

MY YEARS WITH MICHAEL E. DEBAKEY

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In 1949, Dr. Michael E. DeBakey was 39 years old and I was 26. I had served a year in a rotating internship and another in a surgical residency at George Washington University Medical School, but my wife and I decided that we no longer wished to live in the East. We wanted to return to Texas, and meeting a young Michael DeBakey was impact enough.

I was one of his residents, and Dr. DeBakey demanded that we be accurate, knowledgeable, and well read; he expected us to know all there was to know about the particular patient at hand. When working, there was little to no small talk, although in a social setting he could be very engaging. He was more than kind and made me his first appointee to the recently acquired VA Hospital in Houston.

I remember the great procedure that initiated what became a medical wildfire. During the last week of December 1952, Dr. DeBakey called Jeff Davis to set up an emergency operation on a well-known candidate. This man had been used as a demonstration patient with a palpable abdominal aortic aneurysm. The procedure of aortic resection with replacement homograft was carried out by the team of Drs. DeBakey and Cooley with assistance from the senior resident and me, the junior resident. The homograft had been prepared by the process of lyophilization, which was a freeze-drying method for having a graft in reserve, and with the addition of saline to be prepared for grafting.

The patient had a stormy post-operative course, survived, and within two weeks had a thoracic aneurysm resection with homograft replacement at The Methodist Hospital. Post-operative care was assiduous, demanding meticulous attention and care. Eventually, out of necessity, it led to the development of the Intensive Care Unit, which was ultimately adopted all over the country. Things were never the same. Celebrities came from all over the world as the Texas Medical Center was the only place to receive this type of surgery. All roads did lead to Houston — at least for the next 30 to 40 years. The rest is history.

In the ensuing years, Dr. DeBakey was always supportive of me. When I came to him with a medical problem, I was berated for not bringing it to him sooner. He was always quiet about this support, but I knew that it was always there.

During my later years in private practice, I realized what a fine and thorough training I had under Dr. DeBakey. He had insisted that the resident do the surgery and that the assisting staff serve as assisting supervisor. He also felt strongly that producing a skilled surgeon required more than observation and assisting: the resident surgeon must bear full responsibility. Dr. DeBakey will be remembered always in this personal way, and at the same time I will never forget his contribution to the advancement of medicine and surgery.