

Dr. Warfield Monroe Firor Discusses

Alfred Blalock

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PREFACE

Dr. Warfield Monroe Firor (1896-) of Baltimore, Maryland, has been intimately involved with the Johns Hopkins Medical Institutions since he entered medical school in 1917. He has been connected with the Department of Surgery of this institution since 1921 and his internship on the service of Dr. William S. Halsted. Dr. Firor agreed to an interview discussing his association with Dr. Alfred Blalock with some reluctance. Since he had known Dr. Blalock as a medical school classmate, co-resident and surgical colleague at the Johns Hopkins, there was little question of his intimate knowledge of the man.

Dr. Blalock had died approximately three years before and the published accounts of his life and contributions were the usual eulogies written by his former colleagues and students. Both the interviewer and Dr. Firor felt it was important for the historical record to have a document available which presented "the other side of the coin." As is the case with all public and professional figures who gain prominence and power, there is a group who have reservations about some of the "qualities" of Dr. Alfred Blalock. With this in mind, Dr. Firor agreed to discuss his views and evaluation of Dr. Blalock and his professional career.

The interviewer, having attended medical school at Johns Hopkins and interned on Dr. Blalock's service, was vaguely aware of a number

of the situations discussed by Dr. Firor. There may be some who will read this document and immediately attribute many of Dr. Firor's comments to "sour grapes." However, those who know the character and philosophy of Warfield M. Firor will realize that this candid commentary is his honest evaluation without malice.

Documents and letters relevant to this oral history interview may be found in the Firor papers in the Manuscript collection of the Library.

Peter D. Olch, M.D.

History of Medicine Division

National Library of Medicine

CURRICULUM VITAE

of

Warfield Monroe Firor

Graduated Baltimore City College 1913

A.B. Johns Hopkins University 1917

M.D. Johns Hopkins Medical School 1921

D.Sc. (Hon.), Western Maryland College 1957

Resident in Neurosurgery, Johns Hopkins Hospital, 1923-25

" " Surgery " " " 1926-27

Acting Surgeon-in-Chief " " " 1939-41

On the teaching staff, Johns Hopkins Medical School since 1922

Professor Emeritus of Surgery, Johns Hopkins University

Visiting Surgeon Johns Hopkins Hospital

Church Home & Hospital

Union Memorial Hospital

Sinai Hospital

Maryland General Hospital, (Chief of

Staff 1949-58)

Member: American Surgical Association (President 1963-64)

Society of Clinical Surgery

Southern Surgical Association

American College of Surgeons

Society of University Surgeons
American Physiological Society
Society for Experimental Biology & Medicine
American Medical Association
American Board of Surgery, 1945-51; (Chairman, 1949-51)
Founder Member, Conference Committee on Graduate
Training in Surgery, 1951-57
Baltimore City Medical Society
Medical & Chirurgical Faculty of Maryland (Chairman
of Council 1952-55)
Consultant for China Medical Board in Korea,
1957, 1958, 1961
Consultant for Rockefeller Foundation, Nigeria, 1963
Faculty, Gilman School
Elder, Franklin Street Presbyterian Church

During World War II, represented the American Surgical Association on the National Research Council for three years, and was on one of the committees which advised the Surgeons General.

In 1948, moved his office from Johns Hopkins Hospital and went into private practice. Has continued to teach on part-time basis, and has maintained his interest in research. Has written

extensively on tetanus; the hormones; and was the first to work out methods for removing the hypophysis in monkeys and rabbits. Introduced intestinal antisepsis in preparation for surgery of the colon.

Has written over fifty articles for the medical literature, and a few for theological journals.

This is an interview with Dr. Warfield M. Firor of Baltimore, Maryland, held in Dr. Firor's office on March 21, 1967. The discussion today is to cover Dr. Alfred Blalock, recently Professor of Surgery at the Johns Hopkins Medical Institutions and whose dates are 1899-1964. The interviewer is Dr. Peter D. Olch of the National Library of Medicine.

Dr. O.: I believe Dr. Blalock entered the Johns Hopkins Medical School after graduation from the University of Georgia in 1918 which would have placed him one year behind your class as a medical student.

Dr. F.: Yes, my first contact with Dr. Blalock was in the fall of 1918 when practically all of the male students in the medical school were enlisted in the army. We had to drill for two hours every day. There were two first year students who had had military training, Max Cutler and Al Blalock. The officer in charge of the unit made them top sergeants. In this capacity they were in charge of all the drills and really did an outstanding job. It was no time before the efficiency and esprit de corps of Al Blalock was admired and respected by all of the students including the 4th year men.

My next contact was when we were both assistant residents on surgery. This leads up to a part of his biography which has never been recorded as far as I know, namely, why Dr. Blalock was not kept on to be Chief Resident at Johns Hopkins.

Dr. O.: May I ask you this one point Dr. Firor? My understanding is that he applied for a surgical internship, but because of his class standing, did not qualify. He then did obtain a position in urology with Dr. Hugh Young as an interne in urology. Is this correct?

Dr. F.: Yes.

Dr. O.: Then, in 1922 he did get an assistant residency in general surgery?

Dr. F.: I believe it was in 1923.

Actually while he was a urological interne, he rotated for 3 months on the general surgical service. That year was the second one in which there was rotation of internes between general surgery, gynecology, and urology.

Dr. O.: Was Dr. Finney acting head of surgery at that time?

Dr. F.: He was. That's correct.

As I started to say, no one as far as I know has recorded the facts as to why Dr. Blalock was not kept on for the chief residency. It happens that the man who was resident at that time, took advantage of Dr. Finney's absences from the city and his inability to keep in close contact with everything that was going on. On several occasions this resident not only performed unnecessary operations, but gave the professor an incorrect report as to what he had done. I

can document this by a case of a man named Adams, who had some vague abdominal complaint and was operated on by this resident and given an ileo-sigmoidostomy for what was described as extensive chronic ulcerative colitis. The resident had recently announced that this was a new operation which he thought would be curative for this disease. Unfortunately, Mr. Adams died five days later, and at autopsy there was a normal colon and a carcinoma of the pancreas. There were similar instances which irritated the assistant residents, at least some of them, and Dr. Finney got wind that all was not well.

He sent for me and I gave him five case records including the one I just mentioned. Dr. Reichert and Dr. Blalock were sent for and they confirmed what I said. That afternoon the three of us went to Dr. Finney and said that we did not care to stay on the service another year if he was going to reappoint this particular man as resident. I was leaving for vacation, and in about two weeks I received a letter from Dr. Finney in which he said he had investigated my criticisms and found that they were absolutely correct, that he had never talked to anybody as he had talked to this man who admitted that he had done wrong, and since it was always Dr. Finney's policy to give a penitent sinner a second chance, he was going to reappoint this man for a short term. He would give Dr. Reichert money to visit all the large surgical clinics in America during the first four months of this man's residency and I could remain as the resident in

neurosurgery. Under these terms, Dr. Reichert and I agreed to stay on and just assumed that Dr. Blalock would be kept. But unfortunately this was not stipulated and at the end of the year, Dr. Blalock found himself without an appointment.

I helped him get the position down in Nashville and was so disgusted with the deterioration of the service at Johns Hopkins that I asked him to see if there weren't two openings down there!

Dr. O.: Dr. Firor, when in this period did Dr. Blalock spend a year as an externe with Dr. Crowe? According to Dr. Ravitch's recent publication, this was in 1924 which was the year before he went to Vanderbilt.

Dr. F.: That's right. He lost his position in surgery at the end of the year, had nowhere to go, and Dr. Crowe took him on as a Fellow.

I might as well finish what comes to mind when I speak of this particular chief resident (Dr. William F. Rienhoff, Jr.). However, if you would like me to fill in what went on later during the second interregnum leading up to Dr. Blalock's appointment as Professor, I will defer what I was going to say until that time.

Dr. O.: To follow along chronologically, Dr. Blalock then went to Vanderbilt where the Department of Surgery was being developed with Dr. Barney Brooks from the Washington University in St. Louis, one of Everts Graham's men.

Dr. F.: Dr. Brooks had originally been at Hopkins before he went to the Washington University in St. Louis, so he knew what a Halsted residency was.

Dr. O.: Then after a period of time, of course, Dr. Blalock returns.

Dr. F.: Very well, and to give an account of this we should begin with events in 1938 when things started to develop here at Johns Hopkins with Dr. Dean Lewis's illness.

I remember very vividly in the early part of September of 1938, coming back from vacation and being told by Paul Kunkel, the resident, that the Professor was confused and on the day before was about to make a serious mistake at the operating table.

A few minutes later Dr. Lewis sent for me which was unusual and asked me to make rounds with him. Dr. Lewis was a very forceful and dignified person, and to my utter amazement, he went on the ward and started to shake hands with an orderly and chat with him as if he had been an old friend. I immediately realized that there was a serious mental derangement. A few minutes later he went into a private patient's room and she said, "I'm sorry Sir, but I think you're in the wrong room." He said, "Not at all, I took your spleen out yesterday. What's the matter with you?" I quickly got him out of there and phoned his wife and said that she must get a physician to see him, that there was some cerebral change going on. In a day or two he was admitted to the hospital and never operated again. His

illness unfortunately lasted over two years. In February of '39, the university retired Dr. Lewis and appointed a committee to select a successor. There were seven men on the committee, two of them retired surgeons. To avoid criticism, a subcommittee composed only of active surgeons was created. The position was first offered to Dr. Evarts Graham.

Dr. O.: May I ask you who were the members of the committee?

Dr. F.: Yes. Dr. Lewis Weed was the Chairman, Dr. MacCallum the pathologist, Dr. Longcope, Dean Chesney, Winford Smith the Director of the Hospital, Dr. William A. Fisher, and Dr. Richard Follis.

Dr. Graham came and looked over the position and asked me if I would stay on and run the department if he came because he had far too much to do in his editorial work and also in private practice. I said that I would, but he added that he was almost certain that he would not take the professorship.

Then, it was offered to Mont Reid of Cincinnati. He saw me at the meeting of the American Surgical Association and asked me to meet with him in New York where we could spend a day or two and go over the department (of surgery); all the appointments, the budgets, the organization, because he had made up his mind not to accept the position but thought that out of loyalty to Johns Hopkins, he would outline for President Bowman exactly what ought to be done to make it a first rate department, and thereby make it easier for them to

get a top-flight man to accept the position. This was done. The budget of the department that was recommended by Dr. Reid was doubled, the salary of the professor was increased, and many other recommendations were made.

Before the position was offered to Dr. Blalock, Dr. Weed announced to the committee that he felt that Dr. William F. Rienhoff should be the appointee. There was considerable opposition to this from nonmembers of the committee, and it was suggested that the advisory committee of surgeons be asked to meet with the large committee to discuss this recommendation.

Dr. O.: Who were the members of the advisory committee of surgeons?

Dr. F.: I remember only some of the members. Dr. Harvey Stone, Dr. Walter Dandy, Dr. Samuel Crowe, Dr. George Bennett, and Dr. Richard Shackelford.

At that meeting the surgeons urged the large committee not to appoint Dr. Rienhoff, and at the conclusion of their report Dr. Weed said, "Gentlemen, to show how we stand, I am going to call on the members of my committee for an informal vote." Everybody, except Dr. Winford Smith and Dr. William Fisher, voted for the appointment. Dr. Fisher blurted out, "I will never vote for him. He's a damn liar!" Dr. Weed called on Dr. Fisher to prove that statement within two weeks or retract it. That night Dr. Fisher called me up and asked for some factual data which would substantiate his statement. It was not hard to

provide this. I called the resident, Dr. Edward Stafford, to look up the case records of 20 patients who were supposed to have had pneumonectomies by Dr. Rienhoff. He had reported in the Johns Hopkins Hospital Bulletin in Vol. 64, page 167 on his operation for pneumonectomy for carcinoma of the lung. He stated that 18 of the patients had not only survived total pneumonectomy but were living and well. Actually he had falsified the hospital records and it was pointed out that one patient who was supposed to have had a pneumonectomy, was dying from cancer in the lung that was supposed to have been out in a Veterans Hospital in Connecticut.

This material was given to Dr. Fisher and presented at the committee meeting and that ended that incident. Not quite however, because President Bowman said that he wished that nobody would mention this, that he didn't want dirty linen washed on Charles Street. However, the feeling among the surgical subcommittee was so intense that it was impossible to hush it up.

At the meeting of the Southern Surgical Association at The Homestead in December 1939, Dr. Blalock came to me and said that he did not want to get into the middle of a row at Johns Hopkins, and I assured him that there was no longer any need for his feeling that way, that if he wanted to come, I would do all I could to help him. He said, "If I take the position as Professor and Chairman of the Department, I would like to appoint you as another Professor." This he did. He recommended shortly after coming, that I be made a full professor.

This was contrary to University policy, which for many, many years had permitted only one man to be professor, and Dr. Blalock's generous recommendation was ruled out by Dean Chesney as being contrary to medical school and University policy.

When Al first came, he was very insecure. Probably because in Nashville, he had done only thoracic work and Dr. Brooks had done all of the abdominal cases. I have a letter here from Dr. Austin Lamont, who was head of anesthesia for several years under Dr. Blalock, in which he says, "I think part of Blalock's trouble was that when he came to Johns Hopkins, he was not an experienced clinical surgeon, but he did not want any of the older men to know it. He got over this in time."

That is quite correct. Actually the person who helped him most in operating was the resident, who was Mark Ravitch. Dr. Blalock always felt indebted to Ravitch for the help he had given him at this time.

For the first six months I don't think Dr. Blalock made a single major decision in which he didn't come to my office and ask for my advice and help. Gradually I realized though that I was a thorn in his flesh, because having been in charge of the department for three years, a great many people continued to come to me, and he thought they should go to him. For this reason, I moved my office out of the hospital to 1101 Calvert Street.

Dr. O.: As is common when a new man comes into an established department, I gather that some of Dr. Blalock's decisions were quite unpopular with the housestaff when he first arrived. There was something, again in Dr. Ravitch's material, that indicates that he shortened the length of training of several residents, August F. Jonas, James Mason, and William G. Watson. Also Dr. Otenasek and Dr. Troland, who were with Dandy at that time on their tour of neurosurgery, were essentially told not to come back to general surgery. I don't imagine this was terribly popular at the time.

Dr. F.: Quite right. It was not popular.

Dr. O.: Do you feel it was indicated actually? Was there a basis for this sort of decision?

Dr. F.: Well, I don't think it was quite right to shorten the residency for Watson, who was an excellent man. Nor do I think it was fair to block the road to Otenasek, who has turned out to be one of the great neurosurgeons of the country. I think Dr. Blalock was partly activated by the fact that he wanted to bring one or two of the Nashville men here. I remember very clearly going to him and suggesting bringing William Longmire back who had gone out to Oklahoma to be with his aged father. Dr. Blalock said, "No, I told that young man to stay where he was." However, when the war came along and the units left, the surgical housestaff was so depleted, that Dr. Blalock was very glad to get Bill Longmire back, who proved to

be one of his outstanding residents and his indispensable assistant in developing the "blue baby" operation.

After I moved out of the hospital, it was obvious that my contacts with the chief were less frequent. In 1945, I was made Chairman of the American Board of Surgery. Dr. Blalock was very critical of the Specialty Boards, particularly the Board of Surgery, and predicted that it would peter out rather soon, because there were not enough top flight men in the country to serve on it. This prediction, I don't think, has been borne out.

Dr. O.: What was his reason for this view?

Dr. F.: I could never find out. He never lost an opportunity to criticize the Board. He was appointed on a committee by the College (American College of Surgeons) to help set up the Conference Committee (Conference Committee on Graduate Training in Surgery). This as you know had been initiated by me. Naturally I was on that committee for a full term of six years. Dr. Blalock never attended a single meeting. He had nothing to do with it. Dr. Warren Cole and Dr. Fred Collier were the other representatives of the College and of course Dr. Collier carried the load for the College.

Dr. O.: This is an interesting set of circumstances, that he would react this way to something that was obviously of such importance to the development of surgery.

Dr. F.: He would have absolutely nothing to do with it, I think largely because he wasn't running it and it wasn't his idea.

Dr. O.: Actually, I gather the only physician he brought with him from Vanderbilt was Dr. George Duncan, who then became his first Chief Resident here. Also Vivien Thomas and his secretary, Francis Wolfe came along. So he did not load the department with Vanderbilt people.

Dr. F.: I think when we get to talking about the operation for the Tetralogy of Fallot I must for the record, put in a paragraph about Vivien Thomas.

Dr. O.: Well, the next thing in my notes actually is 1944 and the operation for Tetralogy of Fallot so why don't we move along to that. I am sure this is an interesting area as the publicity that one sees, even finds in the medical literature about this particular development and procedure probably could stand some expansion.

Dr. F.: We have to go back to about 1930, when Vivien Thomas became the technician for the Department of Surgery at Vanderbilt. He was an exceedingly clever person and helped Dr. Blalock for some years. By 1937 Dr. Blalock was so busy with clinical work that he merely supervised the laboratory. He became interested and suggested operations for creating pulmonary hypertension and assigned this problem to Dr. Sanford Levy, who later changed his name to Leeds, and to Vivien Thomas. They employed the technique for vascular suturing

and anastomosis that had been worked out by Carrel at the Rockefeller Institute and which several of us had used in the Hunterian laboratory. It was actually these two men who did the blood vessel surgery in the experimental laboratory at Vanderbilt. When Dr. Blalock came to Johns Hopkins, he brought Mr. Thomas with him. As I gather it, the idea of operating for Tetralogy of Fallot was entirely Helen Taussig's thought, and she suggest to Dr. Blalock to do the operation.

The first case was done with Harmel as the anesthetist and Austin Lamont looking on and advising. It was also done with Vivien Thomas standing behind the Professor and really coaching him and on William Longmire urging Dr. Blalock to proceed when he was about to give up. In all modesty, Vivien Thomas has told me that he made Alfred Blalock, because the latter had not done scarcely any blood vessel anastomoses before. Although Ravitch's biographical note says that Mr. Thomas stood behind the Professor for the first 12 cases, Vivien tells me that it was nearer 100.

The first three cases were beautifully worked up by Dr. Taussig and were phenomonally successful. I remember when they were presented by Dr. Blalock at the meeting of the Johns Hopkins Medical Society. It was an epochal event. There developed an intense element of jealousy on the part of Dr. Blalock. The first few operations were posted as the Taussig-Blalock operation. He then insisted on dropping Dr. Taussig's name. In a letter to me from the anesthetist in charge

at that time he says, "I'm afraid he had a petty and ungenerous spirit. The most notable example of this was his attempt to take upon himself the whole credit for the Taussig-Blalock operation. The only time that I have ever seen Dr. Edwards A. Park really angry was when he told me about this and about the lengths to which he had to go in order to insure that Blalock gave Taussig proper credit."

Dr. O.: Although you hesitate to put this in the record, I think it is an important thing to include. This is an evaluation by Dr. Lamont who was "Johnnie on the spot" and knew what he was talking about.

Dr. F.: That's right. I remember this intense feeling, and for awhile I am sure Al Blalock didn't speak to Helen Taussig. He did everything to eliminate her name and everybody in our department knew it.

It's always interesting to realize what important effect time has on developments. Now, Elliot Cutler many years before had operated on hearts for mitral stenosis. He and Claude Beck had done 13 I think, in human beings, and it didn't take but this operation which Dr. Blalock did, it came at the right time and really opened the door for all the advances in cardiac surgery. Too much credit cannot be given to the Taussig-Blalock operation for the influence it has had in cardiovascular work.

The time was just perfect. The cases were thoroughly worked up, studied before and after operation by Dr. Taussig. It was a beautiful piece of work and did a very great deal to put poor old Johns Hopkins back on the map.

Dr. O.: Was the feeling running high enough amongst the staff of Hopkins shortly after this tremendous amount of publicity surrounding the Blalock-Taussig procedure or Taussig-Blalock procedure, that it might have had something to do with Dr. Blalock's serious consideration of an offer of the Chair at Columbia?

Dr. F.: I can review the facts about that. He was offered the Chair of Surgery at P. and S. in New York. He asked me what salary he should ask for. All I could say was that Dr. Heuer at Cornell was getting such and such a figure. Dr. Blalock went to P. and S. and for two or three weeks nothing was heard about what went on. I was at the Southern Surgical Association meeting in December of that year where Dr. Fordyce B. St. John and Dr. William Darrach, both professors at P. and S. said they wanted to talk to me about Blalock. I said, "What's up?" They said, "He came, looked over our position, and accepted it. Five days later after President Bowman of Johns Hopkins had increased his salary to more than what we were offering him, he resigned." The P. and S. people were very, very upset.

Dr. O.: Something else that I wanted to ask you. I notice that Dr. Blalock was Chairman of the Medical Board from 1955 until he

retired in 1964. Is this an appointed position or an elected position or by seniority?

Dr. F.: The members of the Medical Board are the Chiefs of the various services in the hospital. They elect their Chairman, which is a position of very great influence and power. As time went on Dr. Blalock's reputation spread across the world. His younger men continued to make very excellent contributions to cardiovascular surgery. No one will ever know the debt Al Blalock owes to Vivien Thomas, William Longmire, Henry Bahnson, and some of the other residents. The arrangement to send two of his assistant residents over to NIH for two years under Glenn Morrow was a superb arrangement. This payed off so that the cardiovascular work at Johns Hopkins stayed right out in front largely due to the brilliant young men that were working with him. It is significant that when Dr. Blalock died all his young men had left Johns Hopkins and there was no one to carry on the tradition until Vincent Gott came.

Being head of the Medical Board of the hospital gave Dr. Blalock very great influence over all of the affairs in the medical school and hospital and actually he reigned as czar for the last 10 years. So much so that when his retirement came up, the heads of the other departments were determined that not one of his young men would be appointed. I appeared before the committee to select his successor and told them, in my judgement, the best young man that Blalock had

trained for the position was Dr. Bahnson but that he was committed to stay in Pittsburgh. I could see that they were not interested in any of Blalock's men. And that's the reason they gave it to George Zuidema and for no other reason. Those are facts.

I can give you one or two examples of how jealous Dr. Blalock was of his power. We had started a tumor clinic in 1939 under Grant Ward in the Department of Surgery. Dr. McGehee Harvey later developed a Department of Oncology in his Department of Medicine and went to Al to see if it wouldn't be sensible to fuse the two and not duplicate the work. Dr. Blalock wouldn't think of it. Then when it came to the Department of Anesthesia, Dr. Lamont developed an outline for a university department. There were only two or three in the country.

This proposal was that the Department of Anesthesiology would be quite separate from the Department of Surgery, and would serve for inhalation therapy in medicine, pediatrics, and throughout the hospital. Dr. Blalock resolutely refused to allow it to become independent and that is the reason Dr. Lamont left and went to Philadelphia.

Dr. O.: I can remember when I was on the house staff (1955-56) that it was even obvious to us that Dr. Blalock seemingly preferred the nurse-anesthetist to the few physician-anesthetists available. Another thing that struck me at that time, and in retrospect even

more so, was what I interpreted as a total lack of support for Dr. Procter when he was involved in the Department of Anesthesiology.

Dr. F.: That's right. After Dr. Lamont resigned, Miss Berger had to run the department for a year or two and then Dr. Procter, who had been trained as an otolaryngologist, took a very brief course in anesthesiology and was placed as head of the department. It was not long however, before he realized that he would have to bow to Dr. Blalock's demands and that he was not independent, so he resigned.

Dr. O.: I had the feeling that Dr. Blalock would accept a man who was not a Board certified anesthesiologist as window dressing, possibly, but he did not want a department such as Austin Lamont had in mind or as Dripps had in Philadelphia.

Dr. F.: Austin Lamont went up and worked with Dr. Dripps. I think Dr. Blalock's two excellent contributions were first that he did the operation for Tetralogy of Fallot and opened the door for cardiac surgery, and second, his loyalty to the younger men, the way he gave them the opportunity to develop, the way he preserved the residency training program at Hopkins and pushed these young men into professorships. He was exceedingly loyal to those who were loyal to him and really vindictive to anyone who opposed him. I think maybe his third big contribution was to revivify the surgical department at Johns Hopkins which had suffered an eclipse. As far

as teaching goes, it didn't come naturally to Dr. Blalock, it was an effort. He was always indecisive and simply didn't go all out to teach students. He was very likely to delegate his teaching responsibilities to other people. He just didn't like to teach. In sharp contrast to Dr. Dean Lewis, the Friday noon clinics under Dr. Lewis were crowded; under Dr. Blalock they deteriorated horribly.

Dr. O.: Yes, this I think I can vouch for on the basis of my experience as a medical student and on the house staff. He was fortunate in having some good teachers who enjoyed the give and take with 3rd and 4th year medical students like Jack Handlesman, Ed Stafford and a number of others. We saw very little of Dr. Blalock except in the pit at Friday noon conference.

Dr. F.: Yes, and then he would come late and he wouldn't be decisive and clear-cut. It was a conversation back and forth. It was neither fish, or flesh, or good red herring!

Dr. O.: It just put the fear of God in you as a student!

If I may I would like to ask you a question that has bearing on something you said early on. At the time that Dr. Blalock did not get reappointed in the Department of Surgery at Hopkins on the house staff as an assistant resident, was it due to an oversight on Dr. Finney's part or was Dr. Blalock on the "outs" with Dr. Finney in

some way, or was it on the basis of his competence as a house staff officer.

Dr. F.: It was not on the basis of his competence. It was really because Dr. Rienhoff had it in for him and Dr. Finney listened to Dr. Rienhoff. Dr. Finney was a bit vindictive.

There were several things that Blalock did that weren't good; he was just like Franklin Delano Roosevelt in one way. They tell a story of a senator who went to see the President and said, "Mr. President, this bill is a must!" He said, "I quite agree with you. We must put it across." Another senator came to see the President and said, "Mr. President, we must defeat this bill, it is terrible." He said, "I quite agree with you, we must defeat it." Eleanor said, "Now Franklin, don't you think that was a little two-faced telling each one of them that?" He said, "I quite agree with you."

Al was a smooth operator. He knew how to play up to the Trustees and President Bowman and people who were in power. His soft Georgian drawl was disarming to all who did not see through him.

Dr. O.: I'm sure it didn't hurt him.

Not for the sake of prying, but to evaluate a man and his contributions, I think it is important to know whether or not a man had a problem with alcohol. My impression as an intern and from what I heard as a medical student, was that Dr. Blalock very definitely,

particularly in his later years, had a rather serious problem with drinking. You would see him at a meeting in Atlantic City at 10 o'clock in the morning and he would pass you in the hall and be weaving.

Dr. F.: That is correct. Now take Dr. James Isaacs, one of the most brilliant men he ever had. Jim Isaacs came to my house one evening. He said, "Dr. Firor, I'm going to resign. Dr. Blalock has just called me up from Gibson Island and told me that I'm the worst person he has on the staff, that I'm crazy, nobody knows what I am doing, I've let him down, I haven't done any good and he just doesn't see why I hang around." I said, "Jim, was he drunk?" He said he obviously was. "Well," I said, "pay no attention to him. Within 48 hours he'll send for you and with that nice soft voice he'll say, 'Jimmie, do me a favor. I've got a private patient. I'd just love to have you do her. You can do this operation better than anybody.'" I said that will be his apology.

Within 24 hours, there was a private patient needing a cholecystectomy. Dr. Blalock sent for him, "Jimmie, do this woman for me. You do the best cholecystectomy around."

I knew Al from way back. You could never, never be sure of his sincerity. For instance, saying to Nancy Lamont so everybody in the room could hear, "Nancy, I don't want you and Austin to leave. I begged Austin to stay. I don't know why he wants to leave!" He

didn't know why he wanted to leave! I mean that's just downright prevarication, but it fooled all who did not know the facts.

Ed Stafford put his finger on it once. He said, "Boss, you and the Professor have one thing in common; surgery. Temperamentally, socially, and by every other standard, you are complete opposites."

Dr. O.: From what little I could see even as an intern, it was terribly obvious, and it was obvious to the entire house staff.

Dr. F.: Dr. Blalock was made by Bahnson, Longmire, Morrow, Lamont, Ravitch, and Vivien Thomas. Ravitch helped him and taught him a lot, but after that Ravitch rode on his coattails.

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