Henry T. Bahnson, MD (1920-2003): Himalayas of the mind—Challenges and expectations

Henry T. Bahnson was born in Winston-Salem, North Carolina, November 15, 1920. He presided over The Society of University Surgeons, The American College of Surgeons, The American Association for Thoracic Surgery, and The American Surgical Association. This combination of leadership has been held by fewer than 10 surgeons. Along with 9 peers, he was selected by *The Lancet* as a top surgeon of the 20th century. Importantly for me, he led the department of surgery and the University of Pittsburgh's School of Medicine during a period of 30 years, from a position of indifference to empowering significance. His death in January 2003 from a stroke prompted those who knew him to remember what made this quiet and dignified man special.

Many of us gathered at a memorial service held beneath the gothic spirals of his adopted university's Heinz Chapel at the foot of the University of Pittsburgh Medical Center. With our specialty and academic medicine generally searching for direction, I found the service to be a compass magnetized by the lessons of his life.

Dr Bahnson had an unusual balance of intellectual curiosity, emotional control, and physical strength that permitted him to excel. Ben Eiseman commented that "Hank considered sleep deprivation as some unusual psychiatric abnormality." He trained for his often month-long Himalayan absences by running the more than 50 flights of stairs in Pitt's Cathedral of Learning with a rock-loaded rucksack on his back. He was one of the strongest snow skiers I have ever seen, and later in life he would rush to pedal his bicycle through bouts of atrial fibrillation to test its effect on his endurance. He was an undersized lineman at Davidson College and became a good botanist, tolerable beekeeper, good horseman, and outstanding black-and-white photographer. Most who knew him learned firsthand of his interest in the harmonica. Ben Eiseman suggested that his love of the harp spared us of a voice that could not "carry a tune in a bucket." In his usual style of wanting to know, he investigated by video and Millar catheter the unique anatomic features of the pharynx found in a virtuoso mouth organist. His interest in the instrument was the subject of a front-page article in *The Wall Street Journal*, and publication number 250 in his bibliography concerns the harmonica.

Dr Earle Wilkins, his brother-in-law, told of Hank's Boston-based courtship of Louise and the early difficulties of mastering the zealous mistress of medicine. Just before moving to Baltimore, Hank received a rare permission to marry from Dr Blalock. Augusts on Martha's Vineyard and avoidance of the hospital on most Sundays seemed enough. His 3 boys, Ted, now deceased, David, an orthopedist, and Blalock, a cellular biologist, and 2 daughters, Susan, a nurse, and Barbara, an attorney, grew with lots of mothering, and the marriage endured. Time for Louise was precious. Regretfully uncommon for us today, together they enjoyed socialization at our societies' meetings. Tragically, as his professional commitments less-

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ened, Louise became incapacitated by Alzheimer's disease. He cared for her at home till her end.

Frank Spencer recounted the special years of training at Johns Hopkins and of a "close collegial relationship" that even later in life led to intraoperative telephone exchanges between the uncertain surgeons. He described him as a "superb technical surgeon, skilled, meticulous, with an uncanny accuracy of his judgment." Eiseman reminded us of Hank's mastering of surgery and his status of "favorite" with Alfred Blalock, another Southern gentleman. Arriving at Johns Hopkins in 1944 as a valedictorian from Harvard Medical, he entered a milestone period for thoracic and cardiac surgery.

Denton Cooley wrote to me, explaining, "From the beginning all interns were determined to excel and gain some respect for their work. Hank had a research interest which interfered somewhat with his clinical duties." He was known to frequently leave the hospital and go a couple of blocks away to the Hunterian Laboratories (the dog laboratory) and carry out some experiments there with the help of Vivien Thomas, who was the diener in the laboratory. Hank tried to confirm some of Dr Blalock's early experiments with traumatic shock. Denton and Hank became friendly rivals during that period, each hoping to do something to merit Dr Blalock's attention. Later, as a resident, Hank became interested in tissue transplantation. Cooley remembered, "One day he asked if I would implant fetal parathyroid glands into his abdominal wall which I did using local anesthesia. I don't know what the objective was, but survival of the glands did not occur. I do recall when Blalock, who had been out of town at the time, returned and learned of our experiment, he called us to his office and called us 'a couple of damn fools.'" Denton spoke fondly of those years, when lasting friendships were a byproduct of the calling. He further remembered his wedding reception, "All were in white tie and tails, Louise Cooley and I were leaving the reception for our wedding trip, and Hank appeared at our departure wearing my striped pajamas pants over his formal trousers."

Within months of starting his internship, the "blue baby" operation had been a success, and soon the young surgeon was to receive his passport to a lifelong enrichment from international fellowships. In 1947, he accompanied his chief on the triumphant "blue baby" tour of Europe. While Dr Blalock rested in the Garden of the Tulleries, Bahnson, surrounded by seniors, performed Europe's first closure of a patent ductus. Soon Dr Blalock delegated cardiac and vascular surgery to Drs Bahnson and Spencer. Dr Spencer remembered a 6-week trip in 1957 to Sidney, Australia. Thirty patients were in the Royal Prince Alfred Hospital waiting to see who would be the first to be operated on. With a "whopping" 18 months of personal experience, they were asked to establish cardiac surgery there. A Lillehei

heart-lung machine was shipped and tested in the host's canine laboratory. To their consternation, all the animals died. Hank commented, "There is something wrong with these dogs; I think we should go ahead with patients." They did and without a single loss over the 4 weeks of operating. His work on tangential excision of aortic aneurysm evolved from Cooley's original interest, was reported before the American Surgical Association in 1962, and brought him national attention. Dr Bahnson always felt he was lucky to have dropped into the cradle of cardiac surgery. Most of his peers agreed that he among a few other luminaries made the most of this opportunity.

Tom Starzl's memories of Hank further conjured up a few additional key words, including taciturn, competitive, fair, honest, modest, and generous. "He avoided nonsense conversations and was put off by gossip. Competitive in all the right ways, he was gracious as a winner but never servile in rare loss." I noted his competitive nature when he was determined to be at his desk earlier each morning than a promising young general surgeon, Larry Carey. This progressively destructive behavior was called off when each other's lights were turned on before 4 AM. Hank learned later that Larry had taken an apartment one block from the hospital. I felt his focused competition as we raced each other's transplant times and chased one another down Colorado ski slopes. Bahnson and Eiseman decided the program of the Society of University Surgeons meeting would be enlivened by sports. One year it was a swimming meet held in the Olympic Natorium at Ohio State. Eiseman recalled that Denton Cooley wryly suggested that we each swim 2 laps in the relay and that he almost drowned in his final lap. Tom Starzl credited Hank with fathering the transplant program at Pitt. "The initiative would have died at birth without Hank Bahnson's just stewardship, protection, and active participation. Already more than 60 years old, he approached this new challenge with the Wisdom of Solomon and the passion of a crusader, knowing that it would be his last great achievement. The transplant program that exists here today is a monument to his memory."

The confidence Dr Blalock showed in Hank was in turn showered on his house officers and faculty. While most interns generally remember their first "save" or "patient loss," I believe that Bahnson trainees recall the indelible first operation with the master. This invariably happened 6 to 8 hours into an exhausting cardiac procedure, when the sleep-deprived intern was routinely asked to close the arterial connection to the heart-lung machine. Dr Bahnson seemed to cherish this moment more than all others in the long operative day. He would move in his common silence from the heart to the inguinal-based artery. We were passed antiquated tools with which he had learned, a brittle silk suture and an Adson neurosurgical hemostat to use as a needle holder. They demanded a high level of skill to use

and an acknowledgement of those pioneers who preceded us. As we struggled to tie a square knot, he would pressurize the moment with “don’t break it.” Those of us survived who didn’t. I suspect that what most of us, and I in particular, learned through that first test was that Dr Bahnson expected us to be prepared, and less would be disappointing. Like running the stairs on the infamous “boss” surgical rounds, we took multiple steps at a time as we rushed to become Bahnson residents.

Residents were vested with a broad responsibility for rendering unmonitored care not achievable today. We learned from our chief residents. One, Joe Young, amputated the leg of an iron worker to free him from the crushed entrapment of a collapsed girder high atop the Thirtieth Street Bridge, a city bridge spanning the Monongahela River. When asked by a reporter if he had ever before done such a thing, Joe responded, “Not on a bridge.” The boss’s eyes twinkled with expectation realized. Unlike today, when “parts” of the operative procedure are shared with a trainee, for the boss it was all or none. Fortunately for me, Bob Hardesty, even as a young assistant professor, permitted me to learn the steps, operating on his patients. In 1978, I experienced my first case with Dr Bahnson, closure of an atrial septal defect in a 7-year-old’s heart. It is incredible now, but the approach then was through a right anterolateral thoracotomy, beating heart. I spent hours in preparation, watching the more senior residents perform the steps, rehearsing the operative notes, studying the high-wire act to avoid air embolism. I opened the child’s innocent chest and waited for the boss. The tiny heart was swollen in its own apparent challenge. Dr Bahnson came to the operating room, looked at me inquiringly, and said, “How are the veins?” My heart stopped. I had no idea what he meant. I learned shortly thereafter, as he moved me to the “assistant side” of the table, that he was asking whether the child had uncommonly associated anomalous venous connections. The boss had expected me to be prepared.

Finally, what was it like to be one of his young faculty members? I learned early on that discussions would be brief. I was hired without ceremony, only “I hope you will join us next year.” The most important thing was the knowledge that he completely supported us. Dr Bahnson never cautioned Bob Hardesty or me against some of our most implausible schemes. Early use of the artificial heart, extracorporeal membrane oxygenation, procurement of beating autoperfusing heart-lungs, lung transplants for cystic fibrosis, all were okay with him. I only remember him saying, “Be brave.”

As we aged together, I began to better understand him away from medicine. I believe one of his favorite poems by C. Day Lewis captures him best and expresses what I have tried to tell you about being a Bahnson resident

*Those Himalayas of the mind
Are not so easily possessed.
There’s more than precipice and storm
Between you and your Everest.**

Frank Spencer shared an inscription from his friend on the last of the annual Christmas cards received before his stroke. “My CAT scan shows two or three small cerebellar infarcts, probably from atrial fibrillation. My handwriting has ‘gone to h. . .,’ but I am vigorously avoiding going to the same place.”

Finally, I regret only that I did not take up the harmonica he rather ceremoniously gave to me at a winter’s ski boondoggle. Perhaps it was not too late, I thought, to fulfill this expectation, as I practiced playing it for the closure of my remarks at his memorial service. For those of you who would like to know the tune, it was “When the Saints Go Marching In.”

Bartley P. Griffith, MD

*Extract from “Transitional Poem 1929” by C. Day Lewis: THE COMPLETE POEMS by C. Day Lewis, published by Sinclair-Stevenson (1992), copyright © 1992 in this edition, and the Estate of C. Day Lewis.