



A Great Russian Surgeon: Boris Dmitrievich Savchuk (1933–2004)

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Early in March 2004 Professor Boris Savchuk, a long-time member of the International Society of Surgery, e-mailed us from Moscow: “Couple of words about myself: During last year I acquired some cardiac problems. Next week I should be admitted to the National Center of Cardiology for a surgical intervention. I’d like to ask you . . . the last information is perfectly confidential. OK? Hope I could inform you in detail after the intervention. Curse me (Russian token) or pray for me, please! Your devoted friend, Boris.”

A few weeks later a bulletin published by the Central Clinical Hospital of the Medical Center of the President of the Russian Federation (a leading, tertiary care hospital in Russia) stated: “On the 5th of April, 2004, at the age of 71, passed away Consultant of the Central Clinical Hospital, Doctor of Medical Sciences, Professor Boris Dmitrievich Savchuk. He graduated from the State Medical Institute in Khabarovsk (1957) and finished his Aspirantura (Fellowship) in the Department of Surgery of the 2nd Moscow State Medical Institute named after N. I. Pirogov (1964). Boris worked. . . .” But let us stop here with the official obituary from Russia. Instead, let us hear Boris’s fascinating life story in his own words, written in his self-taught English, and sent to us in January 2003.

Boris’s Life Story in His Own Words

“I was born 70 years ago at the Soviet Far East near the Russian-Chinese frontier. But that was not the native land of my parents, who were both born in Western Ukraine. My father, then an agricultural student, distinguished by his independent nature, was exiled in 1933 from Moscow into the Far East. The authorities also considered my mother, of Polish-Lithuanian mix, as an “unreliable person.” In spite of my father’s dedicated activity in KOMSOMOL (All-Union Lenin Communist Union of Youth) and the communist party, he was arrested in 1937, accused of “counter-revolutionary” activity and shot. My mother was put into a *gulag* while my little sister and I stayed with our grandmother until our mother was released in 1941. There in Kha-

barovsk is where I graduated from high school and the Medical Institute (1957).”

“Just before finishing the Institute a special recruiter from the Ministry of Defense came to recruit us to the Soviet Army. I told him I want very much to be a navy doctor but I am not sure that my eyesight is good enough. He answered: “You need to see only wounds but not the horizon.” Soon after, I found myself a doctor on the big diesel submarine but there was no horizon at all as well as no noticeable wounds. The voyage within an iron coffin and cold gray waves of the Bristol Bay quickly dispelled my romantic marine fancies. After 1.5 years, due to a severe duodenal bleeding, I was dismissed from the so-called honorable service and assigned to be a surgeon in small rural hospital in the remote aboriginal Nanay District (Nanay people are the local Eskimo). That was a very interesting time for me: after only 4-months specialization in surgery I had and could operate on “everything which was still alive.” I improved my “operative technique” including mini-approaches and maximal shortening of time for the intervention. My best achievement was 9 minutes for appendectomy through a 3 cm incision. God kept my patients and me from a big misfortune. At that time I bought a lot of medical books and started to educate myself. To study “real English” I subscribed to the *Daily Worker*—the only accessible British newspaper in Soviet Russia. Having seen this newspaper on my table, one of my patients once informed the regional KGB that I may be a “Hebrew” since I read Jewish newspapers.”

“In 1960 I moved to Moscow as a resident under Prof. Alexander Bakoulev, the founder of cardiosurgery in the Soviet Union. We did lots of heart procedures—mainly closed digital or instrumental transventricular mitral commissurotomy. The topic for my own scientific investigations was “Permanent Pacing for Atrioventricular Block.” In 1965 I defended a degree of “Candidate of Medical Sciences” and immediately later I was nominated a “Dozent” in our clinic. Over the years I became responsible for the two divisions of emergency surgery. In 1975 I defended a Medical Doctor’s Degree on the thesis: “Basic Principles of Surgery and Intensive Therapy of Septic Peritonitis.” I was preparing myself for an academic career of Professor of Surgery—and got the title in 1976—but again unexpectedly I received an offer to become a Surgeon-in-Chief and Research Director of the big Government’s (“Kremlin”) Hospital of 1300

beds. Since 1918 there had been a special privileged system of the Medical Care for the high-level Communist party bureaucrats. In the 1970s (“period of stagnation”) there were 3 hospitals (1 Central and 2 smaller ones), several ambulatories and sanatoriums. Bolsheviks, these “fighters for social justice,” created the best health system for themselves: comfortable wards and beds, modern medical equipment, qualitative medications, discipline among personnel—all made our Hospital equivalent to the best in the West. Since then I have worked in the Hospital more than 25 years, carried out about 5000 major operative procedures, and participated in the treatment of many of Soviet (and foreign) communist leaders.”

“Thanks to contacts with many eminent personalities and patients, there was opportunity to promote many useful projects. Even in 1979 we were lucky to create a medical section so called “scientific tourism” at the USSR House of Friendship, and many Russian (Soviet) surgeons (in special groups) could visit surgical clinics abroad. This is how I could lead such groups to visit many countries abroad. Being a National Delegate of the USSR in the International Society of Surgery, I helped to organize special teaching seminars for young surgeons of the Soviet Union. The first took place in 1990 in Moscow, and since then those seminars have become regular.”

“Meanwhile I was going to be retired at age 60 (age limit for pension in the former Soviet Union), counting on being able to support my family with the modest savings which I scraped up during my life. But in 1989 our Great Gorbi (Mikhail Sergeevich Gorbachev), whom the Western world eagerly applauded—put his own country in full economic bankruptcy. It is difficult to imagine, but all food groceries shelves were empty: there was nothing on the counters except virgin polyethylene bags. Thanks to Gorbi people lost all their personal savings. That is why in 1991 at the age of 58 I became an “economic refugee” in Addis Ababa (Ethiopia)—where I was nominated the Director General of the Russian Red Cross Hospital. Unfortunately at that time the Ethiopian interethnic conflict reached its culmination. On the 26.05.91 Addis Ababa was occupied by the vanguard of rebels. Our hospital was in the center of the city without any kind of immunity. During the first three days 1116 wounded were admitted to the hospital and we soon exhausted all of our resources. Thereafter our hospital was put under the wings of the International Red Cross, with me responsible for its surgical programs in the Ethiopian-Eritrean conflict.”

“However, this tense life has led to the hard retribution: in March 1992 acute dilation and small rupture of my ascending aorta had thrown me into critical condition. The next day I was flown to the Leriche Clinic in Paris and was urgently operated there by Prof. Alain Carpentier, the best cardiovascular surgeon in Europe, who replaced my ascending aorta. I returned to Africa and worked there till the end of 1993 when my friends called me back to my former position at the “Kremlin Hospital”—which had been almost ruined by Gorbi. “Tzar” Boris Yeltsin was not much better. In 1998 his fellow-fighters threw Russia down to full financial default. Again we woke up to empty bank accounts.”

The Other Side of Boris

During his last few years Boris Savchuk became an active member of SURGINET (and Russian Surginet)—surgical discussion forums on the Internet. Often he treated his international colleagues

to astute surgical observations and entertained them with fascinating stories from his exotic surgical past. For example:

“One afternoon a tired nurse voice from the small “lesopoval” (wood-getting) settlement (17 km from us) informed about “stop-delivery” lasting 10 hours while the fetus’s heart was still beating. It was an early spring day—all roads muddy and impassable—but already too late and dark to call a helicopter for the emergency transportation. So we collected the sterile material and instruments and moved by horses along the destroyed road, together with a scrub nurse and a local cowboy—the guide. We arrived to the tiny medical station in 4 hours. The young Slave woman and fetus were still alive. A manual examination revealed “buttocks” presentation since I clearly palpated the edematous anus and extracted meconium on my finger. A Cesarean section was inevitable. The common peasant house was washed out cleanly; two wooden tables were united, covered with sterile sheets and the operation started. The light was provided by four women of matured age placed at the corners of table with paraffin (kerosene) lamps; they firmly stood all time during the operation. I did laparotomy and hysterotomy under local anesthesia and then extracted with difficulty the infant-girl. To my surprise the lower part of her face was swollen. Only then I realized that it was an “anterior face presentation” and a delivery by the natural way really impossible (the “anus” which I palpated was the mouth).”

“The scrub nurse promptly cut across the umbilical cord. I handed the newborn to a local junior nurse who stood next to me with a sterile sheet. But she immediately fainted—dropping the newborn on the floor. So I finished the operation, the women have bustled with the woman and newborn and also made a bed for me. But the rest of night was uneasy: the tipsy father—a former criminal inhabitant of a GOULAG—strove to drink with the surgeon for the baby’s health. At last I jumped out and cried to him: “Get out! If you want that your wife and baby will be alive!” In the morning the sanitary helicopter (Soviet MI-1, 3 seats, wooden propeller made of lime-tree) arrived and transported me and patients to the regional hospital. “Damn surgery!”—I thought while falling asleep in the helicopter. *Chort...*”

“In the evening the happy father caught me in my home. He brought a big turbid bottle of “samogon” (home made 60 degree alcohol sublimated from sugar), which we drained to the bottom. We swore for friendship forever and mutual help... The next morning, suffering from a very cruel headache, I definitively decided to become a real surgeon. Another surprise awaited me at the hospital several days later when a blood test taken from the mother showed that her Wasserman was + + + +. So during a whole month while shaving I attentively examined myself in the mirror looking for signs of the hard chancre and trying to recall what parts of my face were slobbered over by the baby’s father at my evening party with him.”

Boris Savchuk was fascinated with the life of the Russian surgeon Professor Valentin Felixovitch Voino-Yasenetsky (VFVY) (1877–1961), about whom he wrote a moving historical piece, which was rejected by English-language surgical journals. He defined VFVY “the Priest of Russian Surgery.” To Boris, VFVY—an academic surgeon, an anti-Communist martyr—who eventually became an Orthodox priest—represented all that is good in the Russian character: kindness, altruism, devotion, stoicism, ability to suffer and love, and true friendship. But it was Boris himself—born to the chaos, misery, and pain of his generation, managing to come to the top of his profession and

achieving recognition not only in Russia but also internationally—who was the modern VFVY: a true Russian surgical *mench*.

Last year Denis Arkhipov and I were lucky to spend an intensive week with Boris in Moscow, where he treated us like his own children. He would bring bread, dry sausage, and vodka to our hotel room—to be sure that we did not starve before the next meal. For hangover, he had a home remedy: he would stop his Volvo and buy a beer in a roadside kiosk: “Here, drink it—it will wake you up,” he would say. Initially Boris promised to travel with us to Western Ukraine by train—to visit the graves of his parents “perhaps the last time,” he said. We sensed in him impending mortality, which he probably sensed too. But on the day of departure he arrived at the hotel and announced formally that he could not go because “his heart is not too well.” Before our

departure to the railway station he made us sit around a table at the lobby and observe a minute of silence: “This how we do it in Russia” he said, “before parting we sit together silently and contemplate... for one never knows whether this is our last meeting...” He drove with us to the railway station, shoved a large bottle of the “best Russian vodka” in our hands, and we said our last goodbye—a kiss on each cheek and a bear hug—the Russian way.

A Russian gentleman—polite and correct, knowledgeable in medicine, surgery, literature, art, music and life—and with a large warm and sensitive heart—he belonged to a vanishing generation of great surgeons. Although 100% Russian down to his bones, unlike most of his peers he dared to look beyond the boundaries of his vast fatherland; thus his departure is a loss to international surgery.