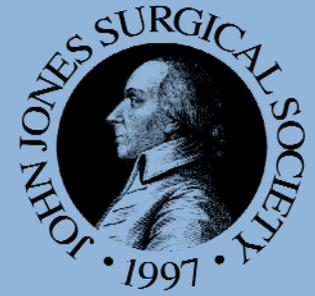


John Jones Surgical Society NEWSLETTER

Alumni News of the New York-Presbyterian Hospital/Columbia Department of Surgery



Aortic Surgery: Then and Now

Grand Rounds May 24, 2004

Robert B. Smith, MD, Atlanta, Georgia

David W. Kinne, MD

At the opening session of the John Jones Surgical Society Day at New York-Presbyterian Hospital, Columbia University Medical Center on May 24, 2004, Dr. Robert B. Smith III delivered this opening talk. He reflected on his 40-year experience in vascular surgery, and focused his talk on his mentor, the late Arthur B. Voorhees, of Columbia-Presbyterian, as well as colleagues at Emory University and his family.

He commented that his career in vascular surgery has spanned almost the entire modern history of the specialty. In remarks presented at the Forty-Fifth Scientific Meeting of the International Society for Cardiovascular Surgery in 1997 (Smith, R.B. III Presidential Address: The foundations of modern aortic surgery. *Journal of Vascular Surgery* 1998; 27:7-15) he noted that in addition to reviewing the literature, he had interviewed a number of senior surgeons who had made important contributions in the 1950s and 1960s. He also had visited several of the largest graft fabricators in the industry. In addition, through the generosity of Art Voorhees' widow, Margaret, he had received trusteeship of Art's slide collection and memorabilia.

The foundations of vascular surgery include the seminal work of Carrel and Guthrie early in the 20th century at the University of Chicago and later at Rockefeller Institute. Alexis Carrel performed homograft aortic replacements and other vascular procedures on experimental animals. For this work as well as his experiments in organ transplantation, he was awarded the Nobel Prize for Physiology and Medicine in 1912.

The first successful replacement of a human artery was performed by Jose Gioyanes of Madrid in 1906. He used a venous autograft to bridge an excised popliteal aneurysm. Aortic surgery had been considered virtually impossible prior to 1923, when Rudolph Matas of New Orleans performed successful ligation of a leaking luteal aneurysm, an incredible feat for the period. The

noted French vascular surgeon Rene Leriche predicted the same year "The ideal treatment of arterial thrombosis is the replacement of the obstructed segment with a vascular graft."

In the decade prior to World War II, a variety of bold attempts were tried by surgeons for patients with enlarging aortic aneurysms or thrombosis of the distal aorta. Many surgeons tried wrapping aneurysms with a variety of materials: cellophane, fascia lata, skin and polyvinyl sponge. Invariably, aneurysms grew despite circumferential wrapping. Arthur Blakemore of Columbia-Presbyterian described a method of introduction of a wire and application of an electrical current to induce thrombosis of the aortic aneurysm sac. He reported this treatment in 11 patients; most eventually died of aneurysm rupture, but one patient survived for two years. Some surgeons advocated more direct approaches of ligation or banding or tangential excision of suitable saccular aneurysms. Halsted advocated banding; he banded a painful aneurysm in a patient in 1910, only to have this patient die six weeks later when the band eroded the aorta.

In general, the prevailing attitude regarding aortic surgery was pessimistic. In an address to the American Surgical Association in 1940, I.A. Bigger concluded that only a small number of surgeons believed that direct surgical attack on abdominal aortic aneurysms was justifiable, but the literature indicated that the results had been discouraging.

The experiences surgeons had in World War II did little to advance the cause of aortic surgery. However, surgeons in Sweden successfully resected and performed end-to-end reanastomosis for coarctation of the thoracic aorta. This was repeated the next year by Robert Gross of Boston, who also was the first to use preserved homografts for treatment of coarctation, and to create an aorta-to-pulmonary artery shunt for alleviation of tetralogy of Fallot. Lateral aortorrhaphy for saccular aneurysms was done

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Newsletter Information

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John Jones Surgical Society Day, May 24th, 2004 at New York-Presbyterian Hospital/Columbia University Medical Center

David W. Kinne, MD

Following the Grand Rounds talk by Dr. Robert B. Smith III, Aortic Surgery: Then and Now, attendees had choices of observing procedures in the OR or touring laboratory and hospital facilities.

As reported by Dr. Benjamin Samstein, one of the surgical residents who escorted alumni, visitors to the OR had a fantastic experience and had the opportunity to see a great variety of exciting operations. Dr. Argenziano garnered a great deal of interest from John Jones members doing an ASD repair using the daVinci Surgical System Robot. Those alumni able to tear themselves away from Dr. Argenziano's room were able to watch a living-related liver transplant, living-related kidney transplant, Whipple, laparoscopic colon resection and endovascular revascularization. Dr. Inabnet performed a minimal access parathyroidectomy. JB Price and Michael Treat had a heartwarming reunion while Dr. Treat's team showed off the latest version of Penelope, the robotic scrub technician. The robot, called Penelope, can hand instruments to the surgeon during basic general operations such as simple excisions, hernias and some breast cases, said developer Dr. Treat. Penelope's demonstration was clearly the room which gathered the most interest from non-John Jones Surgical Society members such as nurses and technicians who work in the ORs. All of the OR staff and faculty made our guests feel back at home.

Other tours included visits to the new Children's Hospital, where all orders and progress notes are on computers, and the Emergency Room. Tours of the Surgical Laboratories under the direction of Dr. Ann Marie Schmidt, included presentations by principal authors, aided by poster summaries of data. Alumni could try equipment in the Minimal Access Surgery Lab, where surgical house staff have 24 hour access to box trainers to help perfect skills in laparoscopic suturing, knot-tying, biopsies, hemoclipping, etc. as well as a training device for colonoscopy

and other endoscopies. House staff are expected to attain certain levels of proficiencies here before attempting procedures on patients.

After a wonderful luncheon in the Faculty Club, alumni heard scientific papers in the Resident Research Competition and Awards, introduced and moderated by Dr. Henry M. Spotnitz.

At the end of the academic program, Dr. Mark Hardy introduced "The Surgical Residency: Now and Then." First Dr. Frank Gump, former Chief of the Breast Service, described being a House Officer 50 years ago meant what it said - one was assigned a room on the second floor that was home. It was a social center also with TV, pool tables, piano and an in-house Dixie land band. It was off limits to females, but nurses and nursing students lived across the street. House officers cared for all patients, private or ward, and the Chief Resident had a ward with 34 beds, 3 full OR days a week and a waiting list of patients needing procedures. This has all changed since the institution of Medicare and the rise of so many competing community hospitals.

Dr. Julius Jacobsen gave an inspirational talk, stating that each generation of surgical house staff thinks all the great advances have been made, but this one should be the most exciting of all. He believes serendipity leads to innovation for the prepared mind, such as Dr. Arthur Voorhees "Aha!" moment, when he observed a suture in a canine aortic cadaver graft was covered with epithelium and conceived that possibly a cloth aortic graft would be also. He described five other "Aha!" moments, including Frank Meleney's and Balbina Johnson's discovery of bacitracin at CPMC (named for the bacillus of Tracy, the name of the girl in whose wound it was found). He concluded that probably 50 percent of what is in surgical text books is wrong but finding the 50 percent is the problem.

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The 13th Annual Surgery Resident's Research Competition

The thirteenth Annual Surgery Resident's Research Competition was conducted in the Alumni Auditorium, with an enthusiastic audience of more than 100. Seventeen distinguished members of the faculty scored the event that included sixteen excellent presentations. The prize winning papers were:

Prize	Score	Investigators	Paper
4th	2.318	Xydax/Oz	Clenbuterol Improves Calcium Homeostasis but not Cardiac Function in an Experimental Model of Ischemic Cardiomyopathy.
3rd	2.310	Belov/Naka	Small Molecule Antagonists of RAGE Suppress Neointimal Expansion in a Murine Model of Restenosis: From the Bench to the Clinic.
2nd	2.233	Ippagunta/Emond	The Role of EGR-1 on Total Ischemia and Reperfusion Injury to the Liver in Mice.
1st	2.107	Martens/Itescu	Human Mesenchymal Precursors Induce Myocardial Arteriogenesis and Global Functional Recovery after Acute Ischemia.

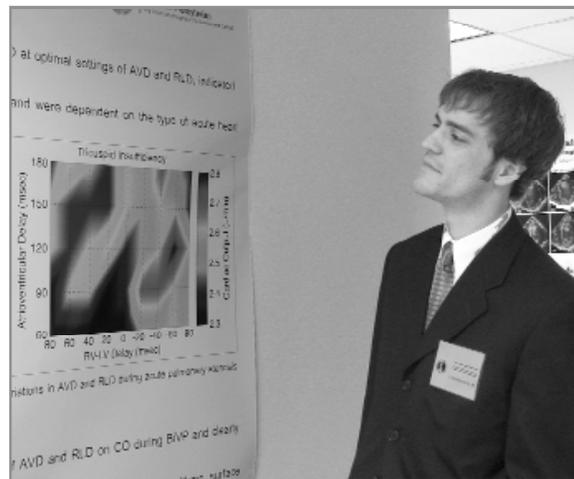
Thanks to everybody involved for the high degree of energy and scientific excellence apparent in this event.

Henry M. Spotnitz, M.D.

Vice-Chair, Research and Information Systems

Director, Cardiovascular Surgery Research Laboratory

Former graduates return, from left: Drs. Arthur Lee Jr., Foster Conklin and Frank Gump



Dr. T. Alexander Quinn viewing one of the Research Competition posters

Meeting old friends and making new contacts at Jones Surgical Society Day



Penelope takes "center stage"

Drs. Julius Jacobson II (right) and Alfred Jaretzki III reminiscing.

Lunch at the Faculty Club, Dr. Eric Rose (Chairman) seated left with alumni Drs. Jaretzki, III, Jacobson II, Robert Smith III, and Michael Gelfand



SAVE THE DATE
Thursday May 26, 2005

to
 next year's

John Jones Surgical Society Day
 at NewYork-Presbyterian Hospital
 Columbia University Medical Center

Continued from "John Jones Surgical Society Day" page 2

John Jones Day Presentations

The Residency Now was presented by Drs. Michael Goldstein and Akuezunkpa Ude to a Star Trek theme. Unlike Dr. Gump's days as a house officer, where even pagers weren't available, the current house staff have palm pilots, cell phones, alpha pagers, and use power point. There are 52 residents, 34 of whom are categorical. 16 of the categorical residents are married, 9 with children. 24% are women. Dr. Goldstein described ways in which the 80 hour work week has been implemented, utilizing day time and night time continuity of care teams. Since 2001, there has been a 25% reduction in work hours from 96 hours to 80 hours per week. Nonetheless, the housestaff have performed complicated surgical procedures in excess of the American Board of Surgery minimal requirements.

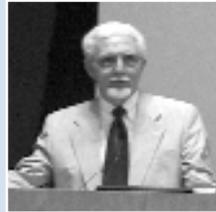
The majority of residents go on to fellowships and then 55% go to academic positions and 45% into private practice. Annual events that are fun for the housestaff include the Holiday Party and the end of the year Yacht Club Party.

After this full day, the group enjoyed cocktails and dinner at the Terrace restaurant overlooking the Columbia Campus.

Reflecting sometime afterwards, here are thoughts from a few of the alumni who attended. Dr. Fred Jarecki said "I thought the entire JJSS Day was excellent and would like to see it serve as a format for future programs. I like the idea of formal presentations in the morning, with discussion presentations in the afternoon. I was especially impressed with Dr. Goldstein's presentation on the Department's response to the mandatory 80 hour work week. As you know, I have concerns about the unintended consequences of rigid adherence to these requirements and hope the debate is not over. I suggest that this be discussed again at the next JJSS Meeting, to include an update on the status of our program, a review of the pros and cons as being reported in the surgical literature, and perhaps even a formal debate on the subject."

Dr. John Schullinger called to say "I enjoyed the program. The day got us back in touch on a personal basis with our colleagues, some of whom were also my teachers. It brought back memories". Regarding the research competition, he remarked "The research papers were a real educational experience in that they introduced a host of new ideas and concepts concerning subjects that were new to me."

Dr. Kenneth Morley commented "The day was thoroughly enjoyable and nearly convinced me to sign on for another residency. I have tremendous respect for the young folks and was excited to see what was happening in surgery. It was a special occasion and I am grateful to you for bringing us back into the fold." He enjoyed the dinner especially since he did not have to get up at 5AM the next morning. ■



Dr. Robert Smith presenting.....



Dr. Julius Jacobson presenting.....



Dr. Frank Gump presenting.....



The Residency Now was presented by Drs. Michael Goldstein and Akuezunkpa Ude



Dr. Eric A. Rose - any more questions.

Arthur B. Voorhees, Jr. — A Tribute

Roman Nowygrad, MD

What's been well chronicled by medical historians as a modern milestone in cardiovascular surgery is Arthur Voorhees' development of the prosthetic vascular conduit. But what best defined this multidimensional man for his patients, his colleagues and his students, was not his surgical science nor even his widely respected clinical, technical abilities; it was his morality, his generosity and his ambition for innovative medical progress.

It took Fleming to see beyond an agar plate mold contaminant to penicillin; it took the surgical resident Arthur Voorhees to see in the glistening of a silk stitch buried in the ventricle of a post mortem canine heart, the possibility of a new blood vessel substitute.

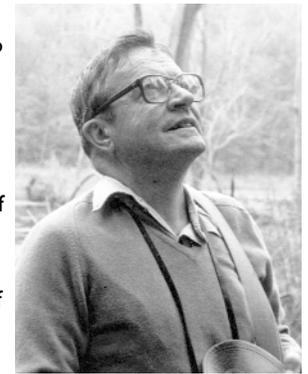
The 1940's and 50's was a remarkable period during which a handful of uniquely talented, imaginative, pioneering physicians facilitated the birth and shaped the early development of modern era cardiac, vascular and organ transplant surgery.

To this stage, Art Voorhees brought the ethics and schooling of a traditional Quaker youth and a self discipline molded by athletics. At the Quaker Day School in Moorestown, New Jersey, the town where he was born in 1921, he was captain of his soccer team and president of the school's varsity club. At the University of Virginia he excelled in physics, mathematics and biology. In 1943, after just three undergraduate years, he earned early acceptance into the College of Physicians and Surgeons. Thirty five years later he stood at its podium to accept that institution's prestigious alumni medal honoring Lifetime Achievement in Medicine.

Following his internship, and recognizing his academic potential, Dr. Voorhees was selected by Arthur Blakemore to work in his research laboratory. His assignment was the technically demanding challenge to develop a vein graft mitral valve replacement. In 1948, while performing an autopsy several months after an experimental canine valve implant, he

noted that a silk anchoring suture was coated with a layer of what appeared to be endothelial or endocardial tissue. Fibers woven into a fine mesh cloth tube might therefore, he speculated, serve as an artificial blood vessel scaffold which, when sealed by a layer of fibrin cloth, could conduct arterial pressure blood.

His first effort, a cloth constructed of his wife's silk handkerchief, failed after just one hour. One of his next six attempts, now using nylon parachute



Arthur B. Voorhees

cloth, remained patent for the full month. In 1950, after two years of duty at the Brooke Army Medical Center in Texas, he returned to the Presbyterian Hospital where he began experimenting with an inert Union Carbide sailcloth—Vinyon N. Noting the early effort problems of silk suture anastomoses and fraying prosthetic edges, Dr. Voorhees later recalled the difficulties: "We were often hard pressed to separate our technical ineptitude, the perversity of our handcrafted materials and the variations of host response in analyzing our end results." Despite the hurdles, after recruiting fellow residents Alfred Jaretzki and Sheldon Levin to help, two years of improving data and success were achieved. These results were reported in the now classic paper by Voorhees, Jaretzki and Blakemore: "The use of tubes constructed from Vinyon N cloth in bridging arterial defects." (Annals of Surgery, March 1952).

Haimovichi, in his standard Textbook of Vascular Surgery, later wrote in reviewing the history of vascular surgery that these studies and observations "ushered in a new phase in vascular surgery, and it radically altered some of the classical concepts concerning intravascular thrombosis ... in 1954 they (Voorhees, et.al.) reported 18 cases of atherosclerotic aneurysm, 17 abdominal and 1 popliteal, treated by resection and replacement with Vinyon 'N' cloth prosthesis A new milestone in vascular surgery had been achieved."

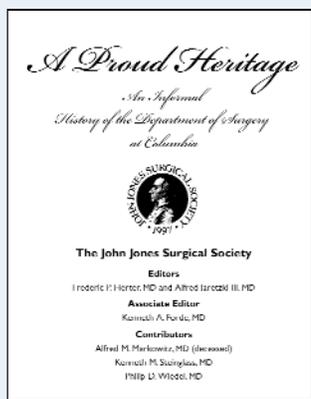
Dr. Voorhees is widely recognized as a surgical pioneer and as a master technical surgeon and clinician, but his students, colleagues and patients remember him best for his dedication to teaching, his generosity and his compassion. Together with J.B. Price, he established the vascular division at CPMC as a premier center for the surgical treatment of portal hypertension. Their careful analyses and followup studies, helped to identify encephalopathy as the insidious companion to portal systemic shunting and, ironically, led ultimately to abandonment of some of the techniques they had helped perfect for the cure of esophageal variceal bleeding.

He established the Blakemore Research Lab where, under Dr. Price's direction, early studies on hepatic regeneration and portal flow physiology were later cited by Dr. Thomas Starzl in his own efforts to perfect a clinically successful liver transplant methodology.

Beginning in the early 70's, Dr. Voorhees recognized the need for developing a quantitative reproducible clinical assay for arterial circulation. Decades before the advent of Magnetic Resonance Imaging, Dr. Voorhees recruited me and harnessed the financial resources of venture capitalist Henri Doll to develop a magnetic field apparatus for measuring extremity blood flow in patients; he came close but the apparatus, large, cumbersome and expensive, had to be abandoned for results too variable to be useful.

Continues on page 6

A PIECE OF HISTORY



A Proud Heritage: An Informal History of the Department of Surgery at Columbia University Medical Center

144 pages, 110 illustrations,
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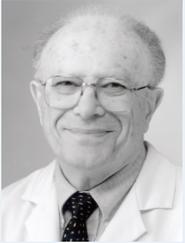
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A Proud Heritage offers an inside look at how personalities and leadership styles interact with medical discoveries and world events to create individual (and institutional) struggles and triumphs.

To order, please contact Deborah Schwarz-McGregor, PA, Director, Office of External Affairs, Columbia University Department of Surgery, at (201) 346-7009.

IN MEMORIAM

DR. RAFFAELE LATTES (1910–2003)



Raffaele Lattes, MD, MSD, was born and educated in Turin, Italy. Dr. Lattes was forced off the surgical faculty at the University of Turin by the Fascist regime. In 1940 he emigrated to the United States with his family and found a position in the pathology department at the Women's Medical College of Pennsylvania, a post he held for two years. In 1943 he moved to New York to become a resident in surgical pathology under Drs. Arthur Purdy Stout and Virginia Kneeland Frantz; it was his hope that this training would

enable him to re-enter the field of academic surgery. During that period he was active in teaching second and third year medical students in surgery and conducting research with Dr. Stout and others; this research was rewarded with an M.S.D. degree in 1946. Dr. Lattes enjoyed surgical pathology so much that he abandoned his plan to return to surgery. Instead, he became an assistant pathologist in the department of Dr. Maurice Richter at Post-Graduate Hospital in New York for a period of two years. He was then invited to join the Division of Surgical Pathology at P & S as a faculty member, during which time he taught pathologists, surgeons, medical students and began his worldwide consultation practice.

Upon Dr. Stout's retirement in 1951 Dr. Lattes was appointed head of surgical pathology and Professor of Surgery. He was elected to Alpha Omega Alpha in 1956, gave the prestigious Maude Abbott Lecture to the International Association of Pathologists in 1982, received the Distinguished Service Award from P & S in 1990 and served as Honorary Alumni Day Chairman in 1994.

His significant research included work on inflammation and repair, such as the effect of steroids on wound healing, oxidized cellulose and its use as a topical hemostatic agent, "Oxycel" in World War II, as well as tissue culture studies, in collaboration with Dr. Margaret Murray, to better understand the nature of certain neoplasms. Dr. Lattes is arguably best known for his expertise on tumors of soft tissues and their clinical-pathological behavior. However, he also published extensively on tumors of the upper gastro-intestinal tract, the mediastinum, breast and on melanoma. In addition he had an amazing breadth of knowledge in many other areas as well.

As one of Dr. Lattes' medical students, residents and later faculty members I believe that his legacy goes beyond the fields of science and medicine. It also includes his sheer intellectual brilliance, his irrefutable logic, his profound personal integrity and his compassion and modesty. He encouraged and supported his trainees, helping many of them to achieve academic and professional success in their own right. One cannot memorialize Dr. Lattes without mentioning his ever-present sense of humor. He officially retired in 1978, becoming Professor Emeritus, but continued his consultation practice. He represents the last of the surgeon-pathologists at P & S.

Dr. Lattes' proverbial optimism was shattered when his older son, Conrad (P & S '63), an accomplished surgeon, died unexpectedly. Superimposed on his profound grief over his son, his wife, Eva, developed rapidly progressive mental deterioration and died within a few years. Shortly thereafter he announced that he was moving back to Italy (it was my theory then that he wished to die on Italian soil). I visited him in Torino in 2000; at that time he was in failing health and experienced marked visual and hearing impairment. Though he was receiving excellent and compassionate care he was patently depressed. I led the conversation to reminiscing about mutual friends and colleagues, and he became visibly more animated, ultimately exclaiming, "At least here (in Torino) I don't speak with an accent!" He died on May 28, 2003, six days after his 93rd birthday.

His younger son, Robert (P & S '69), a radiologist practicing in Colorado, and seven grandchildren survive him. In addition, countless of his "intellectual offspring" mourn his passing but treasure the privilege of having studied with him and having shared moments with this giant of Surgical Pathology. ■

Marianne Wolff, MD

Continued from "A Tribute" page 5

Undeterred, I was dispatched to the Mass. General Hospital where an MIT doctoral candidate, Jeff Raines, was, for his PhD thesis, perfecting an inexpensive, non-invasive plethysmographic methodology to measure and record arterial flow. From this evolved the Pulse Volume Recorder; the unit still in ubiquitous use today. Dr. Voorhees' vision and persistence helped us become one of the early academic vascular centers to establish a non-invasive blood flow laboratory.

He enlarged the mission and scope of the Blakemore lab from its focus on portal and hepatic physiology to encompass department wide innovative startup projects for young investigators with no independent funding. Many of today's advanced clinical technologies and biologic investigations saw their early efforts begin in that laboratory: application of lasers for blood vessel ablation and creation of vascular and enteric anastomoses; antibiotic bonding and endothelial seeding of prosthetic bypass grafts; RAGE physiology and its manipulation for management of neoplastic and wound problems; novel presentation solutions for inhibition of reperfusion injuries; and the immune biology of laparoscopic surgery.

Vascular problems were not a boundary. At his Berkshire home in West Stockbridge, Mass, years before alternative energy and environmental pollution issues became front page crusades, he was experimenting with solar energy for electricity generation and low pollution, self contained water supply and waste disposal systems. Surrounded by the pacific sounds of the summertime Tanglewood Boston Symphony Orchestra, whose conductors he often hosted as patron, his mind was, it seems, never vacationing.

And while he had no direct clinical interest in abdominal enteric surgery, he understood over three decades ago, the utility and potential of endoscopic surgery. He brought a colonoscope together with proposals for a new clinical program to Ken Ford. He chose well and never claimed credit. Dr. Ford became a nationally reknowned, pioneering surgical endoscopist, who helped found, in 1980, the now established Society of American Gastrointestinal Endoscopic Surgery and became its president two years later.

The seeds planted by Dr. Voorhees, the tradition of enterprise, innovation and humility have found fertile ground. Our laparoscopic surgical program began when Dr. Ford, passing on the baton, presented to Spencer Amory, at the Allen Pavilion, both equipment and opportunity. Other beneficiaries of his training and generosity through the Blakemore lab and its start-up funding, includes an impressive lineage of next generation surgical-academic innovators: Drs. Mehmet Oz, Steve Libutti, John White, Howard Greisler, Mark Bessler, Larry Whelan and Michael

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Where are They Now?

Eric Liu, MD, Resident, Department of Surgery



Collin Weber graduated from the general surgery residency in 1978, and joined the faculty in 1980 after time in the military. He studied pancreatic islet biology as well as breast disease. He focused on breast and endocrine surgery. In 1992, he joined the faculty at Emory University and he is currently the McGarridy Distinguished Professor of Surgery.

Where has your career taken you since Columbia?

I became very interested in parathyroid diseases, first with Carl Feind and later Paul LoGerfo, John Belezekian, and Mark Hardy. I really enjoyed writing papers and got deeply involved with parathyroids as endocrine cells, like islets. I didn't do much surgery because both Carl and Paul were older and busier. So I wrote about it and did research on it, and that was enough to land me this job as the parathyroid and thyroid surgeon at Emory in 1992.

How did you get involved in islet research and what do you currently study?

I began with Keith Reemtsma, who came as chairman when I was an intern. He offered me a chance to work in islet transplantation a few months after the first paper was published in 1972. He wanted someone to get involved in it for him. Dick Weil was doing the transplants in humans, along with Joseph Buda. The first experiments were with bludgeoning fish – it was all pretty messy once I got loose in the lab. We are now doing clinical islet transplants – we've already done five. My lab is working on pig islet encapsulation and co-stimulatory blockade now. We find that encapsulation provides a protective overcoat that islets like. I think it'll get us away from first phase islet killing, which will eventually allow the donor islet number to be reduced. I believe that stem cells, gene therapy, and cell line approaches are distant. I think that animal islets in the form of porcine, to start, will make it to the clinic within five years. We're about to commence primate studies with pig islets.

How do you think the new work rules will impact the training of future surgeons?

I think it's a step forward, not back. There is no reason you have to be dead tired to learn something better. The likelihood of errors is much increased when you're fatigued. The issue has always been the need for coverage, not for education. In my opinion, resident numbers have always been limited to maintain the incomes in that subspecialty because there is not an overwhelming number of them – it's all a matter of supply and demand. So I think we're going to turn out more sane, normal, family loving people with these rules, and I favor them. I'm certain that all the residents have a rich and complex experience by the time they finish.

What influenced your career and why did you go into academic surgery?

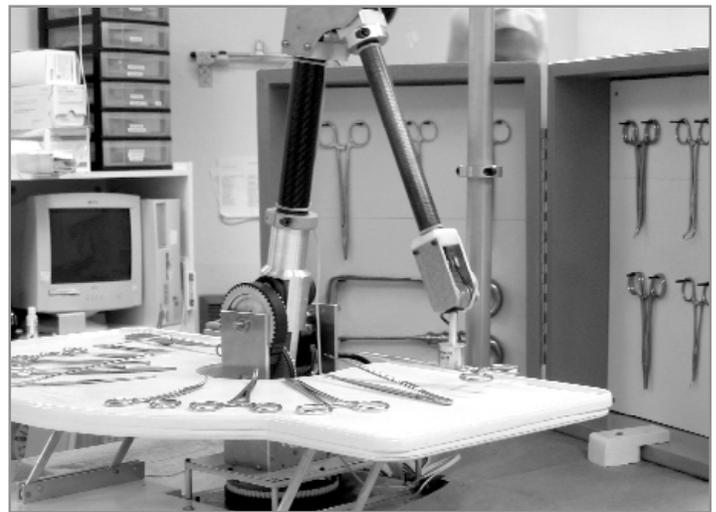
I was influenced by many of my mentors when I was a medical student. The first one was Alfred Markowitz. He was my preceptor in medical school, and he was the preeminent surgeon in the hospital – he was a legend in his diagnostic acumen. I remember when he was called to consult on a patient with a surgical problem, residents would appear in the patient's room from other services just to observe him question and examine the patient. It was very impressive. Others included Philip Weidel, Frederic Herter, Kenneth Forde, John Kinney, and Mark Hardy. ■

Continued from "Aortic Surgery: Then and Now" page 1

successfully in selected patients by Denton Cooley and Michael DeBakey of Houston, and Harry Bahnson of Baltimore. Similar approaches were reported in France, and in England, Charles Rob developed the first frozen human artery bank.

It was at this time that Arthur Voorhees, working during his surgical residency in the laboratory of Arthur Blakemore, experimented with synthetic arterial graft replacement in dogs, finally selecting a plastic material, Vinyon-N, as the most suitable. In 1950, he reported results with these grafts in 30 dogs, three-quarters of which survived the operative procedure. They were sacrificed at various times later, documenting graft healing. A detailed description of this exciting journey is presented elsewhere in this newsletter in a tribute to Dr. Arthur Voorhees written by Dr. Roman Nowygrod.

Early results with Vinyon-N grafts in patients who underwent excision of aortic aneurysms was reported, and surgical techniques improved to minimize operative mortality and morbidity. Other prosthetic materials were introduced by industry as years went by, and Vinyon-N gave way to fibers with more favorable physical properties, such as Teflon, nylon and Dacron. The search for better materials continues, as well as improved operative techniques to improve survival and reduce even further operative mortality and morbidity, especially by the development of endovascular techniques which are widely used today. ■



Shown above, the robot, called Penelope, can hand instruments to the surgeon during basic general operations such as simple excisions, hernias and some breast cases.

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Continued from "A Tribute" page 6

Treat. The Voorhees approach, recognized for its value by current chairman, Dr. Eric Rose, has been institutionalized in the departmental funding programs directed by Dr. Henry Spotnitz and in the unique and novel Division of Surgical Science, a model for emulation by academic programs nationwide.

In 1990, Dr. Voorhees was forced by pulmonary fibrosis and respiratory disability to relocate to Albuquerque, New Mexico. He died there in 1992 at age 70 of metastatic brain tumor. He left his department, his students, his colleagues and surgical history an eternal legacy.

Acknowledgement: To Dr. Robert B. Smith III for his written and verbal recollections. ■

ERRATUM

Faxing completed questionnaires

*Our fax number was incorrectly listed in the covering letter attached to the alumni questionnaire, mailed in August. The correct number is **212-305-3236***

If you would prefer to complete the questionnaire online, please email your request to Trisha: tjh2104@columbia.edu.

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New York, NY 10032