Historical perspectives of The American Association for Thoracic Surgery: James R. Malm

Leora B. Balsam, MD, and Abe DeAnda, Jr, MD

James Royal Malm (Figure 1), the 66th president of The American Association for Thoracic Surgery (AATS), was born on September 7, 1925, in Cleveland, Ohio. His father, Royal Malm, was the son of a Swedish immigrant who raised 7 boys and 2 girls in Cleveland. Royal married Theodora Dromont in 1923, and James was their first-born son. After the Great Depression of 1930, the family moved to Evanston, Illinois, where James excelled in his early academic life and even set up a laboratory in the family basement, complete with a microscope and a set of slides he had mounted on his own. Frequent visits to a local doctor for treatment of childhood asthma and recurrent lung infections led to an early interest in medicine. This interest never wavered and helped govern his academic pursuits. The family spent summers on the lakes of Northern Michigan, and James' surgical career and entrepreneurship blossomed as he cleaned fish for sportsmen for a profit.

When James graduated from high school in 1943, World War II was under way, and he enlisted in the Navy as a candidate for the Berry Plan.^{1,2} This government-sponsored program enabled young men to defer their military service until after completion of their professional medical training. Malm completed his undergraduate requirements at Princeton University in 2 years and then enrolled at Columbia University College of Physician and Surgeons, where he completed his medical degree in 1949. He graduated with honors as a civilian, although he maintained his commission in the Naval Reserve. Malm took a 2-year rotating internship at the University of Pennsylvania under the leadership of Dr John Gibbon, Jr (41st AATS president). Malm recalled, "we thrived on the experiences caring for the sick and poverty-related ills of South Philly just 5 blocks from Independence Hall."³ Gibbons' pioneering research and clinical work sparked Malm's own interest in cardiac surgery. "I particularly remember his [Dr Gibbons] rounds and the special interest he had for the patients admitted for the new and challenging operations of closed mitral and aortic valve commisurotomy."⁴ During his early

training, Dr Malm married Constance Martha Brooks, an acquaintance since the second grade, with whom he had 4 daughters.

During the Korean War, Malm was called into active duty and served as a Junior Medical Officer aboard the aircraft carrier USS *Philippine Sea*, often in Korean waters. He was the only surgeon aboard and performed basic operations, the most common of which was circumcision for phimosis. He also recalled performing an appendectomy during a typhoon. "The entire 7th Fleet had to turn into the wind and slow down to stabilize the operating table until I finished" (personal communication, 2011). After his tour of duty, Malm returned to New York City for general and thoracic surgical residency training at Columbia Presbyterian Medical Center and was appointed to the faculty in 1958 with an annual salary of \$14,000.

The open surgery program at Columbia was in its infancy, but because of a series of unexpected circumstances, Ralph Deterling accepting the chairmanship at Tuft's in Boston, and Aaron Himmelstein's death from brain cancer 6 months later, Malm was appointed chief in 1960. This was remarkable, given that Malm had joined the surgical faculty only 1 year prior and had never performed an open operation. His career interests were in congenital cardiac surgery, limited at that point in his career to patent ductus arteriosus, coarctation of the aorta, and Blalock-Taussig shunts. Despite these dubious beginnings, Malm held the position of Chief of the Cardiac Surgical Service at Columbia for more than 30 years. Dr Malm and his close partner, Dr Frederick O. Bowman, performed pioneering work in the surgical treatment of tetralogy of Fallot and developed an algorithm for therapy that remained the standard for years (Figure 2).^{5,6}

Dr Malm was a leader in thoracic surgical education, and the residency program at Columbia was the cornerstone of his division. He wrote, "If the heart of the cardiac and thoracic division was surgery, the soul was the residency program" (personal communication, 2011). Dr Malm trained 60 residents during his tenure, including Dr Craig Smith, 92nd AATS president (Figure 3), and was known to be demanding, direct and to the point, and uniquely organized. As a member of the American Board of Thoracic Surgery and Residency Review Committee in Thoracic Surgery in the early 1970s, Dr Malm helped develop standards for thoracic surgery education and training programs across the United States, including guidelines for quality control and program site visits.⁷

Dr Malm delivered his AATS presidential address coincidentally in downtown Manhattan on April 28, 1986. He address was entitled "New York—A Bellwether for Thoracic Surgery."⁸ Ever the polymath, or perhaps because of

From the Department of Cardiothoracic Surgery, New York University School of Medicine, New York, NY.

Disclosures: Authors have nothing to disclose with regard to commercial support.

Received for publication April 14, 2012; accepted for publication May 10, 2012; available ahead of print June 18, 2012.

Address for reprints: Abe DeAnda, Jr, MD, Department of Cardiothoracic Surgery, NYU-Langone Medical Center, 530 First Ave, Suite 9V, New York, NY 10016 (E-mail: abe.deanda@nyumc.org).

J Thorac Cardiovasc Surg 2013;146:501-2

0022-5223/\$36.00

Copyright © 2013 by The American Association for Thoracic Surgery

doi:10.1016/j.jtcvs.2012.05.024

FIGURE 1. James R. Malm, 66th president of the AATS.

a chauvinistic feeling toward the city in which his career was located, Malm referred to New York as a bellwether, a leader to "...hold the herd together and provide direction," a tribute to the city where the AATS was founded. In his address, he summarized the careers and contributions of his New York City predecessors, including Willy Meyer (2nd AATS president and founding father),⁹ Adrian Lambert (22nd AATS president),¹⁰ Frank Berry (31st AATS President and founder of the Berry Plan),^{1,2} and others. Dr Malm's overriding theme was that New York City led the way for the development of not only the AATS but also all of cardiothoracic surgery during most of the 20th century. His closing remarks remain appropriate even now, that there is a "...need for all in this field to maintain intellectual integrity and to prepare for changes in our specialty and our medical system."⁸

Dr Malm retired from surgical practice in 1991, leaving behind a thriving cardiac surgery program and legions of skilled trainees across the country. He was honored by Columbia University College of Physicians and Surgeons with the Distinguished Service Award in 1996. After his retirement, Dr Malm moved to Martha's Vineyard, where his home would be filled with his grown children and

FIGURE 2. Dr Malm in the Columbia Presbyterian Medical Center intensive care unit examining a young patient.

grandchildren all summer, and he kept busy with tennis, hunting, and fishing the great waters around Martha's Vineyard in his boat *Tetrad*. He became skeet and trap champion of the local Rod and Gun Club. After surgery for aortic stenosis in 2003, he and his wife moved to the warmer climate of Amelia Island, Florida, where they continue to thrive. After recently replacing tennis with golf at the age of 80 years,

FIGURE 3. Dr Malm, Professor Emeritus of Surgery, with former resident and 92nd president of the AATS, Craig Smith, MD.

Malm professed, “the goal is to shoot my age, but that will require living beyond 100 years” (personal communication, 2011).

The authors acknowledge Dr Malm’s important contribution to this work, including provision of detailed remembrances of his education, career, and family life, which have been incorporated into this biography.

References

1. Balsam LB, DeAnda A Jr. Historical perspectives of the American Association for Thoracic Surgery: Frank B. Berry (1892-1976). *J Thorac Cardiovasc Surg*. 2011;142:253-6.
2. Berry Plan history. *JAMA*. 1961;175:57-9.
3. Malm JR. Letter to the editor. *P&S J*. 2008.
4. Malm JR. The use of the heart-lung machine in congenital heart disease. *Trans Stud Coll Physicians Phila*. 1974;41:184-7.
5. Malm JR, Bowman FO, Jameson AG, Ellis K, Griffiths SP, Blumenthal S. An evaluation of total correction of tetralogy of Fallot. *Circulation*. 1963;27:805-11.
6. Malm JR, Bowman FO Jr, Jameson AG, Ellis K, Blumenthal S. Current concepts in treatment of tetralogy of Fallot. *Dis Chest*. 1964;45:86-9.
7. Malm JR. Thoracic training programs as evaluated by the Residency Review Committee. *J Thorac Cardiovasc Surg*. 1973;66:158-61.
8. Malm JR. New York—a bellwether for thoracic surgery. *J Thorac Cardiovasc Surg*. 1986;92:169-80.
9. Scannell JG. Willy Meyer (1858-1932). *J Thorac Cardiovasc Surg*. 1996;111:1112.
10. DeAnda A Jr, Balsam LB. Historical perspectives of the American Association for Thoracic Surgery: Adrian V. S. Lambert (1872-1952). *J Thorac Cardiovasc Surg*. 2011;141:1344-5.