewed by Dr. George Heuer prior to being submitted for publication. In Dr. Heuer’s second year as chairman, they opened a department for “anesthesia follow up”, where patients could be monitored after awakening from anesthesia before being transferred to the floor. He noted a gradual increase in admissions for serious conditions such as cancers and neurologic diseases, and less admissions for less serious issues as The New York Hospital developed into a tertiary care referral center. He developed interdisciplinary conferences with members of surgery, medicine, and radiology to go over interesting cases. He also experimented with prolonging clotting time in patients undergoing surgery to prevent the devastating post-operative complications of pulmonary embolism and infarct. The volume of surgical cases quadrupled over seven years to 7,105 operations in 1939 with a 1.7% mortality.

Dr. George Heuer’s greatest contribution, was the formation of the fourth Halstedian surgical residency and perhaps the first one that most resembles the system in place today. Before Dr. Heuer’s arrival, an intern completed two years of training after medical school and then went into his own practice. Dr. Heuer devised a structured pyramidal surgical training program with seven interns, three to four mid-level residents, and then one to two senior residents. He believed strongly that it took 5 to 6 years to adequately train a surgeon. Candidates had to graduate from a class A medical school and could not be married, as “the feeling was that you could only serve one master.” Residents lived in the hospital on the 18th floor and ate their meals there. They often spent six consecutive months in the
In answer to concern by the staff that the residents did not have adequate supervision, Dr. Heuer noted that in the academic year from 1935 to 1936, the resident staff performed 3,049 operations with a 1.4% mortality, which was comparable to the safety profile from the senior staff. In 1935, he presented a paper at the American Surgical Association entitled, “Graduate Teaching of Surgery in University Clinics” which traced the spread of the Halstedian school of teaching throughout the country. Dr. Evarts Graham, one of the founding members of the American Board of Surgery, later noted that it was this speech that stimulated the founding of the Board.

With the breakout of World War II in 1940, Dr. Heuer and The New York Hospital reorganized the unit of “General Hospital No. 9”, in which 43 members of the hospital, including 18 members of the surgical department, were trained in preparation for the war. This time, the unit was deployed to the South Pacific where they treated many casualties of war. By 1942, the strain of the war on the hospital staff was evident, and

---

**Internship**
Six months on the ward floors, six months in surgical pathology

**Second Year**
Six months in the “accident pavilion” and six months on urology performing mostly cystoscopies

**Third Year**
Six months on the private floors, six months rotating through the general wards, in the operating room, and performing research

**Fourth-Fifth Year**
Supervising interns and residents on the pavilions, performing a large number of operations, and doing research

**Fifth-Sixth Year**
Resident surgeon, responsible for the entire unit, answered to the chair of the department, and operated on patients independently.

In answer to concern by the staff that the residents did not have adequate supervision, Dr. Heuer noted that in the academic year from 1935 to 1936, the resident staff performed 3,049 operations with a 1.4% mortality, which was comparable to the safety profile from the senior staff. In 1935, he presented a paper at the American Surgical Association entitled, “Graduate Teaching of Surgery in University Clinics” which traced the spread of the Halstedian school of teaching throughout the country. Dr. Evarts Graham, one of the founding members of the American Board of Surgery, later noted that it was this speech that stimulated the founding of the Board.

With the breakout of World War II in 1940, Dr. Heuer and The New York Hospital reorganized the unit of “General Hospital No. 9”, in which 43 members of the hospital, including 18 members of the surgical department, were trained in preparation for the war. This time, the unit was deployed to the South Pacific where they treated many casualties of war. By 1942, the strain of the war on the hospital staff was evident, and
Dr. Heuer opened his annual report by stating, “It has been a disturbed year.” Ninety-three surgeons affiliated with the hospital had gone to the war including 16 members of the staff, among them Dr. Frank Glenn and Dr. Preston Wade. By the next year the fatigue had affected the entire department, with increased difficulties due to inadequate staff, a shortage of nurses, and inferior and constantly changing personnel. Dr. Heuer noted: “It is becoming more evident as time goes on that there are limitations in human endurance, in enthusiasm for patient care, teaching and research.
and in mental stability beyond which it is not wise to venture if we are to maintain a departmental group in a condition of good health, high morale and efficient, satisfactory work. All this, of course, we have long known; but the added experience should be valuable when re-adjustments come into question after the War." The total members of the staff called to service increased to 107 by 1943.

Dr. Heuer attempted to boost morale in the department by typing up letters he had received from residents and staff working abroad and distributing them to those who remained in New York. Many of them, having been exposed abroad to surgeons without structured training, complimented Dr. Heuer on the work he had done in New York. Major John Ogilvie of the ninth General Hospital, which was stationed in the South Pacific, wrote, “The more I see of surgeons and their work in general, the more grateful and appreciative I am that I was able to go through the seven years on your service.” Several surgeons commented on the addition of penicillin, while noting that “nothing takes the place of adequate surgery.”

By 1946, there was a return to normalcy as the staff returned from the war. Dr. Heuer noted that while there was some re-adjustment as people returned, he was optimistic that the department would continue to grow. He was correct in his predictions, as in 1946, there were 8,310 operations done, which was the most since the opening of The New York Hospital, and an improved mortality rate of 1.44%.

On July 1, 1947, Dr. George Heuer retired as chief of surgery, having built an internationally respected surgical program at The New York Hospital – Cornell Medical Center. A formal dinner was held in his honor in New York, and the March 1948 issue of Surgery was dedicated to him. He eventually gave up surgical practice and moved to rural Maryland with his wife to pursue his interests of raising cattle, duck hunting and fishing. On December 15, 1950, he died of a myocardial infarction in Fort Lauderdale, Florida.

Dr. George Heuer contributed much to academic surgery. He had 85 publications in various fields including general, thoracic, and neurological surgery. His techniques for closing the bronchial stump after pneumonectomy and the frontotemporal craniotomy approach to chiasmal tumors are still used today. He was a member of numerous surgical societies including the American College of Surgeons, the American Surgical Association, the New York Surgical Society, and was the 16th president of the American Association of Thoracic Surgery. However, despite all of his accomplishments, his greatest was perhaps the development of his training programs and contributions to modern resident education. In Dr. Heuer’s own words, “When I review my own professional life and its many satisfactions, the greatest is not the surgical operations I have performed or the thousands of patients I have cured, but the successful young men whose instruction and training I have directed.”

We have Dr. George J. Heuer to thank for the strong tradition of resident education here at NewYork-Presbyterian/Weill Cornell Medical Center.
William DeWitt Andrus, M.D., F.A.C.S., served in 1947 as acting chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center. Dr. William Andrus was born on February 28, 1896 in Saugerties, New York to Reverend Jonathan Cowles Andrus and Margaret DeWitt Andrus. He attended Oberlin College and graduated with a degree in Bachelor of Arts in 1916 at the age of 20. He attended medical school at Johns Hopkins University Medical School and graduated at the age of 25 in 1921 as a member of Alpha Omega Alpha and Sigma Xi, the Scientific Research Society.

Dr. Andrus’ surgical career began as a surgical intern at Johns Hopkins under the tutelage of chief surgeon Dr. William S. Halsted. In 1922, Dr. George Heuer, after leaving Johns Hopkins Hospital as associate professor to become surgeon-in-chief at Cincinnati General Hospital, offered him a position on the resident surgery staff. In 1925, Dr. Andrus served as resident surgeon at Cincinnati General Hospital and stayed there holding several staff positions until 1931.

In 1931, Dr. Andrus left Cincinnati to travel to Europe and study surgery in Berlin and Vienna. After being abroad for one year, Dr. Andrus returned to the U.S. and again was offered a job by Dr. George Heuer who had by then become surgeon-in-chief and professor of surgery at The New York Hospital – Cornell Medical Center in 1932. Upon arrival, Dr. Andrus held the position of associate professor of surgery and attending surgeon. Although his surgical focus was thoracic surgery, he also performed vascular surgery while maintaining a clinical practice in general surgery.
During his tenure at The New York Hospital – Cornell Medical Center, Dr. Andrus developed a busy clinical practice while also devoting significant time researching a wide variety of basic science and clinical subjects. He conducted research in surgery of the chest, arteries, heart, sympathetic nervous system and the thyroid, as well as the physiology of the gastrointestinal tract, wound healing and hemorrhage. Dr. Andrus published frequently with articles appearing in both surgical and medical journals including, but not limited to *Annals of Surgery, Gastroenterology, American Journal of Medicine, Archives of Surgery, Science,* and *Journal of the American Medical Association.* As an example of his diverse research interests, in one single year he published two separate manuscripts entitled, respectively, “Surgical Aspects of the Treatment of Peptic Ulcer” ² and “Studies on the Effects of Adult Animal Tissue Extracts on Wound Healing: A Preliminary Report of the Factors Responsible.”³ In 1935, Dr. Glenn joined Dr. Andrus in The New York Hospital – Cornell Medical Center Laboratories of Surgical Research after completion of his surgical residency at Peter Brent Brigham Hospital.⁴
Upon the retirement of Dr. George J. Heuer on July 1, 1947, Dr. Andrus assumed the position of interim chairman [Figure 4]. Notwithstanding being an expert surgeon and researcher, Dr. Andrus was a devoted surgical educator. He was heavily involved in the instruction of medical students and surgery house staff. As part of his involvement in the American Board of Surgery (ABS), he conducted examinations and certification of surgical graduates across the country. Based on his experience as a surgical educator at The New York Hospital – Cornell University Medical College and as an examiner with the ABS, he understood “that facilities for the training of surgeons in this country were inadequate and that more residencies were needed. He emphasized the importance of maintaining high standards for such residencies and decried the tendency of many hospitals to claim a resident program that was such in name only.”

His passion for education was not bounded by surgery or medicine. From 1937 to 1943, Dr. Andrus served as a member of the New York City Board of Education and from 1941 to 1943 he held the position of president of the Bronxville Public School system. He was also a trustee of Oberlin College and in 1941 was awarded an honorary degree in Doctor of Science by his alma mater.

Aside from his clinical, research and teaching responsibilities at the institution and in the community, he held various regional and national leadership positions in surgery. He served as a member of the Board of the ABS as well as the Board of Thoracic Surgery. In 1946, he was named president of the New York Society of Thoracic Surgery and at the time of his death, he held the position of vice-president of the New York Surgical Society. He was a member of several other national surgical societies including the American Surgical Association, Southern Surgical Association, American Association for the Advancement of Science, American Association for Thoracic Surgery, the Harvey Society, the Society for Experimental Biology, the New York County Medical Society, the New York Society for Cardiovascular Surgery, and the Society of Clinical Surgery. He was a fellow of the American College of Surgeons and the New York Academy of Medicine.

After relinquishing the position as chairman, Dr. Andrus served as professor of clinical surgery at The New York Hospital –
Cornell Medical Center and director of the Second Surgical Division at Bellevue Hospital. He also served as consultant to Lawrence Hospital and St. John’s Riverside Hospital in Yonkers until he passed away in 1951 at the age of 54 after a year long illness with carcinoma [Figure 7]. In his obituary, Dr. Frank N. Glenn, then chairman of surgery at the institution [Figure 5,6], described Dr. Andrus as being “a man of unique character and presence, sincere, honest, and generous... His sound teaching and personal guidance reaped for him only gratitude, respect, loyalty, and admiration.” In his Annual Report of the Department of Surgery in 1951, Dr. Glenn further illustrated Dr. Andrus’s contributions to the institution: “His unselfish devotion to his duties as a surgeon, teacher and administrator contributed immeasurably to the development of this department. Both as clinician and as an investigator Dr. Andrus was recognized as one of the country’s leading surgeons.”
Frank Nevin Glenn, M.D., F.A.C.S., served from 1947 to 1967 as chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center. The longest serving chairman of the department to date, Dr. Glenn's steady influence over 20 years continued and expanded on the great surgical tradition already set in place by his predecessors Drs. Stimson, Gibson, and Heuer.

Dr. Frank Glenn was born on August 7, 1901, in Marissa, Illinois. He was the youngest of the six children of Charles and Minnie McMurdo Glenn. He attended local high schools and in 1920 graduated from Sparta Township High School. He then entered Washington University, St. Louis in 1920, and graduated with a medical degree in 1927. While at Washington University, he was profoundly influenced by Dr. David Barr, chairman of medicine at Washington University and later chairman of medicine at The New York Hospital – Cornell Medical Center, and Dr. Evarts Graham, chairman of surgery at Washington University who was part of the team that performed the first successful pneumonectomy for lung cancer in 1933 and helped develop the technique of cholecystography. It is said that Dr. Graham kindled Dr. Glenn's interest in the biliary tract, which was to be a major focus of his later career.

Dr. Frank N. Glenn then moved on to Strong Memorial Hospital at the University of Rochester, where from 1927 to 1928 he served as a medical intern. Known for his ability to develop and sustain great friendships, he began what was to be a lifelong friendship with then chief of medicine, Dr. William McCann, who was instrumental in
establishing the Department of Cardiology at the University of Rochester.²

Though encouraged to stay on in medicine at Strong, in 1928 Dr. Glenn moved to Boston where he began a year stay at the Peter Bent Brigham Hospital. Here he served as intern, assistant resident and acting chief resident under Dr. Harvey Cushing, whose contributions to surgery are well known. It is noted in a statement from The New York Hospital Medical Board upon Dr. Glenn’s retirement that “Dr. Glenn became one of Dr. Cushing’s close friends and he has always been friend and advisor to the Cushing family.”²

As a resident under Cushing, Dr. Frank Glenn trained in the Halsted model. He recalled in a 1980 reflection of his career a typical day:

“Taking blood and seeing patients began at 5:30 AM. At 7:30 AM operations were under way and extended into the afternoon, followed by dressings on the pavilion, seeing new patients, and daily rounds. After dinner in the evenings, emergency operations, history reviews, and medical meetings kept me much occupied.”³

In 1931, Dr. Glenn traveled abroad to Edinburgh, Scotland, after being awarded the Gorham Peters Traveling Fellowship. While there, he became close with Professor Sir David Wilkie,
who was then associated with The Royal Infirmary and is widely regarded as the father of British Academic Surgery. When Dr. Glenn applied for Fellowship in the American College of Surgeons in 1935, Dr. Wilkie, in his letter of recommendation for Glenn, described him as “...a surgeon of high scientific attainments who, I am sure, will make his mark as a teacher of surgery.”

His reputation growing, upon his return to the United States in 1932, Dr. Glenn was recruited by Dr. George J. Heuer, newly appointed surgeon-in-chief of the brand-new The New York Hospital – Cornell Medical Center, which opened on its present site on September 1, 1932. Dr. Heuer brought with him six residents from Cincinnati and recruited five residents in addition to Dr. Glenn from the Peter Bent Brigham Hospital. Dr. Glenn served as the first assistant resident of this group for one year, then served as chief resident for two years.

In 1935, Dr. Glenn was appointed associate attending surgeon at The New York Hospital – Cornell Medical Center. He began a private practice, but also assisted Dr. William Andrus in The New York Hospital – Cornell Medical Center Laboratories of Surgical Research. At the time, he was interested in a broad variety of subjects, including hypertension, the biliary tract, hernias, and endocrinology. He was advanced to associate attending surgeon in 1939 and became an associate professor of clinical surgery in 1941.

During this time period, Dr. Glenn was actively engaging in various surgical societies. In 1936, he was admitted as a fellow of the American College of Surgeons, a society which he would later serve as president in 1954. He was made a member of the American Surgical Association in 1942. A letter from the Medical Center Archives of NewYork-Presbyterian/Weill Cornell describes his approval process for the American Board of Surgery, in which Dr. Allen Whipple, developer of the Whipple procedure and at that time chairman of surgery at Columbia, was to observe Dr. Glenn operating. During this period he married Esther Child in 1936. They would go on to have three children.

The year 1941 saw the entrance of the United States into World War II. Unsurprisingly, Dr. Glenn was one of the first to offer his services to the military. He became chief of general surgery in the ninth General Hospital, Cornell - The New York Hospital unit, which was activated in July of 1942. In a letter from Dr. Glenn to Dr. Heuer sent during their year-long
assignment in Massachusetts prior to being sent overseas, he describes conversations regarding
the establishment of a general hospital abroad, as
Dr. Glenn wished to be able to provide adequate
surgical care to the wounded that would not be
possible in a traditional evacuation hospital.6

Eventually the ninth General Hospital was
deployed overseas, first to Brisbane, Australia,
and subsequently to Goodenough Island, New
Guinea. Dr. Glenn was eventually taken out of
this unit to become surgical consultant to the
sixth Army in New Guinea. He rose to the rank of
Lieutenant Colonel and was awarded the Bronze
Star in 1945 [Figure 3].7 While with the sixth Army,
Dr. Glenn also was part of the introduction of the
use of penicillin for the wounded.

The efforts of surgeons of The New York
Hospital – Cornell Medical Center were a large part
of the war effort and did not go unnoticed. A letter
from the Surgeon General’s office to Dr. Heuer in
1945 stated, “I don’t believe there was a medical unit
mobilized for this war with as much surgical talent in
it as yours...” Dr. Glenn was described as a “…very
fine man for the army all the way through…”, and in
1946 he was discharged and returned to The New
York Hospital – Cornell Medical Center.8

The following year, upon the retirement
of Dr. George Heuer, Dr. Frank N. Glenn was
appointed surgeon-in-chief of The New York
Hospital – Cornell Medical Center and the Lewis
Atterbury Stimson Professor of Surgery at Cornell
University Medical College.

Dr. Glenn took over a very active
department and over the next 20 years would
continue to add to the institution’s legacy,
guiding it to develop the reputation of one of
the best academic surgical departments in the
country. He was appointed as a full-time faculty
member and would work over his tenure to tilt
the balance from the older model of private
faculty affiliated with the hospital towards a
more modern model of having full-time faculty
that worked for the department [Figure 4].

One of Dr. Glenn’s true passions was
teaching, and he is often remembered above all
else for his role in the education of his residents
and medical students. In an obituary published
in the Cornell University Medical Center Alumni

![Figure 4. The New York Hospital – Cornell Medical Center Department of Surgery, 1947-48](image-url)
Quarterly in May 1982, Dr. John Beal, a former Dr. Glenn resident and attending surgeon at The New York Hospital – Cornell Medical Center and later chairman at Northwestern, Dr. Thomas Meikle, former dean of Cornell University Medical Center, and Dr. Frank Moody, a former Dr. Glenn resident and later chairman at the University of Utah, recalled Glenn teaching. “Students of Dr. Glenn can recall the way he used to have us come down and stand in front of the audience in B-01. It was quite a frightening experience: our knowledge was to be tested in a subject likely to be unknown to us because it would be related to a patient presentation. Knowing what a demanding experience this was, Dr. Glenn would be gentle with us. He planned those weekly student conferences and selected the patient problems with great care, and he stressed to all of his staff that teaching came first.” They went on to say that it was a “small surprise that so many former students laud the teaching program he ran at Cornell and that his department produced five departmental chairmen” [Figure 5].

Dr. Frank N. Glenn was described in one article as a “…tall, slender man with a low voice and a warm, reassuring manner which must make itself felt by all his patients.” Drs. Beal, Meikle, and Moody also reported this telling anecdote: “Dr. Glenn didn’t say much as we went through our daily work; it never seemed that he had to. A student looking for a job with Frannie Moore (then chairman at the Peter Bent Brigham Hospital) once went to Dr. Glenn and asked for a letter of introduction. Dr. Glenn said ‘Yes, that might be nice.’ So, he wrote a letter of introduction that simply said that the student had finished the program at Cornell. That was it. That was all it took. It didn’t require a lot of words.”

As part of his focus on education, Dr. Frank N. Glenn presided over what were to become an integral part of the surgical education at The New York Hospital – Cornell Medical Center’s weekly Grand Rounds sessions. As he was formulating his version of grand rounds, he noted that “Our service is primarily concerned with the training of
young men and we want to stress the principles of general surgery...”, and that the format was limited to one hour. Since Saturdays had limited operative work, he began a program of weekly grand rounds each Saturday morning, lasting from nine in the morning to noon.11

As Dr. Kevin Morrissey recalls, grand rounds were held in the old surgical amphitheater in B-01, which was on the 10th floor of the old hospital building (now part of the F-10 ORs). The entire department would attend, and there was a strict hierarchy to the seating, with Dr. Glenn and the division chiefs sitting down in the front and the rest of the faculty, residents, and interns filling in above. Typically, two or three patients were wheeled into the amphitheater and their cases presented by the chief residents. Dr. Glenn might ask the patient a question or two, and the patient was wheeled back to the wards. After this, questions regarding the cases would be posed to the various faculty members, which, as Dr. Morrissey remembers, were often tough but always fair. “Nobody was made a fool of, but you felt it,” describes Dr. Morrissey. Residents would become so stressed-out about these presentations that some were known to regularly take Imodium prior to them [Figure 6].12

Dr. Frank Glenn’s commitment to teaching was seen in the OR as well. Dr. Morrissey recalled that Dr. Glenn always knew exactly what cases were happening, often popping into a room to make sure all was well (and keeping the residents on their toes at all times).12 In his reflections in 1980, Dr. Glenn noted that “As residents became experienced and capable of doing a procedure, I told patients that I felt that Dr. X could do it as well as I could and with his permission I would have him do it. I would assist my resident throughout and if I deemed it to the patient’s advantage at any time I would take over. Only an occasional patient objected.” 3

Perhaps a sign of the times, though likely also part of his obvious abilities, Dr. Kevin Morrissey notes that Dr. Glenn refused to carry malpractice insurance, only eventually taking out $100 worth of coverage at the insistence of the hospital.12

Due to his excellent reputation, Dr. Glenn was often asked to operate on a multitude of famous and distinguished patients. Most notable among those, Dr. Glenn was famously part of the team of American specialists who in 1951 were brought to Iran to care for the Shah Mohamed
Reza Pahlevi. As an article in *Time Magazine* from later that year described, the Shah was presumed to be suffering from appendicitis, and though he wanted to leave the country to have an operation, political tensions prevented him from doing so. The Shah secretly summoned Dr. Claude Forkner of The New York Hospital – Cornell Medical Center who recommended an appendectomy, and Dr. Glenn, along with Dr. S.W. Moore, another surgeon at the institution, Dr. Joseph Artusio, chief anesthetist at The New York Hospital, and three nurses were flown to Iran. Dr. Glenn subsequently eloquently states:

“One afternoon last week the Shah climbed into his No. 2 Rolls-Royce, set out for Teheran’s Bank Melli Hospital. As his car drove through the gates, loving subjects performed a ceremonial operation: they deftly sliced the heads off two sheep and tossed them under the wheels, which (according to old Iranian custom) would bring good luck.

At the hospital, the Shah, who looked pale and shaken, climbed into bed. His smartly dressed bride—who looked as though she had been crying all day—anxiously spent the night in the hospital. Next morning, the foreign scalpel flashed, and within two hours the Shahinshah was being wheeled down the corridor to his suite.”

The surgery was a success and the Shah recovered uneventfully. U.S. Ambassador to Iran Henry Grady subsequently thanked Dr. Glenn for his services in treating the Shah. Dr. Glenn also famously was consulted by Albert Einstein regarding an abdominal aortic aneurysm. In an article in the May 1990 *Surgery, Gynecology and Obstetrics*, Dr. Jon Cohen, a former Cornell Medical College resident, and one time chairman of North Shore-Long Island Jewish Hospital, describes the story: “*In 1948, Einstein was admitted to Brooklyn Jewish Hospital, where Dr. Rudolph Nissen found a large abdominal aortic aneurysm. He wrapped this in cellophane in an attempt to prevent it from growing, a common practice then. Einstein recovered and remained symptom free until 1955, at which time he developed abdominal pain that worsened the next day.*”

Dr. Glenn was asked to consult and later remembered, “One spring morning, I was called in consultation to the home of the world’s then most outstanding scientist, aged 76. Examination revealed that he had an enlarging abdominal aneurysm. Surgery was urgently indicated. I spent the day with him in his home... I told him that should his aneurysm rupture further, he would die. He said he had lived a long time, had always been busy and enjoyed life, and why go to all the trouble of an operation.” Einstein would die in bed four days later.

Naturally, Dr. Glenn’s reputation and experience led him to several prominent leadership roles. Most notably, he served as president of the American College of Surgeons in 1954, leading a delegation of 500 members to a joint symposium that year in London with the British Royal College of Surgeons to exchange knowledge gathered from battlefield surgery in the Korean War. In addition to this, Dr. Glenn was a founding member of the Society for Surgery of the Alimentary Tract, the American Trauma Society, the New York Cancer Society, the New York Cancer Society,
York Society for Cardiovascular Surgery, and the Society for University Surgeons.

He was chairman of the American Board of Surgery from 1958 to 1959 and at one time or another served as president or on the Board of Directors of the American Geriatrics Society, the American Heart Association, the New York Academy of Medicine, the New York Heart Association, the New York Surgical Society, and the Society of Medical Consultants to the Armed Forces. He also served for ten years as president of The New York Hospital Medical Board.

He was also a member of the AOA Association, the American Association for Thoracic Surgery, the American Medical Association, the American Surgical Association, the International Society of Surgery, the Medical Society of the State of New York, the New York Gastroenterological Association, the Pan American Medical Association, the New York Academy of Sciences and the Explorers Club.

In addition to his active involvement in these societies, Dr. Glenn was the recipient of numerous awards throughout his career. He was an honorary member of several national surgical societies, including those in Ecuador, Colombia, and Brazil, among many others. In 1967, he received the Roswell Park Medal and was made a member of the Buffalo Surgical Society, and in 1981 he was the first recipient of the Maurice R. Greenberg Distinguished Service award, an award that is still given annually by NewYork-Presbyterian/Weill Cornell Medical Center. The hospital also named a new Surgical Intensive Care Unit after Dr. Glenn in 1973. State-of-the-art at the time, it was a nine-bed unit dedicated for heart and lung surgery patients.

In 1967, Dr. Frank N. Glenn stepped down from his position as chairman, to be succeeded by Dr. C. Walton Lillehei. Though no longer chairman, he continued to remain active both clinically and with his research. One of his major research focuses throughout his career was...
hepatobiliary diseases and treatment, and he led research to characterize the biochemical mechanisms of bile circulation and gallstone formation.

Over the course of his career, he was the co-author of five books, namely *Mitral Valvulotomy* in 1959, *Surgery in the Aged* in 1960, *Problems in Surgery* in 1961, *Atlas of Biliary Tract Surgery* in 1963, and *Surgery of the Adrenal Gland* in 1968. By the time he died in 1982, Dr. Frank N. Glenn had written over 350 papers on topics ranging from cardiovascular surgery, the biliary and GI tract, the pancreas, trauma, and surgical training. Dr. Kevin Morrissey recalls visiting Dr. Glenn in the hospital shortly before he died and even then, Dr. Glenn continued to write.12

Dr. Frank N. Glenn remained an important contributor to resident education and continued to be involved in the Department of Surgery at The New York Hospital – Cornell Medical Center until his death in 1982 at the age of 80. Dr. Glenn was a monumental figure in the history of surgery with 20 years of leadership as chairman and nearly 50 years as a member of our department [Figure 8].
Clarence Walton Lillehei, M.D., Ph.D., F.A.C.S., served from 1967 to 1970 as chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center. A true pioneer in surgery, Dr. Lillehei was at the forefront of innumerable advances in cardiac surgery throughout his career, and would later go on to be known as the “father of open heart surgery.”

Dr. Clarence Walton Lillehei, was born on October 23, 1918, in Minneapolis, Minnesota. He was the eldest of three sons of Dr. Clarence Ingewald Lillehei, a dentist, and Elizabeth Lillehei. All three sons would go on to practice medicine: one brother Richard was a surgeon who contributed greatly to organ transplantation, shock and methods to support the failing heart, and the other, James, was an internist who focused on pulmonary physiology.1

Dr. Lillehei spent his childhood in Minneapolis and graduated from West High School in 1935, subsequently matriculating at the University of Minnesota. It is said that as a child he displayed a surgeon’s dexterity, even taking apart and reassembling his father’s Model T Ford.2

Dr. Lillehei later wrote that while at the University of Minnesota, his desire to go into medicine was reinforced by the challenge of a chemistry professor who warned that he would not last six weeks in medical school. He would go on to graduate with distinction in 1939 with a Bachelor’s of Science, and enrolled in medical school at University of Minnesota, completing the three-year course of study in just two years.2

In 1941, he was granted the Bachelor of Medicine degree, along with membership in AOA. He then interned for a year at the Minneapolis
General Hospital and was granted his medical degree in June 1942, a few months before his 24th birthday. ②

At this point, he was also commissioned as a first lieutenant in the United States Army Medical Corps. During this time, he served as Commanding Officer of the United States Army Medical Clearing Company and of the 33rd Field Hospital in England, North Africa, Sicily, and the Italian theaters. He eventually rose to the rank of lieutenant colonel, and in 1944 was granted the Bronze Star by the U.S. Army for “displaying conspicuous efficiency at doing simultaneously a half dozen medical corps jobs on the Anzio beachhead.” ③

He was honorably discharged in 1946, and before returning applied to medical school at the University of Minnesota for a residency in surgery. In reply, however, he received a formal letter saying no spots were available. Dr. Lillehei was aware, though, that no refusal from the Minnesota Department of Surgery was final unless it came from Dr. Owen Wangensteen, chairman of the department. Dr. Wangensteen, who would go on to become one of Dr. Lillehei’s greatest mentors, is famous for developing the Wangensteen suction apparatus in 1931, the first nasogastric tube and suction device which became so well known that Ogden Nash wrote a poem about it, and it was mentioned in the television program MASH.④ Per an article about Dr. Clarence Walton Lillehei in a 1958 edition of the Minneapolis Morning Tribune, “…one Thursday, late in 1945 [sic], Dr. Lillehei appeared in the chief’s office. After 10 minutes of conversation mainly about Dr. Lillehei’s experience in the army, Dr. Wangensteen said, ‘Well, go on downstairs and get a white coat and get to work.’” ③

From 1946 to 1950, Dr. Clarence Walton Lillehei served as a resident at the University of Minnesota, and entered into a program Dr. Wangensteen had instituted in which residents would become surgeon-researchers with a Ph.D. in the clinical science of surgery. During this time, Dr. Lillehei held an Ebin Fellowship and grants from the Rockefeller Foundation and the National Cancer Institute. In addition to clinical duties, he performed research first in the Wangensteen’s Lab, followed by research in the physiology lab of Dr. Maurice B. Visscher, a respected physiologist who had worked with Professor Starling at University College London on the “law of the heart” and cardiac oxygen consumption. During this time, Dr. Clarence Lillehei’s capacity for work became well known – it was said that “each night at midnight, one of the students had the duty of going to the lab to feed the animals–and to bring a hamburger for Walt.” ③

During this busy period, Dr. Lillehei married Katherine Lindberg, a nurse he met while Figure 2. C. Walton Lillehei, M.D. early in career
an intern at Minneapolis General Hospital. They would go on to have four children.

In 1949, Dr. Lillehei was named a full-time clinical instructor in the Department of Surgery. Ready for his career to take off, one day in the spring of 1950 he noted a small lump in front of his left ear. It was removed and the pathology, though not 100% certain, was believed to show lymphangiosarcoma. As a result, on June 1, 1950, the day after the completion of his residency, Dr. Lillehei came into the operating room as a patient and underwent a left radical neck dissection, a sternotomy with mediastinal lymph node dissection and an exploratory laparotomy with splenectomy and retroperitoneal lymph node dissection. Remarkably, no other malignant tissue was found.

Determined to minimize the chances of recurrence, Dr. Lillehei underwent post-operative radiation therapy. Dr. Valavanur Subramanian notes that many, including him, think that this brush with death helped spur Dr. Clarence W. Lillehei on throughout the rest of his career [Figure 2].

Dr. Lillehei would go on to make a full recovery, and in 1951 he received a Master’s in Science in physiology and a PhD in surgery from the University of Minnesota. He was promoted to associate professor and his career began to take off in earnest.

At this time, cardiac surgery was in its infancy. In the 1940s, there were only a handful of operations that could be done without the use of cardiopulmonary bypass such as closure of a patent ductus, coarctation repair and mitral commissurotomy, among few others. It became obvious that a heart-lung machine would be required to deal with more complicated problems.

The first attempts at cardiopulmonary bypass were fraught with difficulties. Between 1951 and 1955, 18 patients were reported to have had an operation using bypass at six different centers; 17 died.

Working in his lab, Dr. Lillehei and his colleagues developed a method of controlled cross circulation of the blood of a patient and a donor. First tried in humans in March 1954, Dr. Lillehei and his staff would go on to use this technique in 44 other patients with minimal mortality to the patients and one reported donor death. Dr. Lillehei became one of the first persons to demonstrate the practical feasibility of correcting congenital defects inside the heart including ventricular septal defects and tetralogy of Fallot.

Though functional, the cross circulation technique had two major problems: first was the obvious risk of injury to the donor and all of the ethical considerations that went along with that. Second was that it could only be used for small children, as the flow rates were far too low for use in an adult. Richard DeWall was working in Dr. Clarence Lillehei’s Lab at the time and in 1955 developed the first pump-oxygenator. After trialing this device on 10 dogs with 10 survivors, Dr. Lillehei agreed to use it in the OR in May 1955. It was so successful it quickly replaced cross circulation.

News of this new development rapidly spread, and soon visitors from around the world were coming to Dr. Lillehei’s operating room to witness this great advance. Dr. William Stoney in his overview of the evolution of Cardiopulmonary bypass states: “Surgeons could watch open heart operations in the morning, and in the afternoon they could visit the experimental laboratory where DeWall and Vince Gott would show them how to set up the bubble oxygenator. Before leaving, they could order a Sigmamotor pump and a collection of Mayon tubing all for less than $1,000.”
This device made it possible for many medical centers to start a cardiac surgery program, and many years later, the famous heart surgeon Dr. Denton Cooley remarked that “Walt Lillehei brought the can opener to the cardiac surgery picnic.”

Using this device, Dr. Lillehei would set a series of firsts, including, in 1958, the first successful use in man of a completely artificial heart valve replacement. During this time, Dr. Clarence Lillehei was also instrumental in the development of the first transistorized, wearable permanent cardiac pacemaker. Legend has it (likely somewhat romanticized) that in 1957, a young girl was recovering from some open heart procedure and was connected to what at the time was the best technology of the day: a bulky tabletop pacemaker plugged into the wall. That night, lightning struck the local power plant and an extensive power outage plunged Minneapolis into darkness. The young girl unfortunately
died, and the next day, a distraught Dr. Lillehei approached Earl Bakken, founder of a new medical equipment company called Medtronic, to construct a new battery-operated pacemaker.8

Over the next several years, Dr. Lillehei would continue to operate and improve on his techniques at the University of Minnesota, and would eventually train 154 young surgeons who themselves would go on to distinguished careers. Twenty-three of these would eventually become program directors of cardiothoracic surgery programs. These included Dr. Christiaan Barnard, who performed the first successful heart transplant in 1967 in South Africa, and Dr. Norman Shumway, the famed Stanford surgeon who performed the first heart transplant in the United States and is widely considered “the father of heart transplantation.” 2

In 1967, after being overlooked for the position of chairman at the University of Minnesota, Dr. Clarence Walton Lillehei was recruited to New York to replace Dr. Frank Glenn as the Lewis Atterbury Stimson Professor of Surgery and chairman, Cornell University Medical Center and surgeon-in-chief at The New York Hospital. Dr. Clarence Walton Lillehei would bring with him seventeen members of his Minnesota team, including six surgeons and two residents. One of these residents was Dr. Valavanur Subramanian, who became a New York Hospital general surgery resident and prominent cardiac surgeon. Dr. Valavanur Subramanian recalls that the University of Minnesota did not want Dr. Lillehei to take his lab with him. Dr. Lillehei, in his typical manner, was determined to continue his research in New York, and before leaving, packed his lab into three trucks in the middle of the night, leaving a solitary red rose.5

Dr. Lillehei’s time at The New York Hospital – Cornell Medical Center, though brief, would be both exciting and tumultuous. Both Dr. Subramanian and Dr. Kevin Morrissey, also a Cornell University Medical Center resident at this time, independently described Dr. Lillehei’s arrival as “a breath of fresh air” [Figure 3].5,9 He was less interested in the strict, hierarchical model previously employed at the institution, and pushed both residents and faculty alike in the drive for innovation and discovery.
Determined to stay at the forefront of surgical innovation, in 1968 Dr. Clarence Lillehei performed the first heart transplant at The New York Hospital – Cornell Medical Center. In February of 1969, Dr. Lillehei presided over what was then the world’s largest multiple transplant operation and the first inter-hospital heart transplant. The donor had died across the street at Memorial Hospital. An article in the New York Times later that month describes resident surgeons Drs. Jack Bloch and Robert Carlson taking the heart from the third floor operating room at Memorial’s Ewing Pavilion to the tunnels below ground, where a series of waiting watchmen guided the doctors under York Avenue towards The New York Hospital – Cornell Medical Center, eventually racing up to the tenth floor operating room where Dr. Lillehei was waiting with the recipient. Meanwhile, other surgeons transplanted the donor’s kidneys, corneas and liver.

In 1970, federal investigators began looking into the personal finances of Dr. Lillehei and he was forced to step down as chairman of surgery. Though he continued to operate at The New York Hospital, in 1973, Dr. Lillehei was convicted of tax evasion, fined $50,000 and sentenced to six months of community service, which he served by acting as a consultant at the Brooklyn VA. Dr. Subramanian recalls that Dr. Lillehei was generally not very interested in billing and financial aspects of his practice, often operating on people for free and keeping his billing records on index cards in a shoebox in his office. His laissez-faire attitude towards his finances may have contributed to these circumstances.

As this was happening, however, Dr. Lillehei
began to lose his vision, likely a late complication of his radiation treatment earlier in life, and he retired from surgery, returning to Minnesota in 1974. He did remain active as a lecturer, writer, and consultant, and from 1979 until his death in 1999 he served as medical director of the St. Jude Medical Heart Valve Division.10, 5

Dr. Lillehei’s work was recognized throughout his career. He was a fellow of the American College of Surgeons, the American College of Chest Physicians, and the American Heart Association, and a Diplomat of the American Board of Surgery and the American Board of Thoracic Surgery. In 1966 he served as president of the American College of Cardiology.14

Among many other awards, he was the recipient of the 1955 Lasker Award (sometimes referred to as “America’s Nobel Prize”), the 1957 Hektoen Gold Medal from the American Medical Association, the 1996 Harvey Prize in Science and Technology from the Technion – Israel Institute of Technology, and was in 1993 inducted into the Minnesota Inventors Hall of Fame. Throughout his life, he was the author of more than 370 publications and was given honorary memberships in the British Royal Society of Medicine, and the Royal Society of Sciences of Sweden, among many others.10, 15

Though his time at the institution was relatively brief, Dr. Lillehei’s historical impact in the world of surgery was truly monumental. Over time, he came to be known as the “father of open heart surgery,” 16 and his influence can be felt today as we continue to push the boundaries of surgical innovation here at Weill Cornell Medicine and NewYork-Presbyterian.
Preston Allen Wade, M.D., F.A.C.S., served from 1970 to 1971 as acting chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center [Figure 1]. Dr. Preston Wade dedicated his entire professional career to The New York Hospital – Cornell Medical Center, even coming back from retirement when he was asked to serve as acting chairman of the Department of Surgery during a time of transition from 1970 to 1971.¹,²

Dr. Preston Wade was born on March 22, 1901, in Helena, Montana. His parents, Claudia and John W. Wade, nicknamed him “Peppy” due to his seemingly limitless energy. This was subsequently shortened to “Pep,” which became his nickname for the remainder of his life by all who knew him.² His interest in medicine began at age 12 when he collided with a basketball and had a head wound that was sutured by a young doctor, who became his hero. It was then that he decided that he would not follow in the footsteps of his father, who was a civil engineer, but would instead become a doctor [Figure 2].³

Dr. Preston Wade graduated from high school in Helena, Montana. He first moved east and joined the Cornell community when he attended Cornell University in Ithaca, New York, for his undergraduate education, where he was awarded a B.A. in 1922 [Figure 3]. Afterwards, he moved to New York City to receive his medical degree from Cornell University Medical College in 1925, where he served as president of the senior class.⁴

Dr. Preston A. Wade had a rocky start with his introduction to surgical training, fainting during the first operation that he saw in medical
school. However, with the encouragement of his professors, he pursued his interest in surgery despite this initial setback, and after his graduation from medical school, he was awarded a house officer position at The New York Hospital, then located at 16th Street. ⁵,⁶

In 1927, Dr. Wade earned the titles of assistant attending surgeon at The New York Hospital and instructor in surgery at Cornell University Medical College. He quickly published his first of over 100 papers, publishing an article titled “Dextrose-Insulin Treatment of Shock” in the *Journal of the American Medical Association* in 1928.⁷ In 1932, the hospital and Dr. Preston Wade moved to the current 68th Street location after The New York Hospital and Cornell University Medical College developed an affiliation, which led to a new shared medical center.⁵,⁸

Dr. Wade became interested in fractures early in his career, inspired by Dr. Lewis A. Stimson, who wrote a book on fractures and served as the first professor of surgery and the first chairman of the Department of Surgery at Cornell University Medical College from 1898 through 1917. Dr. Wade had the opportunity to work with Dr. James Hitzrot, who had worked closely with Dr. Stimson during his career. Dr. Wade’s early career was also highly influenced by Dr. George J. Heuer, who was the chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center from 1932 through 1947. Dr. Heuer trained at Johns Hopkins under Dr. William Halsted, and in addition to studying trauma surgery, established a modern surgical training program at The New York Hospital, with residency training lasting six or seven years, involving residents in both operative and administrative responsibilities. It was under Dr. George J. Heuer that Dr. Wade’s interest in fracture and trauma deepened, and in 1941, Dr. Wade was given an appointment as assistant attending surgeon in orthopedic surgery, along with his general surgery title.⁹,¹⁰

His interest in trauma surgery was further
heightened by his experience in World War II, where he served as a lieutenant colonel in the Medical Corps and later became the chief of surgery of the ninth General Hospital [Figure 4]. In 1942, the “cream of the staff” from The New York Hospital – Cornell University Medical College formed the ninth General Hospital, which spent one year in Boston and was subsequently dispatched overseas to New Guinea. The team in New Guinea consisted of 55 doctors and over 100 nurses from The New York Hospital – Cornell Medical Center, one of whom was Dr. Frank N. Glenn, who would go on to serve as chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center from 1947 to 1967.10 Dr. Wade distinguished himself during the war when he captured a Japanese soldier in New Guinea. This honor, which was unusual for a medical officer, was enhanced when the soldier was found to have a live grenade in the pocket of his trousers [Figure 5].3,10

Upon his return to The New York Hospital after the war, with an even stronger interest in fractures and trauma and under the guidance of Dr. Glenn, Dr. Preston A. Wade developed a new Fracture Service in 1946. Dr. Wade was responsible for teaching surgical residents and students the modern management of fractures and trauma, and he set up a trauma conference every Tuesday evening, which he continued until his retirement in 1968 [Figure 6]. This led to an annual Trauma Symposium that he organized, which was attended by surgeons from around the world.11 It was during this time that he became involved in the American College of Surgeons Committee on Trauma, of which he would become the chairman in 1956. In 1955, Dr. Wade expanded the Fracture Service by creating a combined service with the Hospital for Special Surgery. Dr. Wade was responsible for this affiliation and served as the chief of the new combined service.12

Dr. George Wantz, one of Dr. Wade’s residents who went on to become a distinguished surgeon working at The New York Hospital – Cornell Medical Center from 1949 until his death in 2000 12, described Dr. Wade’s love of teaching in a memorial statement that he wrote: “if the manner in which he went about teaching is any indication, I would have to conclude that it was what Pep Wade liked to do best. As a former member of his surgical house staff, I can speak with authority of Dr. Wade’s innate ability to inspire enthusiasm for learning. He may have been one of our professors but he always made us feel as if he were actually one of us. He loved teaching and he was, in fact, always teaching whether it was in the operating room, on rounds, during coffee
breaks, in clinic or conducting his very popular weekly conferences on the management of fractures. There is no doubt the tremendous influence that Dr. Wade had upon the surgical residents at The New York Hospital and his surgical colleagues the world round.”

Dr. Preston A. Wade’s expertise were greatly acknowledged and he was called upon as an expert in the management of John F. Kennedy, operating on him prior to his presidential election and continuing his care during his presidency. President Kennedy injured his back while in active military duty in 1944, and underwent his first back surgery in 1945. He continued to be plagued by back pain and issues and underwent several spinal surgeries in the early 1950’s. Dr. Wade continued to follow President Kennedy over the remainder of his life and made numerous visits to The White House and other locations to provide his expert opinion.13,14

Despite these impressive accomplishments, Dr. Wade’s greatest legacies were his contributions to trauma care and automobile accident safety.

In the early 1950’s, he became a member of the Cornell Auto Crash Injury Program, which was a trauma research group responsible for compiling the first statistics to prove that seatbelts could save lives. Their research showed a marked reduction in deaths and injuries among people in automobile accidents who were wearing seatbelts and proved that seatbelts did not lead to an increase of any types of injury, as had been previously thought. This group was also instrumental in showing that steering wheels should be dish-shaped so they did not cause further injury to the crash victim, recommending that there should be padding on the inside of car doors and on dashboards, and proving that doors should be fastened to keep them from opening. Dr. Wade took this information to the American College of Surgeons and sent material to national automobile manufacturers, including Chrysler, Ford and American Motors, with the request that they use this material to improve safety in their cars.10,15 He was also part of the group of
surgeons who went to Detroit in 1955 to confer with auto manufacturers regarding installation of these safety features, which later became part of standard automobile production. It was this work that earned him the National Safety Council’s Surgeon’s Award for Distinguished Service for Safety in 1965.

Dr. Wade was also instrumental in improving the setup of the Emergency Room and changing how trauma patients were cared for, including advocating for specialized hospitals and trauma teams led by experienced surgeons. He felt that hospitals lacked the “proper administrative setup and philosophy to handle automobile accident victims. “Hospitals,” he said, “should have a very definite plan of assignment of senior surgeons who are available to examine and direct the treatment of the seriously injured. Often the least experienced member of the staff, intern or substitute or student, is the first one to see an accident victim and often are the ones responsible for early care.” Dr. Wade also advocated that hospitals take an active role in transporting victims to the emergency room so that an expert handles the accident victim at the scene and the first stages of first-aid care is started before the patient reaches the hospital. Dr. Wade’s novel ideas of hospital-dispatched ambulances with trained medical professionals, a trauma team and trauma centers are now standards of care in trauma management across the country. Additionally, under his guidance, The New York Hospital emergency room became the model of a modern, well-equipped emergency room, which was used by the American College of Surgeons for other programs to emulate around the country, coined “The NYH Emergency Unit.”

Dr. Wade’s enthusiasm was exemplified by his relationship with his alma mater. He was an avid fan of the institution’s football team and he played an active role in the institution alumni committees, serving as president of both the Medical College Alumni Association and The New York Hospital Alumni Association, governor of the Cornell Club of New York, and chairman of the Medical College Division of the Greater Cornell Committee in New York City. It was this involvement that earned him a position as a trustee of Cornell University for two terms (1950 to 1955 and 1957 to 1958). Dr. Wade subsequently went on to receive the Award of Distinction from the Cornell University Medical College Alumni.
Association in 1956, “in recognition of his notable achievement in the teaching and practice of surgery and his faithful service to the medical college, its students and alumni.”

In addition to his involvement in the American College of Surgeons, Dr. Wade belonged to many national and international surgical and safety organizations, including the New York Surgical Society, Association of Military Surgeons of the U.S., The Society of Medical Consultants to the Armed Forces, Societe Internationale de Chirurgie Orthopedique et de Traumatologie, Association Internationale de Medicine des Assidants et du Traffic, Board of Directors of National Safety Council, Board of Directors of the Greater NY Safety Council, Honorary Police Surgeon for the NYC Police Department, and Honorary Fellow of the Royal College of Surgeons of England. His tireless work resulted in his being elected chairman of the Board of Regents for the American College of Surgeons (ACS) in 1965. This was followed by his election to president of the ACS in 1968. In order to take on his role as ACS president, Dr. Wade retired from The New York Hospital in 1968 and was honored with emeritus status. He retired with his beloved wife, Evangeline (nickname Petie), to his new farm in New Hampshire, with plans to devote more time to cooking and gardening. In preparation for his retirement, he was presented with a small, bright yellow tractor at his retirement reception held in Griffis Faculty Club at Cornell University Medical College in May 1968.

Dr. Wade believed and taught that the doctor’s role went much deeper than diagnosing and treating, that he had a job to “preserve the dignity of man,” and this message was a major component of his presidential address to the new fellows at the ACS clinical congress in 1968.
Figure 6. Preston Wade, M.D. with one of his patients during trauma conference.
“Science is Not Enough.” “If the progress of surgery in the last fifty years is any example, the advances of the next half century will be beyond our comprehension,” Wade said. He went on to discuss his mistakes saying “there is something else I have that you don’t have—I have the forty years of my mistakes behind me while yours are yet to come. I am sure yours will be fewer and less serious than mine; but, nevertheless, they will be enough to shake you on occasion.” He continued by saying that “in the past…surgical training did not emphasize that in pursuing the objectives of medicine in the care of the sick, the young surgeon must learn the art of dealing with the patient beset by fear, frustration, and sometimes despair… with all the scientific modalities at his command, he can often accomplish remarkable and brilliant cures, but the sympathy and understanding he shows can still be a most important part in his care of the patient.”

As chairman, Dr. Wade was able to help the department recover and flourish, despite the internal problems of 1970. During this time, he also cemented The New York Hospital’s relationship with the Hospital for Special Surgery. He retired for his final time in 1972. In 1974, the Preston A. Wade Trauma Lecture was established, initially funded by Dr. Wade’s friends, medical colleagues, and some of the nearly 2,000 former residents and students that he trained. The first Wade Trauma Lecture was given by Dr. G. Tom Shires, who would go on to become chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center the following year. Dr. Wade and his wife came to each annual Wade Trauma Lecture until his death in 1982. In present day, the lecture is still being given annually in his honor.

Dr. Wade died suddenly from a cerebral hemorrhage in his home on August 17, 1982. He was described in his obituaries and memorial speeches as: “a star in the truest meaning of the word.” “A surgeon by vocation, a teacher by avocation and a gentleman by nature. By his patients he will be remembered as sympathetic and compassionate; by his students for his enthusiasm and patience and by his colleagues as a master surgeon and leader who was graced with the gifts of tact, diplomacy, and humor… He was simply a delight and a treat. To be with him was always fun.”
Figure 7. Preston A. Wade, M.D. with his wife Petie
Paul Allen Ebert, M.D., F.A.C.S. served from 1971 to 1974 as chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center [Figure 1]. Dr. Paul Allen Ebert was born on August 11, 1932, in Columbus, Ohio. At six feet four inches tall and one hundred eighty-eight pounds, he was a towering figure and a star athlete. He remained in Columbus after high school, where he attended Ohio State University (OSU), graduating with a Bachelor of Science degree in 1954. During his time at OSU, he earned widespread recognition as a member of the varsity teams in both basketball and baseball, receiving All-American honors in both sports [Figure 2]. In addition, he was named to the All-Big Ten basketball team three times, was voted Most Valuable Player every year that he played, served as team captain, and set school records for scoring 1,436 career points for OSU and over 500 points in one year. As a baseball player, he had an even more successful career, leading the OSU team in both wins and strike outs, and getting offers to play for two major league baseball teams, the Pittsburgh Pirates and the New York Giants.2,3

Dr. Ebert turned down these offers to play professional baseball in order to attend Ohio State University Medical School. He graduated in 1958 and was elected to Alpha Omega Alpha Honor Society. He subsequently completed his internship and first year of residency at Johns Hopkins Hospital from 1958 to 1960 before spending two years as a senior assistant surgeon at the National Heart Institute in Bethesda, Maryland. He then returned to Johns Hopkins Hospital where he completed a post-doctoral fellowship from the National Cancer Institute before returning as
an assistant resident surgeon from 1962 to 1965 and chief resident surgeon from 1965 to 1966. He received the Mead Johnson Scholarship Award for Graduate Training in Surgery from the American College of Surgeons from 1964 to 1966. At the Johns Hopkins Hospital, Dr. Ebert trained under Dr. Alfred Blalock, who helped develop the surgical management of Tetralogy of Fallot, and stimulated Dr. Ebert’s interest in pediatric cardiac surgery.3,4

Following his training, Dr. Ebert was offered a position as assistant professor of surgery at Duke University Medical Center. In 1967, he was the recipient of a John and Mary R. Markle Scholarship, awarded to “gifted practitioners planning to further their careers in academic medicine.” In 1968, he was made a fellow of the American College of Surgeons and was promoted to associate professor of surgery at Duke University. He worked at Duke until 1971, when he was recruited to be chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center. This provided him with the opportunity to develop a broad academic training program in surgery in what was the largest biomedical community in the country at the time.2,3

Dr. Kevin Morrissey completed his residency at The New York Hospital – Cornell Medical Center and was recruited by Dr. Ebert to stay on as an attending surgeon. Dr. Morrissey describes the state of the surgery department at the time when Dr. Ebert became chairman: “The department had been in a… rigid and conservative pattern, with not much research and very fixed views during the latter part of Dr. Glenn’s tenure. And it certainly got a jolt in the arm by [Dr.] Lillehei in regards to research and innovation, and when Dr. Ebert came, certainly he carried it again further. He came out of the Duke system and he was used to research and randomized controlled studies. He set a very high bar which, in a way, we were… ready for at that time and so it was a very, very wonderful period for all of us.”

In 1972, Dr. Ebert became the first Johnson & Johnson Distinguished Professor of Surgery at Cornell University, when the company established a 12-year grant through a $500,000 contribution to “provide for the support of the activities of the Department of Surgery in patient care, research and teaching, and to foster an environment within the departments that will create further progress in all of these efforts.”5 In his clinical practice, he made many valuable and innovative contributions to cardiovascular surgery. Although he studied all areas of adult and pediatric cardiac disease, his main area of interest was in early surgical correction of complex congenital heart anomalies, in particular truncus arteriosus, for which he was a pioneer of novel surgical techniques.6

In 1973, Dr. Ebert gave the opening address to the Cornell University Medical College students, which sums up his mantra and advice on a number of subjects. Regarding scientific
discoveries, Dr. Ebert stated: “It is true that science alone cannot solve all the health problems and that the art of medicine is an extremely important aspect of our profession. Yet, when one observes a major scientific accomplishment which, in many instances, has practically eradicated a disease from society, the progress of medicine can be quickly appreciated.” He goes on to use the example of the success of the polio vaccine.7

Dr. Ebert’s devotion and work ethic can be easily depicted by his advice to the incoming medical students on gaining hands-on experience: “Each of you is motivated to be a good physician which requires many attributes, one of which is judgment. How does one acquire good medical judgment? Without experience, one is unlikely to be able to exercise reasonable judgment. Actually this is true in almost any field or profession. How does one get experience? One must be willing to work and go beyond the demands of medical school. The hospital is bursting with opportunities to obtain knowledge.” And he continues to say “probably the most important attribute which all of you must demand of yourselves with the patient is honesty.”7

Dr. Ebert left The New York Hospital – Cornell Medical Center to become chairman of the Department of Surgery at the University of California San Francisco Medical Center (UCSF) from 1976 to 1986. During his time at UCSF, he helped establish the program as an international referral center for children with cardiac defects. These advancements were possible in part due to the development of a fetal lamb model to study congenital heart disease and the possibilities of open fetal surgery, which was first performed in humans at UCSF in 1981.8 Dr. Ebert subsequently retired from surgical practice in 1986 to become executive director of the American College of Surgeons (ACS). In his words, he made this decision to change careers in order to “get my feet wet in another area.” Under Dr. Ebert’s leadership, the ACS launched an educational program in managed care and developed a strong lobby in Congress on behalf of patient choice.6, 9

Throughout his career, Dr. Paul Allen Ebert was a member of many prestigious surgical societies and served as president of the American Association for Thoracic Surgeons, the Society of University Surgeons and the Western Thoracic Surgical Association. Additionally, he was a member of the Johns Hopkins Society of Scholars and was vice-chairman of the American Board of Thoracic Surgery from 1987 to 1989. In 1994, Dr. Ebert received the International Recognition Award of the Denton A. Cooley Cardiovascular Surgical Society. He authored or co-authored nearly 200 peer-reviewed scientific articles. In addition to his professional accolades, Dr. Ebert was inducted into the Ohio State Varsity Athletics Hall of Fame in 1977 and in 1989, he received the Theodore Roosevelt Award from the National Collegiate Athletic Associate, their highest honor, awarded annually to a varsity athlete from a major university who has gone on to achieve outstanding life accomplishment after their athletic career.6
Dr. Ebert also had a strong family life. He married the former Louise Joyce Parks in 1954. They had three children together: Leslie born in 1960, Michael born in 1963, and Julie born in 1967. He also had five grandchildren at the time of his death: Holly, Rudy, Claire, Paul, and Danyon.

On April 20, 2009, Dr. Paul A. Ebert died unexpectedly from a heart attack that he suffered while playing golf, a sport that he loved. He is remembered by those that knew him as an amazing surgeon, scholar, scientific investigator and athlete who was kind, devoted to his family, sympathetic to patients and committed to teaching.10

Figure 5. Paul A. Ebert, M.D.’s portrait as Executive Director of the American College of Surgeons, currently hanging in the ACS Headquarters in Chicago, Illinois
Bjorn Thorbjarnarson, M.D., F.A.C.S., served from 1974 to 1975 as chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center [Figure 1]. Dr. Bjorn Thorbjarnarson was born on July 9, 1921 in Iceland, where he completed his primary, secondary, and undergraduate medical education. When he graduated from the University of Iceland Medical School in 1947, he realized that there weren’t any good opportunities for surgical training in Europe after World War II.1 As a result, he considered other options for where to pursue surgical training.

Dr. Bjorn Thorbjarnarson’s brother’s father-in-law was at one point a patient of Dr. Frank Glenn, then chairman of The New York Hospital – Cornell Medical Center, and thus he decided to apply for an internship. After six months of correspondeces, without providing any letters of recommendation or undergoing any interviews, he was invited to train at The New York Hospital – Cornell Medical Center. 1

Although Dr. Thorbjarnarson’s plan was to stay in New York for one year and then return to Iceland, he decided to stay at The New York Hospital to complete his residency because he became accustomed to New York City.1 He served as intern in 1948, assistant resident surgeon from 1949 to 1952, first assistant resident surgeon from 1952 to 1953, and then resident surgeon in 1954 [Figure 2]. He completed residency in 1954 and was board certified by the American Board of Surgery that same year.2

After residency, he considered returning to Iceland but recalled that everyone who practiced with a license in Iceland needed to spend six months training in OB/GYN and since he had
not done that during this residency, he opted to continue his career in New York City.¹

He was then hired at Cornell University Medical College as an instructor and as an assistant attending surgeon at The New York Hospital in 1954. He served in this position for two years when he was drafted into the Navy in 1956. He was stationed in Chelsea, Massachusetts as a lieutenant commander and general surgeon from 1956 to 1958 and was never deployed overseas.¹,² After serving in the Navy, he returned to The New York Hospital – Cornell Medical Center as assistant professor of surgery in 1958. In 1960, he was promoted to associate attending surgeon of The New York Hospital. In 1963, he was promoted again to associate professor of clinical surgery at Cornell University Medical College [Figure 3]. In 1964, he was promoted to attending surgeon at The New York Hospital [Figure 4], and in 1972 he was named professor of surgery at Cornell University Medical College.³

While working at The New York Hospital – Cornell Medical Center, Dr. Thorbjarnarson had several administrative responsibilities. In 1963, Dr. Thorbjarnarson was appointed supervisor of a surgical ward as well as an animal laboratory. He assumed these responsibilities from Dr. John Beal who left the institution to become chairman of the Department of Surgery at Northwestern University Medical School.³ Dr. Thorbjarnarson also served on the Operating Room Committee. The purpose of this committee was to review and supervise the function of the operating room. For example, in 1963 while Dr. Thorbjarnarson served on the committee, a major focus of the committee was switching from reusable drapes to disposable drapes to reduce laundry costs [Figure 5].³

Dr. Thorbjarnarson was ultimately called upon to serve as interim chairman in 1974 after Dr. Paul Ebert left The New York Hospital – Cornell Medical Center after three years of being chairman to become chairman of the Department of Surgery at University of California San Francisco. Dr. Bjorn Thorbjarnarson served as interim chairman from 1974 to 1975 until he was replaced by Dr. G. Thomas Shires who served as
chairman from 1975 to 1991. When asked about his time as interim chairman, Dr. Thorbjarnarson recalled that he was not supposed to make any dramatic changes to the department; he was only supposed to hold the department together until the next chairman was hired. He noted that his primary functions were to deal with complaints about doctors and nurses, and attend board meetings for the hospital and university.¹

In addition to establishing himself as an excellent surgeon and leader at The New York Hospital, Dr. Thorbjarnarson developed a reputation outside of the institution. He was a member of numerous city-wide and state-wide professional societies including the New York State Medical Society, Medical Society of the County of New York, New York Surgical Society, the New York Academy of Science, and the New York Academy of Medicine. He was also a member of several countrywide professional societies including the American Medical Association, American Geriatric Society, American College of Surgeons, American Association for the Surgery of Trauma, Society for Surgery of the Alimentary Tract, and the American Surgical Association in 1976 [Figure 6].²

Dr. Bjorn Thorbjarnarson is best remembered by several surgery residents, now long-time faculty at NewYork-Presbyterian and Weill Cornell Medicine who trained with him, for having excellent technical skill.³,⁴,⁵ When they operated with Dr. Thorbjarnarson, they always felt comfortable and confident because they knew he could handle anything that happened in the operating room. He made them feel like they knew how to operate; only when he left the room did they realize how much Dr. Thorbjarnarson’s direction contributed to their confidence. His movements were smooth and directed; Dr. Kevin Morrissey in fact, noted that he was “like a porpoise in water.” ⁴ Similarly, Dr. Eugene Nowak noted that Dr. Thorbjarnarson had no wasted motions:

![Figure 3. Department of Surgery, 1965 (Dr. Thorbjarnarson appears in the front row, seated first from the left with Chairman Dr. Frank Glenn seated first from the right)](image-url)
every move had a purpose. Dr. Philip S. Barie added that the two words he would use to describe Dr. Thorbjarnarson were: decisive and fearless. He rarely, if ever, displayed any uncertainty regarding when to operate, or how to proceed in the operating room; he was willing and capable of operating on any patient for any indication.

Despite having such incredible skill, he was not known for being arrogant or excessively self-promoting. According to Dr. Morrissey everyone, including Dr. Thorbjarnarson himself, knew that he was skilled. In fact, he would infrequently offer advice or recommendations without first being asked. Learning from Dr. Thorbjarnarson was best done by watching how he operated, as he was not known to be an expressive teacher. Nevertheless, he was always available to answer questions and was considered the “go-to-guy” to ask for any problem because he could handle anything. In fact, Dr. Philip S. Barie noted that although Dr. Thorbjarnarson was a very well-known local surgeon, his demure personality limited his national recognition. Still, his legacy at The New York Hospital – Cornell Medical Center was substantial. According to Dr. Eugene Nowak, the majority of residents that trained at the institution from the mid-1960’s through the late-1980’s would name Dr. Thorbjarnarson as one of the legends of the Department of Surgery.

Beyond having extraordinary technical skill, Dr. Bjorn Thorbjarnarson was also an experienced researcher. He published 79 peer-reviewed articles covering a wide range of topics including thrombophlebitis, abdominal trauma, cancer of the gallbladder, Crohn’s disease, achalasia and intussusception. He also served on the editorial board of the New York State Medical Journal. When asked about having such a wide range of research interests, he recalled that he was trained to do everything, which translated into him having many different research projects.

Throughout his career, Dr. Thorbjarnarson...
participated in basic science research as well as clinical research. For example, in 1963, he worked with Dr. Mary Ann Payne in the Department of Medicine studying the effects of hypothyroidism on serum and biliary lipids in dogs. He also performed gross and histologic examination of autografts of liver tissue, evaluating the effect of pH in blood and bile on graft survival.3

Examples of clinical research studies Dr. Bjorn Thorbjarnarson carried out included evaluating new chemotherapeutics targeting advanced cancers, which was supported by the United States Public Health Service. One particular strategy of delivering chemotherapeutics he tested was the regional administration of chemotherapeutics through arterial blood supply.3

One of his most notable contributions to science was the development and description of a baboon cholecystopexy model whereby the gallbladder fundus was tacked up to the anterior abdominal wall to allow easier sampling of bile.7 This allowed subsequent studies of bile composition in relation to fasting, feeding, pregnancy, and contraceptive steroids, among other experimental models.4, 8

Dr. Thorbjarnarson received external funding to support his active research practice. In his first year as an attending surgeon in 1954, he was awarded a grant from the New York Heart Association to work in the Department of Surgical Pathology alongside Dr. John Pearce.3 In 1958, Dr. Thorbjarnarson received a grant from the New York Cancer Committee to study malignancies of the biliary tract. He later served as a fellow of that committee.3 He pursued these grants and research interests because he wanted to become a surgical oncologist and believed the research experience would help him in that pursuit. His experience serving in the Navy however caused him to abandon this path. He decided to remain a general surgeon with a clinical focus on gallbladder and biliary tract pathology.1

He developed such a reputation in gallbladder surgery that he was appointed the lead surgeon when Reza Shah Pahlavi was granted asylum in the United States to undergo treatment for cholangitis. Dr. Bjorn Thorbjarnarson recounted his experience performing a cholecystectomy, intraoperative cholangiogram with T-tube placement on the Shah on October 30, 1979 in his last peer-reviewed publication in the Journal of American College of Surgeons in 2011.9 Dr. Thorbjarnarson performed the procedure with another attending surgeon, Dr. William Grafe and Dr. Eugene Nowak who was then a chief resident at The New York Hospital. Post-operatively, the Shah was found to have a retained stone on top of the T-tube and required stone extraction by Dr. Joachim Burhenne. This was the first time a patient underwent
Figure 6.
Bjorn Thorbjarnarson, M.D., 1977
Percutaneous common bile duct stone extraction at The New York Hospital – Cornell Medical Center.\textsuperscript{1,3,9}

During his hospital stay, the Shah also underwent cervical lymph node biopsy that confirmed a diagnosis of histiocytic lymphoma. The following year, the Shah, in exile in Central America, was in urgent need of a splenectomy as a complication of lymphoma. Dr. Thorbjarnarson was called upon by the Shah and Dr. Benjamin Kean to travel to Central America to perform the surgery. Dr. Thorbjarnarson requested to bring his surgical team with him, however this was not permitted and he did not make the trip. The Shah later died from a subphrenic abscess after undergoing a splenectomy in Egypt.\textsuperscript{9}

That was not Dr. Bjorn Thorbjarnarson’s only experience operating on a celebrity. On February 20, 1987 Andy Warhol was admitted to The New York Hospital – Cornell Medical Center with multiple weeks of anorexia secondary to gangrenous cholecystitis. Dr. Bjorn Thorbjarnarson convinced Mr. Warhol that he needed surgery, which was performed without incident.\textsuperscript{10} The operation seemed to go well, and Warhol was in his room making calls by that evening. He still seemed fine when his private nurse checked on him, but about two hours later, she found him blue and unresponsive. The medical examiner determined that he died from ventricular fibrillation.\textsuperscript{10} As Dr. Eugene Nowak recalled, the end result was devastating to Dr. Thorbjarnarson.\textsuperscript{5}

After serving as interim chairman from 1974 to 1975, Dr. Thorbjarnarson resigned from academic practice in 1976, secondary to a strained relationship with the new chairman of surgery, Dr. G. Thomas Shires.\textsuperscript{1,4,5,6} Dr. Thorbjarnarson transitioned to private practice surgery at The New York Hospital although he remained very busy clinically.\textsuperscript{6} He was eventually appointed Clinical Professor Emeritus of Surgery at Cornell University Medical College in 1990 \textsuperscript{2} and ultimately retired from practice in 1991 at age 70. Dr. Thorbjarnarson has now retired to Florida with his wife, Margaret Stewart, whom he married in 1955. Together they have four children.\textsuperscript{1}
G. Thomas Shires, M.D., F.A.C.S., served from 1975 to 1991 as chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center [Figure 1]. He was a transformative leader not only of the department, but of the field of surgery and surgical science.

Dr. George Thomas Shires, Jr., known as Tom, was born November 22, 1925 in Waco, Texas and raised in Dallas. He graduated from Woodrow Wilson High School in 1942 and swiftly obtained a Bachelor’s of Science from the University of Texas in 1944 followed by a medical degree from Southwestern Medical School in 1948.¹

Dr. Shires completed his residency at Parkland Memorial Hospital in 1956. His residency included two periods of hiatus for active military service in the U.S. Navy. He spent 1949 to 1950 at the U.S. Naval Medical Research Institute in Bethesda, and 1953 to 1955 as Naval Surgeon on the U.S.S. Haven. Dr. Shires joined the faculty at Southwestern in 1957, and became chairman after just four years, in 1961.¹

On November 22, 1963, Dr. G. Thomas Shires was in Galveston at the annual meeting of the Western Surgical Association when he heard the news of the shooting in Dallas. John F. Kennedy had been pronounced dead on arrival at Parkland before Dr. Shires was able to return. However, Dr. Shires did join his colleague Dr. Shaw in the operating room with Governor John Connally, who survived.²

Two days later, Dr. Shires operated on Lee Harvey Oswald after he was shot in the abdomen. Dr. G. Thomas Shires’ operative note, as excerpted in Hirschberg and Mattox’s textbook, Top Knife, reads as a tour of abdominal vascular trauma.
“Upon entering the peritoneal cavity, approximately two to three liters of blood, both liquid and in clots, were encountered. These were removed. The bullet pathway was then identified as having shattered the upper medial surface of the spleen, then entered the retroperitoneal area where there was a large retroperitoneal hematoma in the area of the pancreas. Following this, bleeding seemed to be coming from the right side, and upon inspection there was seen to be an exit to the right through the inferior vena cava, thence through the superior pole of the right kidney, the lower portion of the right lobe of the liver, and into the right lateral body wall…the inferior vena cava hole was clamped with a partial occlusion clamp... the inspection of the retroperitoneal area revealed a huge hematoma in the midline. The spleen was then mobilized, as was the left colon, and the retroperitoneal approach was made to the mid-line structures. The pancreas was seen to be shattered in its mid portion, bleeding was seen to be coming from the aorta… the superior mesenteric artery had been sheared off the aorta…”

To a crowd of waiting reporters, Dr. Shires said he had never seen a similar injury result in survival.

Oswald had arrived at Parkland with no paramedics in attendance, receiving no prehospital care. This observation, among others, led Dr. Shires to reach out to the city of Dallas to work to form one of the first paramedic-run emergency medical services in the country. This was an effort he would later repeat in New York.

Dr. Shires’ research on fluid resuscitation for shock changed the practice of medicine. In the 1960’s, his basic science studies on the effect of surgery, injury and burns on extracellular fluid helped show that, contrary to the practice of the time, patients should receive sodium-containing fluid, rather than having their intake restricted.

Dr. Shires had continuous NIH funding for more than 40 years. A testament to his prowess in the laboratory, he was one of the first recipients of the NIH MERIT (Method to Extend Research in Time) grant. This award is designed to “provide long-term, stable support to investigators whose research competence and productivity are distinctly superior and who are likely to continue to perform in an outstanding manner. The provision of long-term stable support to such investigators is expected to foster their continued creativity and spare them the administrative burdens associated with preparation and submission of full-length research grant applications.” When he arrived at The New York Hospital – Cornell Medical Center, he brought his own grants for the study of shock, and received an NIH P50 center grant for the burn unit.

Dr. Shires included many faculty members on his grants, but his principal collaborator was a physician-researcher, Hannah Illner, who traveled with him among institutions and, along with a trusted laboratory technician, ran the operations of the lab. In the 1950’s and 1960’s, Dr. Shires used injections of radioisotopes to measure the volume of distribution of various blood components, and to calculate loss of blood volume during surgery. Writing in the Annals of Surgery in 1961, he said “The loss of isotonic...
functional extracellular fluid could not be located as an external loss, and is therefore presumed to be largely an internal redistribution,” implying the existence of what is now commonly called “third spacing” of fluid. He also demonstrated the risk of acidosis associated with normal saline infusion, as well as of crystalloid-only resuscitation in cases of hemorrhagic shock where blood products were needed. Dr. Shires also collaborated with Charles Baxter on key work regarding fluid resuscitation in burns, identifying the resuscitation ratios that would ultimately be refined into the Parkland Formula. This formula is still used to guide burn resuscitation today, albeit with modifications.

Dr. Shires left Parkland in 1973 for a brief stint as chair of the Department of Surgery of the University of Washington in Seattle before arriving as chairman at The New York Hospital – Cornell Medical Center in 1975. Over the subsequent 16 years, he transformed the Department of Surgery from what had become a coalition of mainly private practice surgeons into a robust, academic surgical department. He brought a contingent of faculty and residents with him from Parkland, including Dr. Arnold Luterman and Dr. Peter Canizaro and continued to recruit excellent surgeons and scientists. One of the first new recruits was Pete Dineen, who came from Northshore Hospital, on Long Island. Dineen served as Dr. Shires’ vice-chairman of operations, seeing to much of the day-to-day management of the department during times when Dr. Shires held other leadership roles.

One of Dr. Shires’ first tasks was to establish the Burn Center at The New York Hospital – Cornell Medical Center. The Fire Department of New York (FDNY) was eager to bring a burn center to the city. Their interest was stirred by a highly-publicized photo of a young girl in Vietnam running from her village, on fire. The FDNY had wanted to bring her to New York for treatment, but swiftly realized that the city had no burn center. In fact, burn patients were often sent as far as Texas for care. Dr. Shires built strong relationships with the fire department, going from station to station, eating pizza and having conversations throughout the city. He was successful in bringing the Burn Center to The New York Hospital – Cornell Medical Center, where it opened in 1976. The initial plan had been to build a center for reconstructive surgery, along with a nursing school and housing on the block that now houses the Helmsley Tower. The city’s plastic surgeons opposed this plan, and the burn center ultimately opened within the main hospital. As he had done in Dallas, Dr. Shires drew on these same relationships with the FDNY to reorganize the city’s emergency medical services under the FDNY’s auspices.

Dr. Shires’ trainees describe him as intimidating, but not frightening, loyal and invested though not effusive. Dr. Shires believed in hiring the right people and giving them the resources and the room to grow. In an obituary...
published in *Lancet*, Dr. Philip S. Barie described Dr. Shires as “a visionary leader, one who believed very much in recruiting good people and putting trust in them, which was always reciprocated.” ⁵, ⁷

In the operating room, he was known as a master of exposure, but also had his quirks. He eschewed silk suture, calling it “worm dung”, and favored instead cotton sutures (“pure as the driven snow”), which could be brittle and difficult to tie, especially at fine gauges. This challenge was only accentuated by Dr. Shire’s concomitant abhorrence of the Bovie electrocautery, which had to be placed in a corner and covered with a sheet while he was operating.⁵, ¹⁵

Dr. Shires’ enthusiasm for crystalloid resuscitation knew hardly any bounds, as did his abhorrence of albumin. Given his extremist views, some past trainees do admit to occasionally administering the forbidden colloid in secret. They also recount occasions on which, to prevent massive volume overload, they hid buckets behind the bed and ran the fluids into the buckets, instead of into the patients.⁵

Dr. Shires was a consummate educator and a fierce protector of the residents. At the time, The New York Hospital – Cornell Medical Center had hardly any emergency department, and Dr. Shires was also responsible for starting the Jamaica Hospital rotation to expose residents to community and emergency general surgery that was rare at the institution at the time.⁵, ¹⁵

His weekly Thursday afternoon Morbidity and Mortality conferences were legendary not only for his encyclopedic knowledge of surgery, but also for the cement-hardened brownies that were served each week. The conference would start at three in the afternoon and go on until all the cases had been presented. Each case was presented by the PGY-3 resident, regardless of who had operated, and Dr. Shires would sit at the front of the room, chain-smoking Marlboro cigarettes and quizzing the presenters. His seat also blocked the path to the house phone where residents would have to go to return pages during the conference. There was a PGY-4 resident assigned to a pathology rotation. This resident was generically known as “Virchow”, and was required to prepare the pathology slides for each case. Those residents
best in tune with the system realized they could spare themselves some suffering by pre-clearing the cases with Dr. Shires, who would sometimes limit his comments to a brief “sounds like that man needed killing,” or “yeah, I’m like you, I wouldn’t-a done that.”

Dr. Shires’ mentees also knew him to hold informal chats on Friday afternoons around 4:45pm, when he would appear in his outer office to drain the coffee urn. Frequent attendees included mentees Drs. Roger W. Yurt, Philip S. Barie and Steven J. Lowry.

Dr. Shires became dean of the medical college in 1987, during a challenging time for the hospital. Dr. David Skinner, also a surgeon, arrived as CEO of the hospital. DRG payments had arrived, and put an end to what had been a period of relative wealth for the department. He remained in this role for four years until his departure from this institution. This role did dilute his presence in the department, and rather than finding him free in his office, mentees frequently had to catch him as he walked from one building to another.

Throughout his time at The New York Hospital – Cornell Medical Center, Dr. Shires held numerous national leadership roles. His stature within American Surgery was best summed up in 1985, when Claude Organ, then president of the American College of Surgeons ranked academic surgeons’ influence based on their research, funding, and leadership roles. Dr. G. Thomas Shires was at the very top of this list. Among other things, he was president of the American Surgical Association (1979 to 1980), the American College of Surgeons (1981 to 1982), the U.S. chapter of the International Surgical Society (1984 to 1985) and the James IV Association of Surgeons (1987 to 1991). He was editor-in-chief of the Journal of the American College of Surgeons (1982 to 1992).

Like many great leaders, perhaps the greatest legacy that Dr. Shires left, not only at the institution but on the field of surgery, were his trainees. Once he selected a resident or a faculty member, he was fiercely loyal to that person, and inspired the same in response. He maintained an alumni association called Chirugio, which had over 200 members by the time of his death. His graduation gift to residents was a solid gold watch fob in the shape of a hand to indicate acceptance. At the time of his death, over 40 of Dr. Shires’ mentees had gone on to chair departments or divisions of surgery, and that number has only increased.
Dr. Shires left The New York Hospital – Cornell Medical Center in 1991 to return to his native Texas, taking the chairman’s job at Texas Tech in Lubbock. He served in that role until 1995, when he was recruited to direct the new Trauma Institute at the University of Nevada, Las Vegas. Although a teetotaller, Dr. Shires was an enthusiastic gamesman, and enjoyed his time in Vegas. Dr. Shires also had a robust family life. He was married to Robbie Jo (nee Martin), and had two daughters, Donna Jacquelyn and Jo Ellen, and one son, G. Tom Shires III, a surgical oncologist. Dr. Shires passed away at home on October 18, 2007 at 81 years of age, surrounded by family. The cause was carcinomatosis from an unknown gastrointestinal primary tumor.

The Department honored him in the most fitting way, with a scientific symposium featuring many of his former mentees, and the proceedings were published in a special issue of the journal _Surgical Infections_.

---

Figure 6. G. Thomas Shires, M.D. with his wife, Robbie Jo Shires

Figure 7. Program for G. Thomas Shires', M.D. Memorial Tribute

Figure 8. Special issue of the journal _Surgical Infections_.

---
Figure 8. Issue of Surgical Infections honoring G Thomas Shires, M.D.

Festschrift for Doctor G. Tom Shires
Roger William Yurt, M.D., F.A.C.S., served from 1991 to 1993 as acting chairman of the Department of Surgery at The New York Hospital – Cornell Medical Center [Figure 1]. Dr. Roger W. Yurt was born on June 8, 1945 in Louisville, Kentucky. His father was serving in the military at the time, but when he returned from overseas he went to work as an executive at the Sears Roebuck Company. His father told the company that he wanted to move south, so by the time Dr. Yurt was six months old the family had begun to migrate, first to South Carolina, then Georgia, Alabama, and Miami, Florida. When Dr. Yurt’s father was offered a posting in Puerto Rico, he decided he had come far enough south, and the family remained in Miami.1

In high school, Dr. Roger W. Yurt loved science, particularly physics, but the desire to work more closely with people led him to pursue his undergraduate studies in biology at Loyola University of New Orleans, where he graduated in 1967. He began graduate school in biomedical engineering at the University of Miami, but again realized that the field was primarily engineering, without the human contact he was seeking. He switched the medical school and graduated from the University of Miami in 1972. While there, Dr. Roger Yurt worked on research projects with the director of the burn center at the Miami Veteran’s Administration Hospital. These experiences had launched a lifelong interest in burn care and in the pathophysiology of inflammation. Based on his interest in surgery and research, his chairman suggested he seek training at the Parkland Memorial Hospital.1

Dr. Yurt completed his first two years of
surgical residency at Parkland under mentor Dr. G. Thomas Shires before traveling to Boston where he spent three years in a lab at Harvard Medical School studying the biology of inflammation, focusing on mast cell histamine release. While there, Dr. Roger W. Yurt and mentor Dr. Frank Austen were the first to describe the macromolecular structure of heparin, as well as the mechanisms of heparin and histamine release.

While Dr. Roger Yurt was in the lab, Dr. Shires left Parkland for a brief stint at the University of Washington, and then to assume the chairmanship at The New York Hospital – Cornell Medical Center. Dr. Yurt joined him after finishing his research years and completed his residency at Cornell Medical Center in 1979.

In order to finish his residency without being eligible for the military draft, Dr. Yurt participated in the Berry Plan, and was obligated to complete two years of military service at the end of his residency. On graduation, however, the army first offered Dr. Yurt the opportunity to spend two years at a small hospital in Louisiana that lacked operating rooms. The army told him if he agreed to spend three years in service, he could choose his own posting. He elected to spend these three years at Brooke Army Medical Center at Fort Sam Houston, home of the Army’s burn center, and the treatment destination for military personnel from all around the world requiring burn care. In November 1979, for example, Dr. Yurt was involved in caring for 38 military personnel who were transported to Fort Sam from Japan after a 5,000 gallon gasoline tank ignited in their camp near Mt. Fuji. At the time, this was the
largest group of acute patients treated at the burn center.5

On finishing his military commitment, Dr. Roger Yurt was recruited back by Dr. Shires to join the faculty at The New York Hospital – Cornell Medical Center in 1982. Despite his interest in burn care, Dr. Yurt initially chose to maintain his skills and practice in general surgery. He served briefly as the acting director of The William Randolph Hearst Burn Center from 1982 to 1983 before stepping aside to launch the Trauma Center. He served as director of the Trauma Center from 1983 to 1998.

When Dr. G. Thomas Shires left The New York Hospital – Cornell Medical Center for Texas Tech in 1991, Dr. Roger W. Yurt took over as acting chairman of the Department of Surgery until 1993. In this role, Dr. Yurt was instrumental in the design of the new Greenberg Pavilion. He was able, for example, to argue successfully that for the Emergency Department to function properly, it must be on the ground floor, not the fourth floor as originally suggested. With the opening of Greenberg, the Burn Center itself moved from
Payson 7, where the Department of Surgery offices sit, to its current location on the eighth floor. In 1994, Dr. Yurt became acting director of The William Randolph Hearst Burn Center, followed by director from 1995 until his retirement in 2015. From 2010, he was chief of the newly reorganized Division of Burns, Critical Care and Trauma.

Dr. Yurt’s colleagues remember him as kind, caring and intelligent, a quiet, but very effective leader. He was effective with patients as well as staff, and particularly loved caring for children, always electing to do the pediatric operations himself. He tended to find a system that worked and to stick to it, but did permit innovation in his junior faculty. He did not hover over his trainees, but was a persistent chart-checker behind the scenes. Dr. Yurt was able to manage a complex team through the challenging times inherent in burn care.

The William Randolph Hearst Burn Center built an unparalleled local and national reputation during Dr. Roger Yurt’s tenure, in part through the strong relationship that Dr. G. Thomas Shires and Dr. Roger Yurt cultivated with the Fire Department of New York [Figure 2]. This was never more true than in the days, weeks and months after September 11, 2001 [Figure 3, 4, 5]. Dr. Yurt was on his way to give a lecture when he heard the news that morning, and turned his car around. An NYPD police surgeon escorted him from the George Washington Bridge to the hospital, where he stayed for at least the next 36 hours, caring for the initial onslaught of 21 severely burned patients. Dr. Yurt reflects on this episode as a time of service and volunteerism. The hospital, the burn unit, the doctors and the nurses were stretched thin, but all personnel were eager to help and to go the extra mile. There was an outpouring of support from around the country as well, and we still see some of the notes and letters received on our hospital walls.1, 8 Survival among the 9/11 burn victims treated at NewYork-Presbyterian – Weill

Figure 6. Roger W. Yurt, M.D. with Burn Center Staff
Figure 7. From an NYPress edition, “A Hero of Medicine: helping burn victims heal”, April 2014
Cornell Medical Center exceeded what would have been predicted [Figure 6,7]. In addition to extensive media coverage, this period yielded several books, including memoirs by Lauren Manning, a patient who suffered more than 80% BSA burns, and her husband, Greg. Dr. Yurt and the burn unit were also featured in a novel focusing on burn victims, The Burning, by Jane Casey.

Throughout his career, Dr. Yurt was a member of many prestigious surgical societies and served as a governor of the American College of Surgeons from 1990 to 1996. He was a charter member of the Eastern Association for the Surgery of Trauma and of the Surgical Infection Society. He was also president of SIS in 1991. He authored or co-authored more than 100 peer-reviewed scientific articles and 40 chapters or books. Among his many honors, Dr. Roger W. Yurt was Physician of the Year for NewYork-Presbyterian in 2006 and also won the Weill Cornell Medicine Alumni Outstanding Service Award in 2009, followed by the greatest institutional honor NewYork-Presbyterian/Weill Cornell Medical Center offers, the 2014 Greenberg Distinguished Service Award.

Dr. Roger Yurt maintained an active research interest in the biology of inflammation, working closely with the Mulhearn Surgical Research Laboratory, for which he served as director. In the later part of his career Dr. Yurt’s research focused on trauma and burn care systems. He worked to rewrite the DRG system for trauma and burn care, and was involved with the development of NSQIP. His career saw major advancements in burn and trauma care that improved survival for patients with large burns, including minimization of renal failure, increasing recognition of the importance of nutrition and judicious antibiotic usage. Burn treatment also moved more from the Burn Center inpatient to the outpatient setting, with the center down from 2,000 admissions per year to fewer than 800. Asked to predict the future, Dr. Roger Yurt looks forward to new strategies for earlier, more robust wound coverage, such as artificial skin.

Dr. Yurt also has a robust family life. He met Joan Terry on a blind date in Miami, where they were subsequently married. They have three children and six grandchildren, with the seventh on the way. Since retirement, Dr. Yurt has had time to pursue his enthusiasm for woodworking and furniture building as well as for gardening. He always enjoyed gardening, and jokes that you knew it was a bad week in the unit when he would go home and cut down two or three trees. He has since achieved the status of Master Gardener and serves as a resource for local gardeners in New Jersey.[Figure 8]
John Michael Daly, M.D., F.A.C.S., served from 1993 to 2002 as chairman of the Department of Surgery at NewYork-Presbyterian/Weill Cornell Medical Center [Figure 1]. Dr. John M. Daly was born to Leo and Dorothy Daly in 1947. He was raised in the Philadelphia neighborhood of Mount Airy with his sister, Eileen. He attended LaSalle High School, not far from his neighborhood. Dr. Daly always considered Philadelphia home and over many years would return frequently to visit with family and friends.

Dr. Daly was the first of his immediate family members to go into medicine. An older cousin was a family medicine physician and the person who initially sparked his curiosity in medicine. While he was still in high school, he was invited to tag along on several house calls with his cousin. Dr. Daly noted that he especially enjoyed the “hands on” experience of interacting with patients. It was this aspect of medicine in particular that would propel him to focus his studies on surgery.

Dr. John M. Daly matriculated at LaSalle University for his undergraduate degree in Biology. It was during this time that a mutual friend introduced him to Mary Bonner at a beach party in Margate. They began dating and would later marry in 1971.

During his sophomore year at LaSalle, Dr. Daly received a 600 dollar award from Smith, Klein & French to fund a summer of research at the University of Pennsylvania. After meeting with the vice-dean for research at Penn in May, he made a somewhat fateful decision and chose to work with the only clinician who was accepting students, Dr. Stanley J. Dudrick. Dr. Dudrick, chief surgical resident at that time, who later became the chief...
of surgery of the Penn Service at the Philadelphia Veterans Affairs (VA) Medical Center the month after he completed his surgical residency.

Throughout that summer Dr. Daly worked closely with Dr. Dudrick at the VA, learning an enormous amount about surgery in a way that students today would envy. That summer, Dr. Dudrick was assisted by two PGY-5’s and a PGY-2 resident. However, there were no interns on the large surgical service, a role that Dr. Daly happily filled. He bought a short white coat and was quickly trained to perform many of the tasks necessary to keep the patient service running. This included placing nasogastric tubes and Foley catheters, starting intravenous lines, and scrubbing in the operating room. Although it was entirely serendipitous, this early, intense exposure to surgery had a profound effect on him. Under Dr. Dudrick’s tutelage he became certain that he wished to pursue a career in surgery. He had also acquired a lifelong mentor, colleague, and father figure who would help guide much of his early career.

Dr. Daly initially had planned to complete just a summer internship at the VA, but his father died later that summer and Dr. Dudrick, recognizing Dr. Daly’s hard work and potential, kept him on throughout college and later in medical school. During this time, he helped University of Pennsylvania research residents as they rotated at the VA, setting up lab experiments and later performing some of his own research. Dr. Dudrick’s work focused on nutrition, and his work in malnutrition and amino acid metabolism formed the basis of Dr. Daly’s early basic science career.

Dr. Daly’s first work on this subject examined the effect of protein malnutrition on the strength of colonic anastomoses. Work in this area required giving rats ether anesthesia, which was an unreliable process with an initial high (100%) mortality. However, Dr. John M. Daly became expert in performing the resections and he presented his work at the American College of Surgeons Clinical Congress in 1970, soon after he graduated from college. The more that Dr. Daly learned about the principles of surgery, the more he was driven to investigate how things worked at a fundamental level; he would pursue this passion for basic science research throughout his career.

Inspired by his work with Dr. Dudrick, Dr. John Daly attended Temple University School of Medicine. Around that time, from 1968 to 1970, Mary, who had recently graduated from nursing school at Einstein Medical Center, served a tour of duty as a nurse in the Army during the war in Vietnam. She enjoyed the opportunity to help there, but was grateful to return back to
Philadelphia. A year after she returned from Vietnam, they were married. Dr. John M. Daly earned his medical degree with Alpha Omega Alpha honors in 1973. Shortly before he graduated they had their first child. They would ultimately raise six children, John Jr., William, Brian, Timothy, Patrick, and Maureen.

Choosing a surgical residency was easy for Dr. Daly. Dr. Stanley J. Dudrick had become the first chairman of the newly formed Department of Surgery at the University of Texas Medical School at Houston. He offered a residency position to Dr. Daly, who readily accepted the opportunity to continue working with Dr. Dudrick. By then, Dr. Daly saw him as “a second father and mentor.” On a personal level, moving to Texas from Philadelphia was initially a shock, but Dr. Daly and his wife soon became accustomed to Houston and country music.

Residency training at Houston in the 1970s was rigorous but rewarding. During Dr. Daly’s time at the University of Texas Medical School at Houston there was a dramatic increase in clinical volume. A trauma service was started at the University Hospital which began competing with neighboring hospitals. Eventually this program grew to include five helicopters and a large number of admissions. Also, there was a 30-bed, resident-run ward service that afforded the house staff considerable autonomy. Call was taken every third night, however post-call days would stretch into the late evening.

There were several colorful surgeons in Houston at the time and Dr. Daly had the chance to observe many of them. His mentor Dr. Dudrick had a habit of proving his youth by doing pushups just outside the operating room. Dr. Denton Cooley, at St. Luke’s hospital, was a master surgeon who “never wasted any motion.” Although he focused on congenital heart disease, cardiac, and vascular surgery, he did everything else as well and kept eight operating rooms busy with six employed cardiac surgeons. Dr. Cooley had many visiting Italian fellows and attending surgeons who assisted him. This arrangement led to some occasional confusion due to the language barrier. One day an ICU attending came to Dr. Cooley’s operating room to discuss a problem with contamination in the intensive care unit. He announced, “We’re having a terrible time with Serratia marcescens.” To which Dr. Cooley countered, “Well why don’t you just fire him?”

Dr. Daly enjoyed vascular surgery in particular and was offered a fellowship at University of California San Francisco. However, after rotating at MD Anderson Cancer Center, he gravitated to the breadth of procedures possible in surgical oncology. He passed over a lucrative offer to stay at Memorial Hermann to become a faculty associate under Dr. Ted Copeland at MD Anderson. As the only faculty associate in surgery he saw every new breast, thyroid, gastrointestinal, and melanoma patients that arrived without specific surgeon referrals. This incredible opportunity included performing isolated limb perfusions, liver resections and resecting massive sarcomas. The experience at MD Anderson laid the foundation for his later career as a broadly trained surgical oncologist and was an invaluable asset on which he would later rely.

In 1980, at the time with four children and eager to return to the East Coast, he was recruited to Memorial Sloan Kettering Cancer Center. Dr. John M. Daly joined the colorectal service and would later become the acting chief of the division. Aside from colorectal procedures, he was also performing many liver resections. He worked closely with Dr. Nancy Kemeny as they...
Figure 3. John Michael Daly, M.D., 2000
learned from Dr. John Niederhuber how to treat hepatic colorectal liver metastases with hepatic arterial infusion. They then began a Phase II trial and several randomized Phase III clinical trials, each with considerable success.²⁴ Hepatic arterial infusion remains a potential therapeutic option improving survival for patients with isolated and non-resectable colorectal liver metastases.³

In 1986, Dr. Daly returned to Philadelphia to become the Jonathan E. Rhoads Professor at the University of Pennsylvania Hospital. The move was motivated by a greater ability to perform a wider array of surgical procedures and a return to his hometown. At Penn, he was the surgical oncologist for a large melanoma service run by Dr. Wallace Clark (of Clark’s levels fame) and was able to continue performing the full gamut of surgical oncology, from colorectal, liver and pancreas resections to esophagectomies. He also maintained considerable research productivity, mentored 18 research residents, and performed over 450 major procedures a year. Looking back on the phases of his career, Dr. Daly remembered his time at Penn as being the most clinically productive while at the same time being the most rewarding in research. At the institution he also began building a Division of Surgical Oncology, recruiting four other members. During that time, he was accepted to the American Surgical Association and became a member of the American Board of Surgery.

Beginning at Memorial Sloan Kettering Cancer Center, and throughout his work at University of Pennsylvania Hospital and NewYork-Presbyterian/Weill Cornell Medical Center, Dr. Daly encouraged young surgical registrars (residents) from Ireland to join him in his laboratory. These visiting fellows would complete two years of research and write their Master’s thesis before returning to Ireland. From 1983 to 2002, he trained numerous individuals who have now risen to
major surgical leadership roles across Ireland. The prominence of these former fellows is a testament to Dr. John M. Daly’s international reputation, teaching ability and focus on research. Dr. Daly’s past fellows include: Dr. H. Paul Redmond, chairman of surgery at University College Cork; Arnold Hill, chairman of surgery at Beaumont Hospital in Dublin; Dr. John Reynolds, chairman of surgery at Trinity College Dublin, and Dr. Cathal Kelly, Executive Director of the Royal College of Surgeons of Ireland, as well as many others prominent professionals.

In 1992, Dr. Daly was contacted by Dr. David Skinner, then president of The New York Hospital, to consider becoming the chairman of the Department of Surgery. It had been a turbulent time in the interaction between The New York Hospital and Cornell Medical College. Changes to managed care and reimbursement rates had resulted in large losses for the hospital, and there was animus between the two entities over finances and ownership. Dr. Daly viewed his greatest strength as the ability to “turn a place around,” and in 1993 he accepted the offer to become the Lewis Atterbury Stimson Professor and chairman of the Department of Surgery. He was also intent on improving resident education. Initially, he went so far as to serve as both chairman and program director. He instituted many changes which have remained, including the night float system, which was initially adopted as a response to work hour restrictions and inspections by the New York State Department of Health. After a year or so, Dr. Thomas J. Fahey III stepped in as the program director and took the residency educational program to the next level. Dr. Daly was particularly revered for his teaching and he earned the Medical Student Teaching Award in 1995 and 1996, and the Chief Resident Teaching Award in 1999.

In 1996, The New York Hospital and Columbia Presbyterian merged into a single entity, NewYork-Presbyterian. Initially there was a great deal of anxiety over the impact that the merger would have on the departments throughout the medical school. Dr. John M. Daly along with Dr. Eric Rose, chairman of surgery at Columbia, worked together to create a blueprint that maintained separate practice plans, but were able to combine several services. This arrangement benefited the
plastic, pediatric and vascular surgery divisions in particular.

During Dr. Daly’s tenure as chairman, his wife, Mary was diagnosed with stage IV adenocarcinoid appendiceal cancer. She underwent a resection at Memorial Sloan Kettering Hospital and received chemotherapy from his former colleague, Dr. Nancy Kemeny. Dr. Daly would later rely on his friend and mentee, Dr. Michael Lieberman along with Dr. David Bartlett to perform a re-exploration with then-experimental hyperthermic intraperitoneal chemotherapy. Dr. Daly was obviously deeply affected by his wife’s illness, which taught him a great deal about the patient and family experience.

Dr. Daly served as president of the Society of Surgical Oncology from 2002 to 2003, and made his wife’s experience the topic of his Presidential Address. Dr. Daly was extremely grateful to the help and support provided by his colleagues, a part of the culture he had created in the department. Dr. Daly considered the mark of a successful chairman to be the promotion of what everyone else accomplished, “Your job is to make everybody else look great.” Toward that end, he added several endowed faculty chairs to the department. He also drew on his extensive national network of colleagues to lecture at the institution, increasing the prominence of the department.

Dr. Daly was chairman of surgery on September 11, 2001. The hospital initially received a wave of a dozen critically injured, burned patients, while they prepared for a flood of many hundreds more. Ultimately however, the hospital only received 25 to 30 patients, most with burn injuries. Communication was challenging, with the staff relying on paramedics to relay verbally what they were seeing downtown. There was “a pall of sadness over everybody,” with many wishing they could do more.
In 2002, having accomplished his goal of turning around the department, Dr. Daly chose to return to Philadelphia, becoming the dean of Temple University School of Medicine. He was attracted by the many challenges that Temple offered. The Temple medical school had been placed on probation by the Liaison Committee for Medical Education earlier in 2002, and Dr. Daly was eager to work to turn the institution around. The move also brought the family closer to relatives in Philadelphia which was important for his wife. Not long after assuming the Dean’s office, the school was re-accredited and soon rose from the bottom of the national rankings to 40th in the country.

Dr. John M. Daly has received numerous honors and awards. Throughout his career he has been funded by the National Institutes of Health, with numerous successful R01 and T32 surgical research training grants amounting to over $20 million in funding. His resulting research productivity has been prodigious, with over 260 peer-reviewed publications and 113 review articles. He has been a member of over 30 surgical societies, serving as a director of the American Board of Surgery, chairman of the American College of Surgeon’s Commission on Cancer, a vice-president of the American Surgical Association, and president of the Society of Surgical Oncology and the American Society of Parenteral and Enteral Nutrition. He has served on a multitude of editorial boards including the *Annals of Surgery*, *Annals of Surgical Oncology* and the *Journal of the American College of Surgeons*. He has been invited to speak at dozens of named lectureships across the globe, served on innumerable national committees, and even found time to serve on the Board of Directors for several non-profit health systems such as the Sisters of Mercy and St Luke’s, as well as patient advocacy groups like the Gift of Life Family House and the Colon Cancer Alliance.

As further evidence of Dr. Daly’s international renown, he is an Honorary Fellow...
of the Royal College of Surgeons of Ireland and the Royal College of Physicians and Surgeons of Glasgow. Dr. Paul Redmond, when bestowing the honor noted that, “[Dr. Daly] is undoubtedly one of the greatest surgeons the United States has ever known and an iconic surgeon of the twentieth and twenty-first centuries.”

Outside of work, golf is a major passion for Dr. Daly. As chair at NewYork-Presbyterian/Weill Cornell Medical Center, he began the tradition of the annual departmental golf tournament to inspire comaradery and collegiality among the faculty and residents in an environment away from work. He and Mary were well known for their Christmas parties in Pelham, among many other events that they would host. Dr. Daly felt this social aspect was especially important for residents and their families, and is remembered fondly by many who trained with him.

As his wife’s illness became more pronounced, he decided to step down as the Dean of the Temple Medical School announcing his decision in August 2010. His wife of 40 years, Mary [Figure 4] died in March, 2011 at home surrounded by her family. Dr. Daly would return to the full-time practice of surgical oncology, teaching students, residents and fellows at the Fox Chase Cancer Center and Temple University School of Medicine, chair of the Institutional Review Boards at Temple University and Fox Chase and surgical director of the Measey Simulation Center. Dr. Daly was fortunate to meet and then marry his current wife, Palma in 2014.

Dr. Daly is grateful to have been able to practice medicine, learn from his colleagues and patients, to have been mentored by and to mentor many accomplished individuals and to have a wonderful supportive family of six children, son and daughters-in-law and nine grandchildren [Figure 6]. Although blessed to be a surgeon and care for so many patients for many years, Dr. Daly considers his family to be his greatest accomplishment.
William Tennant Stubenbord, M.D., F.A.C.S., served from 2002 to 2004 as chairman of the Department of Surgery at NewYork-Presbyterian/Weill Cornell Medical Center. Dr. William T. Stubenbord was born in New York City at The New York Hospital – Cornell Medical Center on July 4, 1936 to Dr. William D. and Jean Stubenbord. He devoted nearly all his professional life to NewYork-Presbyterian/Weill Cornell Medical Center, and at the time of his retirement, had spent forty three years at the institution.

Dr. William Stubenbord grew up in the same Upper East Side neighborhood in which he would later practice. He attended Phillips Academy in Andover, Massachusetts for high school. He then attended Yale College, graduating in 1958.

The Stubenbord family has long been devoted to this institution, contributing to the college and the hospital in a number of ways. Dr. Stubenbord’s father, Dr. William D. Stubenbord, was an internist and received his medical degree from Cornell University Medical College in 1931. Dr. William D. Stubenbord became an associate professor of medicine, as well as a consultant in medicine to the Department of Psychiatry of the Westchester Division. Like his son, Dr. William D. Stubenbord completed his entire medical career at The New York Hospital. Dr. William D. was well loved at this institution, and since 1968 an endowed lectureship has been held in his honor, the William D. Stubenbord Visiting Professor Lectureship. Nearly all of Dr. Stubenbord’s family was associated with Cornell University Medical College and The New York Hospital at some point. Dr. William T. Stubenbord’s uncle John also graduated from Cornell University Medical
Dr. Stubenbord was appointed as chief of surgery at Lyster Army Hospital, a hospital attached to an Army Aviation School in Alabama. He went on to rise to the rank of Major in the Army Reserve Medical Corps. Looking back, Dr. Stubenbord felt grateful that he was “lucky enough to not have been sent to Vietnam,” as many of his colleagues were in the late-1960’s.1

While Dr. William T. Stubenbord completed his military service, Dr. Clarence W. Lillehei, the chair of the Department of Surgery at The New York Hospital – Cornell Medical Center at the time, kept a position open for him. Dr. Stubenbord considered a few other positions, but in 1970 he eagerly returned to Cornell University Medical College as an assistant professor of surgery. From 1970 uninterrupted until his retirement in 2005, Dr. Stubenbord served tirelessly as a clinician, researcher, and educator at the medical college and the hospital [Figure 2].

When asked if he saw himself as a general surgeon or a transplant surgeon, Dr. Stubenbord noted that he saw himself as, “a transplant surgeon doing a little bit of everything.” This dramatically understates the range of procedures that Dr. Stubenbord would routinely undertake, including all types of pediatric surgery, transplantations, and aortic aneurysm repairs, in addition to the full gamut of general surgery. Dr. Sandip Kapur, who was trained by Dr. Stubenbord, described him as, “such a phenomenal surgeon, he did everything, truly a rare breed. He was constantly moving the operative field underneath you so you felt like you were doing the operation, but really he was.”

Throughout his career Dr. William T. Stubenbord was a prolific researcher, publishing on topics in both general surgery and transplant surgery. In 1974, Dr. Stubenbord and colleagues demonstrated the increasing safety of renal
Figure 2. William T. Stubenbord, M.D., 1977
transplantation, with only one mortality among eighty-seven transplant recipients. That same year, he contributed to a case series which showed the feasibility of using intestinal conduits in patients with abnormal lower urinary tracts. This included a movie for the American College of Surgeons describing the technique. Dr. Stubenbord's research interests followed his clinical experience and centered on organ preservation, particularly of renal allografts. Dr. Stubenbord was a particularly avid supporter of pulsatile preservation techniques. He showed that this technique was particularly useful in improving graft survival after extended criteria donor renal allograft transplantation.

Dr. Stubenbord's research interest stemmed from his clinical experience with hypothermic pulsatile perfusion. The New York Hospital – Cornell Medical Center was one of the first centers to become expert in this procedure. Using this technique, organs harvested from a number of hospitals in New York City were transported to this institution on ice, placed on a hypothermic pulsatile perfusion device, and then transported to their destination for engraftment. This critical service would later be taken over by the Regional Transplant Program, but in its early days established The New York Hospital – Cornell Medical Center as a preeminent institution in renal transplantation.

Early in his research career Dr. Stubenbord’s work on organ preservation attracted attention from an unusual source. Alexis Carrel, a Nobel laureate, along with Charles Lindbergh, spent many years researching explanted organ perfusion at Rockefeller University. In the early 1970’s, Lindbergh visited Dr. Stubenbord’s lab and was impressed by his work on hypothermic pulsatile perfusion of renal allografts. Dr. Stubenbord noted that Alexis Carrel was his professional idol due to his pioneering work in transplantation. Their seminal work, The Culture of Organs, was particularly inspiring to him.

Dr. William T. Stubenbord was at the center of a particularly high profile episode in 1977. Dr. Albert Rubin, the medical director of the Rogosin Institute, visited Soviet Russia in
September 1976 and set up an informal organ-sharing agreement with Dr. Valery Shumakov, a transplant surgeon in Moscow. Soviet rules gave physicians the prerogative to determine who would be an organ donor, resulting in extremely short waiting lists for a transplant in Soviet Russia. This was in stark contrast to the situation in the United States, where thousands of patients were awaiting a transplant. In February 1977, at the height of the Cold War, a sixteen-year-old man was killed in a motor vehicle collision in Moscow. Both of his kidneys were taken for transplantation. One kidney was engrafted in a patient in Moscow, while the other was packaged for the United States. The kidney was flown from Moscow to JFK airport on an Aeroflot flight and placed on Dr. Stubenbord’s hypothermic pulsatile perfusion at the New York Blood Center. Forty-eight hours after harvesting, the kidney was successfully engrafted at The New York Hospital – Cornell Medical Center into a grateful Brooklyn man, who quipped that his Russian wasn’t any better. The transplant was featured on the front page of *The New York Times*, appeared in *Time Magazine*, and newspapers as
far away as the *South China Morning Post* and the *Egyptian Mail* [Figure 4]. Two years later, The New York Hospital returned the favor by sending a kidney to Dr. Shumakov to transplant into a Soviet recipient [Figure 5]. Dr. William T. Stubenbord commented that the episode was “a testament to the brotherhood of man.” It was also a testament to Dr. Stubenbord’s technical achievements and collaboration prowess during the darkest days of the Cold War.

In 1996, Dr. Stubenbord was appointed as chief of the Division of Transplantation by then-chair, Dr. John M. Daly. The creation of a formal Division of Transplantation was followed shortly thereafter by the merger of Columbia Presbyterian and The New York Hospital to create NewYork-Presbyterian Hospital. This merger permitted the two institutions to cooperate on several clinical trials in transplant immunology. As chief of the
newly formed division, Dr. Stubenbord was critical in developing the transplant program into its current stature. Dr. Stubenbord collaborated with the Rogosin Institute as well as the Department of Medicine and made several key faculty appointments, recruiting Drs. Milan Kinkhabwala and Sandip Kapur to the division. He also guided the development of a pancreas transplant program at Cornell Medical Center. Together, these efforts led to NewYork-Presbyterian becoming the largest renal transplant program in the region.

The volume of transplants performed at the institution is a testament to Dr. Stubenbord’s success. The first renal transplant in New York had been performed at The New York Hospital in 1963, and in 1984 the 1,000th transplant was celebrated [Figure 6]. By Dr. William T. Stubenbord’s retirement in 2005 nearly 3,000 renal transplants had been
Evidence of the profound effect that Dr. Stubenbord had on his patients abounds. He was well known for the many letters that grateful patients would send to the hospital, thanking him for his work.

Dr. Stubenbord was also well known for his teaching of students and residents. He was selected as the Faculty Teacher of the Year in 1992, the second year the award was conferred. As further evidence of his renown for teaching, the William T. Stubenbord, M.D. Resident Award was established upon Dr. Stubenbord’s retirement. This award is now presented annually during graduation to the resident who most embodies the characteristics of Dr. Stubenbord, “a gifted surgeon, remarkable teacher, and compassionate physician” [Figure 7].

Throughout his time at the institution, Dr. Stubenbord was a considerable asset to the medical college. He served on the Compliance Oversight Committee, the Committee on Appointments and Promotions, and on several search committees.

Dr. Stubenbord rose to national prominence through his work on several influential surgical societies. He was active in the American College of Surgeons (ACS) at a local and national level, and was appointed a Governor of the ACS. He was also active in several other prestigious national organizations, such as the American Board of Surgery, the Association for Academic Surgery and the American Surgical Association. In 1973, Dr. Stubenbord was a founding member of the American Society of Transplant Surgeons. He was the president of the regional organ donor network and president of the New York Transplantation Society, fellow of the New York Academy of Medicine and secretary of the New York Surgical Society.

In addition to these titles, Dr. Stubenbord was most proud of his work for the Regional Transplant Program. This organization was the
governing body that set the rules concerning kidney and pancreas allocation. Three times Dr. William Stubenbord was elected to be president of the New York Regional Transplant Program, reflecting his stature in the field.

Dr. Stubenbord was the recipient of a number of awards recognizing his contributions. For example, in gratitude for his many contributions to transplant surgery, the National Kidney Foundation presented him with the Hope and Humanity Award.

Dr. Stubenbord has made a number of notable philanthropic contributions. Throughout his career he was enthusiastically involved in the Pastoral Care Department of The New York Hospital. This stemmed from his religious faith and desire to help others and is particularly inspiring given Dr. Stubenbord’s extensive other work. Dr. Stubenbord's efforts for the Pastoral Care Department included dedicating a chapel in the Westchester division, among many other pursuits. This was recognized by the Pastoral Care Department in 1999, when they awarded him the Wholeness of Life Award, for his, “remarkable career, long contribution to the hospital, and to the cause of pastoral care.” Dr. Stubenbord was also inspired by his daughter’s work as a social worker to help the mentally ill. Toward that end he serves on the board of The Center for Reintegration and on the Medical Advisory Board of the Fountain House, two New York charitable organizations for the mentally ill. Clearly, Dr. Stubenbord has devoted his life to helping others in a variety of ways.

Outside of surgery, Dr. Stubenbord’s main interest is sailing, which he has enjoyed for many years at his local yacht club. To accommodate his need as a surgeon to be reachable at all times, he went so far as to install a ship-to-shore phone on his sailboat. This allowed him to enjoy more weekends on his boat, with the occasional interruption for work.

After many years of service to the institution, Dr. William T. Stubenbord still lives nearby and is frequently seen enlivening the halls of the department [Figure 8]. He currently resides in Connecticut with his wife, Jane.
Fabrizio Michelassi, M.D., F.A.C.S.
2004 - Present

Written by Randi Strachman

Fabrizio Michelassi, M.D., F.A.C.S., has been serving as the chairman of the Department of Surgery at Weill Cornell Medicine and surgeon-in-chief at NewYork-Presbyterian/Weill Cornell Medical Center since 2004. Dr. Fabrizio Michelassi was born on November 5, 1950 in Pisa, Italy. Coming from a family with a background in science and medicine, Dr. Michelassi was exposed to this world at a very young age. His father was a professor of physics, both of his uncles were radiologists and his maternal grandfather was a general practitioner, who would play a major role in Dr. Michelassi’s decision to pursue a career in Medicine.

Dr. Michelassi started medical school at 19 and was immediately attracted by surgery. During medical school Dr. Michelassi spent several months at the Massachusetts General Hospital (MGH) in Boston as a visiting student. This experience made him appreciate the value of the North American residency training and mature the decision to come to the United States for a general surgery residency.

Upon graduating from the University of Pisa School of Medicine summa cum laude, Dr. Michelassi matched in general surgery at New York University in New York. At that time, the chairman was Dr. Frank Spencer, a famous cardiac surgeon, later president of the American Surgical Association and president of the American College of Surgeons. Other surgeons on the faculty included Dr. John Ranson (of the “Ranson criteria” for pancreatitis), Dr. Arthur Localio, a master GI surgeon and Dr. Anthony Imparato, a master vascular surgeon. All of them had great impact on Dr. Fabrizio Michelassi.
During the senior years, Dr. Michelassi took two years off for research and went back to the MGH to the laboratory of Dr. Warren Zapol, an anesthesiologist who eventually became the chairman of anesthesia in the same institution. Leukotrienes and prostaglandins had been just synthesized which allowed Dr. Michelassi to study their effects on the myocardium.1

After residency, Dr. Michelassi joined the University of Chicago as an assistant professor. He was recruited by Dr. David B. Skinner, another giant in American Surgery, to work with Dr. George Block, a master GI surgeon [Figure 6]. They both had a tremendous impact on Dr. Michelassi, specifically Dr. Skinner’s mentoring of junior faculty was instrumental in Dr. Michelassi’s academic progression. Although Dr. Skinner left the University of Chicago, only three years after Dr. Michelassi’s recruitment, to assume the position of president of The New York Hospital, he continued to mentor Dr. Michelassi until he prematurely passed away in January 2003.

Dr. Michelassi stayed at the University of Chicago for twenty years during which time he became the Thomas D. Jones Professor of Surgery, chief of the Section of General Surgery and vice-chair of the Department of Surgery [Figure 7]. In 2004, Dr. Michelassi was recruited by NewYork-Presbyterian/Weill Cornell Medical Center in New York City to become the Lewis Atterbury Stimson Professor, chairman of the Department of Surgery and the surgeon-in-chief.

During his career, Dr. Michelassi contributed new insight in the surgical treatment of pancreatic and colorectal cancers, ulcerative colitis and Crohn’s disease through research and participation to multiple clinical trials. He pioneered the development of important new techniques that ensure better outcomes and improved quality of life for patients with rectal cancer and ulcerative colitis. These techniques resulted in a greater percentage of patients avoiding permanent stomas and maintaining urological and sexual function. Most notably, his experience and expertise in treating Crohn’s disease led him to develop a novel bowel-sparing procedure, now known as the “Michelassi Strictureplasty”, designed to avoid sacrificing large amounts of bowel at the time of surgery.1

A recognized leader in the gastrointestinal surgical field, Dr. Fabrizio Michelassi obtained membership in more than 50 professional societies and was elected to leadership positions in many of them, serving as president in seven: The
Figure 3. Fabrizio Michelassi, M.D., in front of the Massachusetts General Hospital (MGH) in Boston, 1976
Society for the Surgery of the Alimentary Tract, the Society of Surgical Oncology, the Society of Surgical Chairs, the Western Surgical Society, the Central Surgical Association, the Illinois Surgical Society and the New York Surgical Society. Dr. Michelassi served as Vice-President of the U.S. Chapter of the James IV Association of Surgeons, Inc., as Vice-Chair of the Advisory Council for General Surgery and as Chair of the Executive Committee of the Board of Governors of the American College of Surgeons [Figure 9]; In 2016, he started his first term as Regent of the American College of Surgeons. Dr. Michelassi served as Director of the American Board of Surgery (2006 to 2012), Chair of the Surgical Oncology Advisory Council (2009 to 2011), inaugural Surgical Oncology Board Chair (2011 to 2012) and Senior Director (2012 to 2017) [Figure 9].

During his professional life, Dr. Fabrizio Michelassi earned numerous awards for his innovative contributions to advancing the treatment of digestive diseases. In 2009, in recognition of his many lifetime achievements, Dr. Michelassi was honored as an Official of the Order of Merit of the Republic of Italy with the rank of Commendatore, the most celebrated and important distinction awarded by the President of the Republic of Italy to Italian citizens of particular merit [Figure 10]. In 2010, he received the prestigious “Campano d'Oro” medal from the University of Pisa, the highest honor that can be accorded to a University of Pisa alumnus. In
2012, he received the “Grand Award of Merit,” the most notable award of the American Society of the Italian Legions of Merit, in recognition of his accomplishments, dedication and leadership that have improved the lives of numerous Americans, Italians and Italian Americans. Previous recipients of the Grand Award of Merit include H.E. Giorgio Napolitano, President of the Republic of Italy, George W. Bush, former President of the United States, Antonino Scalia, previous Supreme Court judge, and United States Congresswoman Nancy Pelosi. In 2014, Dr. Fabrizio Michelassi was awarded the National Physician of the Year Award for Clinical Excellence from Castle Connolly, in recognition of his pioneering contributions to the field of gastrointestinal surgery [Figure 11]. In 2017, Dr. Michelassi was the recipient of the Society of Surgical Oncology Distinguished Service Award for outstanding contributions to surgical oncology through service to SSO, research, clinical care or health policy [Figure 12]. In the same year, in acknowledgment of Dr. Michelassi’s dedication to service at NewYork-Presbyterian and Weill Cornell Medicine, he was awarded the 37th Annual Maurice R. Greenberg Distinguished Service Award [Figure 13,14]. Last, but not least, he was honored as the Outstanding Teacher of the
Year by residents on three separate occasions in recognition of his abiding, life-long interest in educating and training the next cadre of academic surgeons [Figure 15]. As further evidence of his dedication to the field of Surgery, the Fabrizio Michelassi, M.D. Chief Surgical Resident Award was established in 2007. This award is presented annually during graduation to the resident who most displays “humane, responsive, respectful and personalized patient care”, as exemplified by Dr. Michelassi.

Under the leadership of Dr. Michelassi, the Department of Surgery grew exponentially between 2004 and 2018. In the first seven years, chronicled by a publication entitled “A Time of Transformation”, the Department of Surgery broadened its scope and expertise by developing nine comprehensive programs to provide a focus on specific areas, including the multidisciplinary Center for Advanced Digestive Care, Endocrine Oncology Surgical Center, the Gastrointestinal Metabolic and Diabetes Surgical Center, the Hepatobiliary Surgery and Liver Transplantation Program, and the Center for Vascular and Endovascular Surgery. Simultaneously, a major effort was expended to create a basic and translational research group.

In the seven years between 2011 and 2018, which served as a time of growth and expansion, the Department of Surgery continued to garner a worldwide reputation for outstanding and innovative surgical expertise. Four comprehensive programs were established, including the Comprehensive Vein Program, the Program for Advanced Limb Preservation (PALP), Living Donor Liver Transplant Program, and the Laser Scar Revision Program to benefit burn patients.

Notably the Department of Surgery worked collaboratively with other surgical services across the institution, to provide multidisciplinary care to patients. Under this guise, The William Randolph Hurst Burn Center received verification by the American Burn Association and the American College of Surgeons as a Center for
Excellence, the Bariatric Program obtained the highest verification from the American College of Surgeons, the Breast Center was accredited by the National Accreditation Program for Breast Centers (NAPBC) of the ACS and became a Hidden Scar Center for Excellence, and the Trauma Center was designated as a Level I adult and a Level II pediatric trauma center by the American College of Surgeons.

Additional accomplishments counted reaching the milestone of 5,000 kidney transplants, introducing new techniques and innovative technologies for the management of esophageal and gastrointestinal disorders, maturing a new endovascular option for high risk aortic aneurysms, developing a new endoscopic platform for endoscopic resections in colon and rectal surgery, performing the first totally robotic operations for weight loss (Robotic Gastrectomy and a Robotic Gastric Bypass) and the first fully robotic liver resection.

Incorporated into the strategic plan for department growth, major investments were made in faculty recruitment and facilities. The number of faculty more than doubled from 41 to 99. To aid in recruitment of a diverse faculty, Dr. Fabrizio Michelassi...
Michelassi created the position of director of diversity within the Department of Surgery and established a new Diversity Visiting Professorship. To aid in faculty retention and promotion, a robust system of faculty mentoring was started, akin to what Dr. Michelassi had experienced in his early years as! faculty member. He also established a faculty social, bringing faculty and significant others together on a more personal level. To face the increased space needs of the department, 50,000 square feet of space was renovated including construction and renovation of clinical practice areas and academic offices, building of new research laboratories and opening of the Skills Acquisition and Innovation Laboratory (SAIL).

As a whole, the fourteen years from 2004 to 2018 witnessed great achievements in patient care, education, research and global involvement. The volume of patients cared and operated on...
Figure 12. Fabrizio Michelassi, M.D. received the Society of Surgical Oncology Distinguished Service Award, March 18, 2017
doubled during this time. Quality of care was monitored constantly by the newly-formed Quality Committee with representation from all sections and divisions, headed by a Surgical Quality Officer, a position instituted to stress the importance of quality and safety in patient care. The quality and quantity of the surgical training increased exponentially during these years. New fellowship training programs in Endocrine Surgery and Advanced Gastrointestinal and Minimally Invasive Surgery were introduced and joined four residency programs (General Surgery, Plastic Surgery, Oral and Maxillofacial Surgery and General Practice Dentistry) and four Fellowship programs (Vascular Surgery, Surgical Critical Care, Colon and Rectal Surgery and Burn Surgery) for a total of more than 150 trainees each year. The curriculum of the medical student clerkship was revised. An Academy of Educators was started to recognize and support faculty with interest in the didactic programs of the department and the Office of Education was expanded to support all these programs. The opening of the Skills Acquisition and Innovation Laboratory (SAIL) allowed incorporation of simulation in the didactic curriculum of the medical students, residents and fellows.

The Division of Research thrived into a successful basic and translational science unit of working groups dedicated to treating organ-based diseases. As a reflection of volume and quality of research, the portfolio of federal and non-federal research awards nearly tripled. Despite the breadth of research initiatives, all shared the same goal: to bring new approaches that treat debilitating human disease straight to patient care, based on the development and translation of basic science breakthroughs, an objective accomplished through...
Figure 14. Fabrizio Michelassi, M.D. accepting the 37th Annual Maurice R. Greenberg Distinguished Service Award, 2017
Clinical outcome research was formalized with the creation of the Center for Effectiveness in Surgery and Outcomes Research (CESOR). This collaborative research effort was designed to identify important clinical questions and quality goals to be evaluated both prospectively and through the use of administrative databases and registries. Finally, Education and Simulation research was carried out by a newly formed Surgical Education Research Group (SERG), part of the Academy of Educators. SERG fostered collaboration between faculty and residents for educational research projects and served as an incubator for new didactic methods and ideas.

The Department of Surgery’s collaboration with NewYork-Presbyterian and Weill Cornell Medicine resulted in the expansion to three additional New York City Hospitals: NewYork-Presbyterian Lower Manhattan Hospital, NewYork-Presbyterian Queens, in Flushing, Queens and NewYork-Presbyterian Brooklyn Methodist Hospital, in Park Slope, Brooklyn. This led to a dramatic increase in faculty and to the establishment of a yearly Networking Surgery Retreat focused on quality, standardization and integration. Simultaneously, the collaboration with Weill Cornell Medicine helped to maintain the affiliation with Memorial Sloan Kettering Cancer Center and to forge several important new partnerships far beyond New York City with affiliations with Houston Methodist in Texas, Weill Cornell Medicine-Qatar in Doha, Qatar.
and Weill Bugando in Mwanza, Tanzania. Dr. Barbara Bass was named professor of surgery at Weill Cornell Medicine and chairperson in the Department of Surgery at Houston Methodist in 2005. In 2017, she became president of the American College of Surgeons, the fifth Weill Cornell Medicine faculty member to achieve this honor. Drs. Pierre Saldinger and Michael E. Zenilman were named chairman of surgery at NewYork-Presbyterian Queens in 2012 and NewYork-Presbyterian Brooklyn Methodist in 2016, respectively. Dr. Jeffrey Drebin became chairman of surgery at Memorial Sloan Kettering Cancer Center in 2017. With these new affiliations, the department’s medical students, residents and faculty participated in training, clinical service and research activities at other national and international sites. It was this culture of global presence and outreach that informed the decision to start an Annual Corinne & Maurice Greenberg International Visiting Professorship in Honor of Peter Guida, M.D.

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”

Remarkable accomplishments achieved during these fourteen years is thanks to the vision, dedication and determination of faculty, residents, fellows and staff, and to the synergistic collaboration of the Department of Surgery with the leadership of NewYork-Presbyterian and Weill Cornell Medicine. Patient care, surgical training, surgical research and innovation continued to be the cornerstones leading growth and development, guided by the mission statement of the department, crafted at the beginning of Dr. Michelassi’s tenure as chairman in 2004:

“To provide superior, state-of-the-art healthcare in a compassionate manner; to discover new knowledge to improve health; to preserve and communicate knowledge through education; and to nurture and sustain a community of surgeons and scholars.”
As of the writing of this volume, the Department of Surgery counts 99 faculty at four hospitals: NewYork-Presbyterian/Weill Cornell Medical Center, NewYork-Presbyterian Lower Manhattan Hospital, NewYork-Presbyterian Queens and NewYork-Presbyterian Brooklyn Methodist Hospital. Dr. Fabrizio Michelassi continues to be the Lewis Atterbury Stimson Professor and chairman of surgery and is aided by six vice-chairs: Dr. Alfons Pomp, Leon C. Hirsch Professor of Surgery and vice-chairman for clinical affairs; Dr. Thomas J. Fahey III, Johnson and Johnson Distinguished Professor and vice-chairman for education; Dr. Todd Evans, Peter I. Pressman, M.D. Professor of Surgery and vice-chairman for research; Dr. Pierre Saldinger, chairman of surgery at NewYork-Presbyterian Queens; Dr. Michael E. Zenilman, chairman of surgery at NewYork-Presbyterian Brooklyn Methodist Hospital and Dr. Bakr Nour, vice-chairman of Surgery in Doha, overseeing the activities of the Department of Surgery at Weill Cornell Medicine-Qatar.1

In addition, the affiliations with Memorial Sloan Kettering Cancer Center and Houston Methodist Hospital continue to be robust especially in the didactic mission with medical students having the option of rotating through Houston Methodist Hospital and residents rotating at Memorial Sloan Kettering Cancer Center. Dr. Barbara Bass continues to be chairperson at Houston Methodist Hospital and Dr. Jeffrey
Drebin at Memorial Sloan Kettering Cancer Center.

The newly opened Cornell Tech campus on Roosevelt Island [Figure 2] promises to offer a new source of collaboration in the area of technology and device innovation. It is hoped that this collaboration will result in a new model of partnership between academia and industry that will benefit patients and physicians.

The recently opened NewYork-Presbyterian David H. Koch Center on the west side of York Avenue at 68th Street [Figure 3] is designed to provide patients with tailored and integrated outpatient care, in a single, patient-friendly, and technologically advanced setting. This is the new home of the department’s multidisciplinary GI clinic and the Breast Cancer Center, as well as to most outpatient surgical procedures. Space on York Avenue vacated by these activities will be repurposed for continued growth of in-patient clinical programs.

The Department of Surgery continues in its commitment to providing high quality education, research, innovation and clinical care. Based on the record of past accomplishments, the Department of Surgery at NewYork-Presbyterian and Weill Cornell Medicine is looking at the future with confidence, optimism and expectation.¹
Figure 3. NewYork-Presbyterian David H. Koch Center, 2018
1898 - 1917
Lewis Atterbury Stimson, M.D., LL.D.
Chairman
1918 - 1931
Charles Langdon Gibson, M.D. | Chairman

1932 - 1947
George Julius Heuer, M.D., F.A.C.S. | Chairman

1947
William DeWitt Andrus, M.D., F.A.C.S. | Acting Chairman

1947 - 1967
Frank Nevin Glenn, M.D., F.A.C.S. | Chairman

1967 - 1970
Clarence Walton Lillehei, M.D., Ph.D., F.A.C.S. | Chairman

1970 - 1971
Preston Allen Wade, M.D., F.A.C.S. | Acting Chairman
1971 - 1974
Paul Allen Ebert, M.D., F.A.C.S. | Chairman

1974 - 1975
Bjorn Thorbjarnarson, M.D., F.A.C.S. | Acting Chairman

1975 - 1991
G. Thomas Shires, M.D., F.A.C.S. | Chairman

1991 - 1993
Roger William Yurt, M.D., F.A.C.S. | Acting Chairman

1993 - 2002
John Michael Daly, M.D., F.A.C.S. | Chairman

2002 - 2004
William Tennant Stubenbord, M.D., F.A.C.S. | Acting Chairman
2004 - Present
Fabrizio Michelassi, M.D., F.A.C.S.
Chairman
Breast Surgery

1991 - 2007
Michael P. Osborne, M.D. | Chief, Breast Surgery

1996 - 2012
Alexander J. Swistel, M.D. | Chief, Breast Surgery Service

2012 - 2018
Rache M. Simmons, M.D. | Chief, Breast Surgery

2018 - Present
Lisa A. Newman, M.D. | Chief, Breast Surgery

Burn Center

1976 - 1981
P. William Curreri, M.D. | Director, Burn Center

1982
David N. Herndon, M.D. | Director, Burn Center

1983 - 1994
Cleon W. Goodwin, M.D. | Director, Burn Center

1994 - 2014
Roger W. Yurt, M.D. | Director, Burn Center

2014 - Present
James J. Gallagher, M.D. | Director, Burn Center
Colon and Rectal Surgery

2001 - Present
Jeffrey W. Milsom, M.D. | Chief, Colon and Rectal Surgery

Endocrine Surgery

1996 - Present
Thomas J. Fahey III, M.D. | Chief, Endocrine Surgery

GI Metabolic and Bariatric Surgery

2003 - 2007
Michel Gagner, M.D. | Chief, GI Metabolic and Bariatric Surgery

2008 - Present
Alfons Pomp, M.D. | Chief, GI Metabolic and Bariatric Surgery

Kidney and Pancreas Transplantation

1996 - 2005
William T. Stubenbord, M.D. | Chief, Kidney and Pancreas Transplantation

2005 - Present
Sandip Kapur, M.D. | Chief, Kidney and Pancreas Transplantation

Liver Transplantation, Hepatobiliary and Pancreatic Surgery

2010 - 2012
Daniel Cherqui, M.D. | Chief, Liver Transplantation, Hepatobiliary and Pancreatic Surgery

2015 - Present
Benjamin Samstein, M.D. | Chief, Liver Transplantation, Hepatobiliary and Pancreatic Surgery
Appendix II  Department of Surgery Chiefs

Oral and Maxillofacial Surgery & Dentistry

1948 - 1951
George F. Egan, M.D. | Chief, Dentistry

1951 - 1995
Stanley J. Behrman, D.M.D. | Chief, Oral & Maxillofacial Surgery & Dentistry

1995 - Present
David A. Behrman, D.M.D. | Chief, Oral & Maxillofacial Surgery & Dentistry

Pediatric Surgery and Pediatric Trauma

1958 - 1994
Frank Redo, M.D. | Chief, Pediatric Surgery and Pediatric Trauma

1994 - 1997
David Wesson, M.D. | Chief, Pediatric Surgery and Pediatric Trauma

1997 - Present
Nitsana Spigland, M.D. | Chief, Pediatric Surgery and Pediatric Trauma

Plastic and Reconstructive Surgery

1936 - 1969
Herbert Conway, M.D. | Chief, Plastic and Reconstructive Surgery

1969 - 1987
Dicran Goulian, Jr., M.D., D.D.S. | Chief, Plastic and Reconstructive Surgery

1987 - 2006
Lloyd A. Hoffman, M.D. | Chief, Plastic and Reconstructive Surgery

2006 - Present
Robert T. Grant, M.D., M.Sc. | Chief, Plastic and Reconstructive Surgery
Research

1982 - 1997
Stephen F. Lowry, M.D., M.B.A. | Chief, Research

1997 - 2004
Lisa Staiano-Coico, Ph.D. | Chief, Research

2009 - Present
Todd R. Evans, Ph.D. | Chief, Research

Trauma

1997 - 2010
Philip S. Barie, M.D., M.B.A. | Chief, Critical Care and Trauma

2010 - 2015
Roger W. Yurt, M.D., F.A.C.S. | Chief, Burns, Trauma and Critical Care

2015 - Present
Robert J. Winchell, M.D. | Chief, Trauma, Burns, Acute and Critical Care

Vascular and Endovascular Surgery

1978 - 1987
Malcolm O. Perry, M.D. | Chief, Vascular and Endovascular Surgery

1987 - 1997
Harry L. Bush, Jr., M.D. | Chief, Vascular and Endovascular Surgery

1997 - 2010
K. Craig Kent, M.D. | Chief, Vascular and Endovascular Surgery

2010 - Present
Darren B. Schneider, M.D. | Chief, Vascular and Endovascular Surgery
Appendix III  Department of Surgery Annual Class Photo

NewYork-Presbyterian/Weill Cornell Medical Center 2008

NewYork-Presbyterian/Weill Cornell Medical Center 2009

NewYork-Presbyterian/Weill Cornell Medical Center 2010
Benjamin S. Park, Jr., M.D.
Visiting Professor Memorial Lecture

Supported by the Department of Surgery at New York-Presbyterian/Weill Cornell Medical Center the Benjamin S. Park, Jr., M.D. Visiting Professor Lectureship was established in 1969 in memory of all surgeons who perished while discharging their duties during war.

1982  |  Robert N. McClelland, M.D.  
"Hepatic Resection-Indications and Technique"

1983  |  Oliver H. Beahrs, M.D.  
"Biologic Behavior of Thyroid Cancers and Appropriate Management"

1984  |  John S. Najarian, M.D.  
"Transplantation in Diabetes"

1985  |  William Silen, M.D.  
"News Aspects of Gastroduodenal Defense Mechanisms"

1986  |  Claude H. Organ, Jr., M.D.  
"New Perspectives on Carcinoids"

1987  |  R. Scott Jones, M.D.  
"Surgical Treatment of Liver Disease"
1988 | Samuel A. Wells, Jr., M.D.
*The Multiple Endocrine Neoplasia’s*
1989 | Malcolm Perry, M.D.
*Reflections of a Teacher*
1990 | Arthur Aufses, Jr., M.D.
*The Preservation of Excellence in a Hostile Health Care Environment*
1991 | Rene E. Stoppa, M.D.
*How I Manage Groin Hernias*
1992 | Frank C. Spencer, M.D.
*Commitment of the Physician to the Patient: The Key Ethic in Medicine*
1993 | Seymour I. Schwartz, M.D.
*Mapping*
1994 | Edward R. Copeland, III, M.D.
*Graduate Medical Education, Funding and Manpower*
1995 | Douglas Wilmore, M.D.
*Say Yes to "NO"*
1996 | C. James Carrico, M.D.
*My Experience as a Surgical Resident at Parkland Hospital and the Care of the President John F. Kennedy*
1997 | Henry A. Pitt, M.D.
*Cholangiocarcinoma*
1998 | Judah Folkman, M.D.
*Previous Surgeons in Dr. Folkman's Laboratory Research Program*
1999 | John L. Cameron, M.D.
*New Revelations on William Stewart Halsted*
2000 | Steven A. Rosenberg, M.D.
*The Story of M: The Development Of Cancer Vaccines and Importance of Science in Academic Surgery*
2001 | Glenn D. Steele, Jr., M.D.
*Surgical Leadership*
2002 | Layton F. Rikkers, M.D.
*Definitive Management of Variceal Bleeding*
2003 | LaSalle D. Leffall, Jr., M.D.
*"Dr. Charles Richard Drew"*
2004 | Julie Ann Freischlag, M.D.
*Abdominal Aortic Aneurysms: How Thing Have Changed in 50 Years*
2005 | Carols A. Pellegrini, M.D.
*Enhancing Quality of Care: Surgery’s Newest Frontier*
2006 | Michael Zinner, M.D.
*Milestones in American Medicine: History, Cost and Quality (Guaguin to the Red Sox)*
2007 | L. William Traverso, M.D.
*Pancreatic Cancer: A Pathway that Leads to Improved Results*
2008 | Steven C. Stain, M.D.
*Does Race/Ethnicity Effect Colorectal Cancer Patient Survival?*
2009 | Stephen F. Lowry, M.D.
*Why Do Our Patients Get Sick?*
2010 | E. Christoper Ellison, M.D.
*The Zollinger-Ellison Syndrome: Historical and Clinical Considerations*
2011 | Keith D. Lillemoe, M.D.
*Current Management of Bile Duct Injuries*
2012 | Leigh A. Neumayer, M.D.
*NSQIP: The Holy Grail or Another Administrative Exercise?*
2013 | Armando E. Giuliani, M.D.
*The Rise and Fall of Lymphadenectomy for Breast Cancer*
2014 | Julie Ann Freischlag, M.D.
*Clinical and Personal Comparative Effectiveness*
2015 | Andrew Warshaw, M.D.
*Intraductal Papillary Mucinous Tumors of the Pancreas*
2016 | Ronald W. Busuttil, M.D.
*Reflections of a Strazl Student: A Progress Report After Three Decades*
2017 | Ronald J. Weigel, M.D.
*Translating Scientific Discovery to Clinical Care in Breast Cancer*
2018 | L.D. Britt, M.D.
*The State of Healthcare in America: Major Challenges for Integrated Academic Health Systems - What Should be the Strategies to address them?*
Peter C. Canizaro, M.D.
Visiting Professor Lecture

Supported by the Department of Surgery at Weill Cornell Medical College the Peter C. Canizaro, M.D. Visiting Professor Lectureship was established in 1983 as a reminder of the importance of surgical education.

1983 | Peter C. Canizaro, M.D.
“Bovine Stroma Free Hemoglobin Solution”

1984 | Martin Allgower, M.D.
“Burn Toxicity: A Reality?”

1985 | Erwin Thal, M.D.
“An Unconventional Approach to Conventional Therapy”

1986 | Benjamin Rush, M.D.
“Hemorrhagic Shock: Bringing Coal to New Castle”

1987 | LaSalle D. Leffall, Jr., M.D.
“Changing Status of Surgical Oncology”

1988 | Gerald Shaftan, M.D.
“Yesterday, Today and Tomorrow: Abdominal Trauma Management in America”

1989 | John M. Daly, M.D.
“G.I. Malignancies: Biologic, Diagnostic and Therapeutic Concepts”

1990 | David N. Herndon, M.D.
“Advances in Modulation of the Inflammatory & Endocrine Response to Burn and Smoke Inhalation Injury”
1991  |  Robert N. Condon, M.D.
*Treatment of Adenocarcinoma of the Esophagus*

1992  |  Clyde F. Barker, M.D.
*New Strategies for Promoting Allograft Acceptance*

1993  |  Timothy J. Eberlein, M.D.
*New Horizons in Cellular Immunotherapy for the Surgical Patient*

1994  |  Edwin Deitch, M.D.
*Nutrition and the Gut: Clinical and Biologic Implications*

1995  |  Arnold G. Diethelm, M.D.
*Reflections on Renal Transplantation: A Personal Experience*

1996  |  N. Scott Adzick, M.D.
*Some Surgical Lessons from Fetal Biology*

1997  |  William C. Wood, M.D.
*Breast Cancer: Does Local Control Impact on Survival?*

1998  |  Michael J. Zinner, M.D.
*Colorectal Cancer: Is there anything new?*

1999  |  Lazar J. Greenfield, M.D.
*Update on Thromboembolic Disease*

2000  |  Harvey J. Sugerman, M.D.
*Acute and Chronic Abdominal Compartment Syndromes*

2001  |  Richard H. Bell, Jr., M.D.
*Chronic Pancreatitis*

2002  |  James O’Neill, Jr., M.D.
*Surgical Experience with 25 Conjoined Twins*

2003  |  Olga Jonasson, M.D.
*A New Surgeon Paradigm*

2004  |  Richard H. Bell, Jr., M.D.
*Surgical Education: Changes in the wind-or is that just a breeze?*

2005  |  Barbara Bass, M.D.
*Wither General Surgery? Preparing the Surgical Workforce for the Future*

2006  |  Patricia I. Numann, M.D.
*Achieving Competence*

2007  |  Richard H. Bell, Jr., M.D.
*Surgical Resident Education: The Next Generation*

2008  |  R. James Valentine, M.D.
*The Changing Face of General Surgery*

2009  |  Gerald M. Fried, M.D.
*Learning to Operate: From Lab Coats, to Simulators, to Patients*

2010  |  Mark A. Malangoni, M.D.
*Lighting the Fire*

2011  |  Mary Klingensmith, M.D.
*General Surgery Training: Threats and Opportunities*

2012  |  Ajit Sachdeva, M.D.
*Education and Training to Promote Excellence in Surgery*

2013  |  Gary Dunninton, M.D.
*Measuring and Improving Performance in Surgical Training*

2014  |  David W. Ratner, M.D.
*The Quest for Even Less Invasive Surgery*

2015  |  Frank Lewis, M.D.
*Redesign of Surgical Residency: What Needs to Change?*

2016  |  Karl Billimoria, M.D.
*Generating Evidence to Inform Policy: The FIRST Resident Duty Hour Trial*

2017  |  Daniel Dent, M.D.
*What I THINK We Know About Surgical Resident Education*

2018  |  Karen J. Brasel, M.D.
*Entrustable Professional Activities*
Preston A. Wade, M.D.
Visiting Professor Lecture

The Preston A. Wade, M.D. Visiting Professor Lectureship was established in 1974 as a reminder of the importance of surgical expertise in the prevention of trauma and in the treatment of the trauma victim. After Dr. Wade’s death in 1982, this lecture became a memorial to his life and his contributions.

1974 | G. Tom Shires, M.D.
"Physiologic Response to Severe Injury"

1975 | Jorg Bohler, M.D.
"Internal Fixation of Inter-trochanteric Fracture of the Hip with Endler Nail Technique"

1976 | William Altemeier, M.D.
"Prophylaxis in Trauma"

1977 | Curtis P. Artz, M.D.
"My Lifetime in Burns"

1978 | Francis D. Moore, M.D.
"The Endocrinology of Injury and Intraenous Feeding"

1979 | Ben Eiseman, M.D.
"Post-Traumatic Multiple Organ Failure-The Spector and Dilemma"

1980 | Frank E. Stinchfield, M.D.
"The Physical and Emotional Response to Trauma"

1981 | Frank A. Moody, M.D.
"Stress Erosive Gastritis"

1982 | John M. Beal, M.D.
"Educational Aspects of Trauma Programs"

1983 | Thomas J. Whelan, Jr., M.D.
"Mash and Other Things: The Interrelationships of Military and Civilian Trauma Surgery"

1984 | C. James Carrico, M.D.
"Sepsis and ARDS in Injured Patients: Diagnosis and Therapeutic Implications"

1985 | Donald D. Trunkey, M.D.
"Variations on a Theme of Walter Kelly"
1986  |  Donald S. Gann, M.D.
   "Hormonal Defense of Blood Volume"

1987  |  Joseph Civetta, M.D.
   "The Non-Preventable Trauma Death: Dying in a High-Tech Society"

1988  |  George F. Sheldon, M.D.
   "Trauma Centers and Surgical Manpower"

1989  |  Henry Cleveland, M.D.
   "When to Bypass the Emergency Department"

1990  |  Hiram C. Polk, Jr., M.D.
   "Host Defense Management"

1991  |  Basil A. Pruitt, Jr., M.D.
   "Infection as a Comorbid Factor in Burn Patients"

1992  |  Robert J. Freeark, M.D.
   "Torso Trauma: A 40-year Perspective"

1993  |  Robert Zeppa, M.D.
   "The Death of a Trauma System"

1994  |  J. David Richardson, M.D.
   "The Widened Mediastinum and Aortic Transection"

1995  |  Malcolm O. Perry, M.D.
   "Vascular Injuries"

1996  |  David Feliciano, M.D.
   "Modern Approach to Surgery for Abdominal Trauma"

1997  |  Steven Shackford, M.D.
   "Cardiovascular Support of the Head Insured Patient"

1998  |  C. William Schwab, M.D.
   "Damage Control: Laparotomy: Who, When, How"

1999  |  Ronald V. Maier, M.D.
   "Update on ARDS Following Injury"

2000  |  Timothy G. Buchman, M.D.
   "Molecular Mechanisms and Cellular Responses to Sepsis and Injury"

2001  |  Ronald G. Tompkins, M.D.
   "Burns in the New Millennium"

2002  |  Timothy R. Billiar, M.D.
   "Understanding the Illness Caused by Injury"

2003  |  David B. Hoyt, M.D.
   "Fluid Resuscitation: Unresolved Issues and New Challenges"

2004  |  Lieutenant General James B. Peake, M.D.
   "Military Medicine in the New World Order"

2005  |  Andrew B. Peitzman, M.D.
   "Non-Operative Management of Blunt Abdominal Trauma: Have we gone too far?"

2006  |  L.D. Britt, M.D.
   "Penetrating Trauma Management: State-of-the-Art Management"

2007  |  Jay Wayne Meredith, M.D.
   "The Evolution of Care for the Torso Thoracic Aorta"

2008  |  Michael F. Rotondo, M.D.
   "The Rural Trauma Imperative: Silent Killers in America’s Heartland"

2009  |  John C. Marshall, M.D.
   "Infection, Inflammation, and Latrogenesis: The Changing Face of the Multiple Organ Dysfunction Syndrome in Trauma"

2010  |  Gregory J. Jurkovich, M.D.
   "Acute Care Surgery: A New Training and Practice Paradigm"

2011  |  Lena Napolitano, M.D.
   "Thoracic Trauma Advances: From Flail Chest to ECMO"

2012  |  Lenworth Jacobs, M.D.
   "Advanced Trauma Operative Management (ATOM): Innovative Strategies for Trauma Surgical Education"

2013  |  A. Brent Eastman, M.D.
   "The Global Endemic of Trauma"

2014  |  John J. Fildes, M.D.
   "The Training of Acute Care Surgeons"

2016  |  David N. Herndon, M.D.
   "Modulation of the Metabolic Response to Burn"

2016  |  David B. Hoyt, M.D.
   "Damage Control Resuscitation: History and Current Status"

2017  |  Demetrios Demetriades, M.D.
   "Trauma: From Inception to Date—Successes, Trials, Errors and Challenges"

2018  |  Grace Rozycki, M.D.
   "The Use of Ultrasound in the Acute Setting: Lessons Learned After 25 Years"
The Hassan A. Naama, MB, BCh, Memorial Lectureship was established by the Department of Surgery in 2002 to honor the memory of Dr. Naama, who completed his surgical residency training at NewYork-Presbyterian/Weill Cornell Medical Center in June, 2001 and tragically died two months later while jogging in Central Park. Our chief residents have also established a yearly teaching award to memorialize Dr. Hassan A. Naama.

2002 | Donald E. Fry, M.D.  
"In Vino Veritas"

2003 | Kenneth K. Tanabe, M.D.  
"Oncolytic Therapy for Liver Tumors by Herpes Simplex Virus"

2003 | Henri R. Ford, M.D.  
"New Insights into the Pathogenesis of NEC"

2004 | Jeffrey E. Gershenwald, M.D.  
"Sentinel Node Biopsy for Melanoma: Lessons Learned and Insights into the Biology of Lymphatic Metastasis"

2005 | Michael S. Conte, M.D.  
"Molecular Therapy for Vein Graft Disease: A Paradigm for Translational Research"

2006 | Jon R. Cohen, M.D.  

2007 | Staley W. Ashley, M.D.  
"Role of the Surgeon in Acute Pancreatitis: A Historical Perspective"

2008 | Bruce G. Wolff, M.D.  
"Primary Rectal Cancer: Is Chemo Radiation Really Necessary Now That We Have Time?"

2009 | Richard C. Karl, M.D.  
"What Can the OR Learn From the Cockpit?"

2010 | Daniel B. Jones, M.D.  
"Safer Surgery through Simulation"

2011 | Carolyn Reed, M.D.  
"Would Dr. Peabody be Horrified?"

2012 | Andrew Lowy, M.D.  
"The RON Receptor in Pancreatic Cancer Biology and Therapy"

2013 | Joseph Minei, M.D.  
"The Epidemiology of Multiple Organ Failure After Trauma: Time for a Paradigm Shift"

2014 | Jeffrey P. Gold, M.D.  
"Escape Velocity: Can We See the Future of Medical Education?"

2015 | William Mackey, M.D.  
"Mesenteric Vascular Disease: What Every Surgeon Should Know"

2016 | Najjia Mahmoud, M.D.  
"Quality in Colorectal Surgery: Moving Target in Changing Times"

2017 | Alessio Pigazzi, M.D.  
"Prevention of Intestinal Anastomotic Dehiscence: Current State of the Art"

2018 | Robert E. Merritt, M.D.  
"Minimally Invasive Esophagectomy 2.0: Strategies for Rapid Recovery & Improved Outcomes"
International Lecture

The Department of Surgery International Lecture was established in 2008 as a reminder of the importance of international collaborations in medical education and surgery.

2008 - 2009  |  Professor Emanuel Tiret  |  France
*Functional Outcome and Quality of Life after Restorative Resection for Low Rectal Cancer*

2009 - 2010  |  Professor Cornelis J.H. van de Velde  |  The Netherlands
*TME With or Without Radiotherapy: Long Term Results of the Dutch Study (Efficacy and Side Effects)*

2010 – 2011  |  Professor Oliver James Garden  |  Scotland
*Gallbladder Surgery: Outcomes and Bile Duct Injury*

2011 - 2012  |  Professor Henri Bismuth  |  France
*Liver Surgery: Past, Present and Future*

2012 - 2013  |  Professor Wilhelmus A. Bemelman  |  The Netherlands
*Early Closure of Anastomotic Leaks in Pouch Surgery*

2013 - 2014  |  Professor Toru Kono  |  Japan
*Making Surgical Recurrence of Crohn’s Disease a Thing of the Past: The Kono-S Anastomosis*

2014 - 2015  |  Professor Yves Panis  |  France
*Advances and Innovations in IBD and Rectal Cancer Surgery*

2015 - 2016  |  Professor Jamal Hoballah  |  Beirut
*Vascular Trauma: A Persisting Challenge*

2016 - 2017  |  Professor Andre D’Hoore  |  Belgium
*Anal Crohn’s Disease: Medical and Surgical Challenges*

Corinne and Maurice Greenberg International Visiting Professorship in Honor of Peter Guida, M.D.

A reminder of the importance of international collaboration in medical education and surgery, the Corinne and Maurice Greenberg International Visiting Professorship in Honor of Peter Guida, M.D., has been made possible by the generous support of Corinne and Maurice Greenberg. Special appreciation to Steven J. Corwin, M.D., President and Chief Executive Officer, NewYork-Presbyterian, Herbert Pardes, M.D., Executive Vice Chairman of the Board of Trustees, NewYork-Presbyterian, and Augustine M. K. Choi, M.D., Stephen and Suzanne Weiss Dean, Weill Cornell Medicine, for their support to establish this lectureship.

2017  |  Akira Sugita, M.D.
*Treatment of Anorectal Crohn’s Disease-Clinical Course of Intestinal Stoma and Anorectal Cancer Surveillance*

2018  |  Jacques Himpens, M.D.
*The Truth on Malabsorptive Surgery*
Diversity Lecture

The Department of Surgery at NewYork-Presbyterian established this Diversity Lectureship in 2016 as a reminder of the importance of a culture of inclusiveness, diversity and equality. By instituting this lectureship, the Department of Surgery wants to stress the importance of a culture of inclusiveness through recruitment, mentoring, promotion, retention and selection for leadership roles to develop and sustain diversity among residents, staff and faculty in surgery.

2016 | Hilary Sanfey, M.D.
"Accepting and Respecting Differences: Strategies for Erasing the Opportunity Gap"

2017 | Henri R. Ford, M.D.
"Leadership in American Surgery: An African-American Perspective"

2018 | Caprice C. Greenberg, M.D.
"Sticky Floors and Glass Ceilings"
### Hassan A. Naama, M.B., B.Ch. Memorial Resident Award
For embodying the character and spirit of Dr. Hassan Naama:
Charisma, Compassion and Generosity

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>Jason Sample, M.D.</td>
<td>2011</td>
<td>Christopher W. Towe, M.D.</td>
</tr>
<tr>
<td>2003</td>
<td>Armando Castro, M.D.</td>
<td>2012</td>
<td>Elliott L. Servais, M.D.</td>
</tr>
<tr>
<td>2004</td>
<td>Daniel Boffa, M.D.</td>
<td>2013</td>
<td>Elliott L. Servais, M.D.</td>
</tr>
<tr>
<td>2005</td>
<td>Hersh Maniar, M.D.</td>
<td>2014</td>
<td>Cheguevara Afaneh, M.D.</td>
</tr>
<tr>
<td>2006</td>
<td>Amit R. T. Joshi, M.D.</td>
<td>2015</td>
<td>Douglas W. Jones, M.D.</td>
</tr>
<tr>
<td>2007</td>
<td>Daniel N. Holena, M.D.</td>
<td>2016</td>
<td>Matthew C. Smith, M.D.</td>
</tr>
<tr>
<td>2008</td>
<td>Carrie C. Lubitiz, M.D.</td>
<td>2017</td>
<td>Matthew C. Smith, M.D.</td>
</tr>
<tr>
<td>2009</td>
<td>Govind Nandakumar, M.D.</td>
<td>2018</td>
<td>Matthew C. Smith, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Stephen Broderick, M.D.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### William T. Stubenbord, M.D. Resident Award
For embodying the characteristics of Dr. William T. Stubenbord:
Gifted surgeon, Remarkable teacher and Compassionate physician

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>Patrick Wagner, M.D.</td>
<td>2013</td>
<td>Jennifer A. Minneman, M.D.</td>
</tr>
<tr>
<td>2007</td>
<td>Cameron Stock, M.D.</td>
<td>2014</td>
<td>Neel P. Chudgar, M.D.</td>
</tr>
<tr>
<td>2008</td>
<td>Elliot L. Servais, M.D.</td>
<td>2015</td>
<td>Matthew C. Smith, M.D.</td>
</tr>
<tr>
<td>2009</td>
<td>Barrie S. Rich, M.D.</td>
<td>2016</td>
<td>Kendall Lawarence, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Harma Turbendian, M.D.</td>
<td>2017</td>
<td>Alexander Peters, M.D.</td>
</tr>
<tr>
<td>2011</td>
<td>Samuel T. Sultan, M.D.</td>
<td>2018</td>
<td>Matthew Iyer, M.D.</td>
</tr>
<tr>
<td>2012</td>
<td>Michael B. Morton, M.D.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Fabrizio Michelassi, M.D. Chief Surgical Resident Award
For displaying humane, responsive, respectful and personalized patient care as exemplified by Dr. Fabrizio Michelassi: “The healing value of compassionate caring”

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Scott Hollenbeck, M.D.</td>
<td>2013</td>
<td>David Liska, M.D.</td>
</tr>
<tr>
<td>2008</td>
<td>Todd Francone, M.D.</td>
<td>2014</td>
<td>Barrie S. Rich, M.D.</td>
</tr>
<tr>
<td>2009</td>
<td>Fredric Pieracci, M.D.</td>
<td>2015</td>
<td>Antonio Coppolino, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Nicholas Clavin, M.D.</td>
<td>2016</td>
<td>Christopher J. Agrusa, M.D.</td>
</tr>
<tr>
<td>2011</td>
<td>Cenk Cayci, M.D.</td>
<td>2017</td>
<td>Kenneth P. Seastedt, M.D.</td>
</tr>
<tr>
<td>2012</td>
<td>Christina V. Angeles, M.D.</td>
<td>2018</td>
<td>Jennifer Minneman, M.D.</td>
</tr>
</tbody>
</table>

### Resident Student Teacher Award
Annually given to a clinical resident who has been noted as an outstanding teacher to the rotating Weill Cornell medical students

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Matthew Bott, M.D.</td>
<td>2014</td>
<td>David A. Kleiman, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Elliot L. Servais, M.D.</td>
<td>2015</td>
<td>Robert R. McMillan, M.D.</td>
</tr>
<tr>
<td>2012</td>
<td>Samuel T. Sultan, M.D.</td>
<td>2017</td>
<td>Brendan Finnerty, M.D.</td>
</tr>
<tr>
<td>2013</td>
<td>Yusuke Terasaki, M.D.</td>
<td>2018</td>
<td>Alyssa Blood, M.D.</td>
</tr>
</tbody>
</table>

### ABSITE Achievement Award
For achieving the highest score on the ABSITE exam

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Kendal Lawrence, M.D.</td>
<td>2018</td>
<td>Marc Vimolratana, M.D.</td>
</tr>
<tr>
<td>2017</td>
<td>Richard Cass, Jr., M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Robert McMillan, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>Vinod Balachandran, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Barrie S. Rich, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Douglas W. Jones, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>Christopher J. Agrusa, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>Brendan Finnerty, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>Adam S. Levy, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Neel P. Chudgar, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Katherine D. Gray, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Caitlin A. McIntyre, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Mengyuan Liu, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>Gregory Jones, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>Solange Bayard, M.D.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Golden Apple Award
For exceptional contributions to the Residency Programs and the Department of Surgery

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Elliott L. Silverman, RPA-C</td>
</tr>
<tr>
<td>2011</td>
<td>Patricia A. Jakubauskas</td>
</tr>
<tr>
<td>2012</td>
<td>Mary Ann Garcia</td>
</tr>
<tr>
<td>2013</td>
<td>Wanda Cennerazzo See, DNP</td>
</tr>
<tr>
<td>2014</td>
<td>David Fehling, M.A.</td>
</tr>
<tr>
<td>2016</td>
<td>Thomas J. Fahey III, M.D.</td>
</tr>
<tr>
<td>2017</td>
<td>Gregory Dakin, M.D.</td>
</tr>
<tr>
<td>2018</td>
<td>David Fehling, M.A.</td>
</tr>
</tbody>
</table>

### The Surgery Clerkship Resident Teaching Award
Annually awarded to two research residents who dedicate time each week to enhance the Weill Cornell third year clerkship

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Adam S. Levy, M.D.</td>
</tr>
<tr>
<td>2016</td>
<td>Neel P. Chudgar, M.D.</td>
</tr>
<tr>
<td></td>
<td>Michael B. Morton, M.D.</td>
</tr>
<tr>
<td></td>
<td>John M. Creasy, M.D.</td>
</tr>
<tr>
<td>2017</td>
<td>Matthew Symer, M.D.</td>
</tr>
<tr>
<td>2018</td>
<td>Matthew Symer, M.D.</td>
</tr>
<tr>
<td></td>
<td>Timothy Ullmann, M.D.</td>
</tr>
</tbody>
</table>

### Faculty Teaching Award
For excellence in surgical teaching and outstanding commitment to resident education

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>S. Frank Redo, M.D.</td>
</tr>
<tr>
<td>1993</td>
<td>William T. Stubenbord, M.D.</td>
</tr>
<tr>
<td>1994</td>
<td>Kevin Peter Morrissey, M.D.</td>
</tr>
<tr>
<td>1995</td>
<td>James Lincoln Clarke, M.D.</td>
</tr>
<tr>
<td>1996</td>
<td>Philip S. Barie, M.D.</td>
</tr>
<tr>
<td>1997</td>
<td>Harry L. Bush, Jr., M.D.</td>
</tr>
<tr>
<td>1998</td>
<td>Valerie W. Rusch, M.D.</td>
</tr>
<tr>
<td>1999</td>
<td>John M. Daly, M.D.</td>
</tr>
<tr>
<td>2000</td>
<td>Thomas J. Fahey III, M.D.</td>
</tr>
<tr>
<td>2001</td>
<td>Eugene J. Nowak, M.D.</td>
</tr>
<tr>
<td>2002</td>
<td>Nasser K. Altorki, M.D.</td>
</tr>
<tr>
<td>2003</td>
<td>Harry L. Bush, Jr., M.D.</td>
</tr>
<tr>
<td>2004</td>
<td>Kenneth Fretwell, M.D.</td>
</tr>
<tr>
<td>2005</td>
<td>Hersh Maniar, M.D.</td>
</tr>
<tr>
<td>2006</td>
<td>Thomas J. Fahey III, M.D.</td>
</tr>
<tr>
<td>2007</td>
<td>Philip S. Barie, M.D.</td>
</tr>
<tr>
<td>2008</td>
<td>Sang Lee, M.D.</td>
</tr>
<tr>
<td>2009</td>
<td>Michael Lieberman, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Jeffrey C. Chan, M.D.</td>
</tr>
<tr>
<td>2011</td>
<td>David Leeser, M.D.</td>
</tr>
<tr>
<td>2012</td>
<td>Fabrizio Michelassi, M.D.</td>
</tr>
<tr>
<td>2013</td>
<td>Philip S. Barie, M.D.</td>
</tr>
<tr>
<td>2014</td>
<td>Fabrizio Michelassi, M.D.</td>
</tr>
<tr>
<td>2015</td>
<td>Jeffrey C. Chan, M.D.</td>
</tr>
<tr>
<td>2016</td>
<td>Rasa Zarnegar, M.D.</td>
</tr>
<tr>
<td>2017</td>
<td>Cheguevara Afaneh, M.D.</td>
</tr>
<tr>
<td>2018</td>
<td>Philip S. Barie, M.D.</td>
</tr>
</tbody>
</table>
Faculty Presidents Of The American College of Surgeons and The American Surgical Association
Frank Glenn, M.D.
1954
President of the American College of Surgeons
Preston A. Wade, M.D.
1968 – 1969
President of the American College of Surgeons
G. Thomas Shires, M.D.
1981 – 1982
President of the American College of Surgeons
Appendix VI  Weill Cornell Medicine Faculty Presidents of the ACS and the ASA

Medical Center Archives of
New York-Presbyterian/Weill Cornell

Eugene H. Pool, M.D.
1935 - 1936
President of the American Surgical Association
G. Thomas Shires, M.D.
1979 - 1980
President of the American Surgical Association
References
Chapter 1
Origins

2. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, From Philip Stimson, MD Papers (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

Figures
Figure 1–11. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).
Figure 12. Courtesy of Department of Surgery Marketing, Weill Cornell Medicine.

Chapter 2
Lewis Atterbury Stimson, M.D., LL.D.
1898–1917
1. Lewis A. Stimson, address at the formal opening of Cornell University Medical College, December 29, 1900, box 3, bound reprints; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

2. Lewis A. Stimson to Henry A. Stimson, letter, September 29, 1908, box 1, folder 2; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

3. Lewis A. Stimson to Henry A. Stimson, letter, August 10, 1912, box 1, folder 2; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

4. Faculty Resolution honoring Lewis A. Stimson, October 19, 1917, box 1, folder 10; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

5. Edward Stanton to Lewis A. Stimson, letter, April 21, 1865, box 1, folder 1; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

6. W. Gilman Thompson, biographic sketch, “Dr. Lewis Atterbury Stimson: An Appreciation,” from memorial exercises at Cornell University Medical College, November 16, 1917, box 1, folder 10; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York).

7. Stimson Paris Medical School Notebook, box 1, folder 13; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).


9. LA Stimson Publications, 1844-1917, compiled by the Reference Department, January, 1969, box 3; (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

10. Edward L. Keyes, biographical sketch, “Dr. Stimson as a Personal Friend,” from memorial exercises at Cornell University Medical College, November 16, 1917, box 1, folder 10; Lewis A. Stimson Papers, 1861-1927 (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).
Chapter 3
Charles Langdon Gibson, M.D.
1918-1931

1. Charles Langdon Gibson, M.D., Professor of Surgery Cornell University Medical College 1917-1930. (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).


Chapter 4
George Julius Heuer, M.D., F.A.C.S.
1932-1947


9. Except from editorial. (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).


12. Heuer, GJ; “The Department of Surgery of the New York Hospital and Cornell Medical College – a Study of Five Years’ Experience”. (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).


18. Excerpts from letters to George Heuer from servicemen who were on surgical resident staff at NYH. Box 3, The George Heuer, MD Papers 1891-1975. (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).


Figures

Figure 1-7. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

Chapter 5

William Dewitt Andrus, M.D., F.A.C.S.

1947


Figures

Figure 1-6. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

Chapter 6
Frank Nevin Glenn, M.D., F.A.C.S.
1947-1967


5. Glenn FN. Correspondence with American Board of Surgery. June 1942. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).

6. Glenn FN. Correspondence with George Heuer. 1942. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


10. Meet Frank Glenn, M.D. – Surgeon-In-Chief. Cornell Medical Center Newsletter, 1960s. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).

11. Glenn FN. Notes on Grand Rounds. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


Figures
Figure 1-8. Cornell/NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).

Chapter 7
Clarence Walton Lillehei, M.D., Ph.D., F.A.C.S.
1967-1970


3. Engel L. Dr. Lillehei’s Courage Opens the Heart. Minneapolis Morning Tribune. 4 November 1958. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


5. Subramanian VA. Interview. 30 April 2016.

6. Breen A. Dr. C. Walton Lillehei to be Professor and Chairman of Surgery at the New York Hospital – Cornell Medical Center (press release). Cornell University Medical College. 13 June 1967. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


1999. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


13. Rybin V. Dr. Lillehei is Fined $50,000. St. Paul Dispatch. 4 May 1973. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


Figures

Figure 1–4. Cornell:NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).

Chapter 8

Preston Allen Wade, M.D., F.A.C.S.

1970-1971


2. Preston Allen Wade Biography. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


5. ‘Twas Syncope at First Sight for Surgeons’ Chief. Medical Tribune. December 5, 1968. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


14. Specialist Called In. Newspaper article (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).


18. The Alumni Association of Cornell University Medical College Award of Distinction. April 14, 1956. (Medical Center Archives of New York-Presbyterian/Weill Cornell, New York, NY).

19. Unusual Gift Given to Dr. Preston Wade at Retiral Reception. Bulletin and Calendar of Events: The New York Hospital – Cornell Medical Center. June 3, 1968. (Medical Center Archives of New York-
Chapter 9
Paul Allen Ebert, M.D., F.A.C.S. 1971-1974

1. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).


Chapter 10
Bjorn Thorbjarnarson, M.D., F.A.C.S. 1974-1975


Chapter 11


3. Hirschberg A and Mattox KL. Top Knife: Art and
References

1. Yurt, RW. Interview, May 9, 2018.

Chapters

Chapter 12
Roger William Yurt, M.D., F.A.C.S.
1991-1993
1. Yurt, RW. Interview, May 9, 2018.

Chapter 13
John Michael Daly, M.D., F.A.C.S.
1993-2002
2. Kemeny N, Daly J. Randomized study of intrahepatic (H) versus systemic (S) infusion of fluorodeoxyuridine (FUDR) in patients with liver metastases from colorectal carcinoma (CRC). Cancer Treat Rev. 1987 Dec;14(3-4):245.


**Figures**

Figure 1-3. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

Figure 4-5. Courtesy of John M. Daly, M.D.

Figure 6. Courtesy of Patti Sullivan-Jakubauskas.

Figure 7. Courtesy of John M. Daly, M.D.

**Chapter 14**

William Tennant Stubenbord, M.D., F.A.C.S.

2002-2004


**Figures**

Figure 1-3. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

Figure 4-5. Courtesy of the Stubenbord family.

Figure 6-7. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

Figure 8. Courtesy of Department of Surgery Marketing, Weill Cornell Medicine.

**Chapter 15**

Fabrizio Michelassi, M.D., F.A.C.S.

2004-Present


**Figures**

Figure 1-14. Courtesy of Fabrizio Michelassi, M.D.

Figure 15-18. Courtesy of Department of Surgery Marketing, Weill Cornell Medicine.

**Chapter 16**

Future and Present


**Figures**

Figure 1. Cornell: NewYork-Presbyterian/Weill Cornell Medical Center Archives Image Collection, (Medical Center Archives of NewYork-Presbyterian/Weill Cornell, New York, NY).

Figure 2. Cornell Tech Campus courtesy of Iwan Baan.

Figure 3. Courtesy of Department of Surgery Marketing, Weill Cornell Medicine.
Special Thanks
Medical Center Archives of NewYork-Presbyterian/Weill Cornell
Weill Cornell Medicine, Office of External Affairs
NewYork-Presbyterian, Office of Public Affairs

Editor-in-Chief
Randi Strachman

Creative Director
Jane Rabinovich

Associate Editors
Fabrizio Michelassi, M.D.
Jane Rabinovich
Patricia A. Sullivan-Jakubauskas

Assistant Editors
Jonathan S. Abelson, M.D.
Toni Beninato, M.D.
Jamie M. Green, M.D.
Elinore Kaufman, M.D.
Barrie Susan Rich, M.D.
Gregory Salzler, M.D.
Matthew M. Symer, M.D.