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## Charles Everett Koop, M.D., Sc.D.: A Festschrift

Moritz M. Ziegler

**C**HARLES EVERETT "CHICK" KOOP is a multifaceted man who has meant many things to many people, but the purpose of this brief discussion is to review Dr. Koop's characteristics as witnessed by all of his trainees and all of his close colleagues in his chosen field of pediatric surgery. It is these qualities that have helped to formulate his professorial personality, the backbone of the highly successful "Koopian Method," and it is these contributions that we honor in this Festschrift to our professor.

C. Everett Koop was born in New York City in 1916, and he was raised as an only child. After receiving his A.B. degree from Dartmouth in 1937, he began his medical training at Cornell, graduating with his Medical Doctor degree in 1941. During those years he married Elizabeth Flanagan, a lasting marriage now in its forty-third year. Dr. Koop left New York in 1941, coming to Philadelphia's Pennsylvania Hospital to begin his medical internship. He subsequently served his general surgical residency with Isadore Ravdin at the Hospital of the University of Pennsylvania from 1942 to 1946. Not only were these the formative years for Dr. Koop's surgical principles, but Dr. Ravdin's nutrition laboratories provided the foundation for Dr. Koop's scientific interests. While the University of Pennsylvania's Department of Surgery was in the Burma Theatre in World War II, Dr. Koop was in Philadelphia with Dr. Jonathan Rhoads and Dr. Harold Zintel, and it was these busy times that fostered close friendships with these individuals for many subsequent years.

When Dr. Ravdin returned from World War II, he appointed his departmental members to head the various subspecialty areas. It was then that Dr. Koop was sent to the Boston Children's Hospital to serve as a Fellow in Surgery under Dr. Robert Gross for a six-month period. Dr.

Koop then returned to Philadelphia to begin the pediatric surgical service at Children's Hospital, and in 1948, at age 32, and as Assistant Professor of Surgery, he was appointed as the first Surgeon-in-Chief of The Children's Hospital of Philadelphia. Over the next eleven years, Dr. Koop rose through the academic ranks at the University of Pennsylvania, becoming Professor of Pediatric Surgery in 1959, and subsequently Professor of Pediatrics in 1976. He has continued in his position in Philadelphia to the present time, but effective July, 1981, he will retire as Surgeon-in-Chief after 33 productive years. As befits an energetic man, no sooner was his retirement planned than he received an appointment in the administration of President Ronald Reagan as Deputy Assistant Secretary of Health under the Department of Health and Human Services in Washington, D.C., and, pending enabling legislation, he will assume the position of Surgeon General of the United States.

I have chosen to divide Dr. Koop's progress in pediatric surgery into three phases corresponding temporally with the last three decades. In the 1950s, amidst not a small amount of local and community skepticism, he began a Department of Surgery at the Children's Hospital utilizing his work ethic, sound surgical judgment, and operative skills to win the confidence of the pediatric community. Whether tackling heretofore considered hopelessly ill children who would simply have been allowed to die, or whether undertaking the expeditious treatment of a pediatric hernia promptly returning the child to his family with no morbidity, Dr. Koop quickly won the confidence of his referring pediatricians. In

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this same period he began exposing postgraduate surgical residents to pediatric surgery. Over these subsequent 33 years, there have been 41 "pediatric surgical residents" spending from six months to two years under Dr. Koop's tutelage, and currently 34 of these trainees are actively engaged in the practice of pediatric surgery in children's hospitals or academic institutions. These figures of the training of future leaders in pediatric surgery do not take into account those visitors and fellows from around the world who were significantly influenced by Dr. Koop's teaching while they were observing in Philadelphia. Dr. Koop enlisted the aid of his early trainees to join him in practice, including such colleagues as Drs. William Kiesewetter, Paul Mellish and Charles Minor. During this same period, Dr. Harry Bishop joined Dr. Koop in a partnership in pediatric surgery that has now extended beyond 27 years. It was also during these early years at the Children's Hospital that Dr. Koop began, with the help of federal support, the first intensive care unit devoted exclusively to the care of the surgical neonate, a unit associated with such an improvement of neonatal morbidity and mortality that it ranks as his greatest early achievement.

With these accomplishments secure, Dr. Koop subsequently devoted much of his energy to the promotion of pediatric surgery in the United States to a level commensurate with what his colleagues had already started in Europe. He was one of the first members of the British Association of Paediatric Surgery, subsequently serving on its council, and his contributions to pediatric surgery were ultimately recognized by this organization when he was awarded the Denis Browne Gold Medal in 1970. Using the BAPS as an example and the pediatricians as supporters, Dr. Koop became one of the founding members of the first organization of American pediatric surgeons, the Surgical Section of the American Academy of Pediatrics. He later became that organization's chairman and was awarded its highest honor, the William Ladd Gold Medal in 1976. He was also a founding member and the second president of the first independent pediatric surgical organization in North America, the American Pediatric Surgical Association, the association which formalized pediatric surgical training and subsequently

sought certification under the American Board of Surgery. Perhaps most important to the formation of American pediatric surgery was Dr. Koop's position as first editor of the *Journal of Pediatric Surgery*, a position he held from 1964 to 1976, this journal being the strongest tie which English-speaking pediatric surgeons have in common. The recent fifteenth anniversary issue of this journal attests to its profound success.

With pediatric surgery well established in the United States, and with a strong division of pediatric surgery at the Children's Hospital, Dr. Koop then completed his plan for a comprehensive surgical clinic for children in Philadelphia by recruiting full-time divisional personnel in plastic surgery, cardiovascular surgery, neurosurgery, urologic surgery, ophthalmology, orthopedics, and otorhinolaryngology. Added space and facility became available as the Children's Hospital moved in 1974 to its new home adjacent to the University of Pennsylvania campus, and Dr. Koop was accordingly honored by the designation of the C. Everett Koop Operating Suite made possible by contributions from his friends. With better facilities and a larger staff, Dr. Koop encouraged and supported an active research component within his department and he supported with great success the contributions of his trainees to the pediatric surgical literature. He strongly supported the incentive concept to maximize the productivity of his young colleagues.

Although Dr. Koop had long been interested in social issues as they influenced the patient and his family, as they influenced the Tarascan Indians through the Tarascan Missionary Society, or as they influenced international medical problems through the Medical Assistance Programs, Inc., it was not until he developed a close friendship with the theologian, Francis Schaeffer, that he became an international spokesman for the sanctity of life. Using historic perspective, Dr. Koop has challenged not only his medical colleagues to an awareness of the respect for life, warning of abortion and infanticide, but he has addressed the lay public on these same issues working with Dr. Schaeffer through the media of the written word and film.

Our professor has contributed more than 175 articles to the medical literature along with four

books. He has been able to achieve such extreme productivity by being a true epitome of the organized man. Whether using a "tickler file," a highly efficient secretary, or notes to himself stuffed into his socks for review before retiring at night, Dr. Koop prepared himself not only for formal presentations but for individual operative procedures as well. It is this same organization that permitted him to be equally spontaneous whether in the operating room or while addressing others.

Dr. Koop's interests as reflected by his publications are many, but the five major fields of contributions have been pediatric oncology (especially neuroblastoma), his early laboratory work in nutritional support utilizing gels as a protein substitute, physiology and care of the newborn pediatric surgical patient, medical ethics as they relate to the child and his family, and obstructive problems of the newborn gastrointestinal tract or biliary system. Dr. Koop has achieved great acclaim from the lay public through media coverage of such spectacular pediatric surgical events as conjoined twin separation and ectopia cordis repair, such acclaim culminating in his receiving the Order Duarte, Sanchez, and Mella, in 1974, the highest honor from the Dominican Republic for his role in separating the Rodriguez Siamese twins, and in his receiving in 1980 the Chevalier, French Legion of Honor. However, he is best known by his peers in academic circles for his conservative approach to neuroblastoma, recommending in selected patients operation only, or even no treatment for advanced stages of the disease, for his concept of the dynamic entity of biliary hypoplasia, which at times culminates in biliary atresia, for his superb results in the management of esophageal atresia, which he credits to attention to gentleness of tissue handling, for his efficacious approach to pyloromyotomy, for his simple but effective method of orchidopexy, and for his management principles in dealing with the family of a dying child. He is equally well-known academically for controversial approaches to certain disease entities including the transthoracic repair of congenital diaphragmatic hernia, the neonatal abdominal perineal pull-through procedure for imperforate anus of the high type, and for emergent esophagectomy with colon interposition for massive variceal gastrointesti-

nal hemorrhage. In short, all of these procedures reflect the "Koopian method," that is, do what you do best, simplify rather than complicate both diagnostic and operative procedures, do an even better operation minimizing usage of artificial devices such as feeding tubes for the handicapped child, maintain a sensitive respect for the patient and his family, and enter difficult and complicated procedures with both physical and mental preparation for the job at hand.

To discuss our professor's accomplishments without reference to his Christian ethical ideals is to sell him short and omit many of the principles that he exuded. He, along with Betty Koop, raised a wonderful family of four children—Allen, Norman, David, and Elizabeth—and this respect for the importance of a family to the success of one's surgical career cannot better be demonstrated than by Dr. Koop's own concern for the resident and his wife, he often meeting alone with the wife to discuss the tribulations her husband will face prior to the onset of the residency. The tragedy which the Koop family experienced in losing their son David in a tragic accident gave to Dr. Koop a unique sensitivity and understanding to the problems encountered by the family of a dying child. Needless to say, he related to such families exceptionally well and provided to them a great insight and strength during their own tragedy. His respect for the sanctity of life has become almost infectious among his colleagues, a trait which becomes a necessity when a young surgeon is confronted with rendering care to a severely premature neonate who seemingly has no family but yet is confronted with a life-threatening surgical emergency with a very guarded prognosis. Whether acting as a layman, as an elder in the Presbyterian church, as Surgeon in Chief, or as an official of the federal government, Dr. Koop is an eloquent spokesperson for the preservation of human life, a fitting stance for a devoted pediatric surgeon.

To our professor we dedicate this volume, thanking the many contributing trainees and colleagues of Dr. Koop whose papers formulate this Festschrift. We also want to thank Dr. Stephen Gans, Editor, and Grune & Stratton, Publisher, for support and efforts that brought this issue to fruition.