

George “Barney” Crile: a portrait of a “controversial” innovator

This piece about George Crile’s memoir was posted on SURGINET (2007)

The WAYS IT WAS: 1907-1987

Sex, Surgery, Treasure & Travel

About the memoir by George Crile, Jr. MD

This is not a new book but published in 1992, when the author was dying from lung cancer at the age of 84. I did not purchase the book with the intention to read it but only to skim from it a few piquant aphorisms from my aphorism book—I had known that Dr. George Crile, Jr. (Barney to his friends) was a controversial and outspoken surgical figure of modern American surgery, and thus I was curious to see what he had to say about matters which matter to us.

But after opening this heavy volume (409 pages) I could not lay it down. **I found it not only a small trove of pithy adages but also a lesson in modern surgical history, surgical psychology and academic politics, social history and how to write (or not to write) a personal “surgical memoir”**—and this is why I thought that you would be interested -- and hopefully fascinated as I was -- to hear something about Crile, Jr. and his memoirs. By the way: not all surgeons who write well know how to coin quotable (or immortal) aphorisms. Take for example Dr. Atul Gawande’s recent bestseller “*Complications*” which I have combed carefully but found nothing to cite or quote: that a guy writes elegantly and is a writer for the New Yorker does not mean that he can utter anything significant which could impress our collective surgical emotions with something succinct, “true” and deep. But let return to our subject: Dr. Crile, Jr.—Barney.

Barney was born in 1907 in Cleveland, OH, with a “silver spoon in his mouth” (so he said!). His father was the famous surgeon George Crile—the founder of Cleveland Clinic. Those were the days when people were keeping diaries and wrote numerous letters to each other (rather than chattering on cell phones or firing e mails), thus leaving in the attics of their grand mansions piles of personal and family history. And Barney quotes generously from this material-- describing in details a picture of privileged childhood, private schools, family hunting and fishing lodges, personal tutors, private nannies—not missing any detail.

Things were not much different then from what is the situation now: smart (and not too smart) sons of famous and rich surgeons are accepted to the best medical schools, and so young Barney was sent to Harvard. And again, the author does not spare details of “rich boy student’s life”: dances, parties, and of course hunting, and all kind of sports. But Barney was a thinking boy too, and he took his father advice not to join any brawling and binging student fraternity but to study! This was the beginning of the “great depression” and Barney realized that even his rich parents may find it hard to raise cash and thus appreciated them supporting his lavish student existence.

Instead of relying on his fading memory some 60 years later Barney relied on his old letters to his parents to describe his medical studies. He was very keen on anatomy (so instructed by his father who at that stage started to sign all his private and official letters as “Chief”). Barney wrote to his father in 1929: “We are now dissecting the axilla and having a terrific time with the intricacies of the brachial plexus. I would never have dreamed after watching breast cancer operations that there were so many things there.”

Barney’s friend and classmate was Bert Dunphy who later would become one of the most notable surgical leaders in America. However Bert’s social background was less privileged than Barney’s and thus his road to fame would be longer and harder. At the Boston medical school Barney took special interest in surgery. He wrote to his father: “I saw Cheever’s clinic Saturday, in which he did a breast cancer and removed the pectoral muscles and dissected the axilla. A beautiful piece of dissection, but more practical for a stiff (cadaver) than a living being as it took nearly two hours. It makes you realize the importance of your anatomy to see the clinical side.”

It is unclear to me how possibly Barney could have observed (in 1929) an operation performed by the great David Cheever (1831-1915) ? Was it another Cheever or was the author confused? Also do notice the beginning of a sarcastic and critical voice by the young man; this later would become his hallmark! The author continues: “If Cheever really did a radical mastectomy in two hours, it was some sort of a record because the ones I saw later used to take half a day. One time Dr. John Homans (1836-1903), associate professor at Harvard and author of *Homans Surgery*, is said to have passed through Cheever’s operating room at 8:30 as Cheever was starting a mastectomy. At noon, as Homans passed by again on his way to lunch, he told Cheever, “Hurry up, David, or it will metastasize”.

Meanwhile George the father continued promoting his “original” unifying theory—blaming multiple diseases on “stimulation of the kinetic system” and treating everything (hypertension, headaches, cardiac failure, peptic ulcers and so forth) with ADRENAL DENERVATIONS—doing thousands of such procedures in Cleveland, and explaining the “superb results “ as due to adrenal-sympathetic denervation. The young Barney however started to show independent thinking and when asked by his father to contribute to his (the father’s) book a chapter on Peptic Ulcer (how it is managed with adrenal denervation) Barney declined politely, writing to his mother: “This whole field is one so full of controversy...I think my cue in writing is to stick to the facts until I reach the point where my speculations will be of interest to the reader.” How many twenty something medical students then and today would have such an independent mind?

The author describes his rotation at Boston’s City Hospital (he called it a “mad house”), writing about the misery and botched treatments provided to the “teaching material” —so were called the indigent patients. Though a classical product of aristocracy, and until then completely isolated from the working classes, Barney started to develop social conscience and empathy for the underprivileged. Interestingly, in Whipple’s memoir (edited by Samir Johna and myself) --Allen Whipple belonged to the same upper class during that time-- we see however no social conscience whatsoever!

Though attracted by Boston nurses Barney followed—and would follow for his entire long career—his father’s firm advice: “A good sheepdog does not kill in his own flock.”

That Barney would become a surgeon like his father was not a question at all. During those times surgical training consisted of a year of internship and two years of residency. Barney started looking for an intern position. He was considering the Presbyterian in New York and visited its Chief Allen Whipple but was discouraged by his father who wrote: “There is not an outstanding, at least not a commanding surgeon in the Presbyterian...”

Eventually father and son chose the famous Barnes Hospital in St. Louis (the author omits “Jewish” from the hospital formal title) under the great general and thoracic (1st successful lung resection in the USA) surgeon Evarts A. Graham. As the son of Crile, Sr. Barney was given the most competitive position post without even an interview.

Meanwhile George, the father, continued his national crusade advocating “adrenal denervation for everything”. Not everybody however was convinced by the guru from Cleveland. In one of the meetings there was an “extraordinary critical discussion, almost condemnation of my father’s paper” writes the author, “Mother wrote:” Then up rose Dr. Heilbrun, a Jew, who started out that he did not see why Dr. Crile continued to give those papers on autsympathetic cell while...it was “bunk” ...It seems that Barney had realized that his father is climbing the wrong tree.

The author describes many “unhappy occurrences” during internship. For example: a ligature that slipped off the stump of an appendix following “incidental appendectomy. He writes: “From this I learned the lesson that the less surgery is done the safer it is for the patient.”

Barney was not too impressed with the surgical technique of Dr. Graham: “I have a vivid memory of Dr. Graham himself operating on a tumor that was very vascular and adherent to the bone and which he had literally dragged and chiseled out of the pelvis. The bleeding was terrific. The pelvis was packed to try to staunch it, but in spite of transfusions of every kind of support the patient died. Another lesson learned. Do not operate on inoperable tumors.”

Although being offered a residency position at Barnes, Barney was depressed by the high mortality associated with the thoracic surgery he had observed and decided to return home. In 1934 Barney returned to Cleveland and became a resident working for three surgeons: his father, Dr. Jones (“he was my model”) and Dr. Dismore. The author describes Dr. Jones as a master of abdominoperineal resection (APR) for cancer (to avoid anastomotic leaks—which were lethal at those days—Jones performed APR on tumors as high as the distal sigmoid): “Surgeons came from all over the world to watch Jones operate,” writes the author. “But there was another aspect to Dr. Jones practice that he never published or even wrote a paper about—that was the conservative treatment of small low lying cancers that could be treated by destruction and electrocoagulation without removing the rectum....Dr. Jones have never presented the arguments (in favor of this operation) in public, and used them only when a college or a close friend would

come to him. If Dr. Jones had preached this doctrine to the profession and had used the conservative operation intensively, I am sure that he would have been exorcised by his colleagues as I would be when, in later years, I questioned the necessity of performing radical mastectomies.”

About his Boss—his father—the author writes: “My father, of course, was delighted to have me back, and by now he really needed me. His eyesight had deteriorated to the point that he could not read, drive, or even walk without stumbling over things. Yet he was still doing five or six operations a day, mainly thyroidectomies and adrenal denervations, and these he was doing almost entirely by sense of touch.”

Good Lord!

The author criticizes, “in retrospect”, his father but explains that it had to be so because his father was “still the greatest money earner on the Clinic Staff”, and the Clinic was recovering from the Depression. “If he had retired in the early 1930’s, I do not believe the Clinic could have survived.” Assisting his blind (due to glaucoma and cataract) father was a source of fascinating nightmarish anecdotes:

“I remember a patient who had an extensive cancer of the thyroid, upon which my father was operating and I was to be the first assistant. The cancer had invaded the tissues around the upper pole of the thyroid and made it densely adherent to the surrounding tissues. My father was feeling his way through this, trying to disentangle the tumor from the surrounding anatomy and from time to time using scissors to cut adherent tissues. I was very nervous because I could see things that he couldn’t.

“Look out Dad, I said, “that’s the carotid artery-“.

“Don’t worry, he said and continued to operate...”

“Look out, look out.” I repeated.

Stimulated by curiosity; Alice the anesthetist, stood up to look over the drapes...just as my father’s scissors cut. The blood, about a bucket of it, squirted from the severed carotid and hit Alice square in the face. We managed to control the bleeding, and luckily the patient survived on collateral from the vessel on the other hand, but more often than not such an accident causes death or paralysis on the opposite side of the body.”

Reading this I think: how come that Crile, Sr. is not mentioned in the annals of American surgical history as the local version of the German Ferdinand Sauerbruch who—aging and dementic—used to pull out, under local anesthesia, brain tumors with his bare hands?

Here is another horror story recorded by the assisting son: “On another occasion my father, in performing an adrenal denervation [for whatever indication], accidentally cut one of the large vessels to the kidney, right at the point that it leaves the aorta. It was really an injury to the side of the aorta, and bleeding from such an injury is most difficult to control. My father couldn’t see well enough to sew it shut and he wouldn’t let his assistant try to. He just put a big pack which temporarily stopped the bleeding...the patient was transfused and returned to his room in fair condition, but during the next day continued to ooze and at intervals to bleed briskly. The packs were made larger but the

trouble continued. The patient was a physician and well aware of the difficulties...his wife was allowed to stand by... I was on duty and received an emergency call...when I got there the bed was flooded and in spite of pressure that I applied on the pack it continued to gurgle up out of the wound. I had to risk removing the pack so I could apply finger pressure directly to the hole in the aorta. As I was working the patient said softly: "please call my wife..."[To her] he said: "It has been a wonderful life,--thank you—you have made everything perfect to me."

Later that year the old surgeon stopped performing adrenal denervations and began removing the celiac ganglion instead (for the same "indications"). However, he was not the only one doing these procedures—the famous Dr. A. Adson of Mayo was doing such procedures as well. But the son suggests that his father had "pioneered this operation at the age of 72." The author writes: "On the whole there were fewer complications following the celiac ganglionectomies than there were after adrenal denervations. I would do all of the operation except the actual cutting out of the ganglion, which my father did by touch, sometimes with his back to the patient and gesticulating with his other hand to the attentive audience of visiting surgeons. There still were hemorrhages when a major vessel was injured, but I have become expert in finding and ligating these so that most of these patients recovered."

One of these patients developed a postoperative streptococcal infection in the wound and bled from a deep seated secondary hemorrhage. During re-exploration Barney scratched his hand on a wire (the abdomens were then closed with wires) and developed severe streptococcal infection. There were no antibiotics then and the mortality from strep. sepsis was high. But Barney recovered--the patient of course died.

As a resident Barney had to write for his attendings an "authoritative" article about the management of "Thyroid problems". The Cleveland Clinic was the Mecca for thyroid disease; the author writes:

"Operations were advised for practically all enlargements of the thyroid gland and radical advice given for the treatment of malignancies...this is ironic, because I [would] spent the rest of my professional life trying to persuade the profession that in case of the thyroid it is almost never necessary to sacrifice the normal muscles and nerves of the neck." (Current practice then).

The authors repeatedly admits that not a few times he and his seniors were preaching, in papers and book chapters, a treatment policy that they, themselves, had never practiced. Isn't this common today as well: how many "gurus" preach (in their writing or lectures) something that they never do "back at home."

Towards the end of his residency Barney decided to do a six-month fellowship in Gynecology (at the Cleveland Clinic this was part of general surgical practice). He went to the Roosevelt Hospital in New York. Again he described the large wards with the "charity patients"—mostly black. One episode should be quoted: "To my surprise, he [the attending] selected one of these [black patients] and scheduled her for admission for a "suspension of the uterus", an operation that once had been popular...I asked him why he thought this patient should have a suspension when he never did that operation on his private patients. He replied frankly, "We just don't have enough patients in the hospital

for the interns and residents to practice on, and maybe it will do her some good anyways.”

Well, it seems to me that New York has changed little since then. When in Brooklyn I remember asking (during the M & M meeting) an attending surgeon why did he do that (unnecessary) operation in that dying patient? His reply: “we have a residency program, no? We must teach them to operate...”

The author goes on to describe visiting another NY Hospital “where a resident was removing the pancreas for an extensive cancer. I asked the surgeon why they were doing this radical and dangerous operation for advanced and incurable disease, for I knew that he did not believe in doing the operation on patients with advanced cancer ”They’ve got to learn to operate”, my friend said. “The patient is going to die anyway.” The concept of teaching material was a strong one.”

Things have improved since but not completely...

In the mid 1930’s Barney completed his training and was elected by his blind father and his friends to the full time staff of the renown Cleveland Clinic. He writes: “And that was the end of my long period of training [short in today’s terms] and the beginning of a much longer period of education in which it would be the patient, not the profession, who would teach me the truth about the practice of medicine.”

A surgical rebel has been born!

* * *

Barney, the young attending surgeon, married promptly with Jane. She then developed some RLQ pain that subsided spontaneously. A few weeks later she underwent “interval appendectomy” to “prevent its recurrence, before we embarked on another long trip.” (Remember, this book is also a long travelogue). The author writes: [Interval appendectomy was] “a prophylactic procedure that was popular in those days. Today I would never recommend it. Now we have antibiotics.”

Listen to this! Look around you—how many surgeons still practice interval appendectomies!

So, between duck hunting and trout fishing Barney started to operate as crazy. In 1939 he published a case report on “Successful resection of the head of the pancreas for carcinoma.” (It was just some time after Whipple’s early reports). The patient died “a year or two later.” The author writes: “For the next twenty years, I persisted in attempting to cure cancers of the pancreas by surgery, but not a single one of the ordinary adenocarcinomas was cured...in 1970 I would publish an article in Surg. Gynecol. Obstet which would shock many of my optimistic colleagues-“The advantage of bypass operations over radical pancreatectomy in the treatment of pancreatic cancer.”

Today, of course, the mortality rate of pancreatic resection for cancer is not the 15 % described by Barney but less than 0-3% --in centers of excellence. In some patients it provides long-term palliation but cure is still elusive.

Meanwhile the old father George continued touring the country promoting his silly theories. The author tries to hide his sarcasm about his father's ideas but admits that during the father's absence he had to take over doing his father famous celiac gangliectomies.

Here is another little horror story: A visitor from abroad came to watch George, Sr. performing his pet procedure and watched how the old surgeon cuts accidentally the common bile duct and then repairs it. The guest was very impressed, recounting after the operation: "Such a change of pace he showed." We are not told about the outcome.

Barney continued operating and learning, and was the first doing esophagectomies at the Cleveland Clinic. His wife Jane gave birth to a few children one of them (the third) suffering from Down's Syndromes. This is a moving passage: "The first time I saw Jane with the baby, she said, "What's wrong with her, She doesn't eat." I was not a pediatrician, but I suspected the worst. Our pediatrician said everyone knew it. I talked with Jane...the baby refused the breast, didn't cry. The pediatrician told me, "Why don't you take Jane home? We'll take care of the baby. It's not going to survive anyway." So I did...Jane went home. Once or twice she wept. I took her duck hunting in the marsh...I shudder to think what would have happened if there had been available and mandatory all the life-sustaining devises that prolong the lives of some of the children that are born today with severe manifestations of Down's syndrome."

Interesting!

In the pre-WW II years Barney started to develop growing interest in thyroid diseases that were flooding into the Clinic, increasingly realizing how benign many thyroid tumors are, and how excessive was its treatment. One of the reasons thyroid cancer was so common in young patients was that irradiation of the neck and chest was very popular in babies (!)-- in order to prevent "crib deaths" from supposed enlarged thymic glands. In fact, the New York legislature wanted to make such treatment mandatory. The author writes:

"Although by 1947 I would make up my mind about the treatment of papillary carcinoma, many of the head and neck surgeons would continue, for the next 25 years, to treat it by radical and seriously deforming operations. During that period my chief and most gratifying occupation would be trying to disprove the theories and contentions of the cancer-specialized surgeons."

Barney quotes his father who said: "If the life of a fact is seven years, the life of a favorite treatment is half of it." **This however does not seem to apply to surgeons who would stick to their favorite operations forever.**

But now WW –II was to begin. Only after the war Barney would start destroying holy cows and fight with everybody.

Although Barney dedicates many pages to the war I would only mention that he managed to skip combat and carnage (probably his connections helped). A significant time was spent in New Zealand where the US army had established a hospital: Barney

seems to have superb time, hiking, fishing and admiring the Kiwi girls –alas no details are provided. People of his class couldn't bring themselves to share graphic details with readers; and he does not seem a writer enough to describe in literary terms his amorous adventures.

In the middle of the war Barney managed to be sent by the Military to the Mayo Clinic to improve his skills in Plastic surgery. He loved and admired the Mayo Clinic and, "there was also fishing, not too far away, in the shallow upper tributaries of the Mississippi. If there were parts of my life that I would like to relive, one of them would be that autumn with Jane...and the ducks and the pheasants in the countryside of Rochester."

The final crucial years of the War were not spent in the battlefields of the Pacific, or France, but in the huge military hospital in San Diego where life was good, including many parties and journeys to Mexico. But in San Diego Barney's innovative and non-conventional surgical mind showed up. He started "experimenting"-- treating acute (and perforated) appendicitis with very high doses of penicillin (the only antibiotic agent available). Such treatment was provided to soldiers who presented at least 48 hours after the beginning of symptoms and it worked! Barney rationalized that the source of infection in acute appendicitis is self limited: "The inflammation caused so much swelling of the appendiceal stump and surrounding cecum, that the swelling completely plugged the lumen of the appendix... this resulted in a buildup of pressure...and rupture of the appendix. The pus then escaped into the peritoneal cavity, but the resulting peritonitis was bacterial, and hence controllable by antibiotics, for it was not the result of intestinal contents escaping into the cavity."

Barney published his experience with fifty such cases treated successfully with antibiotics in the *Archives of Surgery* and *Surg Gynecol Obstet*. All patients underwent later "interval appendectomy;" to prove that the appendix was "destroyed." This he claims (and is probably right) was the first description of non-operative treatment of appendicitis with antibiotics. But, he writes: "The surgical profession did not shout its acclaim. For surgeons appendectomy for acute appendicitis was almost a religious principle."

Oh yes!

His other interest in San Diego was pilonidal disease. In the USA pilonidal disease was then considered a congenital process. Barney admits that in the UK surgeons already understood its acquired origin but as it is now, it was more than—surgeons didn't know much about what is being written beyond their little environment. Not understanding the pathophysiology of pilonidal disease and its complications "surgeons were performing absurdly large operation for simple ingrown hairs"-- with soldiers spending many months in the hospital. Barney, on the other hand, described effective method of management, consisting of removing the ingrown hair, limited drainage of the sinus and keeping the region clean and always shaven. It worked. And we know that it works even today. But surgeons continued to radically excise the process, creating huge wounds, as many still do today!

Barney could feel that he thinks "differently". He writes—and this is the key to his future career: "This experience, in which I found that the surgical profession had for

so long done such absurdly large operations for simple ingrown hairs, combined with my knowledge that the profession had had no idea of the lack of significance of the rupture of the appendix, but had viewed it as being as dangerous as perforation of the bowel, led me to have a profound distrust of any accepted surgical principle. I would spend the rest of my career taking unpopular positions, in which I consistently stood against many of the things that most surgeons believed. I was through with accepting as gospel what American surgeons taught and I was ready to explore other branches of science that might be of use in my practice. I also wanted to see in other countries what other surgeons had discovered. I no longer felt that American surgeons, whether at Harvard or the Cleveland Clinic, had the answers to all questions. When I returned to Cleveland I would start on a different type of career.”

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After WW II Barney returned to the Clinic and assumed a leadership role (his father had died in 1943). He began recruiting sub specialists. For example: the famous Rupert Turnbull—who would make his name in inflammatory bowel disease (ileostomy and “blow out” (multiple) colostomies for toxic colitis. He also recruited from the UK the first cardiovascular surgeon in Cleveland Clinic (Dr. Humphries).

We will skip the few chapters about Barney’s new interests such as diving for treasures, boating, filming and—more significantly: writing medical books for laypersons: He started with “*cancer and commonsense*” attacking the way cancer in being treated in the USA. (“I was seeing some of the unnecessarily mutilating results of surgery being done at the so called cancer centers.”) His book was reviewed by the mainstay media and called: “Crile’s Bombshell” or “A surgeon deplors blind fear of cancer.” But, obviously, the medical establishment does not respect doctors who write for the “public”, especially when what is being written is not complementary to the establishment. The author mentions everything which was written or said about the book and into how many languages it was translated and by which publishers. Henceforward he’ll publish not a few such books and will appear on all national talk shows and main channels—Barney does not forget any of such events!

In parallel Crile was changing the way thyroid diseases are treated. In 1940 he had already published a series of 50 patients suffering of hyperthyroidism treated with radioactive iodine. And now he started to drive the message home. The author tells us that it was easier for the salaried docs in Cleveland Clinic to switch over from “aggressive” management modalities to “conservatives” ones because they were receiving a fixed salary: “I am sure that one of the reasons why salaried physicians and surgeons are apt to be the first to adopt simplified methods of treatment is that unlike those in private practice, their income is not directly affected when the treatment is less costly.”

Henceforward Crile and his associates revolutionized the management of thyroid cancer, showing the benign nature of papillary cancer—hence not needing total thyroidectomy-- and introducing thyroid needle biopsy. This helped him to describe the entity of “subacute thyroiditis and its management with steroids. The author concludes this detailed and fascinating (to anyone interested in thyroid disease) chapter with an

amazing statement: “As a result (of his new approach) the proportion of cancers found in patients operated on rose from 3 percent that it had been in my father’s day [do note the reference to his father—he’s competing with him or against him...even after the father’s death] and in the early years of my practice, to between 40 and fifty percent. At the same time, the number of thyroid operations performed at the Cleveland Clinic fell from 2700 in the year 1927 to less than 50 a year.”

So Barney managed almost to kill thyroid surgery—which could not make him too popular to the surgical community. He writes: “From my standpoint, there was little more in the field of thyroid disease that could be of interest to a surgeon. Fortunately, long before this I had begun looking in other directions.”

For Barney “looking at other directions” meant the killing more holy cows.

He started to think about the philosophy of breast cancer management: reviewing retrospectively the Clinic past experience he found no differences in survival between ultra-radical mastectomy and less radical forms, Interestingly before the war it was his father who had advocated less radical approach and now Barney kept thinking...

He described ductal excision for ductectasia and its complications (previously “intractable” or managed with mastectomy). However he admits that the Brits had described such management before him (without him knowing about it). He collaborated with Turnbull describing primary closure of the perineal wound following abdominoperineal resection (around a tiny catheter). Until then wounds were left open and took many months to heal.

Cooperating with Turnbull they reduced mortality of toxic colitis (from 71% to 14% understanding that: “Some patients instead of being too sick to be operated are too sick not to be operated.”

Barney took on enthusiastically vagotomy and pyloroplasty/gastroenterostomy as the preferred management of peptic ulcer, showing lower mortality rates than with gastrectomy (1.1 vs. 3.4 %) and conducted wars with the gastric resection lovers (sounds familiar, hah?) And he continued fighting against pancreatic resection and for biliary bypass.

But all those battles against overly aggressive surgery were only a prelude to what he calls: “Beginning the battle of the breast.”

The author writes: “I did my last radical mastectomy in 1955 and switched over to modified radical operation... [I personally remember that during my medical school in Israel—late 1970’s-- radical mastectomy were still the standard of care, and my own mother underwent such a mutilating procedure in Germany –1978!]...but there were exceptions. A few years before I had a patient, in her sixties, upon whom I had done an excisional biopsy of a small cancer in the upper outer quadrant of the breast. When I operated I did not know if it was benign or malignant and did not have permission to do anything more than a biopsy. To my horror, the lady stubbornly refused to listen to reason or to allow me to “complete the operation.” I warned her of the perils and of the almost certainty of recurrences. That was what I had been taught. She promised to return if she ever had any further problem with her breast. She never did. I followed her for at least 15 years, and for the first half of the time I found it almost impossible to believe that she remained well.”

So, like all of us, Barney was influenced by ONE CASE!

He was aware of the situation in the UK where more and more surgeons (like Geoffrey Keynes) were recommending lesser procedures, and radiotherapy was emerging, but to adopt a new approach he had to be “convinced”. Already in 1955, even before accumulating any personal long-term experience with “lesser” operations he wrote: “Suddenly after 50 years of complacent acceptance of radical mastectomy the surgical world is plunged in doubt...there is mounting evidence that simple mastectomy gives better results than the conventional operation... at present there is no basis for advocating any single type of operation for operable cancers of the breast...the challenge to the surgeon is to control the cancer as well as possible and to do so with the least possible harm.”

This piece was amplified by an article in LIFE (then a huge weekly magazine) where he wrote about the American Cancer association: “Those responsible telling the public about cancer have chosen to use the weapon of fear. They have bred in a sensitive public a fear approaching hysteria. They have created a new disease, cancer phobia, a contagious disease that spread from mouth to ear...”

The President of the American Cancer Society responded: “Dr. Crile offers a dangerous fatalistic philosophy of cancer...contrary to the teaching of the country’s 81 medical schools...” And so the establishment continued to attack Crile.

Meanwhile Barney reached an understanding with his surgical partners at the Clinic: he’ll be performing simple or partial mastectomy for clinical stage I cases while his colleagues will do radical or modified radical. He writes:

“Soon it became obvious that there was going to be no significant difference in the survival...with the result that in 1957 all of us abandoned radical mastectomy...”

But of course this was not scientific enough to be convincing!

In 1959 Barney’s beloved wife Jane developed a breast cancer. Now guess how was she treated?

Stan, Barney’s friend, performed a simple mastectomy on Jane (“the scar was low and transverse”). Barney takes on the full responsibility for the decision; he believes that dissecting the axilla is wrong because the lymphnodes “might confer some immunity..”.

“But there was a cloud on the horizon and it wouldn’t blow away.”

Today, most probably, Jane would have undergone partial mastectomy and sentinel node biopsy and radiotherapy for her palpable lesion. But would her outcome be different? Probably yes, thanks to modern chemotherapy and hormonal therapy –not due to the extent of surgery.

After the operation the couple traveled to the Middle East visiting Jordan and Israel. Barney writes: “It seemed to me, on that night by Galilee [lake] that Jane’s and my interest in travel and history and archeology had added length to our lives by projection backward in time.”

Jane survived three years (of intensive travels) to develop brain metastases. The chapter in which Barney describes her last months is the most “personal” and moving—in his typically cool detached WASPY style—in the book: “On the evening before the day that Jane finally lost consciousness I had been reading aloud to her from Jack London’s short story, “How to build a fire”. It brought back memories of snowy nights in Canada. “We’ve got to go moose hunting again,” Jane told me. We spent the rest of that evening planning the trip.”

It was 1962. Barney was 55 years old—still handsome, sporty and full of life and horny. Tough!

* * *

“Without Jane, my life was empty”, he writes. But soon friends are trying to match him with a partner and he goes on international trips and cruises simply to get laid. Despite allusions to “sex” in the book title, Barney who writes the book at his late 70’s, is a perfect gentleman and cannot bring himself to any raw details about the subject—but only lets us guess how successful or not he was in pursuing ladies. Finally, he met the blond Helga, a poet and artist, about 15 years younger: “big love”, marriage, and happy life in a new forest house in the outskirts of Cleveland.

At this stage the book changes direction. Barney continues to operate and teach (there is a chapter on modern surgical education) but most of the lengthy text is dedicated to international travels --a few times around the world –more than 100 countries—but unfortunately as a *travelogue* this book does not work: it is always better to develop one memorable and special trip than to provide a list of 99 countries you have visited.

He also writes about his international fame and influence—e.g. “Helga made the point that I am a distinguished surgeon”, details on any important person he met, his famous private patients, how everybody appreciates him, any article about him in the New York Times and each appearance on “Good Morning America”, and how smart, charming and lovely his second wife is (including quotes from her many love poems and letters to him and each and every book or article his wife published!). Lucky man!

But the man who spent his time thinking about cancer had to deal with it also in his personal life, again and again: First Helga developed endometrial cancer treated with irradiation. At hysterectomy no residual cancer was found.

In 1972 Barney was 65 years old and decided to stop operating (how smart!). Now he had more time to write books and appear on TV shows. At that time Helga, underwent mammography which showed a 1 cm’ cancer of the breast. Next day she underwent surgery? Guess which procedure?

Yes, you guessed correctly: “”partial mastectomy and no further treatment was given.” She would be alive and well when Barney dies 15 years later. Looking on google I see that she was alive and well in 2006 !

(<http://www.clevelandseniors.com/people/helgasandburg.htm>).

The retired Crile continues to fight with the American medical system and is expelled by the Cleveland Academy of Medicine for his “outrageous” (conservative) views. At the same time he’s made an Honorary Member of the Royal College of Surgeons in England—“an honor that never before had been bestowed on a father *and* son.”

But gradually Barney is aging and he does not spare us any medical details: his COPD (he had smoked cigarettes all his life and now changed to cigars) and the TUR he underwent for hypertrophy of the prostate. He even tells us that during a trip to Russia he had too much vodka, and developed in the hotel urinary retention –catheterizing himself!

At the end of the book Barney is obsessed with Helga, listing her long list of qualities including that : “She is an expert barber and has saved me thousands of dollars by cutting my hair for the last 25 years.” Or: “The silver spoon that my mother put in my mouth is still there, and Helga put a gold one beside it.”

What should the reader think about this? Perhaps also that people should compose their memoirs at the earlier stage—and above all—be selective!

The last significance statement in the book is: “Perhaps with these natural advantages and all this help I might have become rich and famous,” (N.B “rich and famous”—as if he were “poor and unknown”). But he explains: “if I had been able to develop a field of interest and stick to it. I was never able to accomplish this. My maximum span of attention seems to have been about five years.” This is a key sentence!

So let’s us surmise:

1. What made Barney a surgical rebel –for years conducting a battle against the prevailing dogmas—and in many fields? Did’nt he suffer from the “dominant father syndrome”, hating and admiring his father and finally trying to go the opposite way—rebellling against the proper surgical order his father had signified?
2. How come Crile’s name is not as famous as say, Whipple’s? A few reasons: first, surgeons respect and remember those who described an operation --not those who showed that it is unnecessary. “Positive” achievements (“let’s do it) are much more appreciated than “negative” ones (“this is rubbish, let’s stop it!”). Second, to be really “famous” one has to focus on a single endeavor and “drive it home”—as Barney admits: his interests were much too wide: thyroid, breast, UGI—and at the end his name was not associated with any. He knew and claimed that mastectomy is as good as partial one but it would be left to others to prove it scientifically in prospective randomized trials—Barney had no patience for 30 years studies!
3. Obviously each of us has a different literary taste and some of you might enjoy Barney’s lengthy text. But in my opinion the main errors committed by the writer were to include everything—rather being selective; and the absolute failure to develop characters. It is not enough to cite letters by the father or to tell about how many fish they caught on a certain day: a memoir has to show us the father and his personality: did he ever kiss Barney? How large were his hands? What did it feel when the fish landed in the boat and why?

But it seems that Barney was a special man and a great thinking surgeon who had changed the way we are doing today many things. He had the courage to take on the whole system. He enjoyed life, was a good friend and most probably a dedicated teacher. Wouldn't it be fun to have such a Boss?

On the inside cover of the book –which I bought online for a few bucks—I find a dedication. It is in Barney' own handwriting to some “my friend...who may learn from this terrible truth, Love,”. Signed: “Barney Crile, 1992.”

This is the year Barney died from lung cancer.

So this is how it is: we write a memoir, we give it to a “friend:, and years later the book is sold for 3 bucks on the internet.

About Helga (2006): She remembers near the end of his life, when he was told he had only 3 to 6 months to live” "The people at Cleveland Clinic really wanted him to live to see the opening of the Crile Center - such a wonderful memorial. I still talk to his ashes. The wonderful thing about death is that it can't take away memories."

The END

Moshe Schein
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