



Front row, seated on the grass: George M. Dorrance and Vilray. P. Blair; Standing: William S. Kiskadden, George W. Pierce, Ferris Smith, William E. Ladd,* Fulton Risdon, Robert. H. Ivy, John. S. Davis, Harold L Kirkham, Jerome P. Webster.[†]

Why Webster?

Juliet Park,[†] Jeffery A. Ascherman, Robert T. Grant and James G. Chandler

This issue of the John Jones Surgical Society newsletter is dedicated to the life and legacy of the dapper little fellow with a cigarette in his hand at the right of the group. The picture memorializes the first meeting of the American Board of Plastic Surgery, held in Galveston, Texas on February 2, 1938.¹ This pioneering effort by Jerome Pierce Webster (1888-1974) and his colleagues to create a distinct identity for reconstructive and cosmetic surgeons broke new ground, preceding the establishment of the American Board of Thoracic Surgery by a full decade.² Webster was an internationalist when the US was filled with isolationists, an avid bibliophile, a student of history, and a man who knew his way around in the upper circles of society and diplomacy.

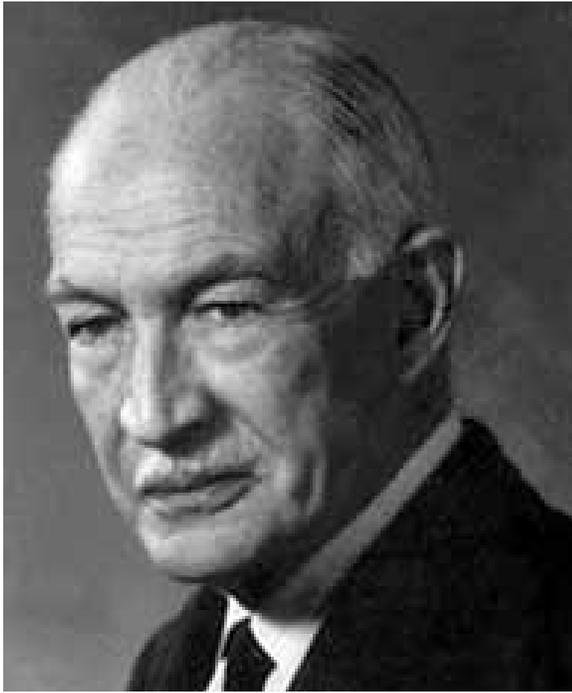
As a surgeon, Webster's skills and style were meticulous and detail-oriented. His technical elegance and encyclopedic knowl-

edge were never in question but his efficiency was another matter. His perfectionism was "inspiring, but a little impractical."³ "He was known to remove hundreds of sutures on a wound closure "all because of a slight aesthetic flaw."⁴ Webster is purported to have replied to an intern's question about the possibility of losing a free nipple graft with this story paraphrased in A Proud Heritage.

Eight hours into a reduction mammoplasty, Webster asked the nurse for the nipple graft, which had been removed and stored in saline-soaked gauze at the beginning of the case. The graft could not be found after thorough search of the instrument trays, operating table drapes, and waste bins. Webster persisted in the search and tracked it down to the hospital laundry only to discover that the operating room laundry had just left and was on a truck headed downtown. The police were called, the truck

*Bill H. William E. Ladd M.D.: Great pioneer of North American surgery. *Prog Pediatr Surg* 1986;20:52-9.

†Juliet Park (P&S 1999) was the primary author of this article and assisted in the editing of this entire issue. She completed a fellowship in the Combined Columbia/Weill-Cornell plastic surgery division in 2006 and is in private practice in Jacksonville FL



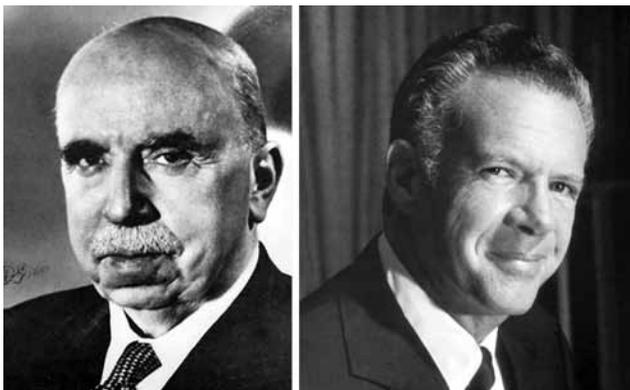
Jerome P. Webster in 1952

was intercepted and returned to the Medical Center, and the lost graft was indeed recovered from its accidental disposal, whereupon Webster, “ever hopeful,” replanted it at its new site—successfully.

The Combined Columbia/Weill-Cornell Division of Plastic Surgery is the parochial part of Webster’s legacy – its greater part is still spreading throughout the World in the embodiment of his trainees and succeeding generations of their acolytes.

The Principles and Art of Plastic Surgery – A Benchmark in the History of Plastic Surgery.

Sir Harold Delf Gillies (1882-1960), a New Zealander expatriate otolaryngologist, living in England and D. Ralph Millard, Jr. (1919-), an eclectically trained American plastic surgeon, began working together on Gillies’ *magnum opus* in 1952. This was to be

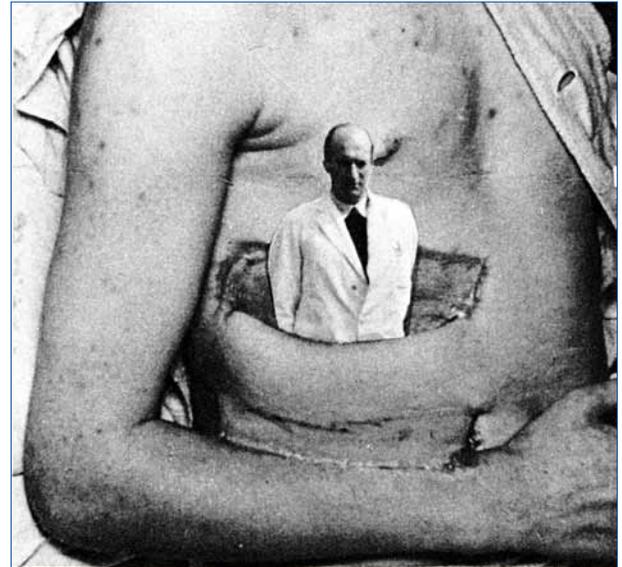


Sir Harold Gillies circa age 75 and D. Ralph Millard circa age 38. Both photographs were provided by Emily J. Vardell of the University of Miami Leonard M. Miller School of Medicine’s Louis Calder Memorial Library.

an encyclopedic and durable textbook, drawing upon Gillies’ extensive experience and innovations, which included two world wars and an abundance of clinical photographs. The task was not easy. Gillies was notoriously opinionated and a practical joker, variously characterized as exasperatingly unpredictable, stirring colleagues from self-satisfaction into a state of indignant thought, and being a bit trying, if he tried!⁵

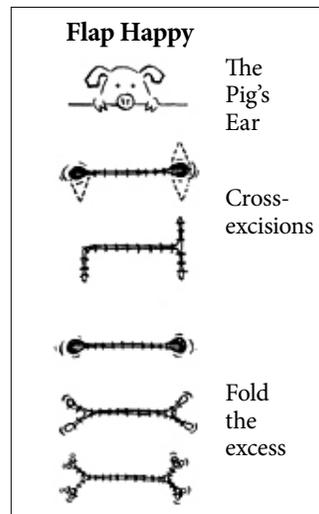
Millard was equally opinionated, and often unwilling to yield to authority, partially accounting for his peripatetic training. His Yale undergraduate and Harvard Medical School education, coupled with an imposing physical stature and a handsome countenance, virtually precluded modesty in his self-appraisal until later in life. When he arrived to work on the book, he was particularly happy with himself, having just presented a novel rotation-advancement flap for unilateral cleft lip repair at an international meeting.⁶ Millard had been a visiting registrar with Gillies in 1948-49. He often traveled to observe the operations of Professor T. P. Kilner at Oxford, and Gillies’ cousin, Sir Archibald McIndoe on Harley Street in London, usually when Gillies was out of town.

As the project was approaching publication in their fourth year of work, it is easy to imagine Gillies suggesting that Webster be asked

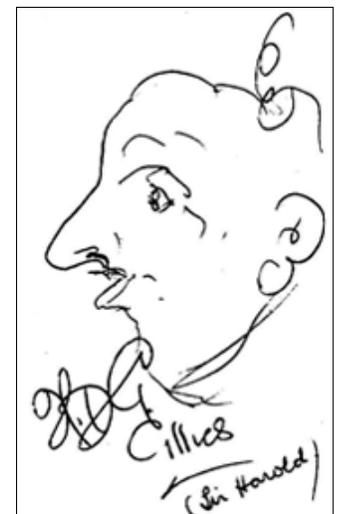


Gillies tucked into a marsupial flap²⁶

to write a foreword for the book and Millard responding with “Why Webster?” *The Principles and Art of Plastic Surgery* was published as a two-volume tome in 1957, comprising 652 pages, 2,472 figures, and Webster’s foreword. The book’s layout places images on the same or opposing pages to their pertinent text, eliminating bothersome page flipping. A separate chapter, authored by Sir Ivan Whiteside Magill, describes anesthetic techniques to manage limited airway access in the



Flap Happy, taken from the original image²⁶



Cartoon self portrait drawn for a patient²⁶

prolonged procedures that are typically required in complex reconstructions. The “Ten Commandments,” that Millard had construed from Gillies’ admonitions after his first visit have morphed into “16 Principles of Plastic Surgery.”⁷ The writing style is colloquial with droll adaptations of literary metaphors. Acronyms like “P.A.W.G.” (postauricular Wolfe Graft) appearing without an introduction and frequent use of playful slang can be both puzzling and irritating.⁸ Drawings, doodles, cartoons, and collages, including cut-outs of Gillies pasted into actual case photos, adorn some pages as stress abating diversions in the midst of so many challenging injuries.

Webster was at the peak of his career at age 69, had known Gillies since 1926, and was aware of both authors’ foibles when he reflected on their collaboration in his foreword: “It must have been a very great pleasure for the senior author, and a valuable experience for the junior author, to look back . . . over patients who had been marvelously transformed from horribly deformed individuals to comparatively normal human beings.” He went on to express awe for Gillies’ ingenious flap designs, grafting, and facial reconstructions of World War I burn and blast injuries. He recalled being shown a “soldier [Gillies] had reconstructed, whose entire lower jaw and mouth, including the mucous membrane, had been shot away. . . I was astonished to see the vermilion-colored lower lip and asked. . . where that tissue came from. The soldier [undid] his tunic and showed his surprisingly bright-red, suprasternal skin, which had been. . . utilized so effectively in [its new] position.”



Left panel: Darryl Lindsay watercolor of patient when first seen in November 1918; right panel, appearance in June 1924, adapted from.²⁰

Webster’s comments were those of a friend and colleague who had developed the first certified plastic surgery residency in the world.⁹ He was a founding member and past chairman of the American Board of Plastic Surgery, former President or Vice President of multiple plastic surgical societies and was about to be honored for his personification of excellence in the teaching and performance of plastic surgery.^{10,11} Webster was not a prolific writer of technical articles, but published descriptions of giant thoraco-epigastric tube flaps, refrigerated skin grafts, the use of the temporalis muscle for the coverage of orbital defects after exenteration, and management of a bifid nose.^{12,13} He was more inclined to write about his heroes and colleagues, notably John Staige Davis, Arturo Castiglioni, Vilray Papin Blair, S. Milton Dupertuis (his first certified program resident), Harold Gillies and Gaspare Tagliacozzi.¹⁴⁻¹⁹

Automated weapon bullets, shrapnel, and massive burns from trench warfare and military plane crashes decimated the soft tissue and bony structures of thousands of soldiers. Eyes, noses, jawbones,



Presentation of a Special Honorary Citation by President, Wallace H. Steffensen at the American Society of Plastic and Reconstructive Surgery’s 1958 Annual Meeting in Chicago.¹¹

oral cavities, and ears went missing or were melted or mangled beyond recognition.²⁰ In the summer of 1916, the reconstructive unit that Gillies created at Queen Mary’s Hospital, Sidcup received 2000 cases in 10 days from the battle at Somme and performed over 11,000 reconstructive procedures from 1916 through 1925.²¹ During this time certain benches in the parks of Sidcup were painted blue both as a code reserving them for disfigured soldiers and a warning to civilians of the possibility of encountering a mutilated human being.²²



The Plastic Theatre, Queen Mary’s Hospital, 1917. Gillies seated on the right.²⁵

John Staige Davis noted that World War I did not create the field of plastic surgery as is commonly misunderstood, “as a matter of fact, little advance was made in the principles of plastic surgery,” but it did stimulate a more widespread interest in the field as a distinct entity and accelerated its advances and organization.²³

Gillies died in London in 1960 after refreshing his heritage with a visit to New Zealand.²⁴ *The Principles and Art of Plastic Surgery* proved to be durable and can be found on the active shelves of most medical center libraries. John Jones Surgical Society member, Blair Rogers (1923-2006)²⁵, the founding editor of *Aesthetic Plastic Surgery* and a notable student of medical history, observed in 1996 that: “. . . there was almost nothing in the art of plastic surgery that had not been wonderfully and colorfully described in this two-volume masterpiece by Gillies and Millard.”

Why Webster? Read on, there is much more to the story!

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26. Courtesy of Andrew Bamji, curator, Gillies Archives, Queen Mary's Hospital, Sidcup, Kent, UK from *The Principles and Art of Plastic Surgery*. <http://www.gilliesarchives.org.uk> (accessed Sept 14, 2010).

Webster's Upbringing and John Staige Davis' Advocacy for Specialty Independence

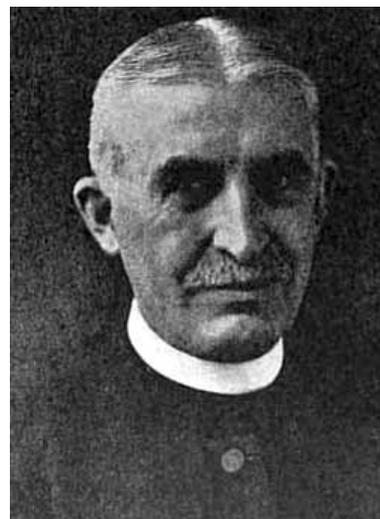
Lara L. Devgan, Katherine Costa, and Juliet Park



Lara Devgan, PGY-4 plastic surgery resident; Katherine Costa, P&S 2013

Family Life*

Webster was born August 2, 1888 in Ashland, NH, the youngest of Lorin and Jennie Josephine Adams Webster's three children.¹ Harold Adams Webster was three years older and Bertha "Bobbie" Lorraine Webster was just one year older than Jerome. Webster's father was an ordained Episcopal priest, who found his real calling in Plymouth, NH, as Headmaster of the Holderness Boy's School for 30 years.² He was an athlete, able to chin himself with one hand, a musician, a poet, and "a rare business manager who made a dollar go as far as anyone could," electrifying and installing steam heating throughout the campus.^{3,4} He was also a strict disciplinarian



Holderness School Rector Lorin Webster.¹

but well liked by the boys as a painstaking and able teacher, particularly in English. Reverend Webster was an enthusiastic supporter of the School's sport programs, adding facilities for baseball, football, track, and basketball and would even postpone the dinner hour for practice sessions. Today, the Holderness School, which is now coeducational has a 44 million dollar endowment, attracts an international student body in grades 9-12, and serves as a site for Gordon Research

Conferences. The School continues to award "The Webster Cup" to a graduating student recognized for excellence in athletics.

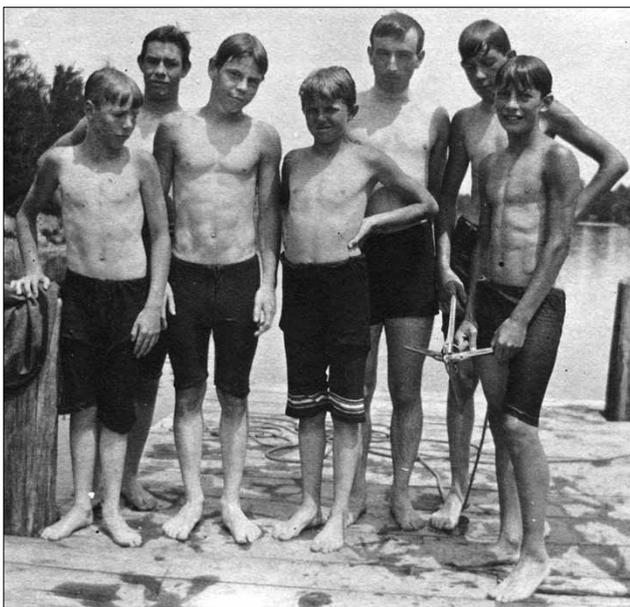
Josephine Webster enjoyed leadership in a variety of women's organizations dedicated to good citizenship, charity, and historic preservation that varied from the inclusive Red Cross to the exclusive Daughters of the American Revolution (DAR). In 1889, the Websters spent an exceptional summer on Gibraltar Island, on Lake Erie, at

*The editor is especially grateful to Judith Solberg, Holderness School's Archives Manager for providing the results of her personal research and the privilege of reminiscing with Geraldine ("Dine") Webster Dellenback regarding Jerome Webster, his family, and the Holderness School.



Webster and Henry Cooke families on summer vacation on Gibraltar Island on Lake Erie in 1889. Josephine and Lorin Webster are standing on the right.⁶

Reverend Henry E. Cooke's vacation home. Henry's financier father, Jay, promoted bond sales that supported the Union Army and introduced price stabilization into everyday commerce.^{6,7} Their vacationing pattern became relatively fixed in 1903, when Lorin Webster somehow found the money to purchase 11 acres with nearly 1200 feet of Little Asquam Lake shore line, less than 10 miles from Holderness. Camp Wachusett for boys opened in July of the same year, as the property came with a large manor house and stables for Lorin's prized Morgan



Lake at Camp Wachusett, Jerome on far right with boat anchor.

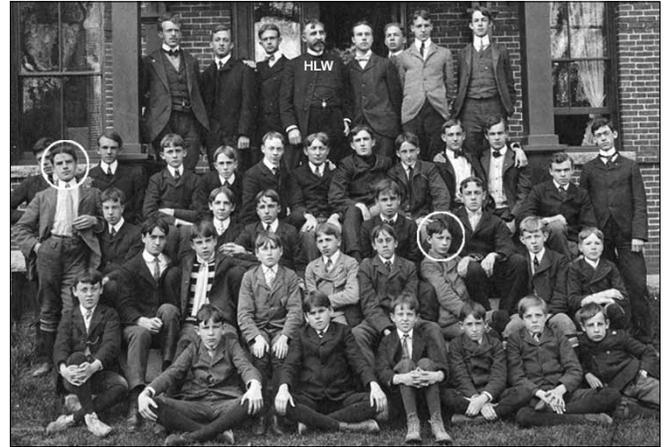
horses. Boys from all over, as well as those from Holderness School were welcomed for the camp's nine-week season for \$125, payable in advance.[†] The site was ideal: a broad sandy shore gradually sloped down to deep water, with a long dock extending out for diving and tying up boats. The boys were bugled out of bed at 7:00 am, ate, prayed, swam, fished, hiked mountain peaks, played baseball or tennis, and in some instances were tutored (for an extra \$2/hr). All lights had to be out by 9:30 pm. Lorin and Josephine brought Bobbie along with their boys and stayed at the camp for the full nine weeks.

[†]Prices as of 1917. Jerome Webster returned for the Camp's 15th season after missing a year in Germany, as a councilor in tutoring, natural history and aquatics, but could only stay until mid August. Camp Wachusett 1917 catalog, Holderness School Archives.

[‡]Founded in 1776 at The College of William & Mary. By 1881 there were 20 active chapters; all but three in Ohio, were situated east of the Alleghenies including Trinity College.

[§]Webster JP.1957 Holderness School Commencement Address.

Harold graduated from Holderness in 1904 and was hired as a "curator." His duties were essentially to assist his father. He left in 1917 to be his district's representative in New Hampshire's House

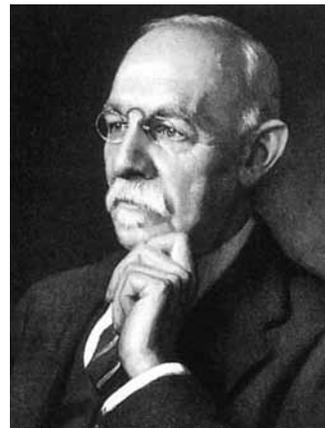


Holderness 1903 all school picture, left circle Harold Webster, HLW=Headmaster Lorin Webster (note PBK key[‡]), right circle JPW.

and the State's first commissioner of weights and measures. Bobbie attended Holderness for two years as well, despite its being a boy's school, before going to St. Mary's school for girls and then to Vassar.

Holderness to Hopkins and Federal Service

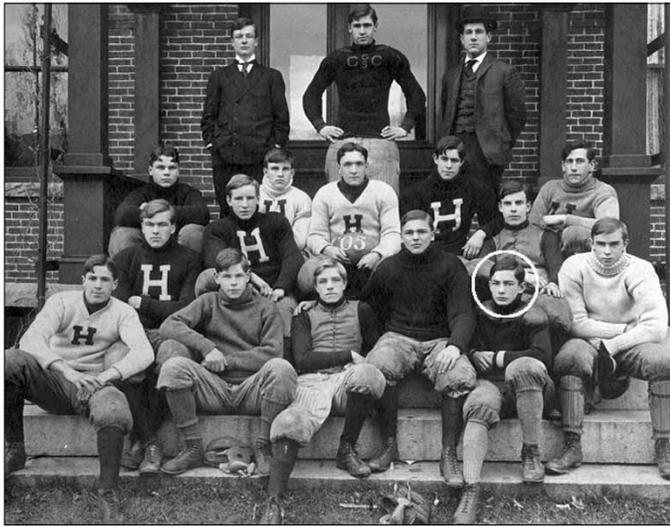
Jerome Webster actually participated in Holderness school activities before enrolling. He shared his father's love of choral music, and sang as a soprano in the Chapel of the Holy Cross choir for two years and as an alto for two more years before becoming a pupil. He had notable academic success, scoring 90% or higher in Sacred Studies, English, Math, Botany, French, Latin, and Greek. He continued to sing in the choir, competed in the 440 yard dash and 880 yard run, played basketball, baseball and football, achieving first-team status in all three before graduating in 1906.



William Stewart Halsted

He went to his father's alma mater, Trinity College in Hartford, CT., with the intention of going on to medical school. He continued his interests in music and sports and graduated with a bachelor of arts degree. His good academic record won him a place in Johns Hopkins School of Medicine. Hopkins was a temple of excellence, exemplified by 1877 P&S alumnus, William Stewart Halsted's (1852-1922) surgical service.^{8,9} Webster graduated in 1914 and served as a surgical intern at Hopkins and as a first year resident under J.M.T. Finney at what is now Baltimore's Union Memorial Hospital.¹⁰ He left there in July 1916 to be a special assistant to the Ambassador posted to the American Embassy in Berlin. His job was to assist in the Embassy's inspections of Germany's British, Serbian, and Romanian prisoner-of-war camps.

"The British civilian prison camp at Ruhleben was formerly a race course in Spandau, outside of Berlin.⁵ Between 3,000 and 4,000



Holderness' 1905 football team, circle marks JPW.



Johns Hopkins Hospital in 1899 when Staige Davis was an intern - 10 years after it opened.

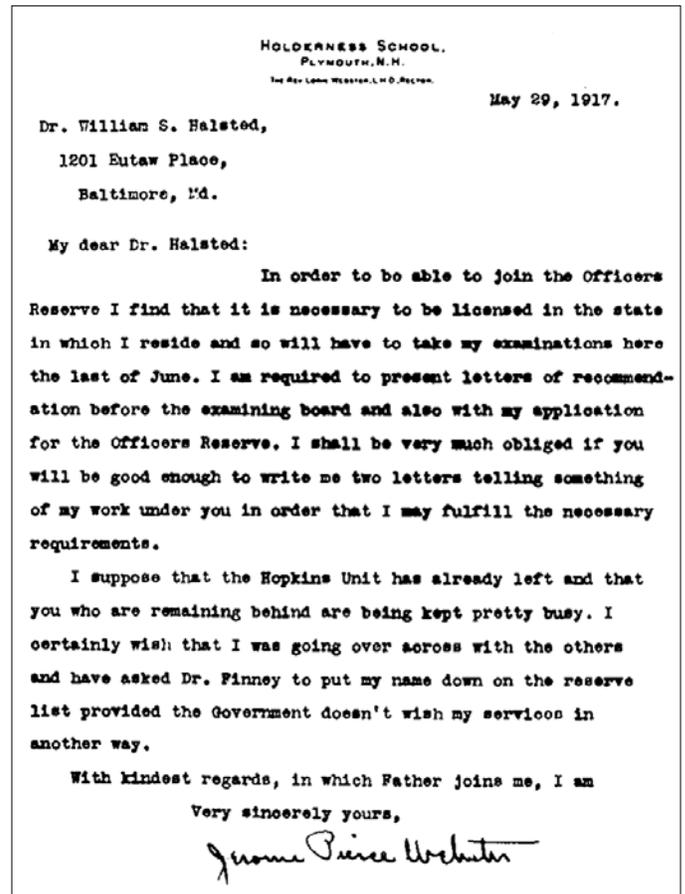
British citizens had been trapped in Germany at the outbreak of war and were herded into one half of this race course. They ranged from British nobles to negro laborers from the British West Indies."

Despite Wilson's having run for re-election in 1916, promising to keep us out of "Europe's war," the US declared war against Germany on April 6, 1917. Fortunately, Webster had left Germany at the end of February and was probably back in Holderness. His letter to Halsted reflects Webster's youthful observations of the yields from ingratiating and would have prompted a quick response. Quickness would not have characterized obtaining a license certificate from the NH medical board even in a time of war. Sometime after August, he sailed to France commissioned as a first lieutenant in the US Army Medical Corps reserve, attached to the 30th Engineers, 1st Gas Regiment. His work in front-line aid stations was recognized by France with its Croix de Guerre with gold star.

Back to Hopkins and John Staige Davis

Webster returned to Hopkins after the November 11, 1918 Armistice to have three additional years of surgical training. Although he had the option of remaining for another year, he chose to go to China, as he was not going to be selected as Halsted's Chief Resident.

John Staige Davis (1872-1946) was named after his grandfather



Webster to Halsted, May 29, 1917 correspondence, imaged in Schusterman et al.²⁵

(1824-85), a professor of Anatomy and Medicine at the University of Virginia, and was called Staige as a child which proved to be "sticky."²¹ Staige Davis became interested in reconstructive surgery early in his Hopkins residency, publishing his first paper in 1907, describing use of a full thickness skin graft to release a burn scar contracture.¹² In his early faculty days, he worked in Halsted's renowned Hunterian laboratory doing commendable bench work.^{13,14} But, John Staige Davis is best known as America's most prominent early advocate of "Plastic" and reconstructive surgery being a specialty apart from surgery. He published the first of many papers on the subject in the July 1916 issue of the *Journal of the American Medical Association*¹⁵ Staige Davis** was prolific, had a penchant for single authoring and repetitious titles and, in his last year of life, happily switched from surgery's "Annals" to Volume 1 of the "Journal of Plastic and Reconstructive Surgery."



John Staige Davis.²⁴

His solo-authored *Plastic Surgery: Its Principles and Practice* was published in 1919 as the first American plastic surgery textbook to encompass all areas of the body. The American Surgical Association gave Staige Davis its bully pulpit in 1926 as the moderator of a featured symposium.¹⁷

American Surgical Society, May 24, 1926 Plastic Surgery Symposium

The Art and Science of Plastic Surgery
John Staige Davis, Baltimore, MD

The Causes of Cicatricial Contraction
J. Shelton Horsley, Richmond, VA

Congenital Cleft Lip and Palate:
A Muscle Theory Repair of the Lip Cleft
Harry P. Ritchie, St. Paul

Important Factors in the Treatment of
Cleft Lip and Cleft Palate
Harold S. Vaughan, New York

The Treatment of Rodent Ulcers By Radiation
Raymond W. Lewis, New York

Free, Full-Thickness Skin Grafts
Clarence A. McWilliams, New York

A Plastic Operation on The Chest
Arthur M. Shipley, Baltimore

Ann Surgery 1926;84:185-250.

Davis was openly contemptuous of Halsted, which probably explains his not being promoted beyond Associate Professor. Halsted reportedly never once stopped in Davis' clinic of his own volition. When Staige Davis solicited Halsted's opinion in 1917 about his intention to write *Plastic Surgery, Its Principles and Practice*, Halsted told him "there would be no use in doing it." Davis saw Halsted as putting a damper on any surgical subject in which he was not personally interested and was offended by Halsted's apparent total disinterest in teaching students. Since we now know that Halsted was addicted first to cocaine and later to opium for the rest of his life, his rigidity and reclusiveness are understandable.¹⁸

Plastic Surgeon, W. Bowdoin Davis,¹⁹ tells us that Alfred Blalock (1899-1964), who became Hopkins' third Chief of Surgery in 1941, asked Bowdoin's 70-year old father to "stay on as Chief of Hopkins' Plastic Surgery Division for another year in 1942." Those last four words indicate that formation of a separate plastic surgery division at Hopkins had occurred by 1941 at the latest. Staige Davis actually stayed on as the division chief until April 1946 when Blalock trainee, William Polk Longmire, Jr. (1913-2003), became the division's second chief and the first to have committed ward beds. Longmire left to become the first and an eminent Chair of Surgery at the University of California, Los Angeles in 1948. Webster must have been thinking about assigned ward beds when he noted in 1947, that lacking support for the formation of a separate plastic surgery divi-

sion, "the training of plastic surgeons at [Hopkins] was delayed and underdeveloped in comparison with that of other schools"²⁰

According to Milton T. Edgerton,²¹ Hopkins' third (or fourth) plastic surgery division chief, Davis never allowed residents to do procedures with his supervision on his patients, even if a resident had scrubbed with him on many cases. Edgerton could identify only two plastic surgeons over Davis' more than 25 years on the Hopkins faculty who attributed their career choice to John Staige Davis. They were Edward Kitlowski,²² who published with Davis, and Edward Hanrahan.²³ Both practiced in Baltimore. Edgerton's dour view of Davis as a teacher reflects some degree of envy and is not widely shared. Staige Davis' obituary written by his life-long friend and Baltimore Gynecologist, Ed Richardson and those written by others consistently laud Staige Davis' willingness and clarity in imparting knowledge to his assistants.²⁴

The American Board of Plastic Surgery (ABPS)

Halsted was never convinced that plastic surgery merited being a separate division apart from surgery. Halsted believed as most surgeons did in the 1920s and 30s that well trained surgeons, and his trainees in particular, were completely competent to do head and neck and reconstructive procedures. Halsted could rightly claim this for himself, as he had introduced local anesthetics, performed facial flap reconstructions and contracture releasing procedures for everything from burn scars to epispadias.²⁵ Contemporary "plastic surgeons," including Webster, appeared to endorse this view by wanting their trainees to arrive well grounded, with five years of surgery and having operated in all areas of the body.²⁶ Halsted, who died in 1922, was not the whole problem.

Plastic surgery was perceived by a segment of the public, and some physicians as "frivolous [and] unethical," and its practitioners "beauty doctors and quacks."²⁷ Davis was sensitive to these disparagements and attempted to draw a fine line, promoting the purported psychological gains of aesthetic surgery, while being both hesitant to bring his "cosmetic" patients to the Hopkins and denigrating those who specialized in cosmetic or "decorative" surgery as not being true plastic surgeons.

The ABPS first met in 1938 as a sub-board of the American Board of Surgery (founded in 1937) but did not attain full independent board status until 1941. A focus on not being completely independent obscured real gains in acceptance and prestige in those three years. Take John Staige Davis as an example. He was elected Chairman of the ABPS at the 1938 meeting, partnered with "thoracic" surgeons to replace the esophagus, received an honorary Master of Arts from Yale, was elected President of the Southern Surgical Association, and remained ABPS Chairman until 1945. Staige Davis recognized value in not being completely independent in his December 1940, Southern Surgical Presidential address: "From every standpoint, I believe that better results can be obtained by having plastic surgery a subdivision of general surgery, connected with great teaching hospitals, rather than have it, even if large endowments are available, as disconnected separate units..."²⁸

Davis, Gillies, and Webster

In 1925, Webster wrote to Davis from China after solidifying his intent to be a plastic surgeon. Davis responded on August

***Annals of Surgery*: (Titles abbreviated; PS=plastic surgery). 1917 Problems of PS. (66:88-94); 1923 General PS. (77:257-62); 1929 Staged scar excisions (90:645-53); 1931 Z or reversed Z incisions (94:871-84); 1933 On-end mattress sutures (98:941-51); 1941 The story of PS (113:641-56); 1946 PS in World Wars I & II (123:610-21). *Plastic & Reconstructive Surgery* 1946 PS in World Wars I & II (1:255-64); 1946 Merits of Z-plasties (1:26-38)

††Ed. Note: Davis had access to teaching beds in other Baltimore hospitals. Webster's Presbyterian Hospital service had 4 male and 4 female ward beds in the 1950s and 60s.

19th that “I will be very glad to do what I can for you,” presumably, meaning that he would pave the way for Webster to see Gillies at Sidcup, Ombredannae in Paris, and Lexer in Germany on his 1926-27 aborted furlough to tour centers of plastic surgery. The relationship between Davis and Webster appears to have descended to one of gentlemanly courtesy in 1927.

Webster arranged for Gillies to speak at a December 1941 meeting of the American Association of Oral and Plastic Surgeons in New York. Webster organized Gillies’ schedule and billeted his guest at Webster’s Riverdale estate. Gillies lectured on “War Plastic Surgery in England Today,” five days after the bombing of Pearl Harbor. Its relevance and timing have yet to be matched.

Gillies²⁹ thanked Webster for his hospitality in a letter written from one ingratiating individual to another: “My dear Jerome... There aren’t enough words in the English language that I know of that can in any way adequately express my great admiration and affection for you...the meeting was a colossal success...I used to admire my US colleagues, I used to have my breath taken by their generosity; never before have I loved them so much, and I can only say with the Texan Poet: “The Farmer’s in the Dell--Whoopee!

Affectionately yours, [Giles].”

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Save the Date

John Jones Surgical Society Spring Meeting

Columbia University Medical Center and New York-Presbyterian Hospital
Vivian and Seymour Milstein Family Heart Center, Myrna L. Daniels Auditorium
173 Fort Washington Avenue, New York, NY 10032

Thursday, May 19th, 2011

Metabolic and Diabetes Surgery: What We Know and Where To Go From Here

This promises to be a stimulating day, starting with optional morning activities – attending Surgery Grand Rounds, visiting the Heart Center and hearing the latest on simulation training, and testing one’s skills at the Laparoscopic Skills Training Laboratory. After lunch, we will hear presentations on diabetes as a disease and medical management, Operations/Risks/Benefits in Lower BMI Diabetics and in Morbidly Obese Diabetics, Mechanisms of Diabetes Control with GI Surgery, and Novel Treatments in Metabolic Surgery. The annual business meeting will follow the symposium, and the day will end with a reception at the Faculty Club.

For registration information, contact Trisha at tjh2104@columbia.edu

Peking Union Medical College

James G. Chandler and Stephen E. Novak*



Qing Dynasty (1644-1912) Empress Tzu-His circa 1905; Insets left, Jeweled nail protector; right, The Empress' 4th and 5th finger nails.

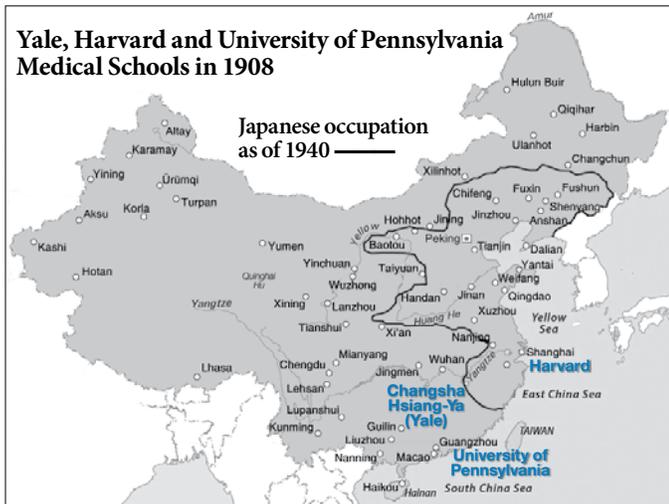
Resentment of China's obligatory concessions to British and European traders as the loser of two 19th century Anglo-Chinese "Opium" wars eventually extended to include all foreign influences including Christian missionaries and their converts. This suppressed hostility erupted as the Fin-de-siècle Boxer Rebellion, which was a series of loosely connected murderous rampages that both ghettoized the surviving foreigners and fractured the Qing Dynasty's authority. American and British missionary societies responded by banding together to found a new Union Medical College (UMC) in Peking. The

college received part of its funding from the Dowager Empress, and was able to open for students in 1906. Yale, Harvard, and Pennsylvania Universities also opened medical schools, respectively in Changsha in Hunan

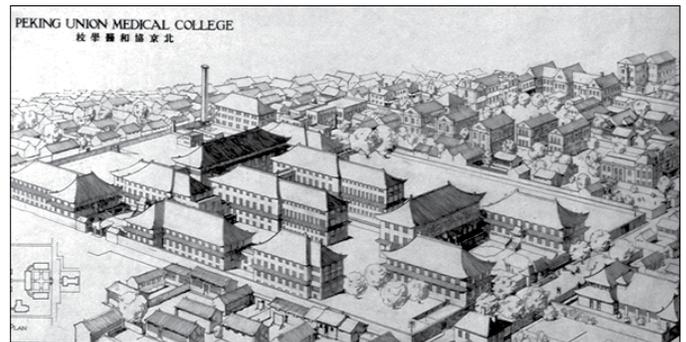
Within a year, Sun Yat-sen was obtaining foreign funding and engineering the end of the Qing Dynasty and formation of the Republic of China, which occurred in 1912. Feudal war lords continued to challenge the central government's authority for years, but the demise of China's dynastic rule resonated in the United States, creating fervor to "save China." Former Baptist Minister Fredrick T. Gates, who had been advising John D. Rockefeller, Sr. on his philanthropic projects for two decades, was a consistent advocate of missionary medicine and welcomed China's propitious populist appeal. A Rockefeller financed, Oriental Education Committee had already identified China as the most in need of more doctors, while disparaging the quality and limited enrollment in its missionary medical schools, with UMC as a notable exception. The Commissioners were divided with some advocating a "Temple of Science" like the Rockefeller financed, American Baptist Education Society's University of Chicago and others favoring a Medical School as being more realistic and less intrusive.

The report was received by the newly formed Rockefeller Foundation in 1913 which then invited major missionary society leaders and academics familiar with China to discuss how best to deal with China's future. Two underlying issues needed to be addressed. The first was the hostility of the missionary boards towards secular scientific education and the second was the somewhat related "Saving China from what?"⁴ The missionaries regarded the Chinese as a flawed and backward people with radically false views of life and nature that required deracination. Former Harvard University President, Charles W. Elliot, deplored their reliance on intuition and meditation as opposed to the "inductive method of ascertaining truth" as did Abraham Flexner. These concerns were mitigated by a prevailing belief that scientific medical education would serve as a catalyst for cultural metamorphosis. The Foundation would serve as the home for a China Medical Board (CMB) that would purchase and expand UMC's assets to develop science-based, pre-medical and medical school curricula as the Peking Union Medical College (PUMC). The purchase of UMC was completed in 1915, along with several adjacent properties, and new construction began in 1917.

Yale, Harvard and University of Pennsylvania Medical Schools in 1908



Provence, Canton (Guangzhou), and Shanghai. Dr. Edward H. Hume came directly from missionary work in India to develop the "Yale in China," Hsiang-ya Medical School, which opened in 1908. This was the most successful of the three schools, in part due to Hume's 1910 on-leave visit with his Yale undergraduate classmate, Edward S. Harkness. It was an auspicious year: Hume returned to China with a \$150,000 endowment to encounter an outbreak of bubonic plague, and Harkness succeeded in affiliating Columbia's College of P&S and the Presbyterian Hospital into a Flexner advocated, Hopkins style, clinical teaching center.^{1,2}



Architects 1917 rendering of PUMC

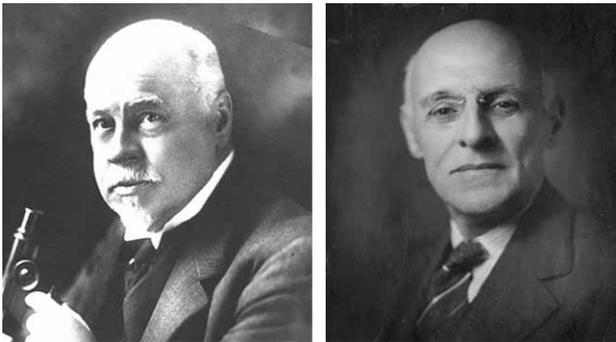
Franklin C. McLean (1888-1968)

Hopkins' Dean and Rockefeller Institute For Medical Research Board Chairman, pathologist William Henry Welch (P&S 1875)

*Stephen E. Novak heads the Archives & Special Collections of CUMC's Augustus C. Long Health Sciences Library. Our text is derived from four principle sources:

1. John Z. Bower's *Western Medicine in a Chinese Palace*. New York: The Josiah Macy, Jr. Foundation; 1972;
2. Mary Brown Bullock's *An American Transplant: The Rockefeller Foundation and Peking Union Medical College*. Berkeley: The University of California Press; 1980;
3. The Long Library Archives' Jerome Pierce Webster Papers, and correspondence in Box 150 of the China Medical Board, Inc.;
4. Correspondence graciously provided by Erwin Levold of the Rockefeller Archive Center, Sleepy Hollow, N.Y.

and Welch's former student, Rockefeller Institute Director Simon Flexner constituted a Standing Committee of the PUMC Trustees for Recruitment and Appointment of Faculty. Their advice had a wholesome bias towards youth and their personal contacts. The first appointee was 28-year old Franklin C. McLean in June 1916 as Professor of Internal Medicine and PUMC's Academic Direc-

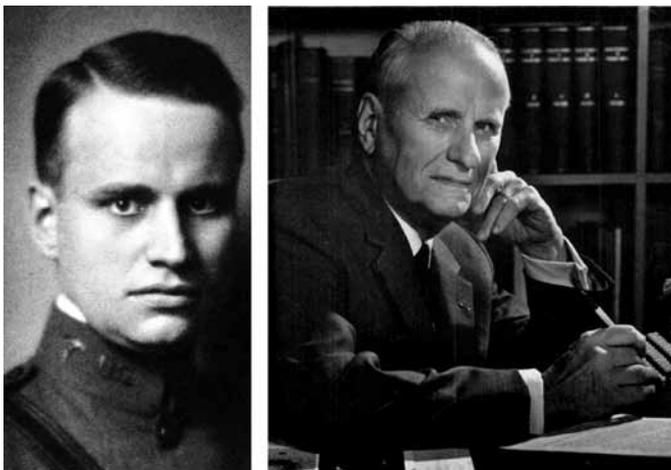


William Henry Welch (1850-1934) and Simon Flexner (1863-1946)

tor. McLean was a 1910 Rush Medical College graduate who taught pharmacology at the University of Oregon for three years after just a one-year internship. He left there to begin an internal medicine residency at the Rockefeller Institute Hospital, which he had now just completed. McLean's influence was an additional factor in all subsequent appointments.

The Premedical School opened in September 1917 with a three-year program comprising courses in biology, chemistry, mathematics, physics, Chinese, English, and modern European languages. William W. Stifler, an Instructor in Physics at P&S was recruited to be Professor of Physics as well as the Premedical School Dean. Charles R. Packard who had just earned his PhD under the tutelage of Columbia College's cell biologist Edmund B. Wilson, the discoverer of the gender determining XX and YX chromosome combinations, came as the Chair of Biology. P&S cytologist Aura E. Severinghaus joined Packard's department two years later. He arrived with his brother Leslie who was recruited from Columbia University's English Department to teach several European languages.

The CMB simultaneously began to provide financial support for premedical education in selected Chinese colleges with an eye toward discontinuing PUMC's premedical curriculum. Good choices were made in selecting the institutions, which yielded sufficient qualified applicants by 1925 to allow then Premedical School Dean, Aura Severinghaus to close the school and return to P&S where he



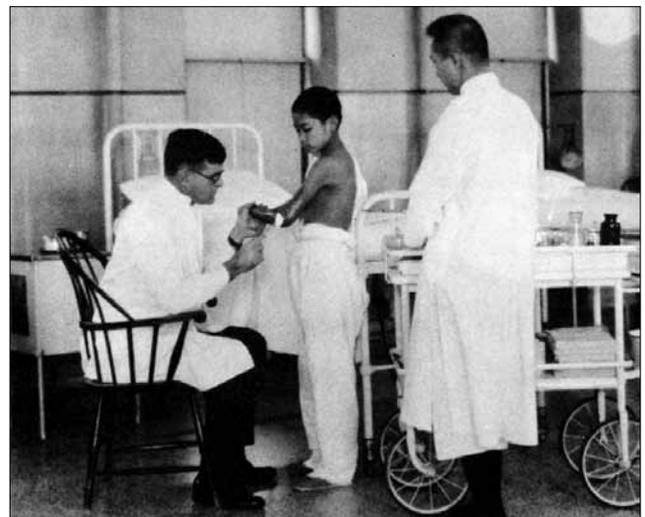
Franklin Chambers McLean in 1918 and later at the University of Chicago Medical School (Western Medicine in a Chinese Palace and?)

exerted a major impact on US medical education as an Associate Dean for Admissions and Student Affairs.⁵

McLean took a leave of absence in July 1918 to assist Hopkins' Brigadier General William S. Thayer who was the Chief medical consultant to the American Expeditionary Forces in France. After the Armistice, McLean added a research sabbatical at Harvard delaying his return to PUMC until 1920. He soon involved himself and professor of biochemistry Wu Hsien in collaborative research projects with investigators at the Rockefeller Institute, most notably with Donald Van Slyke.⁶ McLean left for good in 1923 to reprise his PUMC developmental work on a larger scale as the organizer and planner for the University of Chicago's Medical School. He did that famously and went on to define the physiology and metabolism of bone and to be a leading advocate for African American academic advancement.⁷

Adrian S. Taylor

Adrian Taylor graduated from the University of Virginia Medical School in 1905 and became a Southern Baptist medical missionary in Yang Chow (Yangzhou), just east of Nanking in 1906. Nine years in the field had made him an "old China hand" and very familiar with Chinese medicine when he received a 1915 CMB fellowship to go to Harvard for a 1-year refresher course.⁸ He received such high ratings at Harvard that the CMB agreed to support him for training in Surgery under William Stewart Halsted (P&S 1877) beginning in 1916. Taylor filled the Hop-



Adrian S. Taylor examining a patient with a burn (Western Medicine in a Chinese Palace)

kins residency slot that Jerome Webster would vacate for his sojourn in Europe and was probably a factor in allowing Webster to leave without umbrage. They overlapped for a short period when Webster returned in 1919 to continue his training. Taylor reviewed nearly 2500 of the 3000 inguinal herniorrhaphies that had been performed at Hopkins since the Hospital's opening in 1889, finding that subcutaneous transposition of the spermatic cord increased the incidence of recurrence.⁹ He returned to China as a PUMC associate surgeon and established a Hunterian Surgical Laboratory like the one he had known at Hopkins. This endeared him to his largely research-oriented medical colleagues. Taylor's surgical skills were also greatly admired and included neurosurgery, as well as a special interest in thyroid disease.¹⁰ By the time the Medical School opened, he had become the Surgery Department's Chairman. Taylor served in that position for seven years before resigning to return to the US where he practiced surgery in several locations before retiring to Birmingham Alabama.

Frank Lamont Meleney (1889-1963)

Frank Meleney (P&S 1916) finished a two-year internship at the Presbyterian Hospital and immediately went overseas with the US Army's First Mobile Operating Unit to a Field Hospital along the Chateau Thierry-Soissons line. He saw enough gangrenous wounds and deaths from tetanus to sear those images into his mind. When he was discharged in 1919, Drs. Allen O. Whipple (P&S 1908) and Hans Zinsser (P&S 1903) encouraged him to become a surgical bacteriologist, with a foot in both basic biology and clinical surgery, but Meleney wanted to do a year or two of medical missionary work first.¹¹ A CMB invitation to join the faculty at PUMC amalgamated both goals. He arrived in Peking in 1920, at age 31, to work closely with Taylor for four years. At Hopkins, Taylor had become enamored of silk sutures and was convinced that clean wounds healed more kindly with silk than with catgut. Meleney proved this to be true in the laboratory. Meleney's work at PUMC mirrored what Whipple and Zinsser had in mind: he published a detailed pathological analysis of a metastasizing thyroid tumor operated on by Taylor after Webster had performed a cervical lymph node biopsy as his first PUMC paper. In the next, he defined culture conditions for growing hemolytic streptococcus that led to a new clinical entity, characterized by extensive subcutaneous tissue necrosis which he called "Hemolytic Streptococcal Gangrene."^{12,13}



Frank Meleney and Balbina Johnson circa 1958

Zinsser left P&S and the Presbyterian Hospital in 1923 to go to Harvard, and Meleney was recruited back to the Medical Center in 1924 to establish a bacteriologic research laboratory in the department of surgery. He surveyed postoperative infections and investigated all unusual lesions with aerobic and anaerobic cultures. Meleney followed up on his PUMC work, demonstrating that topical zinc peroxide paste was an effective adjuvant to wide debridement in treating the undermining burrowing [Meleney] ulcers caused by microaerophilic hemolytic streptococcus. This combination became the mainstay of their treatment before penicillin.¹⁴ His laboratory assistant, Balbina Johnson, identified a *Bacillus subtilis* organism in dirt that had contaminated an open fracture in a little girl named Margaret Tracy, which inhibited other bacterial growth. This discovery led to the development of Bacitracin that remains a broad spectrum antibiotic staple for topical application.¹⁵ Frank Meleney retired from P&S and the Presbyterian Hospital at the mandatory age of 65. He moved to Coral Gables FL where he taught at Miami's School of Medicine and organized a bacteriologic research laboratory in its surgical department, where he studied the efficacy of colistin.¹⁶

The Other Meleney (1887-1970)

Henry Edmund Meleney (P&S 1915) arrived in 1920 to join Ernest Carroll Faust's parasitology group. Faust had been recruited from the University of Illinois in Urbana in 1919 as one of McLean's first faculty appointments. He and Meleney found themselves in a "Treasure Trove" of parasites, which included the protozoan diseases malaria, amebiasis, and kala-azar (leishmaniasis), and the helminthes oriental schistosomiasis, clonorchiasis, fasciolopsiasis, hookworm, and filariasis. They focused on *Schistosoma japonicum*, studies in which Aura Severinghaus also participated, as well as on kala azar and hookworm, the last being a Rockefeller special interest.¹⁷ The collective contributions of Faust's PUMC laboratory in the 1920s still have worldwide pertinence.¹⁸ Henry Meleney left China in 1927 to go to Vanderbilt and then to New York University in 1941, as the Chair of its Department of Preventive Medicine.



Henry E. Meleney at New York University

The Medical College Opens and Webster Becomes Taylor's Resident

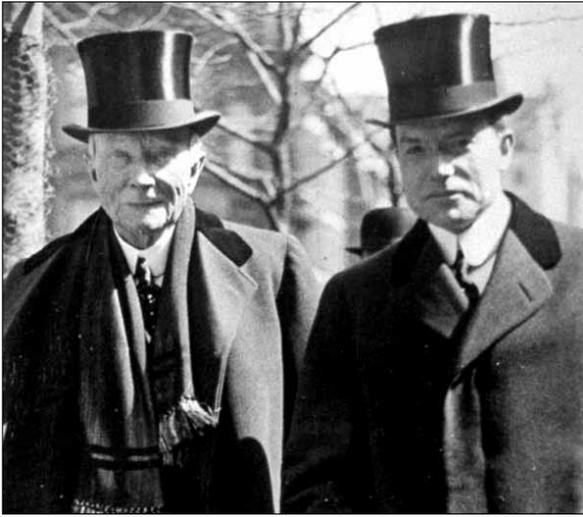
The Medical College was formally dedicated on September 19, 1921 with an outdoor ceremony attended by an unprecedented gathering of academic and political luminaries from Asia, Europe, the British Isles and North America. John D. Rockefeller, Jr. began the principal address by quoting his father's wish that "... [PUMC] be-



The Medical School's opening Ceremony, September 19, 1921

come an ever widening influence for the promotion of the physical, mental, and spiritual well-being of the Chinese nation."¹⁹ He went on to add his own emphasis about the Foundation's hopes for acculturation, acknowledging that PUMC was intended to be an excellent medical school, but that it had another more important role to play: to offer the best of Western civilization "not only in medical science but in mental development and spiritual culture."

Taylor acted in kind by inviting Webster, who had returned to Hopkins and was completing his surgical training to be PUMC's first surgical resident. Webster was to be a role model for Chinese students and interns who had no knowledge of the incremental assumption of independent responsibility and seniors teaching juniors



John Davidson Rockefeller Sr. & Jr. in 1921 (Courtesy of the Rockefeller Archive Center)

that were the basic tenets of Halstedian surgical training. A series of letters to PUMC Director Henry Houghton and the Board of Trustee's secretary from April to June of 1921, which preceded his appointment in July, show that Webster had the option of remaining at Hopkins and rejected an initial salary offer. PUMC salaries were admittedly low in accord with a concession that had been made to the medical missionary boards during its purchase negotiations. Webster must have received an offer of better compensation as his next letter inquired about the duties and status of a resident surgeon with the rank of "Associate in Medicine." He could not have received a very definitive answer, since the position had no precedent.

If 33-year old Jerome Webster was worried about an inadequate case load, his concern was dispelled soon after his arrival. As the in-house surgeon, between consults on other services and off-hour direct admissions he was able to consume a disproportionate number of beds and operating room time, which were being diverted from the staff surgeons. Professor Taylor dealt with this issue midway in Webster's second year, by designating Dr. Don Lew, presumably one of the unaffected surgeons, to be the "acting resident" who would now live in the hospital rather than Webster. This was probably a satisfactory arrangement, as Webster was now recognized as a skillful surgeon and his parents had come to Peking where his Episcopal minister father, Lorin, was teaching English in the premedical curriculum. Taylor then proposed Webster for a two-year reappointment in 1922 on the same level as other surgical associates. As such, he would lead the faculty procession as Chief Marshall at PUMC's first graduation ceremony honoring the one Nursing and three Medical School graduates, comprising the Class of 1924.

Despite having spent several years with John Staige Davis²⁰, at Hopkins, who was America's most vociferous early advocate for plastic surgery becoming a separate division, Webster's decision to focus on reconstructive and cosmetic surgery occurred during his time at PUMC.²¹ Perhaps he was just too busy operating, but Webster published only one paper that attests to any work in Taylor's Hunterian Laboratory. It reflected an interest in reconstructive surgery's broader context, describing a device for performing an aseptic intestinal anastomosis that Webster had presented to the Peking Branch of The Society for Experimental Biology and Medicine.²²

Frank Meleney's intended 1924 departure offered an opportunity for Webster to be reappointed in 1925 as an Assistant professor

for three years, beginning on July 1st with the first year to be spent on furlough. Lorin Webster had died in July 1923 and the College agreed to pay for his mother's travel to the US, but not for her return to China upon completion of Webster's furlough, which was their intention. Webster left China on October 1, 1925 and was in Berlin in November when he received notice that his academic rank had been elevated to Associate Professor – someone was looking out for his welfare, most likely Taylor.

Webster's Time out (Facts) and His Return to the Playing Field (Conjecture)

Four months after Webster learned of his lagniappe, Director Henry S. Houghton received letters dated March 25, 1926 from both Webster and Taylor. The two had met in Cincinnati: Webster's letter was a resignation, citing "personal and family affairs," as well as expressing regret and appreciation. Taylor's letter conveyed his disappointment about Webster's quitting along with his belief that Webster had made the correct decision. He urged Houghton to help Webster find fellowship support to work with John Staige Davis and also to find a replacement surgeon for PUMC's staff [by July!].

On November 19, 1926, Dr. Houghton closed a memorandum to Ms. Eggleston, noting the Trustees' distress that Dr. Webster "has been very ill in Bellevue Hospital." PUMC Trustees' Secretary, Roger S. Greene wrote to Frank Meleney on March 24, 1927 advising him that he had received a letter from Mortimer Raynor, the Medical Director of the Bloomingdale Psychiatric Hospital in White Plains, stating Dr. Webster would probably be discharged by the end of April. These letters indicate that Webster had required in-patient psychiatric treatment for 6 to 7 months, which was now achieving its desired result. Greene went on to describe the Trustees position: "Owing to the special circumstances in this case, we do not feel that we can take the initiative in suggesting Dr. Webster's name to any institution. ...If inquiries are addressed to us, we should be happy to tell of the good work that Dr. Webster did in Peking, providing that he is willing that we should refer the inquiries also to Dr. Raynor... for those aspects of his case in which Dr. Raynor is especially familiar." Greene concluded by asking Meleney to explain the Trustees' position to Dr. Webster in a "tasteful manner." Greene's letter implies that the obvious Staige Davis option had vanished and that direct financial support from the CMB was also off the table.

Now some conjecture: Meleney was close to Dr. Whipple and would likely have sought his advice. Whipple was no gambler, but the opening of the new Medical Center was almost a year away, which could be a trial period with a comfortable exit, should Webster relapse. The Harkness fellowship was an ideal solution: it required no explaining to anyone except Harkness, offered an opportunity for an unbiased appraisal from Vilray Blair, and was funded in a way that would not discomfort Greene.

Memorable Visits Never To Be Repeated

In the fall of 1923, 68-year old L. Emmett Holt was PUMC's Visiting Professor in Pediatrics, a discipline that did not yet have department status, which was the purpose of his visit. Holt enjoyed a long standing relationship with the Rockefellers. He had the good fortune to sit with John D. Jr. on a 1900 Cleveland-to-New York train and used the time to lobby for creating a medical research institute in New York, modeled after those in Europe.²³ This won him a seat on the Rock-

†The Augustus C. Long Health Sciences Library's Jerome Pierce Webster Papers Peking Union Medical College: notes of operations 1925



L. Emmet Holt at age 58 in 1913

efeller Institute's Scientific Board, as well as funding for a Babies Hospital bacteriology laboratory.

Holt's 1894 text book, *The Care and Feeding of Children*, had been translated into Chinese, which ensured a warm reception. Holt saw private patients gratis two mornings a week, lectured twice a week, and ran a pediatric clinic on Saturdays. He observed that intestinal parasites and tuberculosis were common but rickets was rare as were dental caries. Children's diets seldom included

sugar, dairy products or meat, and consisted mainly of starches and vegetables, principally cabbage. The last accounted for the rarity of beriberi from lack of B1 or scurvy from lack of ascorbic acid. Holt also had a busy social schedule and greatly enjoyed his visit, which ended tragically with a fatal myocardial infarction on January 14, 1924. His presence for nearly four months stimulated the hiring of two staff pediatricians before the beginning of summer.



Hans Zinsser²⁴

Hans Zinsser (1878-1940) was PUMC's Visiting Professor in March 1938. The Japanese had occupied Peking since the preceding August and most foreign educational institutions had moved south and inland. The Japanese were hostile to Americans but must have recognized the value of PUMC as a hospital, which made for an uncomfortable standoff relationship until 1941 when the Japanese Army took over the institution. Samuel Zia, who had been a student of Zinsser's, had worked in PUMC's department of bacteriology since 1921 and was the main attraction for Zinsser. Zia was an expert on typhus transmission by the human body louse. Long winters, heavy clothing, and bedding together to keep warm favored the movement of lice from one person to another. For westerners, the rickshaw blanket was a special hazard as they pulled it about their bare necks for warmth. Hans Zinsser was an internationally renowned bacteriologist and a typhus expert by any measure.²⁴ He had served on typhus commissions of Serbia and Russia, developed large scale rickettsia culture methods directed at the possible manufacture of a vaccine, and had contracted the disease himself. Zia had a great time proving to Zinsser that his culture methods were applicable to Zia's recently isolated European rickettsia strains.²⁵ While sailing home, Zinsser became aware that he was chronically ill with leukemia and knew that he had seen Peking for the last time.

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Graduates and Chinese Faculty

The number of students in a class gradually increased, but only to 25, since the emphasis was on top quality applicants, not mass education. This policy had to be frequently defended because of the low ratio of physicians to China's population. By 1937, 95% of all of its 141 graduates up to the class of 1933 were teaching in a medical school, had grant supported research or full time salaried clinical appointments.²⁶ As PUMC's graduates attained seniority they be-

came academic department chiefs, hospital directors and heads of government preventive medicine programs.

The PUMC faculty included Chinese professors right from its start, but they were recruited from US schools. When it graduated its first class of three medical students in 1924, 23 of PUMC's 30 house staff physicians were Chinese graduates generally from the US, but PUMC graduates and graduates of other Chinese medical schools became dominant as the decade of the 20's closed. The Great Depression reduced the Rockefeller Foundation's income, which favored Chinese applicants for faculty positions because their support was less expensive. The Ministry of Education also intervened to require at least nominal Chinese leadership of all private educational institutions in 1927 or 28. The Rockefeller Foundation responded by incorporating the CMB as a separate entity, providing it with a fixed yearly budget, on a year-by-year basis, and encouraging it to include Chinese members.

Legacy

The 1937 Japanese invasion stimulated Frank Meleney and Donald Van Slyke, who were soon joined by Severinghaus and Webster, to form an American Bureau for Medical Aid to China (AB-MAC), which sent massive amounts of medical supplies to China for the next 12 years. Former Pediatrics Vice-Chairman, John T. Truman and Columbia trustee, Clyde Wu visited PUMC in the Peoples Republic, finding it to be physically and spiritually dilapidated. Truman was there to consult on the 11-year old granddaughter of one of



Left, 11-year old granddaughter in 1979, sick with acute myelocytic leukemia. 18 months of aggressive multi-drug chemotherapy supplied and monitored weekly by John Truman → permanent remission. Right, with her husband and the first of her two children in 2004.

Mao Zedong's old comrades, and Wu first went there in 1992 to see where Aura Severinghaus had worked. Wu decided to select junior faculty from its Department of Medicine as "Wu fellows" to come to P&S for a year of study and now also supports senior P&S Faculty on educational missions to China.²⁷

PUMC has been reincarnated as the Chinese Academy of Medical Sciences and its name has been reinstated for some of the original buildings. It now welcomes American professors and its faculty is being increasingly seen and heard at our professional societies. On June 14, 2010, the CMB held its semi-annual board meeting in Beijing at Peking Union Medical College's Chapel, and three months later, CMB President Lincoln C. Chen received the People's Republic of China's Friendship Award from Vice Premier Zhang Dejiang in Beijing's Great Hall of the People.²⁸

PUMC is often praised as having been a great training ground for American medicine's academic giants. They were so well selected that it is likely that their main gain accrued from a melding of their own talents and the acculturation that they brought back to the US. Several hundred

Americans and Chinese looked beyond cultural biases and got to know and care for each other at PUMC, which is as much a part of its legacy as the incursions on parasitic and infectious diseases brought about by its

fantastic research programs. The world will be a safer place when similar collegiality can be achieved in our political spheres.²⁹



PUMC's trustees in 1921 and the CMB in Beijing in 2010 at the same historic gate. Left panel: Francis W. Peabody, Henry S. Houghton, Margery Eggleston, Edwin R. Embree, Paul Monroe, James L. Barton, William H. Welch, Richard M. Pearce, George E. Vincent, John D. Rockefeller Jr., Roger S. Greene, Francis H. Hawkins, Martin A. Ryerson, and J. Christie Reid; Right panel, central figures are CMB Board Chairperson Mary B. Bullock and President Lincoln C. Chen.



The Chinese Academy of Medical Sciences, née Peking Union Medical College, in 21st century bustling Beijing.

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CUMC's Plastic Surgery Division and Webster's Library

E. Hanson Lenyoun and Stephen E. Novak



E. Hanson Lenyoun, PGY-1 resident in surgery.

In July or August of 1927, Alan O. Whipple arranged an Edward S. Harkness Fellowship for Webster to study with Vilray Papin Blair (1871-1955) and James Barrett Brown (1899-1971) at Washington University's Barnes Hospital in St. Louis, MO.¹ This allowed Webster to ease back into clinical practice and coincided with the time remaining before Columbia Presbyterian's new medical center would open on March 16, 1928. Vilray Blair had published *Surgery and Diseases of the Mouth and Jaw* in 1912, which served as the "bible" for US Army surgeon-dentist teams that Blair and Robert Ivy deployed throughout the American Expeditionary Forces in Europe.² Blair returned to the United States after the November 11, 1918 Armistice to form a multidisciplinary team for the care of complex maxillofacial injuries at Walter Reed General Hospital.

When Webster arrived in St. Louis in September 1927, Blair and Barrett Brown, who had been Blair's resident, had already established the first civilian plastic surgery service in the US. Webster lived in the house staff's quarters at Barnes Hospital where he could observe operations but not assist on them, as he could at the three other hospitals where they operated.³ Webster spent eight months in St. Louis making carefully illustrated notes of operations and also worked in their animal laboratory, attempting to grow intestinal mucosa grafts as implanted tubes in dogs. Webster's characteristic ingratiating assured frequent invitations to dine at the Blairs' home, as well as their staying in contact through letters and their work in founding the American Board of Plastic Surgery (ABPS). After Blair died, Webster remarked to Blair's son that his father's work had done more to raise the standard of plastic surgery in this country to a high level than any other factor.

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Division Building and America's First Certified Plastic Surgery Residency

Webster returned to New York in April of 1928 to be a Surgical Fellow in Whipple's department with a salary of \$1,500 per year. Whipple's missionary background showed itself in the miserly salaries that ran through all academic ranks in his department. Webster initially cared for plastic and non-plastic surgical patients as he built up his reputation, which was easier to do in the Vanderbilt outpatient clinic than with in-patients. Webster estimated that the clinic served at least 1,000 patients in its first two years, which rose to over 2,000 visits per year in less than a decade. He began to receive consults from Babies and Sloane Hospitals and started seeing private patients in the Harkness Pavilion. As was true for all fulltime faculty, his fees went to Columbia University, but in his case they went into a special Plastic Surgery Fund to develop a division and support salaries for a research assistant and an artist, as well as for equipment.

Webster was appointed to Assistant Attending Surgeon, with no salary, in 1931. His practice had grown to a volume that allowed him to devote all of his time to plastic surgery. This was also true for surgeons in many centers throughout the country, which led to

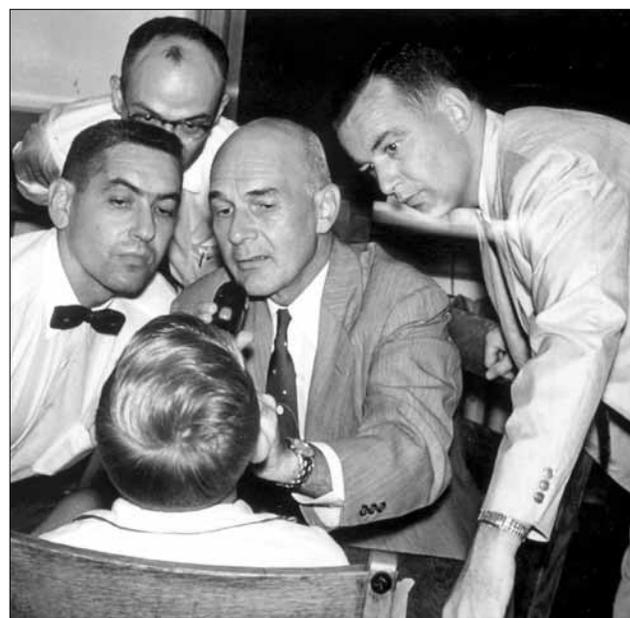
the founding of the ABPS in 1937.⁴ The initial goals of the Board were to establish requirements for certification and formulate training guidelines. Webster was ahead of the curve: His first trainee, Thomas William Stevenson, Jr. (1904-1958) had been a Senior Fellow in plastic surgery in 1933 and was appointed in the next year to Assistant Attending Surgeon. Radford C. Tanzer (1905-2003), a Harvard Medical School graduate and Strong Memorial trained surgeon became Webster's second Senior Fellow in 1936. He went on to



Radford C. Tanzer in 1961, center and seated.⁶

pioneer ear reconstruction, originating his own classification of microtia, do extensive work in hand surgery and thumb reconstruction, and was one of the earliest staff members of Dartmouth's Mary Hitchcock Hospital.^{5,6}

Webster's two-year training program became the first ABPS certified residency in 1938 with S. Milton Dupertuis as its first official



S. Milton Dupertuis examining a patient with a cleft lip repair in 1958.⁸

resident, to be followed by John Stage Davis' son, W. Bowdoin Davis. Dupertuis⁷ distinguished himself from Webster and many of Webster's trainees by doing interesting bench research on the growth of cartilage transplants in rabbits. He started his own plastic surgery residency program at the University of Pittsburgh in 1948.⁸ Hand surgeon Robert Chase was one of his residents. Dupertuis died at age 53 in 1959 from a myocardial infarction.⁹

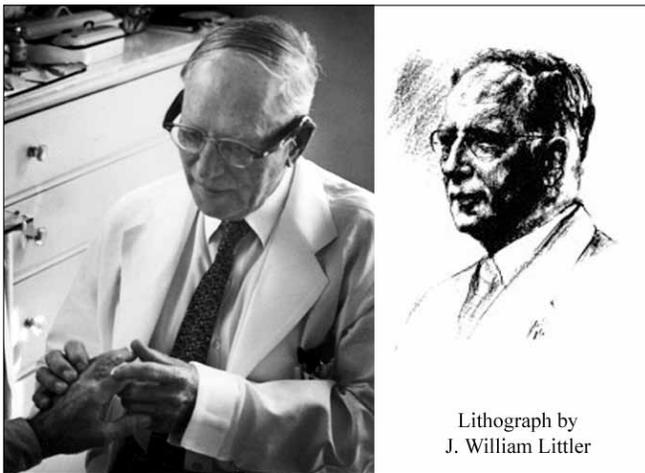
The ABPS required two years of training in surgery, or its equivalent, beyond internship to be eligible for training in plastic

surgery. Columbia-Presbyterian had sufficient volume for two plastic surgery residents to be appointed each year for an expected two-year training period in Presbyterian and Roosevelt Hospitals. Initial appointments were for one year only and subject to performance based contingency for renewal.¹⁰ Webster was again ahead of the curve in ensuring that resident learning outweighed service. Staff conferences were held twice each week for discussing cases, visiting lecturers, and paper presentations by residents. Evening seminars were held weekly for reviewing anatomy, films of operative procedures, and current literature. Webster trained his residents in the tradition of Halsted's graded assumption of responsibility. First year "assistant residents" rotated between Webster's and Stevenson's services, oral surgery, and "neoplasm." Second-year "residents" repeated these rotations along with an added segment at Roosevelt Hospital. Webster tried to establish an exchange program for the resident to spend a few months with Vilray Blair but was unsuccessful.

Webster set up a series of four 12-week courses in plastic and maxillofacial surgery during World War II that were attended by 82 Army Medical Corps surgeons who would carry what they had learned to the battlefields in Europe and Asia and Army Hospitals in the US. Informal exchanges between the officer "students" and Webster's residents were almost as informative for both groups as the formal course material.

Sterling Bunnell and J. William Littler

In 1944, Army Surgeon General Norman T. Kirk asked San Francisco's famed hand surgeon, Sterling Bunnell (1882-1957), who



Sterling Bunnell, left in his office, right contemporaneous lithograph.

had been his consultant at Letterman Army Hospital, to help him establish nine hand surgery centers throughout the US.¹¹ Bunnell gave up his private practice for two years to be a Civilian Consultant to the Secretary of War and selected Medical Corps Lt. J. William Littler (1915-2005) to help him with this task. Both men were licensed pilots and dare devil adventurers: Bunnell had hunted Alaskan brown bears with only a camera, and Littler was a hang glider enthusiast who had survived a couple of bad crashes.^{12,13}

Bunnell¹⁴ was a broadly trained surgeon who had extensive experience with hand injuries dating back to World War I. He had just published the first edition of *Surgery of the Hand* in 1944, which was destined to go through several editions.¹⁵ Littler had been a surgical intern at Hopkins and worked in Blalock's dog lab as a Halsted Fellow for an additional year before enlisting in the Army Medical

Corps.¹³ In 1942, he had been assigned to Cushing General Hospital in Framingham, MA, where he served sequentially on orthopedic, plastic, and neurosurgical services for two years. These contacts were ideal for developing the pilot site for Kirk's nine hand centers. Littler did the basic organizational work in consultation with Bunnell, who also blessed it with a final approval.

They then moved to the Army's Valley Forge General Hospital in Phoenixville, PA to scale up Littler's model at the site which had originally triggered Kirk's concern about substandard treatment.¹¹ They were given some "high octane" help. Otolaryngologist/plastic surgeon Michael Lewin, who had been with Littler at Cushing and Radford Tanzer were already there, and Robert Chase and Earle Peacock were on their way.¹⁶ The makeover was a smashing success. Valley Forge is still an outstanding hand center, receiving patients from all three services with hand injuries such as those from improvised explosive devices that require complex reconstructions. Tanzer and Littler¹⁷ found time to collaborate on a paper about pollicization of a remaining digit to restore grasp function. With Webster's second most senior acolyte and all those other plastic surgeons around, Littler made a Hobson's choice to pursue certification in plastic surgery with Webster rather than seeking further orthopedic training.

Bill Littler left the Army as a Major and volunteered to stay on with Bunnell until the nine centers were approved. Webster arranged Littler's residency schedule so that he was a resident until noon and then went down to Roosevelt Hospital where he saw private and clinic hand surgery patients. New York University's John Converse became one of Bill's afternoon patients when he avulsed part of the palmar surface of his left hand in an automobile accident.¹⁶ Bill Littler and Sterling Bunnell became founding members of the American



J William Littler, adapted from an oil portrait by Richard Whitney¹⁶

Society for Surgery of the Hand in 1946. Bunnell became its first president and Littler would become its 17th president in 1962. Littler¹⁸ had described his versatile neurovascular island flap in 1960 and established a hand surgery fellowship at Roosevelt Hospital. In 1969, he became the only plastic surgeon to ever be awarded honorary membership in the American Academy of Orthopedic Surgeons.

Jerome Webster's Fealty to Family, Church, and School*

In 1925 when Webster and his mother were returning home from Peking with Lorin Webster's ashes, they visited Jerusalem's Dome of the Rock. Muslims believe that Muhammad departed for Heaven from this sacred rock and Judeo-Christians believe it is the site where Abraham was prepared to sacrifice Isaac. Webster picked up a small mosaic square with gold on one facet that must have dropped from the dome's vault. He donated this relic to Trinity College's Chapel where it is embedded on the Gospel altar's face. Years later, in 1959 the Webster family gifted two sculpted pew ends commemorating both Loren Webster and the Holderness School's relationship with Trinity College.

Webster's first wife, Geraldine Rockefeller McAlpin, died af-

*The editor is especially grateful to Judith Solberg, Holderness School's Archives Manager for providing the results of her personal research and the privilege of chatting with Geraldine ("Dine") Webster Dellenback regarding Jerome Webster, his family, and his devotion to the Holderness School.

ter the birth of their twin sons in 1938, just 4 years after they were married, leaving Jerome with their first born daughter and two baby boys. Within a year he had engaged trustworthy caretakers and servants to allow him to work long hours at the hospital and return to his civic and social activities. Geraldine Webster had studied the Montessori Method herself and engaged a nursery school teacher for her two-year old daughter that evolved into a Montessori nursery school for all three children and those of Webster's P&S colleagues and friends. He had sufficient confidence in his "home staff" to accept the nights away, inherent in his accepting Trustee appointments at both Trinity College and the Holderness school, and continuing in both positions until 1960.

He entertained frequently and from about 1943 to 1957, hosted an annual June "Holderness Frolic," bringing current Holderness students and alumni together at his Riverdale home, overlooking the Hudson. The boys were 12 when Jerome married Emily Brune Randall in 1951. She proved to be a good companion for him but integrating into a family accustomed to relating to servants and an often away father was not an easy process for all participants.



Webster Family's 1958 Christmas Card: front row, Jerome, Emily, and Hartley Webster; rear row, Dine and Bob Dellenback and Jay (JP Jr.) Webster (The Chesapeake Bay Retrievers are L→R, littermates Taffy and Fudge and their offspring, "Pupnik," whose birth coincided with Sputnik's Oct 4, 1957 launch.)

Webster gave the commencement address to Jay and Hartley Webster's Holderness Class of 1957, which exhibits humility and begins and ends with an allusion to the teachings of his church.

On such a perfect day as this, I like to think of the second verse of the 29th Psalm and wish to change it from "Worship the Lord in the beauty of holiness" to "in the beauty of Holderness...it was my home for 30 years as son of its headmaster, my school for six years... for many years I have been a Trustee, and for four years I have been a parent of two of its students... Thank you Mr. [Headmaster]... for the opportunity to express my sentiments in this, my maiden commencement address.

Now let me [conclude] with the words of a man who spent five years in prison, often in chains, 1900 years ago: "And this I pray, that your love may abound yet more and more in knowledge and in all judgment." (*Philippians 1:9...*)

Emily died in 1965. Webster's sister, Bobbie, who favored her second given name as an adult, outside of the family, married William Starr and became a noted miniaturist as Lorraine Starr, sug-

gesting a family trait for fine motor skills. Lorraine died in 1966 from complications following multiple fractures and a closed head injury, sustained as a right front seat passenger in an automobile crash. Harold Webster always remained in the Plymouth NH area and passed away in 1968.

The Webster Library of Plastic Surgery

An upperclassman at the Johns Hopkins medical school (the snake in the Library's Genesis) offered to give Webster an entire medical library which was a legacy from his wealthy physician father. Webster declined the offer, given the difficulties and expense of storing the collection for six or seven years during "the pursuit of Medicine," and after being told by the potential donor that only the latest books were of value. Ruminative regretting over those missed "gems and incunabula" and the personage of 16th century Gaspare Tagliacozzi afflicted Webster with a bibliomania that produced the world's most comprehensive plastic surgery library.

In 1929, Elizabeth Schramm, the Medical Center's assistant medical librarian, (and the Eve in this story) introduced Webster to the "pleasurable but pocket-emptying delights of book catalogue perusal." She directed his attention in particular to "an enticing item" for sale – a first folio edition of Gaspare Tagliacozzi's 1597 classic, *De Curtorum Chirurgia per Inisionem* (The Surgery of Deformities by Transplantation), the first book published on plastic surgery (Fig. 7). The price was 50 pounds (\$250), a substantial sum at the time, and he happily paid it.¹⁹ Webster's library would eventually hold seven copies of this 1597 printing, two copies of the extremely rare pirated edition of the same year, and three of the Frankfurt third edition of 1598.

"The possession of a copy of this early monument in the specialty whetted not only my interest in the history of the subject, but also my desire to learn all I could about the life of this pioneer." This provoked multiple transatlantic crossings and searching libraries in Copenhagen, Berlin, Leipzig, Bologna, Paris, and London for information about Tagliacozzi and early reconstructive and tissue transferring procedures. Webster was in Europe in 1931 when he discovered a description of the earliest known methods for transferring full thickness flaps from one lip to the other. He also had a chance to chat with P&S alumnus William H. Welch, who was nearing the end of his reign as the most influential physician in America.²⁰ Welch was collecting books for a new Hopkins library named in his honor. On his next trip in 1932, Berlin bookseller, Oscar Rothacker was offering the combined libraries of two recently deceased plastic surgeons, comprising thousands of books and theses relating at least in part to plastic surgery. Rothacker's asking price was astronomical, and another bidder was involved, so Webster cabled Whipple for an advance from the Plastic Surgery Fund and sealed the deal.

The Rothacker purchase filled two of the three rooms beneath the McCosh surgical amphitheater.²¹ Webster found that it included two extremely rare volumes in mint condition – Argellata's *Chirurgia*, 1497, and Nicolaus Falcutius' *Sermones medicinales*, 1490-91. He also spotted an 1863 bibliography compiled by Eduard Zeis, entitled *Die Literature und Geschichte der Plastischen Chirurgie* (The literature and history of Plastic Surgery), which launched another search to obtain all of its listings.

When Webster died in 1974, his library held more than 5,500 books dating from 1490 into the 20th century, several thousand medical school dissertations, and at least 29,000 reprints. Besides the seven copies of *De Curtorum Chirurgia*, the library includes books by or about Tagliacozzi's colleagues; histories of Bologna and

†Books published before 1501 or early artifacts The American Heritage College Dictionary, 3rd edition. Boston: Houghton Mifflin Co. 1992

its University as well as and many other Renaissance medical and surgical medicine texts. Copies of every landmark in the history of the plastic surgery can be found in the Library, including Carpué's *An Account of Two Successful Operations for Restoring a Lost Nose* (1816), which revived the discipline after two centuries of neglect; von Graefe's *Rhinoplastik* (1818); Delpech's *Chirurgie Clinique de Montpellier* (1823-28); and Dieffenbach's *Chirurgische Erfahrungen* (1829-34), to name only a few.



Brachio-rhinoplasty from Tagliacozzi's 1597 classic, *De Curtorum Chirurgia per Insitionem*.

Webster conceived of his library as a broad resource for the history of surgery in general. It includes one of the first anatomical works published in England, Thomas Geminus'

Compendiosa Totius Anatomie Delineatio (1553); Wilhelm Fabry's *De Combustionibus*; the first work devoted solely to burns (1607); the first book on skin transplantation, Giuseppe Baronio's *Degli Innesti Animalì* (1804); and a wide range of surgical works in English, Latin, French, German, and Italian from the 15th into the 20th century.

Webster's extensive papers are now organized and available at the Long Health Sciences Library's Archives & Special Collections and serve as a valuable resource for the history of 20th century plastic surgery in the US. Included are his patient records, surgical and research notes, correspondence, over seventy volumes of surgical drawings, and thousands of patient photographs.

Though deeded to Columbia in 1939, the library remained under Webster's supervision in the plastic surgery offices until after his death. In 1976, the Webster Library was transferred to the newly opened Augustus C. Long Health Sciences Library in the Hammer Health Sciences Center. It is now part of the Library's Archives & Special Collections section, which includes a Geraldine McAlpin Webster Reading Room.

Webster and New York's Literati

Webster's literary interests pervaded the New York Academy of Medicine where he was a trustee, vice president, chairman of both its editorial board and Historical and Cultural Medicine section, and president of the Friends of the Rare Book Room. He was a member of the Grolier Club, founded in 1884 for the collection and preservation of bibliographic works and records related to the art of printing and bookselling, still located on East 60th Street between Park and Madison Avenues.²² He was also a member of the Charaka Club,²³ first organized in 1899, which intermittently published poetry, fiction, and essays by physicians primarily of the East Coast and New York City areas.²⁴ William Osler was an original contributing member, and later authors included Alan Whipple. Webster's knowledge and ingratiating manner led to membership in the Century Association, founded in 1847 and still in existence, for the convivial conversation of "authors, artists, and amateurs in the world of letters and the fine arts" Its members have included William Cullen Bryant, Winslow Homer, and Stanford White²⁵ Women were finally admitted in 1989 but only after a legal battle.²⁶

Gaspare Tagliacozzi

Webster's biography of Tagliacozzi *The Life and Times of Gaspare Tagliacozzi, Surgeon of Bologna, 1545-1599*, was co-written with Martha Teach Gnudi and epitomizes his profound love for the profession of plastic surgery and its history. He met Ms. Gnudi during his 1931 trip to Bologna, where she was acquiring a Ph.D. at Bologna's Alma Mater Studiorum.²⁷ She and Webster discovered several hundred documents pertaining to Tagliacozzi in various Italian archives. When she returned to the US, Webster hired her as his research assistant and librarian. Martha wrote the outline for their book and much of its first draft in long hand. She also assisted Webster in writing his papers and speeches and even traveled to China with him in 1948 when the communists were about to chase the Koumintang out of Peking. Their book was published in 1951 and awarded the American Association of the History of Medicine's William H. Welch Medal in 1954.²⁸

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Webster's Successors

Shola B. Olorunnipa and James G. Chandler*

Thomas William Stevenson, Jr.

Webster was obliged to step down as the plastic surgery division's chief at the end of 1953 because he had reached the mandatory age ceiling of 65. This administrative turnover may or may not have



Webster and Stevenson in 1952 at Webster's Meadowlawn estate in Riverdale, NY

included access to the Plastic Surgery Fund. Webster was turning his service over to a protégé who had become a better surgeon than his teacher, which is the goal of all great educators, but the timing was too early for Webster's biology and tragically late in Stevenson's life.[†] In 1952 or 53, Bill Stevenson had a seizure while speaking at a meeting in Atlantic City, NJ. This led to the discovery of an astrocytoma that neurosurgeon J. Lawrence Pool was unable to completely resect. Bill received radiation treatments and had to take Dilantin (phenytoin) to prevent seizures but was determined not to allow these intrusions to keep him from being Webster's full-fledged partner. He

continued carrying his share of the clinical load, teaching residents, and encouraging research. He had exactly the same attitude toward assuming the added responsibility as the division's Chief, despite knowing that his tenure would be limited by his residual tumor.¹

Bill Stevenson was born in Salt Lake City UT on March 27, 1904, the son of a physician and the eldest of four boys. Two of his brothers also became physicians. Bill graduated from the University of Utah and then went to medical school at Harvard where Ernest Avery Codman (1869-1940) took a special interest in Bill and his wife. They were frequent guests in the Codmans's home and encouraged to use their summer cottage for vacationing. Bill assisted Dr. Codman in writing his book on the structure and function of the shoulder joint which crystallized Bill's conception that unimpeded function was the true goal of reconstructive surgery. Codman was way ahead of his contemporaries in advocating careful reporting of errors in diagnosis and treatment and linking those errors to poorer than expected results. This led Codman to resign from the Mass General and start his own hospital, which he called "The End Result Hospital."²

At Columbia, Stevenson came under the tutelage of Hugh Auchincloss Sr. who was a great technician with extraordinary knowledge of the structure and function of the hand. Bill Stevenson was an apt pupil and soon approached Auchincloss in his deftness. When he rotated on the fracture service he scrubbed as frequently as he could with former P&S Dean, William Darrach, who had extensive experience with civilian and battle injuries of the extremities. When Bill came to Webster's service for his plastic surgery training, his skills were similar to those that J. William Littler would bring to Webster and Stevenson's services 12 years later but, he was not as well published.³

As an attending Bill Stevenson would take on the most hopeless looking extremity injuries and persist until he restored useful function, often also achieving a surprisingly satisfactory cosmetic appearance. Stevenson's time with Codman showed in his scrupu-

*PGY-2 resident in surgery.

†The authors are indebted to Mrs. Nancy Stevenson Baker for her personal recollections of her much revered father.

lous honesty and self appraisal. He had no patience with red tape, which irked him, when it interfered with what he considered to be the best interests of his patients. He was never capricious in his judgments and not easily swerved when he was convinced something was right or wrong. Stevenson was widely respected as an expert hand surgeon and served as president of the American Society for Surgery of the Hand. His publications, however, reflect a broader interest, even straying out to the interface between function and cosmetic enhancements.^{4,5}

Bill had three daughters, the eldest of whom died of leukemia in 1953. He was an excellent fisherman, loved hiking and camping and became an avid horticulturist. He grew trees that were not indigenous to the New York area like southern magnolias and supplied established trees and shrubs, as well as seedlings, for the villages around Mount Kisco where they resided. By 1957, Bill was convinced that Dilantin was draining his energy and that he had to stop being dependent on it. He went to Montreal seeking Wilder Penfield's opinion. Penfield tried to re-resect the tumor, which left Stevenson unable to speak or care for himself but fully aware of people around him and his own slow deterioration for nearly a year until his death on February 1, 1958.

George F. Crikelair (1921-2005)

George Crikelair was born in Green Bay WI, attended Catholic and liberal arts St. Norbert College in nearby De Pere and the University of Wisconsin's School of Medicine, graduating in 1944. He trained in surgery at the Detroit Receiving Hospital and came to Columbia-Presbyterian in 1950 as an assistant resident in plastic surgery and stayed until his retirement in 1977. He and his wife Eleanor had three daughters and four sons, one of whom was killed in Vietnam. Crikelair inherited the administrative work but not the title when Stevenson

had his second operation. Appointment as chief of the division did not occur until July 1958 and promotion to clinical professor of surgery was delayed until 1959. This caused Crikelair to reach out for the trappings of power by naming subspecialty section chiefs and integrating attendings from other services. Roosevelt-based, Bill Littler headed the hand section; David Ju and Carl Feind were in charge of the head and neck; MD-DDS Robin Rankow headed up cleft lip, palate, and maxillofacial surgery; Joseph Tameren became the cosmetic section's chief; and Melvin Moss was designated as the research overseer. ⁶Crikelair, Frank Symonds, and Cadvan Griffiths were free to roam plastic surgery as defined by "The skin and its contents."⁷ Crikelair did a lot of facial cosmetic work,⁸ Symonds did almost everything, and Griffiths studied the immune response in specific settings. The subsection trappings were ephemeral: Carl Feind still operated with his surgical residents, and David Ju seemed more interested in hands than the head and neck. Robin Rankow apportioned his head and neck cancer cases among John Conley's head and neck surgical service, otolaryngology, oral surgery and plastic surgery, spending an inordinate amount of time in their respective conferences. When Crikelair's titles caught up with what he was doing, his division became a nicely balanced service that provided a rich experience for his residents and a sought after rotation for the surgical assistant residents.

Crikelair authored or co-authored more than 90 publications covering the spectrum of plastic surgery but is best known for his passionate advocacy for the prevention of childhood burns related to flammable costumes, playsuits, and sleepwear.⁸ He and Ronald Ollstein served on the national committee that helped draft and promote the federal Flammable Fabrics Act, which was ratified in 1972, setting safety standards for fabrics used in children's sleepwear.^{9,10}

He also chaired the ABPS, presided over the American Society of Plastic & Reconstructive Surgeons, and was a founding member



Columbia-Presbyterian's 1967-68 plastic surgery division: Seated, David M. C. Ju, Francis C. Symonds, Jr., George F. Crikelair, Rollo Ardizzone, and Bard Cosman; Standing, Cadvan O. Griffiths, Jr., Constantine (Dino) Anagnostopoulos, Fred Prado, M. Richard Maser, and Ronald N. Ollstein.

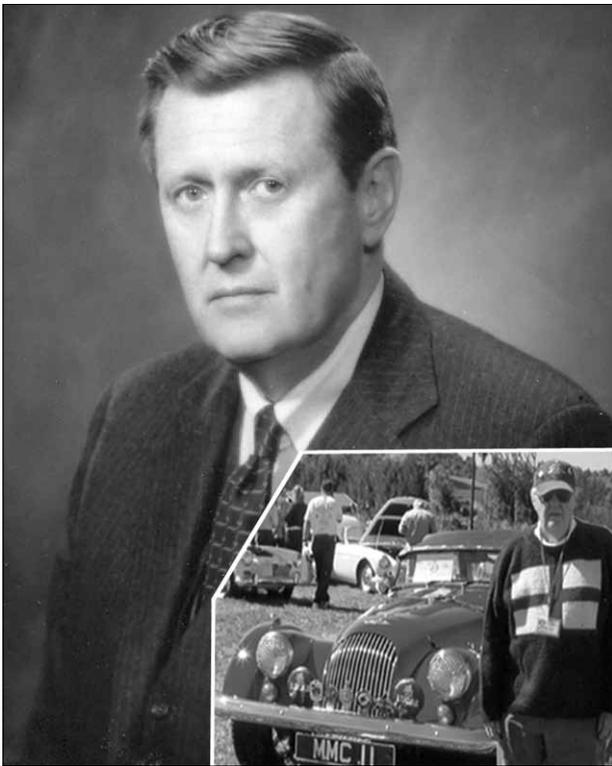
‡ Ed note: A wrong site surgery occurred in 1958 in which a patient expecting an uvuloplasty had a rhinoplasty, which was a vicarious but unforgettable lesson for most of the surgical house staff. As attendings, few would ever allow an anesthesiologist to put a patient to sleep without their being in the room years before wrong site surgery ever surfaced as a potential hazard.

of both the Clinical Society of University Plastic Surgeons and the American Trauma Society. The American Academy of Pediatrics made him an honorary member for his impact on the well-being of children. Internationally, he was an honorary member of the Turkish Plastic Surgery Society, and consultant to the Queens Hospital for Burns and Reconstructive Surgery in Tehran, Iran, as well as a much sought after visiting professor.⁶

Crikelair did get the keys to the Plastic Surgery Fund. Gynecologist Vincent Freda lost his grant for his work developing an anti-Rh antibody to prevent sensitization of Rh negative mothers and potentially eliminate the commonest cause of erythroblastosis fetalis.¹¹ Cadvan Griffiths, who had collaborated with Freda, presented the situation to Crikelair who immediately recognized its potential and agreed to fund the project until external support could be obtained. The antibody is now marketed under several names, the best known being “RhoGam” and has fulfilled its promise.

Norman E. Hugo

Norman Hugo trained in plastic surgery with Herbert Conway at New York Hospital, served at Walter Reed Army Medical Center during the Vietnam conflict from 1967-69 and then went to Chicago and Northwestern, from where he was recruited in 1982 to head our plastic surgery division. Norm Hugo was President of the American Society of Plastic and Reconstructive Surgery and Vice Chairman of



Norman Hugo then and with his Morgan roadster at a recent Stow, VT Concours d'Elegance (a Gillies-Millard inspired collage).

the ABPS during his tenure as division chief. His outgoing personality and national stature strengthened the appeal of the program, attracting trainees like Rick D'Amico, Steve Hardy, and Mark Sultan. He was a good teacher and endorsed Conway's mantra: "If you do not write, it did not happen."^{12,13} Hugo also initiated the relationship with Presbyterian's league-leading cardiac surgery division that Jeff Ascherman enjoys today.¹⁴ Richard D'Amico was recently the President of the American Society of Plastic Surgery and Mark Sultan is

now Chief of plastic surgery at both the Beth Israel Medical Center and the combined St. Luke's-Roosevelt program.

David T. W. Chiu

David Chiu (P&S 1973) completed his surgical training at Washington University's Barnes Hospital and returned to Columbia for his plastic surgery residency. He then took a hand surgery fellowship at New York University and stayed on as a junior faculty member in John Converse's Institute of Reconstructive Plastic Surgery. Chiu was recruited back to Columbia in 1989 and assumed direction of the plastic surgery division in 1994. He left in 1997 to be Director of NYU's



David T. W. Chiu

Center for Restorative Surgery. He retains an adjunct professorship in anatomy and cell biology at P&S, and has a busy private practice.

In 1982 Chiu reported a bridging conduit of autogenous vein guided sciatic nerve regeneration across a 1-cm defect in rats.¹⁵ Over the next eight years he used the venous conduit for 15 of 34 nerve repairs. As assessed by two-point discrimination, the results of direct repair and conventional nerve graft bridging were superior, but some discrimination was uniformly measurable with venous conduit repairs of <3-cm gaps.¹⁶ He continued to pursue animal work, advocating reimplantation of the rat's external ear as an excellent model for practicing microsurgical dissection and vascular anastomotic techniques.¹⁷ The model requires the same strategy of accurate reduction and stabilization (of the tubal cartilage) prior to vessel repairs and anastomosing the deeper (external carotid) artery prior to the more superficial (posterior facial) vein that is used in digital reattachments.

Chiu was not limited to microsurgery. He moved Webster's intra-areolar incision out to its periphery as a peri-areolar incision to excise the breast tissue of gynecomastia. Like Webster, he elevated the skin and subcutaneous tissue to the perimeter of the breast tissue on the pectoralis fascia. He then progressively elevated the breast mass by sequential tugging on a series of Kocher's toothed clamps, creating a "pinwheel" of handles with which the mass was extracted in this very aesthetically unappealing operation.¹⁸ Like any good fisherman he documented his biggest catch which weighed in at 285 grams.

Jeffrey A. Ascherman

Jeffrey Ascherman (P&S 1988) is the site chief of the division of plastic surgery and director of the Cleft/Craniofacial Center at Columbia. Ascherman did his surgery and plastic surgery residencies at Columbia to be followed by two fellowships in Paris, in craniofacial surgery with Daniel Marchac at the Hospital Necker-Enfants Malades, in pediatric plastic surgery with Bernard Pavy at the Hospital of Saint Vincent de Paul. He has been back at Columbia since



Lloyd A. Hoffman, Jeffrey A. Ascherman, Robert T. Grant

1995, has published over 50 papers and book chapters on adult and pediatric reconstructive surgery. His main areas of interest have been in Pediatric/Craniofacial surgery and TRAM (transverse rectus abdominus muscle) flaps for breast reconstruction. His paper on using pectoralis major advancement flaps to manage complicated sternal wounds in immunosuppressed heart transplant patients is widely quoted.¹⁹ His 2008 report on abdominal wall morbidity after 117 TRAM breast reconstructions with mesh support for the donor site had an overall complication rate of 6% including only one hernia and two superficial infections that did not require removing the mesh, and no TRAM flap losses.²⁰

Jeff Ascherman still finds time to do bench work, usually in the cardiothoracic small animal laboratories.^{21,22}

Robert T. Grant

Robert Grant is the surgeon-in-chief for the combined Columbia and Weill Cornell Medical Center plastic surgery divisions and director of the combined plastic surgery residency program.

He graduated from Albany Medical College in 1983, had his surgery and plastic surgery training at New York Hospital and then took a fellowship in microsurgery at NYU's Institute of Reconstructive Plastic Surgery at NYU. Grant was director of pediatric plastic surgery at North Shore University Hospital/NYU School of Medicine from 1991 to 1999 when he came to Columbia to revive its plastic surgery residency program. He earned an MSc in Management from NYU in 2000 and immediately put it to good use: Over the next decade Bob Grant integrated elements from Harlem, Lenox Hill, Manhattan Eye, Ear and Throat, Special Surgery, and Memorial Sloan Kettering hospitals, as well as those from accredited private offices and ambulatory centers into an umbrella organization that is The Combined Columbia-Cornell NYPH division of plastic surgery.

Grant's basic science research focused on tissue engineering and gene therapy.^{23,24} He has published on body contouring after bariatric surgery and recently collaborated with Jeff Ascherman in a randomized trial demonstrating the clinical efficacy of a dermal stapling device for closure of the skin layers in long incisions. More

recently he has focused on outcomes studies and policy research with recent presentations at the 2010 American College of Surgeons on surgical site infections costs, noting that plastic surgeons are unwilling to comply with the CMS edict to discontinue prophylactic antibiotics within 24 hours. At the American Society of Plastic Surgeons annual meeting in Toronto he discussed the economic impact of cosmetic plastic surgery as a luxury consumer choice.

The combined Columbia-Cornell division of plastic surgery of Columbia and Cornell has produced an atlas of cosmetic surgical techniques with beautifully executed colored illustrations.²⁶

Lloyd A. Hoffman

Lloyd Hoffman, who had been Cornell's plastic surgery division chief for 10 years, became the first chief of the combined NYPH plastic surgery divisions in 1997. Hoffman graduated from Northwestern University's School of Medicine, trained in surgery at Cornell, and plastic surgery at NYU. As is now not unusual, he went on to double fellowships in hand and microsurgery at NYU Medical Center/Bellevue Hospital. Lloyd Hoffman's personal style assured collegiality between the two combined divisions. He recruited Lloyd Gayle to be site chief at Weill Cornell and head microsurgery, Harry Arlis to head craniofacial surgery, William Nolan for hand surgery, and Bob Grant as site chief, heading the teaching program, and Arnold Breitbart to head basic science research and reconstructive and craniofacial surgery at Columbia. Having done all the heavy lifting, Lloyd Hoffman retreated to private practice at NYPH in 2004 but continues to mentor medical students and residents interested in pursuing plastic surgery careers.

Felix Raymond Ortega

Raymond Ortega directs Columbia's Wound Healing Program as a member of the division of plastic surgery. He graduated from the



Lloyd Gayle, Cornell site chief, Ray Ortega, Mia Talmor, and Bob Grant

Weill Cornell Medical School in 1987, had his surgery training at Thomas Jefferson University Hospital in Philadelphia and his plastic surgery training at the University of Alabama in Birmingham, finishing in 1994. Ray was recruited to Columbia from SUNY Downstate where he was chief of its plastic surgery division. He has worked with hyperbaric chambering and is interested in bioengineering, as it applies to wound healing, and recently published a paper on the treatment of keloids.²⁷

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Columbia/Cornell Combined Division's Research and Commitment to Humanitarian Service



June K. Wu

June Wu (P&S 1996) received a K08 award this year from the National Heart, Lung, and Blood Institute of the National Institutes of Health to study the pathogenesis of hemangiomas. Wu trained at the MGH with John B. Mulliken (P&S 1964). Mulliken is an acknowledged authority on craniofacial surgery, cleft lip and palate, and vascular anomalies, with an interest in medical history.¹ Wu joined the P&S

faculty in 2004 and specializes in pediatric plastic surgery.

Hemangiomas are unique to humans and typically benign lesions, but an aggressive subset causes morbidity and occasional mortality by impinging on vital structures like the eye and airway. Wu's research is directed at understanding the molecular mechanisms that regulate hemangioma growth and involution and assessing their potential as a model for studying normal fetal vasculogenesis. She has focused on the Notch genes which are transmembrane signaling proteins that modulate fetal vasculogenesis through vascular endothelial growth factor receptor (VEGFR) signaling.²

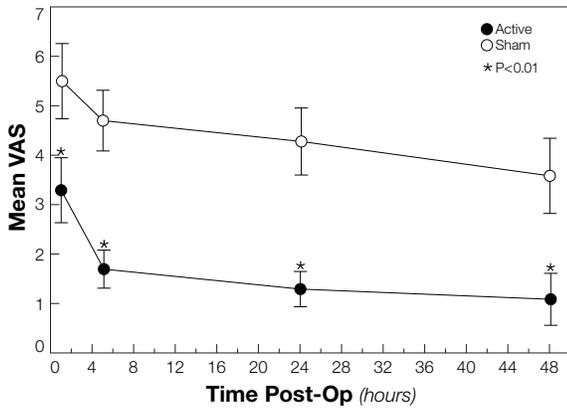
Wu's mentor is Professor Jan Kitajewski, director of the Cancer Signaling Networks program at the Herbert Irving Comprehensive Cancer Center.³ Their studies show that four Notch receptors and Notch ligands Jagged1 and Delta-like-4 are all present in excised hemangiomas.⁴ Notch-3 is expressed in the hemangioma's undifferentiated stem cells but not in its differentiated endothelial cells.⁵ Notch-1 and -4 are increased in involuting differentiated hemangiomas, implying that these two Notch forms are involved in differentiation and down regulation. Kitajewski's group has shown that Notch-1 also regulates VEGFR in macrophages. Its deletion lessens the inflammation associated with early wound healing and decreases macrophage inflammatory cytokine expression in wounds in Notch-1 knockout mice.⁶



Christine Rohde

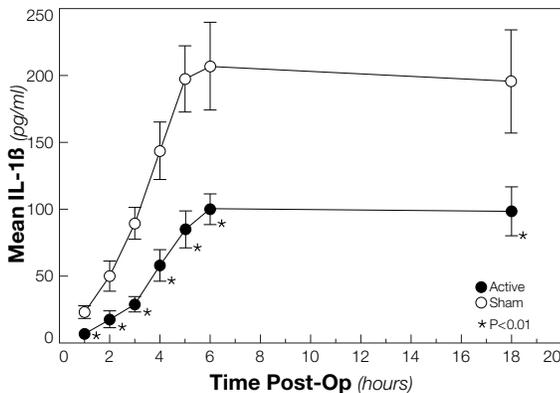
Christine Rohde is an NYU Institute of Reconstructive Plastic Surgery trained microsurgeon, who came to Columbia in 2006 and is studying pulsed electromagnetic field (PEMF) therapy for mitigating

post-operative pain control. She and her colleagues⁷ have shown that PEMF significantly diminishes early post-operative pain perception



Effect of PEMF on perceived pain following breast reduction surgery. VAS=Mean visual analogue scale, which was significantly reduced, beginning one hour after completion of the operation and persisting over 48 hours.⁷

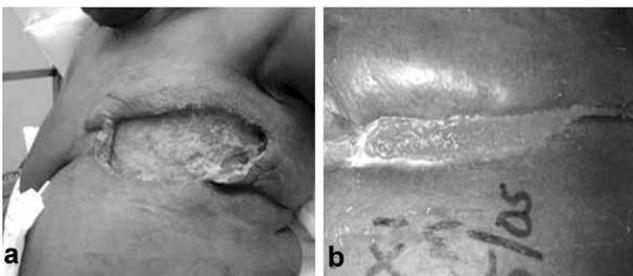
associated with breast reduction in a randomized, double-blinded, placebo-controlled trial. PEMF also reduced the level of inflammatory cytokine interleukin-1beta (IL-1beta) in the early wound exudates, which correlated temporally with perceived pain mitigation and diminished narcotic use. Tumor necrosis factor-alpha (TNF-



Effect of PEMF on IL-1b concentrations in wound exudates following breast reduction surgery.⁷

alpha), vascular endothelial growth factor (VEGF), and fibroblast growth factor-2 (FGF-2) were unaffected. Breast reduction surgery is relatively well-tolerated with moderate levels of post-operative pain, so PEMF therapy still needs to be rigorously assessed in more pain-prone procedures.

PEMF therapy is not a new clinical tool but the molecular mechanisms underlying its effect remain obscure, hindering the development of standard clinical indications and protocols for its use, despite almost 2000 published articles extolling its pain relief.⁸ Or-



a. Poorly vascularized wound in an irradiated breast after two attempts at flap closure; b. nearly healed after 1 week of *sponge suction* and PEMF and 8 weeks PEMF alone.¹⁰

thopedic surgeons use it for delayed union or non-union fractures and regard PEMF therapy as being almost equivalent to bone grafting.⁹ PEMF therapy may be a concept whose time has come; some experts feel “this may finally be the century of electrotherapy.”¹⁰

Samuel T. Rhee



Samuel Rhee (P&S 1996) did his surgery training at Columbia, his plastic surgery residency at University of Michigan, and a fellowship in craniofacial surgery UCLA under Henry Kawamoto Jr.¹¹. He came to Cornell from the University of Medicine and Dentistry New Jersey (UMDNJ), where he was their director of craniofacial surgery to be the director of the pediatric craniofacial center at Cornell. Dr. Rhee resigned from the faculty in 2010 to enter private practice in Rutherford NJ.

UMDNJ oral surgeon Shahid Aziz has travelled to Bangladesh three times beginning in 2006, where he has repaired 146 cleft-lip and cleft palate cases.¹² Nearly a



Twenty-eight-year-old male with a left unilateral complete cleft lip with a Millard repair in the second panel that achieved symmetry of the alar bases, vermillion, and Cupid's bow shown four days after the procedure.¹²

quarter of these patients were 13 years or older, with the oldest being 35. Adult size cleft lips require more soft tissue dissection than those



Bangladesh, surrounded, by India and the Bay of Bengal's northern littoral, except for a tiny south east border with Burma.

of infants and tension-free palate repairs are difficult to achieve, often requiring dermal bolstering. Sam Rhee and Columbia anesthesiologist Imre Redai joined Aziz on his last trip in 2008 and co-authored his description of their combined experience.

Bangladesh has 150 million people and only 29 oral-maxillo-facial and plastic surgeons, with most of them huddled in its capital city, Dhaka. In third world countries, cleft patients often bear debilitating disfigurement and societal shunning well into adulthood with defects that would routinely be repaired in infancy and toddlerhood in the western world. In Bangladesh, it is not just the shortage of skilled surgeons: a popular misconception holds that children with clefts are born to pregnant mothers who cut fish and vegetables on the night of a full moon. As a result, many mothers feel responsible for their child's disfigurement, and often both mother and child are alienated by their own family.

Aziz's trips to Bangladesh were under the auspices of the Impact Foundation Bangladesh (IFB), a non-profit, non-government organization based in Dhaka. IFB has a floating hospital barge named "Jibon Tari," or Bengali for "Boat of Life." Although it looks rather permanently moored, Bangladesh is well suited for towing



IFB's Jibon Tari, a pontoon-based, triple decked hospital barge with its own generator, one operating room (with 3 operating tables), a 3-bed recovery room, a 12-bed ward, x-ray, and a clinical lab. It has mid ship access and an extendable tent capable of accommodating up to 150 ambulatory patients.¹²

river barges, as it is the low-lying delta for the Ganges (Pama), Brahmaputra, and Meghna Rivers that flow into the Bay of Bengal. Missionary medicine is sufficiently different from practice in the US that first time physician travelers should join an experienced group. He or she should focus on absorbing the local customs and allaying concerns patients may have about Western medicine. Bidirectional acculturation is essential for achieving mission work's ultimate goal, which is the permanent establishment of equivalent local capability.

Mia Talmor

Mia Talmor, a graduate of Weill-Cornell Medical College, remained at the institution to complete her general and plastic surgery residencies, and joined its faculty in 2000. She is well known in New York's trauma, intensivist, and plastic surgery communities and the current President of the New York Regional Society of Plastic Surgeons (NYRSPS). Last year, shortly after her election, she organized an NYRSPS team to do voluntary medical relief work in Haiti. Her observations of the volunteer process and the situation that she encountered in Haiti are excerpted here:

On January 12, 2010, my operating schedule included a patient who was dissatisfied with her reconstructed breast not matching her natural one, so I tried again using a novel tech-

nique and was thinking that things went well, when I heard on the way home that a magnitude 7 earthquake had struck Haiti within miles of Port Au Prince, where the majority of the population resides. Early estimates were that hundreds of thousands were dead or injured, and millions had lost their homes. The television news later on that evening was flooded with images of unthinkable destruction. As the days went on and the media coverage continued, the pictures got worse and worse.

Haiti is by far the poorest country in the Western hemisphere with a per capita income of approximately \$1300 USD. Moreover it has the lowest doctor to patient and hospital bed to patient in the world. ... I decided to volunteer my services. It was clear from the onset that plastic surgeons would be badly needed, both in the early stages of acute treatment as well as for reconstructive procedures in the future. As a double board-certified plastic surgeon with extensive trauma training, I felt that my skill set would be put to good use. The ASPS and ACS were collecting money and names. The Society of Critical Care Medicine was warning that volunteers had to finance their own travel, have updated rubella, hepatitis, and typhoid immunizations, and bring personal medicines, food and camping equipment, but all three organizations were hesitant to send volunteers until the situation was more secure.

I began to make preparations for travel when I received an e-mail from a NYRSPS colleague working in a hospital outside Port-au-Prince, who requested that I share his e-mail amongst our membership. He had arrived within three days of the disaster and found himself in a border hospital that had sustained little structural damage. As a result, 4,000 patients had been flown in (mostly by the US and Dominican military) for treatment. My colleague and some volunteer orthopedic surgeons had been performing over 40 operations a day and were badly in need of both help and supplies. Within 24 hours we received responses from over 60 of our members who were willing to volunteer their services. We established a schedule which provided continuous plastic surgical back-fill and care through late April. Past NYRSPS President Tracy Pfeiffer and I were the first to depart.

We arranged for transportation to the hospital through Santo Domingo as the Port-au-Prince airport had been closed. The building was intact and housed five make-shift operating rooms, a recovery room, a make-shift "intensive care unit," and a maternity ward. Patient wards were in make-shift tents surrounding the building and portable toilets were set up on the periphery. Hospital staff, all of whom were voluntary, set up tents outside the building. The State Department's USAID had established portable headquarters in one wing of the building.

Most of the acute trauma had been treated, and our work focused on wound care and closure. Nearly all of the patients had sustained at least a long bone injury, and many had been trapped beneath rubble for prolonged periods, delaying acute therapy. In the early aftermath of the earthquake, medical teams were working to stabilize these injuries in make-shift hospitals, without electricity, equipment, or medications, so most of the initial life-saving or limb-sparing procedures required revision surgery. Many patients had open amputations, unstable long bone fixations, and infected surgical wounds. Ours was a more stable environment, with antibiotics and equipment, but still on dirt floors, which caused us to avoid muscle flap procedures that are the mainstay of plastic sur-

gical treatment of open wounds in New York and revert to techniques that minimize exposure of unaffected tissues. The fact that all wounds did not become infected is a testament to the hard-working and dedicated volunteer nursing staff who worked diligently on 12-hour shifts, 24-hours a day, kneeling in the dirt, caring for the wounds

Having not slept or eaten much for days, I was surprised that I could not rest on the trip home. I was particularly concerned with the last young woman I treated. She had sustained a distal tibia fracture while at work and was transported to our facility within two days of the quakes. She had told me her husband had been watching their three children, ages 3, 4, and 13, and they had been separated. She had received notice on the morning I left that her husband had been killed and her 13-year-old was looking after his younger siblings in a refugee camp near Port-au-Prince. She was encouraged that she got to the operating room early that day because she planned to leave as soon as she could to collect her children. In the operating room after removing her cast it was evident that the fracture was unstable and the soft tissue coverage tenuous. She would likely require an amputation. She considered my assessment and asked if she could walk that afternoon wearing her fixator, explaining that with her husband dead, she was the only one able to provide food for her family. She had to find work and in Haiti; no one would hire an amputee. She and her children would die. Without shedding a tear, she asked if I would be kind enough to help her find a set of crutches.

I returned to my office the next morning and had received four messages from my January 12th breast reconstruction re-do patient. She had been happy with her result but had become concerned with a skin fold on the right that was slightly more prominent than the left. She was hoping that I could "fine tune" things. I considered sharing my Haitian patient's story but realized this wouldn't be fair. As a citizen of the richest country in the world, with an unparalleled healthcare system, our patients have grown to expect perfect outcomes.

Fifteen hundred miles away, a citizen of the poorest country in the Western hemisphere was grateful to have a cot in a tent, and a doctor that cared. As a surgeon, it is my great fortune to have had the opportunity to treat both to the best of my ability within the context and limitations of each particular system, and to work to achieve nearer equilibrium in the future.

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- Page 2. Gillies tucked into marsupial flap and Flap Happy illustration
Page 10. Left panel of McLean picture and Adrian Taylor picture
Page 11. Frank Meleny and Balbina Johnson
Page 18. Tagliacozzi illustration
Page 19. Webster and Stevenson
Page 20. Columbia-Presbyterian's 1967-68 plastic surgery division
Page 21. David Chiu
Page 22. Hoffman, Ascherman and Grant

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Webster's Legacy and Let's Not Lose Our Way

The Newsletter

I have had the pleasure of studying the history of the Columbia University Medical Center and its antecedent's roles in medical education and the development of penicillin, surgical pathology, and transplantation, as well as the surgical specialties of pediatric, vascular, cardiac, and plastic surgery. There is a lot to like about the Medical Center where we trained and good reasons to stay in touch. I appreciate having had 5 years in which I could think of myself as playing some role in publicizing its well deserved renown. We clearly lost our way with this issue, as deadline after deadline passed without substantive progress and hope to redeem ourselves by getting this "Winter 2010" issue in your hands before the 2011 spring equinox.

The newsletter would not be what it is without CUMC Information Technology's Richard Miller, who sits near the Webster Library's original site on the Presbyterian hospital's 20th floor. Rich's design talents and tolerance for amateur intrusion turn a pile of manuscripts and "must be that size" figures into eminently readable pages. Every physician writer needs a Martha Gnudi – fortunately, mine is a caring friend and colleague, who presides over a cadre of skilled copy editors, research assistants, and event organizers, as well as a stern minder and an apprentice photographer.



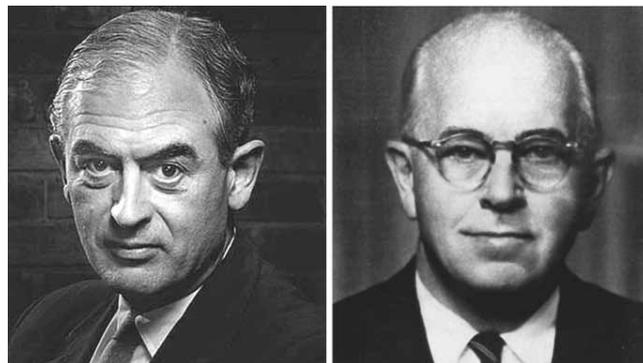
John Jones Surgical Society editorial headquarters.

The Division

The plastic surgery division has occupied much of my time for more than a year, which was blessed by contacts with persons who knew "Jerry" Webster very well. I have learned that Webster was first a scholarly student of human relations and secondly, an artist whose medium was principally human soft tissues. The first quality made him an eager historian and allowed him to promote himself, his chosen field, and Columbia's plastic surgery division to preeminence by choosing the best as friends, associates, and trainees. Bob Grant shares these qualities which made him the right man at the right time to mastermind a rescue merger that embraced 75-80% of New York City's plastic surgical talent within the splendid tent of a combined Columbia/Cornell division.

Webster was not as well organized and was heavily dependent on others to do that for him, most notably Martha Teach Gnudi. He was also not a surgical scientist, preferring to think of his clinical work as an art that required innate talent to acquire by working across the table from a master surgeon like Sir Harold Gillies. Fortunately, zoologists, pathologists and contemporary plastic surgical colleagues were more inclined towards clinical science and in-vivo experimentation.

It is no accident of history that plastic surgeon Joseph E. Murray performed the Nobel Prize winning, first successful human kidney transplant, in monozygotic twin brothers on December 23, 1954.¹ Recipient Richard Herrick survived for eight years and donor Ronald Herrick died in December 2010, at age 79, without experiencing any renal problems. The underlying germinal events involved skin grafts and were centered around World War II with Peter B. Medawar in London and James Barrett Brown in St. Louis as the major players.



Left, Peter Brian Medawar (1915-1986); right, James Barrett Brown (1899-1971).

Medawar and his associates demonstrated the genetic influence on rejection in humans, rabbits, guinea pigs, and mice.^{2,3} They observed that closely related donor-recipient grafts were viable for a longer period of time than other allografts and that cross species grafts were quickly rejected. They also showed that cortisone would prolong skin allograft survival in rabbits, and more importantly, that specific acquired immunologic tolerance could be induced in very young animals.^{4,5} Barrett Brown had treated many severely burned patients with temporary skin allografts from varying related donors, showing survival up to 6 weeks with grafts from primary relatives.⁶ He had also experimentally cross skin grafted a pair of identical twins documenting their permanent graft survival in 1937.⁷ Murray worked with Barrett Brown in the US Army and continued his interest in graft survival when he returned to his interrupted training at the Peter Bent Brigham in Boston.

The Webster model of an academic division of plastic surgery is no longer tenable. There are just too many exciting new things on the horizon. Such a division would lose its way and need either to adjust its priorities or reconcile itself to sitting on the side lines.

The mechanistic investigations of Drs Ju and Rohde are of great interest. Reverse transcription polymerase chain reaction is a very sensitive assay and may identify proteins with an inconsequential presence but the notch gene family appears to be important vasculogenesis regulators. The mechanism of the early 1960s thalidomide-induced aberrant limb bud development was never really well

explained and could be related to up-regulation of notch-1 and -4 at the worst time.⁸ Thalidomide is readily available today and might serve as an investigative tool for probing vasculogenesis. Pulsed electromagnetic fields (PEMF) have defied analysis for a long time and Rohde's discovery of a down-regulated inflammatory cytokine may finally be a chink in the armor. PEMF could also be an investigative tool for understanding keloid over healing and mimicking in-utero, scarless healing.^{9,10}

Plastic surgery now has a panoply of autologous tissue transfer techniques based on free flaps that have evolved from major vessel based, bulky myocutaneous flaps to perforator vessel based selective composite grafts whose pedicles are so tiny that "flap" becomes an oxymoron.¹¹⁻¹³ Would PEMF hasten a fibula graft's load-related hypertrophy? The combined division has several faculty who have had microsurgery fellowships, and the divisions' work with perforator based selective composite grafts may well be in Pub Med and missed by me; if so, they should have been included in the Research and Humanitarian Service section.

Stem cells are inherent to wound healing and stem cell derived structures offer a lot of promise for reconstructive surgery, as do bioengineered scaffold-supported grafts.¹⁴ It is already possible to grow autologous neurons from dermal derived stem cells, and it is not too much of a stretch to expect scaffold-grown bone with connectable vascularity.^{15,16}

Composite allografts have a long history of animal experimentation, dating back to Alexis Carrel in 1908, and a 2010 overview of the immunologic aspects of the human experience now includes more than 100 cases.¹⁷ These grafts are problematic because of the need for immunosuppression but offer unmatched versatility and unmatched like-with-like replacement for the face and abdominal wall.¹⁸ A 2010 review of facial composite allografts covers seven procedures from five centers in three countries.¹⁹ Skin has been known for years to be the composite graft component most liable to rejection, but face transplants suggest oral mucosa is an even more sensitive indicator of early rejection. Bringing home a new technique from centers of excellence like these would be a wonderful project for the John Jones Research Fellowship.

The Department

The 2010 John Jones Surgical Society's American College of Surgeon's Reception was held on Tuesday October 5th at Washington D. C.'s Willard Hotel. Trisha Hargaden found a room aptly named "The Nest," approached by a romantically curved stairway (or discrete elevator), which was a lovely venue with especially fine service and magnificent hors d'oeuvres. This rich setting, in more ways than one, was attended by just 33 surgeons, three more than came to the 2009 meeting in Chicago; whereas, JJSS receptions regularly attracted 60 surgeons at earlier ACS Clinical Congresses.

The drop off coincided with the absence of the chairman, or less preferably, his designate speaking about what's news in surgery at CUMC. There was much that could have been said about Dennis Fowler returning to direct the Reemtsma Center for Innovations and Outcomes Research. What's news in CUMC surgery is the pheromone that attracts and reconnects alumni to the Medical Center. Let's not lose our way. We need a little more "Websterism" and maybe a touch of Fabrizio Michelassi as well.²⁰

For all of you who missed the party, the Willard opened in 1847 with Franklin Pierce, America's 14th President, arriving in March 1853 to be the first of many to await their inauguration as its guests. Lincoln stayed there for 10 days in 1861. His bill included \$75 for champagne, \$8 for whiskey, and \$20 a day for private meeting parlors, which, along with his room tab, totaled \$773.75 - the equivalent

of more than \$16,000 in 2011. The charge was sufficiently hefty that Lincoln had to wait for his first presidential paycheck to settle it.

The Willard is where Julia Ward Howe wrote "The Battle Hymn of the Republic," where Ulysses S. Grant coined the term lobbyist for the political influence peddlers who pursued him there, and where the Reverend Martin Luther King Jr. worked on his 1963 "I have a dream" speech. Its present 12-story structure opened in 1901. The Willard family sold its interest in 1946, and poor management led to its closure in 1968. The hotel was too precious to Washingtonians to be demolished and was restored to its *Fin-de-siècle* elegance for a widely celebrated grand reopening on August 20, 1986, as the Willard Intercontinental.

Jim Chandler
February 9, 2010

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The American College of Surgeons Clinical Congress John Jones Surgical Society Reception October 5, 2010



Steve Libutti and Henry Spotnitz



Ken Forde and Jack Connolly



Joan and Julius Jacobson



Horvath Family-Fred, Kathryn and Karen



William Inabnet



Michael Hirsh, Jordan, Ilene and Herb Mendel



Cherif Boutros



James Lee, Rashmi Roy, Steve Libutti and Julie McGill



Giny Connolly, Joan Jacobson and Cindi Chandler



Karen Horvath and Kenneth Forde



Xiomara Castro, Spencer Amory and Peter Shamamian



Theodora Budnik



Kay Forde



Dennis Fowler and James Lee



Evan Lipsitz, Peter Lawrence, Jim McKinsey, Cindi and Jim Chandler



Thomas Tracy and Bret Taback



Hector DePaz, Soji Oluwole and Robert Grant



Henry and Matthew Spotnitz with Tyre O. Wilbanks



Peter Shamamian, Gerard Doherty and Steve Libutti

The Society will now endeavor to support a single John Jones Research Fellow, who will have committed two research years and completed successful work on the merits of his or her project. A supporting letter from a committed mentor is required to support a second year of research. Evidence of personal scholastic achievement and exceptional performance in the early residency years. The competitive process and the requirement to convince a mentor, in effect, to supply matching funds should make the John Jones Fellowship sufficiently distinctive to merit a line in every



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successfully based on the merits of his or her project, having a supporting letter from a committed mentor willing to support a second year of research, and evidence of personal scholastic achievement and exceptional performance in the early residency years. The competitive process and the requirement to convince a mentor, in effect, to supply matching funds should make the John Jones Fellowship sufficiently distinctive to merit a line in every

How about getting Oz to do a surgical research show and us being guests on his program?



Look at that nice ship all broken up & rotting in that hole! What would happen to contributions if we awarded it?

patient's curriculum vitae. It should also be distinguished offering flexibility as to where, and with whom, the work is to Kings College for Philadelphia George Washington's thigh abscess.

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