

CONFIDENTIAL

Informal Remarks

by

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The Children's Hospital Alumni Organization

University Museum

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When the Children's Hospital dedicated the Koop Surgical Center, I made the comment that I was awfully glad that I was there to hear about it because most of those things are done posthumously. So once again I am delighted that I am here to know that there will be a C. Everett Koop Chair of Pediatric Surgery. And, I'm delighted to know that Jim O'Neill is the first person to occupy that chair.

Practically everyone who has spoken today has said something about Dick Wood and his vision. Dick, I would like for you to come up here and see if you can get the vision of these people that I have from this vantage point. You can't see anything sitting down in those chairs.

Dick Wood has been a friend to me from the day that I came to Children's Hospital. Through thick and thin he has been at my side, and he has never refused me anything that he thought had to do with the welfare of children. After I went to Washington and found that I was no longer the favorite son of the country that I was in the City of Philadelphia, I needed some friends. Dick Wood came to Washington and testified before the Senate on my behalf at my confirmation hearings. I will never be able to forget his generosity. There is only one award that the Surgeon General can give that no one else can veto. It is the highest award of the Public Health Service. I would like at this moment to bestow this upon Richard D. Wood. It is known as the Surgeon General's Medallion.

There goes with it a certificate. It took me a long time to try to compress into a few words what Dick Wood has meant to this Surgeon General. Therefore, I will read it to you. "The Surgeon General's Medallion is here by awarded to Richard D. Wood for his unflagging support of a general surgeon before he became Surgeon General. Given under my hand in the City of Washington this 20th day of May, 1988. C. Everett Koop, Surgeon General."

I'm delighted to be here tonight. Whether you know it or not, practically everyone in this room has contributed some way to the fact that I got to where I am and I'm having the apparent influence on this country that I have. Everything the Surgeon General says is in the public domain and can be quoted. I kind of hate that because I am not a person who likes to read speeches, and I have to do that in Washington so that people will not misquote me without my being able to say, "No, that's not what I said."

Tonight I would like to read from some compious notes a series of informal reminiscences about the old Children's Hospital. I guess what I would like to entitle this is: Is What Made the Children's Hospital Great: What Made the Children's Hospital Unique.

In the long run I think probably the answer to that lies in the residents it attracts. But, we have to ask ourselves, what attracts them? You can say today that it's that marvelous building across the street (which is also one of the products of Dick Wood's vision) but there was a building before that. I would like to tell you a few things about the old physical plant, because I think in a way it contributed an awful lot to the cohesion of a number of people who were trained at the Children's Hospital over a long period of time.

Before I came to the Children's Hospital in 1946, I went down there in December of 1945. Even then there were plans for a new

Children's Hospital. Joe Stokes got out some blueprints from under his desk, laid them out on the top and showed me the plans for the new Children's Hospital. It was to be rebuilt in great splendor on the old site, but there was to be a corridor from Bainbridge Street to Spruce Street an esplanade with trees, shopping centers, fountains and park benches where hopefully other than homeless people would be sleeping.

I saw them (blueprints) then and I didn't believe it, but nevertheless it was one of the reasons why I decided it was worth my while to throw my lot in with Children's Hospital back in 1946.

That old building--as many of you know who lived there--was held together for many years with rubberbands and adhesive tape. It produced a certain type of camaraderie. Perhaps it was because misery loves company, but the longest promise anybody ever made to me and finally kept was that which the Children's Hospital made to me in December of 1945 and finally delivered in great fulfillment when we moved to the new hospital in 1974. I can say it was very much worth the wait.

In those days when we discussed the move to some place other than Bainbridge Street, there was a tremendous fear that we would be swallowed up by the University of Pennsylvania. I remember the day that Joe Stokes came back from a lecture at Babies Hospital in New York where he had been talking to Dr. Anderson, their pathologist. The conversation went something like this, according to Joe Stokes: "Joe, when you move to the University do you plan to have a tunnel between your hospital and theirs?" He said, "Yes, I think we do." He said, "Joe, don't do it. That's what your autonomy runs out through."

I remember the days when we sat around the old Board room at the Children's Hospital and discussed whether or not a tunnel between those two institutions could indeed make the difference between keeping your autonomy or not. We've kept our autonomy. As a matter of fact, Dr. Anderson was right, because if you look up Babies Hospital in the New York telephone book and dial that number, somebody says, "Hello, Presbyterian." We have not done that. I don't think we've actually become the tail that wags the dog, but perhaps we have been pretty close to it.

I remember the grand day of the move from Bainbridge Street out to the University of Pennsylvania (I hope, Shirley Bonnem, that somebody writes that up soon, before we forget about it). It was a grand and glorious day. It was very special for me. I stood on the roof and had a walkie-talkie and watched the last of the many ambulances take the patients out of the hospital and move them westward over the Schuylkill. There were police on all the corners. The traffic was held up. It was a grand day when everybody recognized that the Children's Hospital was finally accomplishing what it had set out to do. Then I had a very private and nostalgic time. Not many people know this; I think Louise knows this, Louise Schnauffer. I know Betty knows it, maybe Shirley knows it. But, after everybody left, I went and visited every room and every ward in the old Children's Hospital in every building from the top floor to the basement. I said good-bye and pulled the shade down because that was an era that had

come to an close. But it's an era that made what we are today, what we are today.

When I got out to the new building, I went to my new office. I was unbelievably surprised by the drab furniture. Therefore, I started to walk around the building, and I walked about a mile and a-half, I think, through corridors on the third floor and came to a series of offices that were very remarkably decorated. They had beautiful red furniture, and I picked up those red chairs and carried them all the way back the mile and a-half down the corridor and put them in my office.

I looked in my office today where Jim O'Neill sits, and they're still there and still look pretty good. In fact they were so good that the next morning I went back to get some more and found that on the day of the move, they had not sealed off the Child Guidance Clinic from the Children's Hospital. So those chairs that Jim O'Neill enjoys today are really psychiatric chairs, Jim. But I think that we've used them well, and we don't have to return them.

So maybe the building had something to do with the kind of uniqueness of the Children's Hospital. But there is no doubt about the fact that the staff had a lot to do with it. Certainly, much of its uniqueness came from the staff. Those of you who are approaching my age know that medicine is becoming very much homogenized. There's a tremendous dearth of the kind of characters we used to have. People like Bill Pepper and Bolin Hughes and I. S. Ravdin and old Dr. Spiller. But, we had a few at CHOP when I arrived there, and I'd like to mention several. But first let me tell you about my welcome at Children's Hospital on the 4th of January, 1946. People don't believe this, but I was very timid in those days. I walked down all alone and went into the Children's Hospital. I did not own a car. I was met by the chief medical resident, who said something about like this, "Why don't you go back where you came from. We don't need you. We don't want you. You're putting several good men out of jobs."

Now, maybe they didn't want me, and maybe they didn't know that they needed me, but they did. I was not putting anybody out of a job, because every surgeon that the Children's Hospital had before I got there was offered what I was offered, and they all turned it down because they said pediatric surgery is an absolute dead end.

The next thing I did was to marvel at the fact that the new prospective Surgeon-in-Chief was not being welcomed by anybody, so I made my way to the fifth floor and knocked on the office of Joseph Stokes, Jr. and announced that I was there. He seemed somewhat embarrassed, and I said I'd like to see the Hospital, and I'd like to see it from top to bottom. So Joe took me around. I'm sure that day he saw many parts of the Hospital he had never seen before. Then we went back to his office and sat down together. He said, "Dr. Koop, there is something you have to understand. All patients admitted to this Hospital are admitted on my service. We do the work-up. We make the diagnosis. We tell the surgeons when to operate. And after they operate, we take the patients back and we take care of them post-operatively." I said, "Dr. Stokes, the reason that I came is that that system is going to change, and it is going to change today.

He was very upset. He picked up the telephone, and he called Dr. Ravdin, who was my mentor and the person who had sent me to Children's Hospital for a number of reasons I haven't got time to go into. The conversation was very interesting. Those of you who know Joe Stokes will recognize some of the things. He said, "Yes, ah, ah, Oh, ah, ah, yes, ah, Oh, ah ah, yes, ah, ah, Oh, o.k. Rav." He said, "I guess it's going to be your way, Dr. Koop." And so ever since then, surgical patients at the Children's Hospital have surgeons writing their orders. I think that's the way it should be. But let me get down to the characters that I met when I went there.

I think the number one character at the old Children's Hospital was Milton Rapoport. Rapp was a very remarkable man. I don't know how much he weighed, but let's just say he was huge. I don't think anybody would argue with that description. He was extraordinarily bright, and he was a teacher who would actually become a guru. When I say he was huge, he was so huge that when Jonathan Rhodes and I would finish a terrible day at the University of Pennsylvania (he being the chief and I being the resident and there wasn't much other than us around at that time), we'd say, what else could have gone wrong today, and Jonathan Rhodes said frequently, "Rapoport could have had appendicitis."

When I say he was bright...he won the Spencer Morris prize. I don't know if it is given anymore at Penn, but it used to be given to any student who volunteered to stand up before a panel of the faculty and answer any question they threw. In the year that Rapp won the Spencer Morris prize he was up against a very brilliant surgeon, Julian Johnson, who died not long ago, but Rapp won it.

Rapp had a remarkable retentive memory. When I say he was a teacher who became a guru, he was almost worshiped by the residents at Children's Hospital. He would come in from his afternoon and early evening rounds, pick up a late meal in the hospital's dining room, and he would sit there sometimes from seven o'clock until midnight talking to anybody who came in. He would argue with them, he would teach, he would conjoin, he would threaten, but through it all he taught a remarkable amount of pediatric medicine through anecdotes.

Rapp was Jewish, and that was important to his story because he had the most remarkable mixed practice of anybody I knew. He would spend his late mornings and early afternoons in Chestnut Hill or on the Main Line seeing wealthy patients, and later in the day he would go down into South Philadelphia and take care of impoverished people, many of whom were Jewish. He never decided where pediatrics ended because he took care of many adults, and most of those patients were taken care of for nothing.

I use to make house calls to see some of his surgical patients, and I remember very well his advice to me one time. He said, "Chick, you ought to charge at least \$10 for a house call." He said, "You'll find a lot of those people in South Philadelphia have more money than you think they have." He said it was an old trick that they'll pull out a fifty or a hundred dollar bill to pay you. He said, "Now I know you're not going to have that much change in your pocket, so here's my advice. Take the hundred dollar bill, open your wallet, put it in

your wallet and write them a check for 90 bucks; otherwise, you'll never get paid." Well, I learned a lot of things about the practice of medicine from Rapp, and his advice was with me for many years.

I think that you should know that everything that I said about Rapp was great. He had one tremendous fault--he hated me. I don't know why he hated me. I don't know whether it was because I was a surgeon or because I had come in as kind of a young upstart in the Children's Hospital or whether I came carrying an awful lot of baggage from other surgeons that he didn't particularly like. But, nevertheless, he bragged frequently in those evenings at the dining room that he would eventually bring me down.

The shoot out eventually came over a case of empyema that was on his ward. It was to be presented at a Friday afternoon conference. Those of you who are old enough to remember those Friday afternoon conferences at Children's Hospital remember that they were remarkable. They had 125 chairs in the room, but we always had 30 people standing. They were the best pediatric conferences that I had ever encountered anytime in my life, in any institution, any place in this country or elsewhere ever since that time.

Before the proposed Friday conference that I have referred to, Rapp was telling people that if Koop suggests surgery on this patient, it is the end and he will go. We sat in the library opposite each other reading up on the case in question. The day finally came, and Rapp got up and made a very straightforward case of empyema, which for those of you who don't know, it is pus in the cavity which contains the lung. And, his treatment regiment was to cap the chest with a needle, pull out the pus, do it again and again, put the patient on antibiotics and eventually he will get well. He made a very erudite defense of everything that he had said.

As the surgical consultant, I was asked to give an opinion. I said, "I agree with everything that Dr. Rapoport said, if only the diagnosis was correct. Unfortunately, if you will look in the x-ray down in the right lower quadrant of the lung field, you will see there is no opacity but clear lung. This is not a patient with empyema. This patient has a congenital cyst of the lung. It is infected and filled with pus. It looks like empyema, but it isn't. But sadly, in the middle of this great infected abscess, there are three huge blood vessels, and if Dr. Rappoport keeps tapping this chest with a needle, he is going to puncture one of those blood vessels and this patient will die of exsanguination."

If you could believe it, the Radiology department at Children's Hospital in those days consisted of Margaret Gavin, who took the pictures, and Dr. Bromer, who came in two hours, two days a week and read them. But he always was there on Friday afternoon. Dr. Bromer got up and said, "You know, Rapp, he's right."

The next Monday morning after having prepared the patient over the weekend, the amphitheater had more people in it than it ever had at anytime I was at Children's Hospital. Those of you who don't remember anything but the four good operating rooms we had in the latter days of the old building don't know that over the workrooms of the Children's Hospital there was a closed off area of a huge ancient

amphitheater that seated 125 people back from the days when people learned surgery by watching it. It wasn't filled with 125 people, but it had a large number. I opened the chest. I took out the infected lung cyst. I opened the cyst for the balcony and showed them the three big blood vessels. From that moment on, Rapp and I became the firmest of friends, and we had a marvelous association of pediatric medicine and pediatric surgery from then on.

Another character was Pop Riley. Pop Riley did not ever take his boards in pediatrics. Therefore, the rest of the staff was a little bit ashamed of him. He looked about 15 years older than his chronological age. Actually, he was the same age as John Porter Scott and Rachael Ash. Talk about characters--that would take a whole another evening. But he was assigned to the surgical service so that the medical service would be relieved of the embarrassment of some of his homey comments on ward rounds. I loved having him with me because he taught me a tremendous amount about the art of medicine and I remember several things I'd like to recount to you very briefly.

He very seldom offered any advice, but one day we had a patient who'd had an appendicitis, peritonitis and under the seventh post-operative day was still quite distended with gas in the bowel. Everything I had ever used in the way of modern pharmacology and modern gadgetry had not succeeded in getting rid of the distension. Old Pop Riley stood at the foot of the bed and he said with a twinkle in his eye, "You give up?" I said, "What do you mean, do I give up?" "Will you let me take over?" I said, "If you could get rid of this belly's gas, by all means." So he tip-toed out the ward, went across the street, brought back two bottles of beer, gave them to the head nurse on the ward and wrote in the chart, two teaspoons full every half hour. Then he turned to the nurse, and he said, "Put a whistle in his rectum and just listen." Well, she didn't do it, and I didn't hear the whistle, but in four hours that child's belly instead of being this way, was this way.

I learned so many things like that from Pop Riley that I used to give a lecture that my residents called Koop's nostrums. He referred to all of his patients as 'birds.' He'd call up and say, "I got this bird here with a belly-ache. Or, could you come over and see this bird." One day he was in the hospital, and I said, "Hey, Pop, would you like to come up and see a kid with cancer of the thyroid?" Well, Riley never laughed very much, but he slapped his thighs, and he bent over and he guffawed. "A kid with cancer," he said, "are you crazy?" That's how far behind medicine was about 1948 and 49.

I took him up and showed him a 13 year-old-girl with a little nodule in the thyroid. He still laughed, but he came in to watch me operate on her. The next morning I took out the little nodule and sent it over for frozen section. It was, indeed, a capillary carcinoma of the thyroid. I did a total thyroidectomy, and he stood there and watched the whole thing. When I finished I said, "Pop, you got to remember one thing. Every lump or bump in a kid is cancer until you can prove it otherwise."

Four days later he came to my office, and he said, "I got a bird I want you to look at here." So the little bird came over and stood in front of me, a beautiful little girl, and he said, "What do you

see? I said, "A nice little child." He said to her, "Smile." She smiled. He said, "Now what do you see?" I said, "I see a child with two dimples on one side, but one on the other." He said, "Put your finger in that third dimple. What do you feel?" I said, "I feel a little tiny nodule about as big as the head of a match." He said, "You told me that every lump and bump was a tumor until proven otherwise." He looked at me in absolute belief that I would say, well, this isn't important because it's so small. I said, "We'll take it out tomorrow." It proved to be a very deadly rhabdomyosarcoma. Because we got it so early, that child survived. Pop Riley became a firm believer.

I was extraordinarily poor when I went to the Children's Hospital. He knew that and used to ask me to go see patients in consultation. I was very flattered until I really found out he was just asking me to do this so that I could make some money. The other advantage to him was that he couldn't see very well to drive at night. So by having me take him from his home at the other end of the Walt Whitman bridge, he could get to see his patients without having to worry about hitting anybody.

He had a marvelous way of dealing with people. I remember one night, he went out to see a large lady lying in bed groaning about lots of things. He asked me to feel her abdomen. I said, "There is nothing there that's of surgical importance." Then he said to the children, "Get me a milk bottle full of water." He took out of his pocket a little white pill, dropped it in the bottle, turned it upside down and got it back and forth until it was dissolved. He said, "Give her two teaspoonfuls every hour until the bottle is gone." They were very grateful and we left. I said, "Pop, what did you put in that bottle." He said, "Saccharin." I said, "What good is it going to do?" He said, "it'll keep her busy until she forgets her problem."

Now I think the built-in thing was that Pop Riley never washed his hands. I think on his hands he probably had enough fungus so he was probably administering large doses of antibiotics and didn't really know it.

One other character I will mention just briefly--and that's Charlie Chappel. Charlie Chappel was the first person who thought there ought to be incubators for children, and he designed the first incubator. It was called the Chappel incubator. Its progeny we'll call the Isolette. Charlie was a genius. There was no doubt about that. He was a jovial person. He not only did things such as make the Isolette, but he's the guy that started to inject hens with progesterones so that they would produce large amounts of white meat.

He was extraordinarily jovial. Christmas parties at Children's Hospital's in those days were very alcoholic. He made the punch. He went to all the laboratories, found all the alcohol, and added just a little bit of fruit juice and coloring to it. But he had a very fragmented personality. I think that if somebody could have taken Charlie Chappel in hand, he might have won the Nobel prize.

But he is responsible for something that is very important to Children's Hospital. As I travel around the country, everybody refers to every other hospital in this country for children as the Children's

Hospital of Washington, Boston, Columbus, Seattle, Los Angeles. But they always refer (and I might say with great affection), to this hospital as CHOP.

Where did that name come from? Well, it came from Charlie Chappel. We decided to have a snack bar in the Children's Hospital many years ago, and we had a contest to see what it would be named. Charlie Chappel won the contest and got the bottle of champagne, and it was called The CHOP SHOP. Nobody ever had called Children's Hospital CHOP before that time, but they began to call it that afterwards, and it has been called CHOP ever since.

The CHOP SHOP was not a great place for culinary art. The best they could do in the way of a hot meal was a hamburger, or a toasted cheese sandwich. The best they could do in the cold department was a B.L.T.

My wife used to work there, and she told me this story having to do with a family of a patient of mine. We had lots of Amish patients at the Children's Hospital, and I had this marvelous family called Zuck. The Zuck's came from Intercourse, Pennsylvania. The child had a vaginal problem. Although you read about vaginal problems largely because of my efforts with AIDS in the papers these days, I could tell you that 30 years ago, you didn't talk about vaginas in the newspapers. But Mrs. Zuck was the editor for her town of the Amish newspaper, so the entire world knew about the fact that her child had been born with a vagina that was not open to the outside and therefore she had a large abdominal tumor.

The Zuck's were remarkable people. They were old line Amish, and Mrs. Zuck wrote a postcard once a week. I think she addressed it first on one side and then wrote the story on the other, never had enough room on that side and would turn over and write in concentrically smaller circles until the postman would have a difficult time separating the address from the story. I took one of those postcards one time that was particularly funny to see an old friend of mine in Vermont who had emphysema. He asked me never to come back again because he laughed so hard he thought he was going to die. All the card said on it this occasion was--"Dr. Koop, when Susie goes to the pottie in the kitchen it smells like a dead chicken."

The Zuck family came to see me about once every three months. You know the Amish do not drive cars. Old Henry Zuck used to hire a truck, a steak truck, big enough to put two park benches in and brought down about 14 to 18 people with him every time. One day when Betty, my wife, was serving BLT's and hamburgers at the CHOP SHOP, in came the entire Zuck family. Henry sat down right in front of the Coke machine, and he said, "I'll have fried oysters and raisin pie." He was so disappointed about the fact that he couldn't have it that the next time he came to see me with all the people with him, he spread two blankets on the floor of my waiting room and had a picnic. I found when he chose the menu and didn't order from a restaurant, he had Campbell's baked beans and Coca-Cola.

I'm not going to tell you about the gypsies and all the other things that used to happen in the old days, but they were marvelous.

So, in retrospect, maybe it was the plant that made the Children's Hospital great, maybe it was the staff, I don't know.

But, there is no doubt about the fact, as you've heard so many times today, that the Board had a tremendous amount to do with it. There was a time when I was able to say, and I've never changed this, that I, Chick Koop, never asked the Board of Children's Hospital for anything that touched a child that they did not understand and reply to in a positive way. Dick Wood was at the helm for most of those days and Margarietta was there right behind him and is responsible, I'm sure, as in many of these families for so many things.

The Children's Hospital went through some very rough times. The first rough time we went through was trying to make ends meet. I remember that Dick Wood met with a group of us every Friday afternoon at the Rittenhouse Club and we sat and figured how we could make it for the next week. As things got better, we moved on to plans for the new Children's Hospital. I always had that fear that someday Dick Wood would not be here; he would decide it was too much trouble and leave. I remember the night I expressed that to him, and I was pleased today to hear him say it in a little different way. What he said to me that night was, "Chick, I'll stick around as long as it is lots of fun." So I suggest that all of you who remain at the Children's Hospital try to keep it as much fun for Dick Wood as long as you can.

Let me close on a serious note. All of these things that I have been talking about--working together to make the Children's Hospital a great and unique institution, the staff and the board. But my admonition to you is to strive for excellence. Also, in this era of scientific fraud, to strive for integrity and also to strive for the kind of atmosphere that would foster inquiry and that would support research. I think that you could do this best by having the right people occupy endowed chairs, such as you have most graciously dedicated one tonight in my name.

Let me say in the position of a Surgeon General that everything that you will discuss in reference to medicine and health care for the remainder of this century will be merely systematic of the over-arching tension between our aspirations and our resources. I think that endowed chairs will go a long way to guaranteeing a collegial atmosphere wherein the interdependant triade of patient care, teaching and research can flourish.

I am delighted that this visionary board was on hand during my 35 years at the Children's Hospital. I want everyone to know here how much I feel that I owe them and how much the children of the world owe them, as well.

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