



H.J. Safi, M.D.

## IN TRIBUTE: ERNEST STANLEY CRAWFORD, M.D.

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May 12, 1922 – October 27, 1992

E. Stanley Crawford, M.D., was a pioneer and a giant in cardiovascular surgery. His particular specialty was aortic surgery. Born on May 12, 1922, in Evergreen, Alabama, Dr. Crawford graduated Phi Beta Kappa from the University of Alabama and subsequently attended Harvard Medical School, where he graduated Alpha Omega Alpha. He then served as a lieutenant in the United States Navy from 1947–1949 at the U.S. Naval Hospital in Portsmouth, New Hampshire. After leaving the Navy, he met and married his lovely wife, Carolyn, and completed his postgraduate surgical training at Massachusetts General Hospital. He then began working with Dr. Michael E. DeBakey in Houston, where he stayed and eventually became a professor at Baylor College of Medicine.

Dr. Crawford's contributions to aortic surgery were monumental. Among them were thoracoabdominal aortic aneurysm repair, inclusion technique, reattach-

ment of small arteries to the large artery, reattachment of intercostal arteries into the graft, repair of ascending aneurysm, repair of arch aneurysm, repair of aortic dissection, treatment of Marfan's syndrome, treatment of carotid artery disease, treatment of peripheral vascular disease, and being the first to successfully replace the entire aorta with a Dacron graft. He moved the management of difficult and vexing aortic problems to the realm of everyday treatment. Through diligent work and attention to details, he revolutionized the treatment of problems that had been plagued with a higher rate of paralysis from the waist down, stroke, and death.

My first encounter with Dr. Crawford was in April 1979, when I was a fourth-year surgical resident. It was a rough start, but he was interested in other people's backgrounds, and the more we talked about our respective upbringings, the more we liked each other. I was in awe of his technical skill. His eye-hand coordination

was — and is still — unmatched with any surgeon I've ever seen. It was following my rotation at King Faisal Hospital in Saudi Arabia, where Baylor was running their cardiovascular program, that I received a phone call on June 20, 1983. I was in a Safeway, shopping with my son and wife. His now familiar southern voice boomed over the line: "Dr. Safi, do you want to join me this summer as an associate?"

I replied, "Well, it's better than being unemployed!" He laughed, and I joined him in July 1983. The following year, my colleague Joseph S. Coselli joined us, and we worked together for the rest of Dr. Crawford's clinical career.

Thus began a period of great innovation in the repair of aneurysms. Dr. Crawford shaped my surgical and academic thinking, and I am where I am now because of his impact on me then. It was a period marked by extensive writing and one that shaped what the vascular/aortic community in this country (as well as the world) thought with regard to aneurysm repair. Dr. Crawford became an international figure and was miles ahead of everybody. Despite this, he shunned publicity and was averse to giving interviews to the media. Part of this was his shy personality, and part was his constant remembrance of the humble roots from which he came.

In fact, his roots spurred in him a desire to help others that was uncommon in its sincerity. He used to take residents under his wing who had been dismissed for one reason or another. More than that, his support of his associates was steadfast and without question. His treatment of everyone as equals was unparalleled. When John Crawford and Mathew Uribe joined our practice in 1983, he demanded the same high standard of them that he would of anyone else. It was also during this time that I became friends with his late wife and his family — John, Bruce, and Clay.

Dr. Crawford was my mentor and friend. One of my fondest memories was when we would operate into the wee hours of the night. We used to sit in the coffee room attached to the Fondren-Brown operating room and discuss family, friends, politics and culture. One of these nights he told me that when he was young, he used his father's razor to make a circular cut around a mattress. I retorted, "And you never stopped." Yet what impressed me more during these hours of discussion was that he was open minded and accepting of new ideas as long as they were tested scientifically. That was the root of Dr. Crawford's success; it always led him to ask the questions that propelled progress. I can still hear him telling me with his familiar southern twang, "I'm ready for good results."

As I look back to the last 18 years since his departure from this life, his legacy still lives on. The current challenges we face in aortic surgery, whether using endovascular or open technique, are all built on the successful foundations that Dr. Crawford laid during his career. Apart from Dr. DeBakey, no one else besides Dr. Crawford has had a bigger impact on my career. I tried on many occasions to thank him, but he would always shun the compliment and say, "All I did was crack the door open; the rest is you." I remember when it was said that the replacement of the entire aorta from the valve to the iliac bifurcation was impossible. That was before Dr. Crawford proved them wrong. He was the key that opened the door to make aortic surgery a common practice for all of us. Truly, he was the giant on whose shoulders we still stand looking out afar as we continue to fulfill his legacy.

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