



UNIVERSITY
OF KENTUCKY

College of Medicine
Department of Surgery

The Department of Surgery 1960-2005

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This history of the Department of Surgery at the University of Kentucky was prepared in anticipation of the upcoming Southern Society of Clinical Surgeons meeting that will be held here in Lexington, KY on April 11, 2006. The information was collated by Dr. Mentzer with the help of Dr. Ben Eiseman, Dr. Ward Griffen, Dr. Gordon Hyde, and Ms. Jennie K. Leavell.

The first medical school in Kentucky was founded at Transylvania University in Lexington in 1799. It was the fifth medical college in the young United States and the first one established west of the Allegheny Mountains. The school experienced a number of personality clashes that ultimately led to its downfall. In 1818, Dr. William Richardson, one of the faculty members challenged another faculty member to a duel. That faculty member accepted the challenge, but appointed a younger physician, Dr. Benjamin Dudley, in his stead. Dr. Dudley shot Dr. Richardson in the groin, but the "Attendants were unable to stop the bleeding so Dr. Dudley himself saved his rival by compressing the femoral vessels until the bleeding could be controlled by ligation."¹ Friction among the faculty continued until a major schism occurred in 1837 and several members moved to Louisville to open a new medical school. In 1858 other faculty moved to Cincinnati to join the Medical College of Ohio, now the University of Cincinnati College of Medicine. The Medical College of Transylvania University dissolved in 1857.

As early as 1928, the possibility of a college of medicine becoming a part of the University of Kentucky (UK) was raised. Frank McVey, the university president, asked the student health physician, Dr. J. S. "Brick" Chambers, to gather information that would support the creation of a medical school in Lexington. The stock market crash of 1929 halted any further action on the development of a second medical college in Kentucky for more than a decade. The Fayette County Medical Society began discussions about a medical school during the 1940s. Led by surgeons Dr. Coley Johnston and Dr. Fred Rankin, the Kentucky Medical Education Foundation was established to explore and initiate the development of a UK medical school. Other leaders in the foundation were Drs. Brick Chambers, Francis Massie and Edward Ray, Sr.

Combining Dr. Chamber's original findings with updated information, the Kentucky Medical Education Foundation discovered some alarming

and discouraging information about the status of medical care in Kentucky, particularly in the eastern part of the state. One of every three Kentuckians examined for military service during World War II was medically unfit for duty. In 1949, there were more than 5000 unattended births and Kentucky ranked near the bottom in physician-to-patient ratio. It was estimated that 1400 additional doctors were needed in the state. Albert B. "Happy" Chandler, who decided to run for another term as governor in 1955, was well aware of the situation and promised to establish a medical college at UK if elected. He won handily, and the first item in his 1956-1957 budget was the appropriation of \$11 million for the establishment of the College of Medicine and construction of a teaching hospital, fittingly named the A. B. Chandler Medical Center.

The site selected for the new medical school was a cornfield between the main university campus and several College of Agriculture buildings. Dr. William R. Willard, who was then at Syracuse University, was chosen as the first dean of the medical college. Temporary offices were set up in the basement of the University's Fine Arts Building. Don Nelson, an architect for the Mayo and Cleveland Clinics was chosen to design the medical school and an adjacent 400-bed teaching hospital.

Dr. Willard along with the Dr. Johnston and other members of the Kentucky Medical Education Foundation convinced Dr. Ben Eiseman, who was then a Professor of Surgery at the University of Colorado and the President of the Society of University Surgeons, to become the first chairman of the Department of Surgery. Dr. Eiseman was intrigued with the opportunity to create a new surgery department in "a bucolic place with no school, a small farmhouse and a cornfield."²

The Department of Surgery officially started with Dr. Eiseman's arrival on July 1, 1961. At the time, "he and Mrs. Doris Waters [his secretary] plus a few borrowed chairs and dust constituted the entire department."³ Dr. Eiseman was promptly joined



The offices of the "Cornfield Dean", Dr. William R. Willard
ca. 1960



The A.B. Chandler Medical Center under construction
ca. 1960

by Dr. Yeong Koh, a research fellow. They borrowed tables from the Physiology Department and obtained surplus surgical instruments from a warehouse in Frankfort, Kentucky. St. Joseph Hospital, a hospital in town, and the existing Veterans Administration (VA) Hospital donated gowns, gloves, masks, and surgical drapes. Meanwhile Dr. Eiseman obtained a grant, funded by the Kentucky Chapter of the American Cancer Society, and the research program of the Department of Surgery in the College of Medicine was born. Within seven days of opening, the first departmental operation, a thoracotomy, was performed. Dr. Eiseman wrote in his First Annual Report: "The offices and laboratories that now are crowded originally stood bare and empty and on more than one occasion, it was not entirely clear how we were going to fill them properly with either people or equipment."⁴

The following year Dr. Eiseman focused on recruitment of personnel and the acquisition of additional equipment. He secured further financial support and expanded the research and teaching programs. Dr. Eiseman wrote in a later annual report: "...these many facets of activity can be neatly separated. In actual fact, problems tumbled one on another in a helter-skelter fashion and policies grew on the basis of day-to-day activity."⁵

One important factor came into play in those early years. The department benefited greatly from the contributions of volunteer faculty who had busy surgical practices in the community. An advisory committee was appointed that was comprised of many of the founding members of the Kentucky Medical Education Foundation, specifically Dr. Francis Massie, Dr. Coleman Johnston, Dr. Edward Ray, Sr. (urology), and Dr. Ralph Angelucci (neurosurgery). Again Dr. Eiseman wrote: "At a time when all of us on the full-time staff...were new to the community, this committee has invariably given excellent advice as to how to

best achieve our goals. Its members represent most of the surgical specialties, and many of its members have spent years helping the medical school get established in this community."⁶

Until the new hospital was ready for occupancy, the faculty and residents worked in two neighboring hospitals, the Leestown VA Hospital and the Narcotics Hospital, now the Federal Correctional Institution. One of Dr. Eiseman's initial challenges was dealing with hospital administrators. At one hospital, Dr. Eiseman was told he could not perform complicated cases such as a cholecystectomy because it might require a common duct exploration. This restriction did not last long because within three months open-heart procedures were being done at the Leestown VA Hospital by one of the outstanding surgeons who had come to the department as the chief of cardiothoracic surgery, Dr. Frank C. Spencer.

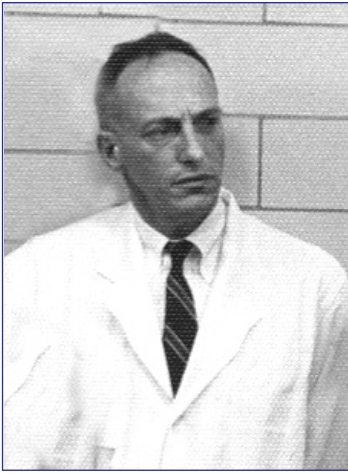
In addition to Dr. Spencer, Dr. Eiseman was busy surrounding himself with other outstanding faculty. Dr. Ben Rush supervised trauma care and oncology surgery; Dr. Rene Menguy supervised gastrointestinal surgery and taught gastrointestinal physiology to freshman medical students; Dr. Lester R. Bryant became the second person in the cardiothoracic surgery division and also chief at the VA Hospital; Dr. Charles Wilson was named chief of neurosurgery; Dr. Paul M. Weeks, just out his residency, was chief of plastic surgery; and Dr. Thomas D. Brower became chief of orthopedic surgery, a position he held until 1989. Many of the early faculty were eventually recruited to other medical schools. Dr. Spencer became the chairman of the Department of Surgery at New York University Medical School; Dr. Rush was the chairman of the Department of Surgery at the New Jersey School of Medicine and Dentistry until his retirement in 2000; Dr. Menguy was the chairman of the Department of Surgery at the University of Chicago from 1965 until 1971; Dr. Bryant eventually became chairman of the Department of Surgery at East



Full Time Faculty 1965-1966

Seated: Edward H. Ray, Frank C. Spencer, Ben Eiseman, Ben F. Rush, Charles B. Wilson.
Standing: Gordon K. Danielson, Kenneth N. Walton, Paul M. Weeks, Thomas B. Brower, W. G. Malette, Lester R. Bryant, Ward O. Griffen, D. E. Slagel, B.O. Rand. (Insert: H. A. Norrell)

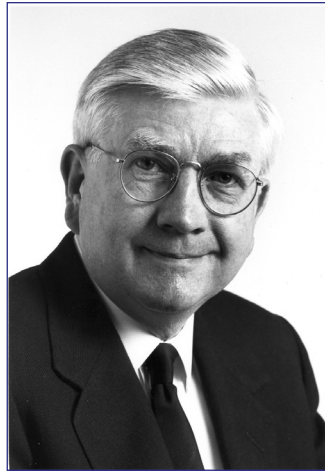
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Dr. Ben Eiseman
Chairman 1961-1967



Dr. Ward O. Griffen
Chairman 1967-1984



Dr. Byron Young
Chairman 1985-1996



Dr. Robert M. Mentzer, Jr.
Chairman 1997-2006

Tennessee State University and then the dean of the University of Missouri Medical School in Columbia, MO.

In April 1962 the A. B. Chandler Hospital was ready to accept its first patients, and the faculty, residents and medical students rose to the challenges of teaching and caring for hospitalized patients. Within three months time, 165 various operations were performed. Simultaneously, Dr. Eiseman developed a program to permit the residents to operate with members of the volunteer faculty at St. Joseph Hospital and Central Baptist Hospital. He also worked with another volunteer faculty member, Dr. Warren Proudfoot, to initiate a resident rotation at St. Clare's Hospital in Morehead, Kentucky. In addition, residents participated in an exchange program set up by Dr. Eiseman between UK and St. Bartholomew's Hospital in London, England. In the academic year 1963-1964, the total number of major operations performed at UK increased to 1713.

By 1965 there were 15 full-time surgical faculty. These included Dr. Loren J. Humphrey (who later became chairman of the department of surgery at the University of Kansas); Dr. Horace Norrell (a neurosurgeon); Dr. Gordon K. Danielson (who later became chief of cardiothoracic surgery at the Mayo Clinic); Dr. H. Myron Kauffman, Jr. (the first transplant surgeon at UK); and Ward O. Griffen, Jr., (who completed his residency training in general and cardiothoracic surgery at the University of Minnesota and had obtained a Ph.D. at the same institution).

In 1967 Dr. Eiseman decided to return to the University of Colorado. Dr. Griffen was named his successor beginning July 1, 1968. Dr. Griffen set about recruiting a faculty with strong clinical skills. These included Drs. Robert Belin, Richard M. Bell, Brack Bivins, Patrick Hagihara, Gordon L. Hyde, Sally Mattingly, William McRoberts, William R. Meeker, Charles R. Sachatello, Philip Tibbs, Edward Todd, Joe Utley, Ken Walton and Charles Wolf. Drs. Bivens, Bell and Tibbs were graduates of the UK surgical residency program. Other graduates who served on the faculty included Drs. Michael E. Daugherty and Kimball I. Maull.

Within a short period of time, the clinical volume of the surgery department increased twofold. In 1967 there were 4000 in-patient discharges and 14,000 out-patient visits; by 1972, there were 5700

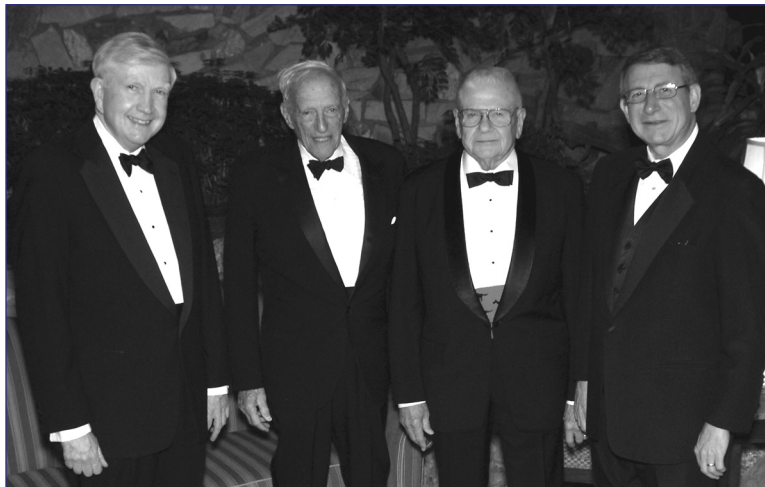
in-patient discharges and 27,500 out-patient visits.⁷ This volume virtually doubled by the late 1970's. This increase in the level of clinical activity occurred with only a modest increase in the number of surgical faculty, i.e. from 18 to 24.

Surgical research continued at a more modest pace. This was due in part to a decline in research and training support by more than 50%, from \$670,000 to \$330,000 annually. Despite this reduction in resources, Dr. Meeker spearheaded studies in cancer radioimmunoassays using carcinoembryonic antigens. Dr. Rush persisted in his studies on fluid replacement in shock, and Dr. Loren Humphrey initiated investigations into tumor immunology. Dr. Pat Hagihara resumed his research in liver transplantation, an area of investigation he initiated when he was a resident at the University of Minnesota. Dr. Kazi Mobin-Uddin, who created a vena caval umbrella filter for prevention of pulmonary emboli, conducted a formal study on the problem of postoperative venous thrombosis and pulmonary embolism. The neurosurgical division, under the leadership of Dr. Byron Young, became active in studying the management of patients with head and spinal cord injury.⁸

While enthusiastic about the growth of clinical activities, Dr. Griffen remained concerned about the erosion of the faculty's interest in research and teaching in lieu of an emphasis on patient care and the generation of clinical revenue. In his last Six Year Review, 1979-1984, Dr. Griffen wrote, "For some reason I perceive that we have lost a great deal of enthusiasm for research and maybe teaching.... We have begun to address this, but it will be up to my successor to push in a concerted effort."⁹ In 1984, Dr. Griffen became the executive director of the American Board of Surgery, a position he held for the next ten years.

In 1984, Dr. William McRoberts served as acting chairman until Dr. Byron Young from the neurosurgery division was named chairman in 1985. Dr. Young recognized the need to place greater emphasis on research and teaching. To address the research mission, he recruited surgical faculty with backgrounds in research and full-time Ph.D. investigators. He also recruited faculty with strong commitments to teaching to enhance medical student and resident education. By 1991, there were 50 full-time faculty in the department.

With respect to education, Drs. David Sloan and Richard Schwartz led the way in introducing Problem-Based Learning, the Objective Structured Clinical Examination (OSCE) and the Structured Clinical Instruction Module (SCIM). Dr. Sloan developed SCIM as a way to evaluate faculty instructors who were present in the OSCE sessions. By 1995, the department was ranked among the top five in surgical education.



All four Department of Surgery Chairmen recently convened to celebrate the Gordon L. Hyde Endowment, October 2005. From left: Byron Young, Ben Eiseman, Ward Griffen, Robert Mentzer

While a greater emphasis was being placed on the education and research programs, the clinical programs continued to grow as well. Near the end of Dr. Young's tenure, the number of operative cases and out-patient visits had increased to 8500 and 49,000 cases respectively, and the clinical income exceeded \$19 million.

In 1996, Dr. Young elected to return to the Division of Neurosurgery full time and devote his efforts to expanding its clinical research programs. Dr. James F. Glenn was asked to serve as the interim chairman until Dr. Robert M. Mentzer, Jr. was recruited to serve as the fourth Chairman of the Department. He was also appointed as the first Frank C Spencer Endowed Professor of Surgery and Director of UK Transplant Center. Dr. Mentzer came to UK from the University of Wisconsin where as chief of cardiothoracic surgery he developed an active thoracic organ transplant program and an NIH-funded cardiovascular research program.

During Dr. Mentzer's chairmanship, he incorporated both education and research offices into the administration, adding more strength and depth to these endeavors. In education, the total number of residents in the department increased to 89, surgical interns matriculated with scores well above the national USMLE mean average, and the teaching effectiveness of the faculty was highly rated by the residents. A two-year thoracic surgery residency program was approved by the Accreditation Council for Graduate Medical Education (ACGME). Two new fellowships, in sports medicine and critical care/trauma, were developed and ACGME approved.

To enhance the basic and clinical research programs, Dr. Mentzer created the Surgery Clinical Research Investigative Protocol Team (SCRIPT) to support principal investigators with grant applications and administration. As a result, basic research funding reached \$6.76 million and clinical research awards reached a high of \$734,000. In 2003 and 2004, the Surgery Department ranked 16th of 74 public medical schools with NIH-Funded Surgery Departments. Simultaneously, the department's number of endowments increased from \$12.3M to \$27M in 2004-2005.

As a consequence of reorganizing the Transplant Center at UK and successful recruitment of surgeons, physicians, and staff, the center

became one of sixty in the nation approved by Medicare for all solid organ transplant programs including kidney, kidney-pancreas, lung and heart.

During this time, the department played a key role in establishing medical centers for the Outpatient Surgery Center and Minimally Invasive Surgery Center. These facilities allowed for the treatment of patients and education of students in the most advanced surgical techniques. The first robotic surgeries in Kentucky were

performed in 2004. Using the daVinci Surgical System, teams with specialties in cardiothoracic, pediatric, urologic, and general surgery performed operations with minimal trauma to the patient.

By 2004, there were 77 faculty members in the Department of Surgery representing nine specialties. The total number of operations performed exceeded 13,000 and the outpatient clinic visits were in excess of 85,000. In 2005, the Surgery business office calculated fee submissions at \$86.5 million with collections at \$29.3 million.

In 2006, Dr. Mentzer was recruited to be Dean of the School of Medicine at Wayne State University in Detroit, Michigan.

In summary, the University of Kentucky Department of Surgery is built on a strong 45-year tradition of excellence in teaching, innovation in research and compassionate service to Kentuckians in need. The department is recognized in Kentucky for its care of trauma patients, multi-organ transplantation, minimally invasive surgery and specialty pediatric surgical services.

References

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- 2 Ibid.
- 3 First Annual Report of the Department of Surgery 1961-1962, University of Kentucky Medical School, Lexington, KY.
- 4 Ibid.
- 5 Ibid.
- 6 Ibid.
- 7 History of the Department of Surgery, University of Kentucky Department of Medicine, 1967-1973.
- 8 Ibid.
- 9 History of the Department of Surgery, University of Kentucky College of Medicine, 1979-1984, p.24.

Additional References

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Mentzer Interview

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has been accompanied by departmental efforts to ensure patient safety and high quality care. The department was one of three beta sites for testing the applicability of the VA National Surgical Quality Improvement Program (NSQIP) in the private sector. The American College of Surgeons has now assumed direction of NSQIP for the non-VA sector and plans to enroll 100 new medical centers in 2006. The department's participation as a charter member in the non-VA sector has placed us in a national leadership position. Moreover, our participation has provided strong evidence that the surgical care given to Kentuckians, who have some of the highest risk factors in the nation for some diseases, continues to be excellent.

Another area of accomplishment relates to the development of the UK Transplant Center. We developed a new infrastructure for the Transplant Center that allowed it to expand its clinical programs and become more engaged in clinical research. As a result, the center is now one of a select group of transplant programs in the nation which are approved by Medicare for all solid organ transplants, namely, kidney, kidney-pancreas, liver, lung and heart. And, our level of clinical activity has resulted in a marked increase in the number of clinical trials that are being conducted on a national level.

Q: How has the department and the medical center benefited from advances in medical technology?

Dr. Mentzer: There is no doubt that the availability of new technology has greatly impacted the way we currently care for our patients. As an academic medical center, one of our responsibilities is to introduce these technologies in a measured fashion to ensure our patients have access to effective state-of-the-art care. For example, the department was one of the first in the region to introduce minimally invasive laparoscopic surgery for complex GI diseases. We were the first site in Kentucky to utilize the daVinci surgical robot in the treatment of diseases of the heart, esophagus and prostate. Robotic surgery is

now being performed in pediatric surgical patients. Additionally, we are one of two sites that offer circulatory support devices as bridges to heart transplantation. The completion of the Center for Advanced Surgery was a major departmental accomplishment and brings the latest surgical technology to the outpatient operating room. As an academic medical center we also bring this technology to our training programs through the Minimally Invasive Surgery Training Center. This 1500 square foot facility provides residents and medical students the opportunity to develop their skills using advanced surgical instrumentation and technology.

Q: From your perspective, what are the challenges facing academic departments of surgery?

Dr. Mentzer: This is an intriguing question and reminds me of the very concerns that Dr. Ward Griffen encountered at the beginning of the clinical growth experienced here at UK in the 1980s. This same concern exists today at a time when academic medical centers are expected to increase their clinical activity more than ever. The pressures to generate clinical income clearly place scholarly activity at risk. And, since it is academic achievement that differentiates the surgeon in private practice from the individual in the academic medical center, we may lose our identity in this quest for clinical volume, and thus our ability to recruit and retain outstanding clinician scientists. Ironically, this comes at a time when the NIH has defined a road map for funding that integrates clinical and research activities more than ever before.

Q: How will you look back on your experience at UK?

Dr. Mentzer: As faculty, we tend to overlook the human aspect of developing excellence in programs. For me it has been a distinct pleasure to have worked with outstanding clinical colleagues and academic scientists. The ability to do so in a collegial environment is a major asset and one that I hope to foster in my new institution. Indeed, it does take a village to create an environment of achievement in education, research, patient care and business. My gratitude also extends to the staff, students and residents who have made the achievements of the department possible over the past nine years.

Surgery Faculty Presentations

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Ramaiah, Chand, M.D. *Robotic Cardiac Surgery*, University of Kentucky College of Nursing, Lexington, KY.

Ramaiah, Chand, M.D. *Valvular Heart Disease*, General Surgery Residents, University of Kentucky College of Medicine, Lexington, KY.

Ramaiah, Chand, M.D. *Coronary Artery Bypass Graft Update*, Cardiology Fellow Grand Rounds, University of Kentucky College of Medicine, Lexington, KY.

Ramaiah, Chand, M.D. *Thoracic Aortic Aneurysms: When and How to Fix Them*, Surgery Advances: Cardiovascular and Trauma, University at Sea, Mediterranean Royal Caribbean.

Ramaiah, Chand, M.D. *New Surgical Approaches for Curing Atrial Fibrillation*, Surgery Advances: Cardiovascular and Trauma, University at Sea, Mediterranean Royal Caribbean.

Ramaiah, Chand, M.D. *Evaluation and Management of Blunt Thoracic Trauma*, Surgery Advances: Cardiovascular and Trauma, University at Sea, Mediterranean Royal Caribbean.

Ramaiah, Chand, M.D. *Non Small Cell Lung Cancer*, Surgery Advances: Cardiovascular and Trauma, University at Sea, Mediterranean Royal Caribbean.

Ramaiah, Chand, M.D. *Mitral Valve Repair: When, Why and How to do it?* Surgery Advances: Cardiovascular and Trauma, University at Sea, Mediterranean Royal Caribbean.

Ramaiah, Chand, M.D. *Minimally Invasive Coronary Artery Bypass Surgery in 2005*, Surgery Advances: Cardiovascular and Trauma, University at Sea, Mediterranean on Royal Caribbean.

Ranjan, Dinesh, M.D. *Pancreas Transplantation*, Medicine Grand Rounds, University of Kentucky College of Medicine, Lexington, KY.

Ranjan, Dinesh, M.D. *Hepatitis C and liver transplantation*, American Society of Transplant Surgeons, online presentation, www.asts.org.

Ranjan, Dinesh, M.D. *Curcumin Has Potent Liver Preservation Properties in an Isolated Perfusion Rat Liver Model*, Eleventh Annual International Liver Transplantation Society Congress, Los Angeles, CA.

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