
LEGENDS IN UROLOGY

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Give an academic person a podium and you can expect a lecture entailing particular opinions, observations, or thoughts. This is especially true if the forum is constructed, such as this column, with an appeal to vanity of *legendary* status, but that's the beauty of humanity because everyone is a legend in one way or another to someone, if not in their own minds. The sense of legend intended by this column is that of a person who is a protagonist in a story, and, in that sense, I have enjoyed the profiles in this column over the years, particularly those of individuals who have been of such high impact in my training and practice as to make my personal inclusion awkward. On the other hand, with our key specialty journals in urology reticent to publish matters of history, culture, or opinions I take this opportunity to tell a little of my beliefs, my story, and my hopes for our profession and successors. The large number of names that I'll recall shortly probably exceeds the normal bounds of this column, but those people were and are part of my academic *karass*, to use the Kurt Vonnegut¹ term for *people bound up in one's life*. They are my legends, among others that space precludes.

Starting with Beliefs

I believe in the greater human potential, even though our species hasn't been around long enough to give confident odds on our outcome. A book by A.J. Jacobs² makes the point that our lineage as a species traces back only around 8000 great grandparents ago to our mitochondrial Eve, but in that short time we have constructed unprecedented arts with language, civilization, science, and technology that bend the environment to our imagination. Unlike civilizations built by the other rare eusocial species that E.O. Wilson³ describes, in ours alone nearly every single one of our 7 billion living cousins is capable of unique and enduring contributions to the greater good. Our brains can manage ambiguity well, although some rare fellows amongst us are capable of astonishing clarity and genius in understanding the world and each other. Individually we balance the selfish particularities needed for our survival and things we desire against what some might call the "better angels of our human nature," the human compulsion to beneficence and philanthropy. Two signature books of the Scottish philosopher Adam Smith epitomize this tension. The first, *The Theory of Moral Sentiments*, in 1759 staked out the latter position in its first sentence:

"How selfish soever man may be supposed, there are evidently some principles in his nature, which interest him in the fortune of others, and render their happiness necessary to him, though he derives nothing from it except the pleasure of seeing it."

The *Wealth of Nations*, in 1776, juxtaposed how our necessary selfish particularities harmonize to create the engine by which society works, in another familiar quote:

"It is not from the benevolence of the butcher, the brewer, or the baker that we expect our dinner, but from their regard to their own interest."

My Story is One of Opportunity and Good Fortune

I am lucky that grandparents and great grandparents got to America where safety, freedom, opportunity, and a healthy measure of fairness, provided me parents who gave me the chance to prosper with health, education, and my own opportunities. Looking back, it seems to me that these things are what any reasonable government and social structure should provide – must provide – for its people. Failing that, and balance with our planet, our species won't last long.

I grew up in Buffalo and had the advantage of good education extending to Rensselaer Polytechnic Institute in Troy, New York, and then back to the University of Buffalo for medical school, living at home and accruing no debt. Pediatric surgery and pediatric urology mesmerized me from the start of clinical rotations, and faculty at Buffalo Children's Hospital (where I had been born) arranged for a senior year rotation with Judah Folkman at Boston Children's Hospital, shortly after he had become chief of surgery. It was a magical time for me and his influence and advice continued for much of the remainder of my career.

Moving west to UCLA and aiming at pediatric surgery with the encouragement of (and in awe of) Bill Longmire and Rick Fonkalsrud, I entered and completed the surgery residency program, during which I met two influential visiting professors, W. Hardy Hendren and David Innes Williams. Although intent on a career of children's surgery, I was influenced in a urology direction by two friends from the start. Co-intern Erick Albert was planning on a residency in urology after two years of surgery, and Ray Fay, mid-level resident in urology, had returned from a stint in London with D.I. Williams, uncontested founder of modern pediatric urology, when the field was defining its anatomic terrain, understanding its normal and abnormal conditions, and innovating solutions. Will Goodwin in urology, with Fonkalsrud, Hendren, and Williams helped implement a plan whereby I would complete both the surgery and then the urology program with a year in London at the Institute of Urology and Great Ormond Street Hospital for Sick Children on the service of Innes Williams, followed by a month in Boston with Hendren. Don Skinner insisted on the Hendren exposure.

At UCLA I was educated by a rich cast of talents and role models including Drs. William C. Longmire and Rick Fonkalsrud in Surgery. Fellow interns John Cook, Erick Albert, John Kaswick, David Confer, Doug McConnell, and Ed Pritchett have been friends since then. Canadian Gordon McLorie, spending a year in training at UCLA when we were both starting out, ended up traveling a similar path like me in pediatric urology. The bonds of residency training are strong and if you are lucky they create life-long friendships. In Urology, Will Goodwin, Joe Kaufman, R.B. Smith, Don Skinner, Jean deKernion, Rick Ehrlich, Stan Brosman, and Shlomo Raz, were enormous role models. Friendships with fellow urology residents Peter T. Scardino, Rick Boxer, Leonard Marks, and Paul Brower have also continued to this day. Such is the luck of two residencies. My times in London and in Boston were remarkable, my London notebook for 11 months was equivalent in volume of information collected to that from my month in Boston, but this is understandable to anyone who knows Hardy Hendren. During those years of training I met and married Martha, my greatest good fortune. In London Robert Morgan, John Fitzpatrick, Chris Woodhouse, and Philip Ransley entered my karass, and remained reliable presences. In Boston, the same can be said with Mike Mitchell.

I had been deferred from obligatory military service throughout my residencies, because of the Berry Plan since my internship at UCLA in 1971. Even though the draft had ended by 1980, when I finished urology residency, I was obligated to begin active duty. Martha and I moved across the country with Alex and Amy, and a Labrador Retriever in the hot summer of 1980 that included 3 weeks of basic training at Fort Sam Houston in San Antonio Texas.

Assigned to Walter Reed as the junior staff urologist, I found my status increased enormously after a few calls from the White House, when it was trying to arrange the position of White House Physician for President Reagan's friend and Los Angeles urologist, Burton Smith, whom I had known (slightly) as a UCLA attending. John Hutton, one of Reagan's other two personal physicians, had been the inquiring caller and I've enjoyed intersecting with him in subsequent years. Martha and I loved living in Washington, enjoyed our neighbors, and I had terrific colleagues and residents at Walter Reed. The military practice was excellent and I felt the level of practice we delivered was equivalent to that of any excellent community or academic center. I cherished my association with the Uniformed Services University of the Health Sciences and its medical students. We had excellent interactions with colleagues at the NIH, Norm Rich in particular. Peter L. Scardino, father of my friend and co-resident Peter T. Scardino at UCLA, boosted my interest in medical history by giving me an assignment that led me into the open stacks at the NIH library. Colleagues at the Bethesda Naval Hospital and Air Force were also first rate and I stayed for an additional two years with my chief, Ray Stutzman and Dave McLeod. Steve Skoog, a resident, as well as medical students Dennis Peppas and Jeff Waxman, plus resident Doug Canning at the Naval Hospital, followed me into pediatric urology.

Soon after I arrived in Washington, John Duckett called out of the blue to see how things were going with me. I was the last American to work under the tutelage of D.I. Williams and John was one of the first. John came to Walter Reed and showed me some of his novel operations and in the process introduced me to David Gibbons, a Duckett trainee (MAGPI Society), then on the faculty at Georgetown. Pediatric urology grew in the military and I found myself operating at the Naval Hospital, where I met a young Doug Canning, and at Fort Meade, Fort Eustis, and other places. My first visiting professorship was offered by Pat O'Donnell at East Tennessee State University and the Mountain Home VA for 3 days. I'd met Pat when he spent some time at UCLA, and our paths continue to intermingle. My honorarium was an amazing \$600, with which we bought four trees for our home in Rockville, MD, and on a recent visit I saw three of them still growing strong. In Washington, I first met Marston Linehan, who would stay at the NIH throughout his career and change our understanding and treatment of kidney cancer.

A temporary assignment to National Children's Hospital to work under Barry Belman and Evan Kass opened new doors and I wrote my first serious book chapter with Barry, for Alan Retik's book and our topic was ureterocele. Skinner, then at the University of Southern California, called me to look at moving back to LA and Children's Hospital, but as much as I was attracted to the idea of linking back up with Don, I didn't feel ready and opted for two more years at Walter Reed. Brian Hardy ultimately took the position and did a magnificent job. Sadly, I was back at LA Children's in 2015 for his memorial service. We loved Washington, DC. The team at Walter Reed and residents, plus our neighborhood and friends made it a wonderful interlude, but after four years it was time to find a career job. Martha and I moved to Ann Arbor with our family, Emily and Dave having been born during our time in Washington.

Ed McGuire, at the University of Michigan, needed a pediatric urologist and hired me as the sixth member of the Section of Urology. Ed became a great mentor and friend. He early recognized the important role of nurse clinicians and brought Jill Knechtel on board. The pediatric urology nurse became inseparable from the pediatric urology physician in our field, and I've had a number of other spectacular nursing partners that I wish space here allowed me to mention. Ed was a remarkable boss and when I had a chance to go back to London to fill a staffing gap as a locum tenens, he didn't hesitate and resumed his coverage of pediatric urology to free me up for several months.

That return to Great Ormond Street happened in 1986 through the Duckett connection, when Philip Ransley was the lone pediatric urologist at GOS and where I had the pleasure of working with Patrick Duffy as registrar who would join Philip when my term completed. Back in Ann Arbor in 1986, the new Main Hospital had opened during my absence and within a few years Mike Ritchey would join me as a partner and Kazu Oshima as fellow from Fukuoka, Japan. John Norbeck came for a year as an Army fellow. I rose in faculty rank and developed pediatric urology with successive initial partners at Michigan including Harry Koo, John Park, and Julian Wan. I served in the AAP Section on Urology and the ABU exam committee, among other organizations. Ed McGuire left for Houston in 1992, due to reluctance at Michigan to release urology from the grasp of the Surgery Department. Bart Grossman served as interim leader and then Joe Oesterling for under three years as Section Head. Jim Montie became Section Head in 1997.

An unexpected opportunity had led me into the Dean's Office under Allen Lichter in 2000, where I spent 7 years as the associate dean for faculty, a job I enjoyed greatly, considering the position as "chief spiritual officer for the faculty." Under Lichter, Urology, Neurosurgery, and Orthopedics became independent departments in 2001, with Jim Montie as the inaugural chair of the Urology Department. Around that point I was honored to serve on the American Board of Urology, with superb colleagues who became lifelong friends. Montie, in 2007, declared an end to his term as chair and I had the good fortune of succeeding him for the next 11 years, a job made easy by great staff, superb residents and fellows, plus the very best of faculty colleagues.

The organizations of urology have been important to me and given me great opportunities for friendships and learning. The Society for Pediatric Urology, The American College of Surgeons, the AUA, The American Academy of Pediatrics Section on Urology, The European Society of Pediatric Urology, The American Board of Urology, the American Association of Genitourinary Surgeons, and of course the Canadian Urological Association that gave me a memorable week as guest professor in St. Johns, Newfoundland at their annual meeting some years back, when Gordon McLorie was its president. Professional organizations socialize us, foster collaborations, grow our fields, and build world-wide friendships. They are the heart of our professions.

Hope is a Tricky Matter

For this column I'll stick to our professional world, that I deeply hope will resist commoditization as we continue to build our profession, professionalism, the knowledge base, and the legacy of great successors of our work. The earliest known professional expectation, the Hippocratic admonition 2.5 millennia ago, is still compelling. Medical schools variably use the Hippocratic Oath today, usually cleaning it up for its gender insensitivity and political incorrectness. Yet, the basic premise of the oath and that ancient school is that of fostering integrity, respect, learning, reasoning, and excellence, to create a better generation of successors. These ideas dovetail with fundamental human traits and values, so well expressed by Adam Smith and (coincidentally, in moment of time) in the *Declaration of Independence* and the *First Amendment*⁴ to the *Constitution* 15 years later. It's impossible not to link these beliefs in basic human equality and rights, with universal health care and planetary sustainability.

Urology and pediatric urology, in particular, have given me great opportunity for a career with meaningful patient care, collaborations, discovery, and worldwide friendships. The educational side of my career has been equally rich with wonderful students, talented residents, and superb fellows who are now my colleagues and teachers in pediatric urology. I hope such opportunities translate to my successors as they make our field better with new knowledge, ideas, operations, and professionalism to enrich our field.

I appreciate this opportunity to tell something of my story and beliefs, as well as recognize some of the many actual legends who contributed to the good fortune of my career.

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1. Vonnegut, K. *Cat's Cradle*. Holt, Rinehart, & Winston, NY. 1963.
2. Jacobs, AJ. *It's All Relative*. Simon & Shuster, NY. 2017.
3. Wilson, EO. *The Social Conquest of Earth*. WW Norton, NY. 2012.
4. Allen, D. *Our Declaration*. WW Norton, NY. 2014.