Historical perspectives of The American Association for Thoracic Surgery: Richard H. Sweet (1901–1962)

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Richard Harwood Sweet, the 41st president of the American Association for Thoracic Surgery, was born in Newark, New Jersey, on May 30, 1901. He pursued his undergraduate education at Columbia University and his medical education at the Harvard Medical School. He graduated from Harvard in 1926 and became a house pupil at the Massachusetts General Hospital the same year, completing his residency on the East Surgical Service in 1930. He joined a prominent Boston surgeon, David Fiske Jones, one of the most exacting clinical surgeons of the day, as an assistant after residency in the old apprenticeship model of training. His initial practice was in general surgery, but he gradually developed an interest and specialty practice in general thoracic surgery during the 1930s, with a focus on the esophagus by 1940. Because all thoracic surgeons came from a foundational background of general surgery, it was only natural that a mixed practice was the result in the early years of our specialty. One of his favorite aphorisms was, “The battle of thoracic surgery is won on the playing fields of the pelvis,” his paraphrase of the famous statement by Lord Nelson (E. W. Wilkins, personal communication). The statement remains true today, at least in the field of general thoracic surgery. Richard Sweet and Edward D. Churchill, the chief of surgery at the Massachusetts General Hospital at that time, were paired together as both collaborators and rivals in the budding field of thoracic surgery. Together they reported the Massachusetts General Hospital experience with esophagectomy in 1942, emphasizing the technical conduct of performing the anastomosis.^{1,2} Their technique involved careful preservation of the gastric blood supply and an interrupted fine silk suture anastomosis, principles that remain true to this day.

With Churchill’s deployment to Europe in World War II, Sweet was declared essential to homeland surgical duties. Thoracic surgery became his responsibility, and he soon mastered surgery of the chest. By 1943 his clinical workload, and thus his surgical experience, had become enormous; he was recognized as *the* thoracic surgeon in Boston. Sweet established a thoracic surgery residency program at this time and provided additional training for 3 surgeons; Emerson Drake, Rodolfo Herrera, and Charles

Findley. This prescient concept was abandoned, however, when Churchill returned from the war. As Hermes Grillo noted, this was an “early forerunner of the distinct general thoracic surgical unit established a quarter century later” (E. W. Wilkins, personal communication).

Sweet was considered a technical genius; he performed the first American esophagectomy with a supra-aortic anastomosis and vied with Robert Gross for the distinction of being the first to divide a vascular ring. He developed a shunt technique for mitral stenosis between the pulmonary and azygos veins in collaboration with Edward Bland, a cardiologist. Sweet also had a large practice involving the surgical treatment of myasthenia gravis and standardized the technique of thymectomy for this disease. He ventured into cardiac surgery and performed pericardiectomy, patent ductus arteriosus ligation, and insertion of the Hufnagel aortic valve. All the surgical techniques of this self-made thoracic surgeon were beautifully described and illustrated in his pioneering textbook, *Thoracic Surgery*, first published in 1950.³ Interestingly, Sweet’s own preface proclaims that “any properly qualified surgeon can acquire with relative ease a satisfactory proficiency in thoracic surgery by employing the technics herein described.” Sweet described an esophageal anastomosis in the following manner: “[T]he performance of an anastomosis...in the esophagus must be carried out with the greatest gentleness.... The most important single aim is to prevent necrosis of the edges...to be sutured. Continuous sutures which cause necrosis because they compress the entire sutured edge must be avoided.” His anastomotic technique, which became known as the “Sweet anastomosis,” has stood the test of time.

Assisting Sweet in the operating room and with patient care were 5 Massachusetts General Hospital-trained surgeons: Carroll C. Miller, Lamar S. Soutter, F. Thomas Gephardt, Earle W. Wilkins, Jr, and John M. Head. In all his operating years, he had only 2 scrub nurses: Cleo Richardson and Peggy O’Brien. As a team, combinations of these people contributed to his reputation as a surgeon with technical precision and unhurried speed. Perhaps the French surgeon Henri LeBrigand best described Sweet’s proficiency in the operating room. There was nothing to “prevent his surgical performance from being brilliant and remarkably executed. Everything was neatly and clearly exposed; his team was perfectly rehearsed, and each gesture followed the next without any rush, yet without the slightest delay” (E. W. Wilkins, personal communication). It is also remarkable that in his 32 years of practice, Sweet had only one secretary, Dorothy Saunders.

Sweet’s composure in the operating room was matched by his reassuring, comforting manner with patients. With his

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technical prowess and skill in managing surgical problems complicated by previous mismanagement, he was held in awe by the surgical residents, who nicknamed him “Sir Richard.” He had a penchant for wearing red neckties and was therefore often referred to as “The Cardinal” as well. He always wore a full suit while making rounds, with a vest notable for its gold chain and his Alpha Omega Alpha Honor Society key. As a founding member of the American Board of Thoracic Surgery, and later its chairman, he was deeply concerned with the education and training of residents (Figure 1). He was noted to be “a stern critic, insisting on accuracy of observation and reporting, accepting no less than the finest of technical detail.”⁴ He had an understated but quick wit. At Grand Rounds one day when Leland McKittrick remarked, “I never operate on a patient when he is getting better or getting worse,” Sweet retorted, “What’s the matter, Mac? Given up surgery?” (E. W. Wilkins, personal communication). Sweet was unassuming but confident, patient but critical, soft-spoken but emphatic. He was a surgeon’s surgeon, and it was therefore not remarkable that when Churchill had intestinal obstruction, it was Sweet whom he asked to care for him.

Sweet had long stated he would retire when he was 60 years of age. He left his office in July 1961, allegedly for his annual summer vacation at his farm in Sullivan, New Hampshire; he never returned to the Massachusetts General Hospital. He told neither his assistant, John Head, nor his associate, Earle Wilkins, Jr, of his retirement plans. He had been elected president of the American Association for Thoracic Surgery earlier that year. In October he suffered a myocardial infarction, and he had a second 3 months later. He died in Elliot Community Hospital in Keene, New Hampshire, on January 11, 1962. Sweet is the only American Association for Thoracic Surgery president to have died in office.

Richard Meade delivered Churchill’s memorial eulogy to Sweet at the 1962 American Association for Thoracic Surgery meeting. The retelling of an ancient Hindu legend by Rudyard Kipling was followed by some beautiful Churchillian prose worthy of repeating here:

FIGURE 1. Richard Sweet, circa 1954, when he was the American Board of Thoracic Surgery chairman.

FIGURE 2. Portrait of Richard Sweet that hangs in Sweet Room at Massachusetts General Hospital. Notice the red necktie and the gold Alpha Omega Alpha Honor Society key, typical attire for “Sir Richard,” also known as “The Cardinal,” while making rounds.

Is it any wonder, gentlemen, that your calling should exact the utmost that Man can give—full knowledge, exquisite judgment, and skill in the highest, to be put forth, not at any self-chosen moment, but daily in the service of others?...Such virtue is not reached or maintained except by a life’s labor, a life’s single-minded devotion.... Its true reward is the dearly prized, because unpurchasable, acknowledgement of one’s fellow craftsmen. I have the honor of speaking before you, you who are Masters in your craft. This brief pause in your search honors the name of one whom you chose as your president, by no means the least in your long line of seekers who have followed the quest Brahma set them

—Richard H. Sweet, a Master among Masters.⁵

The memory and legend of Richard Sweet is perpetuated by the inscription outside the Sweet education room at the Massachusetts General Hospital dedicated in his honor: “Those attributes of a great surgeon: maturity of judgment, dexterity of hand, devotion in teaching, and serenity in crisis.” His portrait hangs nearby, with his gold chain and Alpha Omega Alpha key visible, the ever-present red necktie, and his warm blue eyes looking directly at you (Figure 2).

I recognize the substantial contributions made to this remembrance by Richard Sweet’s long-term associate Earle W. Wilkins, Jr, MD, who provided me with extensive personal notes and conversations regarding his former mentor.

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