

Table of Contents

Acknowledgement

The Editors vi

Foreword

Alon P. Winnie vii

Preface

The Editors xi

A Tribute to Robert J. Freark, MD

The Editors xiv

A Tribute to Frank J. Milloy, Jr., MD

The Editors xvi

A Tribute to Louise Rzeszewski, RN (Miss R.)

The Editors xviii

The Hospital and Surgical Education

Chapter 1: Cook County Hospital: A Brief History

Patrick Guinan, Frank J. Milloy 3

Chapter 2: Surgical Education at Cook County Hospital

Kenneth Printen, Hernan Reyes 15

Contribution of Chicago Area Medical Schools to Surgery at CCH

Chapter 3: Rush Medical College

Frank J. Milloy 65

Chapter 4: Northwestern University

James S.T. Yao, Robert M. Vanecko 83

Chapter 5: University of Illinois

Philip E. Donohue, Kenneth Printen 107

Chapter 6: Loyola University

Harold Haley, Frank Folk, Kenneth Printen 117

Chapter 7: Chicago Medical School

Michael J. Zdon 127

Prominent Surgical Services at Cook County Hospital

Chapter 8: Trauma Unit

David R. Boyd, Kimberly Kay Ormsby Nagy, Kenneth J. Printen, James S.T. Yao 143

Chapter 9: Evolution of the Burn Surgical Service

Marella L. Hanumadass, Takayoshi Matsuda 185

Chapter 10: Hand Surgery

Sidney J. Blair, John Elstrom, James L. Stone 207

Chapter 11: Breast Tumor Service

Frank Folk 221

Chapter 12: Bernard Fantus and Development of the World's First Blood Bank

James L. Stone, Richard J. Fantus, Henry H. Fantus 229

Chapter 13: Hektoen Institute for Medical Research

Patrick Guinan 239

Specialty Surgery at Cook County Hospital

Chapter 14: Cardio-Thoracic Surgery

Frank Milloy, Milton Weinberg, Walter Barker, Constantine Tatoes 251

Chapter 15: Evolution of Pediatric Surgery

Hernan Reyes, Jayant Radhakrishnan 261

Chapter 16: Neurological Surgery

James L. Stone, George R. Cybulski 285

Chapter 17: Vascular Surgery

Richard Keen, James S.T. Yao 301

Chapter 18: Urological Surgery

Patrick Guinan 321

Chapter 19: Orthopedic Surgery

John A. Elstrom 333

Chapter 20 : Plastic Surgery

Raymond L. Warpeha 359

Chapter 21: Otolaryngological Surgery

Kenneth Printen, Hugh Hazenfield 369

Chapter 22: Oral and Maxillofacial Surgery

John M. Sisto, James L. Stone 377

Chapter 23: Ophthalmological Surgery

Philip Dray, Alexander Constantaras 381

Chapter 24 Colon Rectal Surgery

Herand Abcarian 385

Remembrances

Chapter 25 Historical Vignettes and Photo Memoir 393

Appendices

List of Surgical Residents at Cook County Hospital 442

Compendium of Cook County Hospital Trauma Unit (CCHTU)

Published Literature 446

The Greek's 463

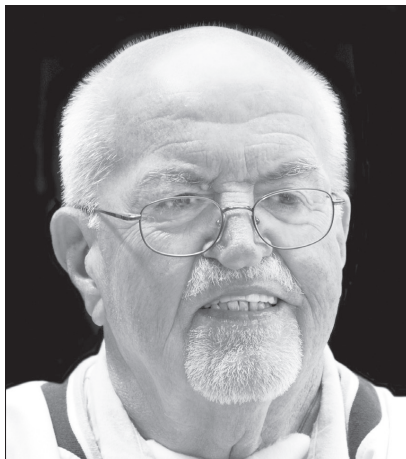
Acknowledgement

We are honored to have had the late Alon Winnie write the Foreword for this book. Al was a great friend and the distinguished Chair of the Department of Anesthesiology at CCH. Without anesthesia, there would be no surgery. The Department of Anesthesiology under Winnie and also Vincent Collins played an important role in the growth of the Department of Surgery. Alon Winnie passed away shortly before the printing of this volume, and the editors would like to take this space to pass on our condolences to his family. The broad world of medicine will remember him as an innovator and critical thinking physician most active in the areas of pain management and regional anesthesia. Dr. Alon Winnie passed away shortly before the printing of this volume, and the editors would like to take this space to pass on our condolences to his family. The broad world of medicine will remember him as an innovator and critical thinking physician most active in the areas of pain management and regional anesthesia. It will also note that he was the Chair of the Department of Anesthesia at the University of Illinois College of Medicine in Chicago for seventeen years, after which he returned to CCH as the Chairman of Anesthesia and Pain Management. History will also record the impressive number of awards he received from his peers that indicated his overall excellence and forward thinking approach to his chosen field.

Those of us who trained in the disciplines of surgery described in this book at the same time that Al was pursuing his residency training will remember the jovial, hard working, and very knowledgeable resident in a wheelchair who eschewed the easy outs of psychiatry or radiology to stay where he wanted to be, in the operating room. It's not easy to do a spinal anesthetic sitting in a wheelchair below a fracture table with the patient awake and suspended just above your head, but Al could do it and most often with more dispatch than those who did it in the conventional manner. As surgeons we always felt better for our patients and ourselves with Al on the other side of the ether screen.

Sleep well, friend. You've earned it.

— *The Editors*



Alon P. Winnie

Foreword

It was in medical school on my first clerkship at Cook County Hospital that I got the bug. I saw and did things there that I had never experienced at the private-university-affiliated hospitals, and I decided then and there that County was the place where I could really become a doctor. My decision was confirmed during the last lecture in medicine in my senior year. The lecture was entitled “Diseases You Will Never See” and was delivered by a famous internist, his renown due to the daily column he wrote in the *Chicago Tribune*. Most significantly, after he finished his laundry list of diseases we would never see, he advised the class not to choose an internship at Cook County Hospital where the educational experience was “See one, do one, teach one,” but rather intern at one of the university hospitals where you could learn not just the science but also the art of medicine. After that lecture, I knew I was going to County, which I did, and it was no mistake. Although the working conditions were not ideal, like the majority of my fellow interns, I loved it!

And by the end of my internship (July 1958 to July 1959), I had seen (and treated) the vast majority of “the diseases we would never see.” Furthermore, since the house staff, interns, and residents interacted as they were becoming real doctors, there was a “band of brothers” type of camaraderie that made tough, often exhausting work enjoyable. The only problem my internship presented was the fact that I enjoyed every service I was assigned to, making the choice of a specialty very difficult.

That choice suddenly became limited by an unexpected turn of events. While working on the ENT Service, I developed acute bulbospinal poliomyelitis, which first required a tracheotomy performed by Dr. Trier Morch, at that time Chairman of Anesthesia and Dr. Paul O’Brien, the on-call night surgeon. I was then placed on one of the first positive pressure ventilators, which was invented by Dr. Morch. While on the ventilator, which had no monitors or alarms on it, my “band of brothers” took turns sitting with me around the clock in case the ventilator malfunctioned, which it did six times. So I literally owe my life to the County interns and residents who took an extra call to sit with me, in addition to the calls they took on their own services. Unbelievable!

By the time I was discharged seven months later, I had recovered the use of my arms but not my legs, so whatever specialty I entered, I would have to perform it from a wheelchair. Although I was urged by many to consider radiology and psychiatry, I remembered that I had enjoyed anesthesia when I rotated through it as an intern. What appealed to me about the specialty of anesthesiology was not just that it allowed pain-free surgery, but it also enabled management of the medical problems of the surgical patient intraoperatively. I also felt that as an anesthetist, I could provide important psychological support to patients undergoing a very stressful, and sometimes terrifying, experience. However, the real question was, could I perform anesthesia in a wheelchair? Dr. Morch, who by then was no longer Chairman of Anesthesia, suggested that there was no place

like County to see if I could do it. He reasoned that since there was no County residency in anesthesia at that time, if I found I could do it, then I could apply to one of the institutions that did have an approved residency program. So I tried it. I found I could do it. And I applied for a position in the programs in the other four large public hospitals in the United States. Interestingly, none of the four would take me. “You can’t possibly do anesthesia in a wheelchair” was the reply to one of my applications. But the gods wanted me to do anesthesia, or so it would seem, when Doctor Vincent J. Collins came to Chicago from New York’s Bellevue Hospital to set up a residency in anesthesiology at our own Cook County Hospital. About three weeks after his arrival, he called me into his office and told me that upon the recommendation of Drs. Freeark and Baker, he had decided to take me as his first resident. Obviously, I accepted his kind offer, though I must admit, as I left his office, I really wanted to tell him, “If you didn’t take me, who the hell would you take?” There certainly wasn’t a line of applicants outside his door! However, in fairness, over the next year, he was successful in recruiting some great faculty and residents. The anesthesia program grew rapidly and was approved by the Residency Review Committee on its first review.

Of course, one of the reasons I was particularly pleased to be able to take my residency at County was that I could continue to train with the surgery residents, many of whom were already friends from my internship (and many of whom sat with me when I was on the ventilator). Another reason was that the Department of Anesthesiology, of necessity, worked hand and glove with the Department of Surgery, which was probably the best clinical department in the hospital, and, therefore, attracted excellent residents. So as a result, we all really worked as a team, and the residents on both sides of the ether shield were pleased with their clinical experience. I will admit, however, that there were a few bumps in the road, and that not everything went smoothly. For example, it is best for the patient if the surgeon waits to make the incision until anesthesia is established, so it was infuriating to the surgery resident when the anesthesia resident arrived in the O.R. late. Similarly, anesthesia residents were enraged when a surgery resident brought a patient to the O.R. without essential laboratory studies and/or without appropriate evaluation of obvious clinical problems. These “silly” demands by the anesthesia residents earned for their department the title of “The Department of Preventative Surgery,” but ultimately, the preoperative problems were resolved, after which an “uneventful anesthetic” was provided as the essential surgery was carried out. (When asked “What is essential surgery?” Marv Tiesenga, one of the night surgeons, replied, “Every patient needs a surgical procedure. Our job is simply to find out which one.”) However, as stated, the bumps were few, and the atmosphere in the O.R. was one of cooperation. Our department carried out many clinical research projects, which not infrequently required the cooperation of the surgeons, none of whom caused us problems in these endeavors. As a matter of fact, the junior surgery residents traditionally spent a three-month rotation on anesthesia, and quite a few of them actually participated in our research projects. In short, the Surgery Department enhanced the growth and development of our department in this and many other ways. After I finished my three years of training, I stayed at County as an attending anesthesiologist for almost nine years,

so I continued to work with the surgical residents and faculty and developed many warm and lasting friendships with them over those years.

In all, I spent fourteen years (1958-1972) at Cook County Hospital—as an intern, resident, and attending—and I believe I received the best clinical and academic training in anesthesiology available in this country. I believe my surgical friends and colleagues writing and editing this book are doing so because they feel the same way about their specialties. An index of my belief in the quality of the surgical training is my response when friends, confronted by the need for surgery, ask me “Who do you recommend as a surgeon?” I answer, “If possible, find a surgeon who trained at Cook County Hospital. They are the best.” Short of that, I suggest they find out which surgeons the anesthesiologists choose for themselves or their families when they need surgery. They know, better than anyone, who’s well trained and who’s not.

In closing, let me say that it has been a privilege for me to participate, even in a small way, to this important book, which provides long overdue documentation of the excellence of the Department of Surgery at Cook County Hospital.

—Alon P. Winnie, M.D.
May 16, 1932–January 18, 2015

Preface

In 2002, Cook County Hospital (CCH) moved to a new building and was re-named John H. Stroger, Jr. Hospital of Cook County in honor of John Stroger, President of the Cook County Board of Commissioners. Today, as the old main County Hospital building stands alone and empty, it casts a stark shadow over what used to be a 3,000-bed hospital associated with six medical schools providing free service to a large underprivileged population. From the day it opened its doors in 1866, it became the best known public hospital in Chicago, if not in the world. The richness of pathology found in its patients attracted many to come to County for training. An internship at County was the most sought-after position in the country, and most of the leading physicians and surgeons in Chicago did their training there. At the onset of both world wars, CCH surgical courses were given to surgeons going abroad. By the 1960s, it was said that 20 percent of surgeons in the world had at least some training at CCH or were taught by CCH-trained surgeons.

Many books have been published on Cook County Hospital. Unlike these other titles, however, *A History of Surgery at Cook County Hospital* is a summation of the evolution of surgical training and practice in a public hospital. Special emphasis is placed on the history of surgical practice and education, including all surgical specialties and prominent surgical services at the hospital. We, the four editors and authors of various chapters, all chose County for our surgical training, and we came with one single purpose: “to learn to be a surgeon.” We knew CCH was not the Ritz Carlton Hotel, and we were determined not to let a substandard working environment frustrate our intentions to be skillful surgeons with sound surgical judgment. Surgeons need to be independent-minded, and there was no better place than County to develop independent judgment on case management. We have no quarrels with those who wanted to change the political systems of the governing body of the hospital to make it a better place for our patients. However, our first priority remained “to learn to be a surgeon.”

Surgery at CCH began with anatomy and pathology. Christian Fenger, the most influential surgeon in Chicago and the first Chair of Surgery at Northwestern University, was a pathologist by training. Under his leadership, the Department of Surgery grew with famous surgeons like Nicolas Senn, John B. Murphy, Karl Meyer, William and Charles Mayo, and others from many regions and countries who came to learn from Fenger and his disciples. Unlike eastern schools where surgical training was centered on producing professors, Cook County-trained surgeons provided care to communities. Thus, it is no surprise that Fenger’s students founded the American College of Surgeons. The Fenger training system has been called the Midwestern School of Surgery or in a narrow sense, the Chicago School of Surgery. It soon became apparent that a structured training program was needed to provide better patient care. This concept led to the formation of governing bodies to set standards for the training of surgeons. Credentialing governing bodies such as the Accreditation Council for Graduate Medical Education

(ACGME), American Board of Surgery (ABS), American Board of Medical Specialties (ABMS), and Resident Review Committee (RRC) began to enforce rules and requirements for training programs. At the same time, various specialty boards were established, and each board had its own certifying examination.

The most drastic change came in the late 1950s with the addition of full-time salaried attending staff, beginning with the appointment of Dr. Robert J. Freeark, first as Director of Surgical Education and later as Chairman of Surgery. This transformation was much needed for better accountability of patient care, and most importantly, better supervision and education of surgical residents. Under the leadership of Freeark, a group of full-time salaried surgeons was added to the staff. Like all academic centers, surgical subspecialties began to develop and flourish. With delicate handling, Dr. Freeark was able to maintain a balance of coverage by full-time and voluntary staff. This practice continued until 1980, when the independent Cook County surgical residency program merged with that of the University of Illinois. With the merger, that is, the elimination of the independent Cook County surgical program, the voluntary staff was no longer part of the workforce of the hospital. Looking back at the Northwestern surgical service, the all-voluntary service operated from 1866 to 1978 and provided 113 years of free service to Cook County Hospital. Such a tradition will never be repeated.

The contents of this book comprise 25 chapters, categorized under five sections:

- *The hospital and surgical education*
- *Contribution of Chicago area medical schools to surgery at Cook County Hospital*
- *Prominent surgical services at Cook County Hospital*
- *Specialty surgery at Cook County Hospital*
- *Remembrances*

The Chicago area schools include Rush Medical School, Northwestern University Medical School, University of Illinois, Loyola University, University of Chicago, and Chicago Medical School. All these schools provided attending surgeons without compensation to care for patients at Cook County Hospital. Section IV describes several surgical services that achieved world renown in the country: the first blood bank in the United States, the hand and burn surgical services, the breast tumor service, the first trauma unit in the United States, the arterial bank during the era of homograft surgery, the Cook County Graduate School, and finally, the Hektoen Institute for Medical Research. Development of specialty surgery was inevitable, and by the 1930s surgical subspecialty services emerged with ophthalmology as the first. Section III shows these specialties, including cardiothoracic, pediatric, neurological, vascular, orthopedic, plastic, urology, otolaryngology, and colon-rectal surgery as they brought expert care to patients. Finally, Section V is a walk down memory lane with a chapter on historical vignettes and a DVD/CD of photo memoirs. The historic vignettes derive from many former trainees who sent in their remembrances of their time at County. Likewise, many old photos were sent in from alumni and collected from the

archives of the American College of Surgeons, Galter Library of Feinberg School of Medicine, Northwestern University, and Rush University. These photos were organized in 10 sections in a PowerPoint presentation format. We consider both historical vignettes and photo memoirs to be a unique feature of this book.

Standing alone, not far from the old County Hospital, is the Pasteur statue. More than a century has passed since the opening of Cook County Hospital, but the inscription at the base of the statue remains true for a public hospital:

One doesn't ask of one who suffers: What is your country and what is your religion? One merely says, you suffer. This is enough for me. You belong to me and I shall help you.

—Louis Pasteur

Amid all the outcries about health care reform, these words remind us—the physicians and surgeons—that we have the responsibility of providing care to underprivileged populations. That is what the doctors at the County through the years were, and are, all about.

A Tribute to Robert J. Freeark, MD (1927–2006)

A *History of Surgery at Cook County Hospital* is a summation of the growth of an institute of learning from the humble beginning in 1866 to the new John Stroger Hospital opening in 2002. During this period, one of the most drastic changes was the transformation to a full-time salaried attending staff in the late 1950s. Such change is needed for better supervision of resident training, and most importantly, for accountability of patient care. Robert Freeark was recognized as someone special, and at the completion of his residency in 1958, he was appointed Director of Surgical Education at County by the legendary Karl Meyer, Chief of Surgery and Medical Superintendent of the Hospital. In this capacity, Robert Freeark was the first full-time employed physician in the Department of Surgery. He was appointed to the Northwestern faculty in 1960 and soon after became the Chief of Surgical Services at County, an appointment that included administrative responsibility for all the surgical specialties. He was also promoted to Professor of Surgery at Northwestern University Medical School.

As Chief of Surgery he upgraded both formal teaching and surgical supervision by supplementing the volunteer attending staff with carefully selected salaried surgeons. The “Two Bobs,” Freeark and Baker, expanded the academic and research scope of the institution and together established one of the first modern trauma units in the country. Emergency helicopter transport, the first in Chicago, was established with a heliport directly across Harrison Street from the hospital in Pasteur Park, right next to the Greek’s, the favorite watering hole for the numerous young doctors, nurses, and medical and allied health care students who worked and learned in the West Side Medical Center. Dr. Freeark established the Sumner Koch Burn Unit and appointed John Boswick to lead it. He also supported David Boyd in developing the first statewide Trauma System in the United States and appointed John Raffensperger to be the first full-time director of Pediatric Surgery. At the basis of these reforms was the firm belief that the physicians, both salaried and volunteer, who worked at the County—not the bureaucrats, either medical or political—were the best qualified to determine the diagnostic modalities and the treatment options as well as the structure of the system for the patients who presented there for care. This approach energized the medical staff at the attending and resident levels across the board and resulted in Freeark’s appointment as Hospital Director in 1968.

Robert Freeark was selected as Hospital Director at a troublesome time, not only for County but also for large city- and county-based hospitals nationwide. Political infighting, financial problems, restive house staffs and resultant public unrest made caring for the medically indigent doubly difficult. Dr. Freeark led an effort to foster cooperation among all the stakeholders, including the County Board and the old-time political guard. Although his efforts did not produce the hoped-for amalgamation of cares, concerns, and solutions, they did produce a spirit of cooperation, frank discussions, and transparent decision-making processes among members of the medical staff, which was to become a hallmark of



Robert J. Freeark, MD

Freeark-directed medical enterprises. In the face of unrelenting bureaucratic opposition, he publically resigned along with several other prominent staff members from other departments in 1970.

In the post-County period of his life, Dr. Freeark continued on the staff of Northwestern in association with his County colleague, Dr. Jim Hines. In 1970, he returned to a leadership role when he accepted the Chairmanship of Surgery at the Loyola Stritch School of Medicine at its new location in the Chicago suburb of Maywood. Freeark developed a full-time surgical faculty for the first time in the school’s history. Great cooperative efforts, which emanated from the Chair down to the lowest instructor, soon resulted in an abundance of patients and enhanced the reputation not only of the hospital but also of the educational training program, of the Hines/Loyola surgical residency.

Bob Freeark was a regular guy who accomplished extraordinary things. Gracious and unassuming, he exemplified the best in medicine, wearing effortlessly, it seemed, the “Four Hats” of medicine: clinical practice, teaching, research, and administration. In addition, he was a dedicated family man, loving husband and father, good citizen, supporter of the arts, and mentor and friend to many. Dr. Freeark’s *curriculum vita* lists multiple publications, honors, and awards, among them a Chicago Young Man of the Year he shared with the Chicago Cubs’ Ernie Banks. He was an active, contributing member of more than a dozen surgical societies, serving as president of half of them. Hundreds of surgeons and medical students benefited from his teaching at Northwestern, Loyola, the County, and his numerous scientific presentations. Dozens of surgeons conducted research, published papers, and progressed in academic life because of his assistance and exhortation. Best of all, he never lost sight of his trainees and colleagues from the most famous of the professors to the most remote rural practitioners. It therefore seems fitting to dedicate this volume to Robert J. Freeark, a surgeon who left his stamp on a generation of County Hospital surgeons, and proudly wielded that stamp so boldly during his time with us. We, the editors, all are better surgeons today because of him.

—The Editors, written with assistance from Frank Folk