
LEGENDS IN UROLOGY

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I was surprised at the request to write about myself as a “Legend in Urology.” I thought one had to be dead to be a legend so I asked my younger, but not obscenely so, second wife, “Am I old enough to be a legend?” She just smiled and said, “I’m afraid so.”

I’ve been fortunate to have had preparation, curiosity, opportunity, and a sense of humor with me for most of my life.

Preparation

From my parents, I got a great genetic package and a safe place to grow up in three small towns in Minnesota. I wanted to be a doctor since grade school. This was based in large part on my encounters as a patient with our family’s general practitioner, Dr. Robert Page. I was intrigued by the smell of alcohol in his small office, the white uniforms of his office staff, and that I recovered from whatever illnesses my parents thought significant enough for me to be seen by him. I remember four significant gifts from my parents: a microscope, a chemistry set, a desk, and a typewriter. My first surgical patients were frogs and fish. I was taught the craft of surgery by an immigrant, Dr. Ali Hakim, at the end of my second year of medical school. He offered to teach me how to operate if I would loan him my hand-written notebooks from my basic science classes so he could study for the Minnesota State Medical Board Examination. I learned how to cut, sew and tie, and he passed the exam. Shortly thereafter, he became Chief of Urology at Ancker Hospital in St. Paul, and, at his invitation, I spent 6 weeks of my junior-senior biennium surgery rotation with him. It was like being a junior urology resident.

When I was a junior medical student, I would walk across the street to University Hospital to a medicine ward, spin the rack of patient charts, and when it stopped, pick out a chart and read it like a novel. One of those evenings, I spotted a familiar name on a chart. I went into that patient’s room, and saw that the patient was a grade school classmate whom I hadn’t seen for years. We used to play together, and I remembered him watching him interrupt play one day to give himself an insulin injection. I asked him that night what was wrong, and he said, “My kidneys are shot, and they’re thinking about doing a kidney transplant.” He died later that year, and he’s buried next to my grandparents at Hillside Cemetery in St. Charles, Minnesota. That was the beginning of my interest in kidney transplantation.

After internship at the State University of New York, Upstate and 3 years in the Air Force, I did my pre-urology and urology training at the University of Oregon Medical School in Portland where Dr. Russ Lawson taught me how to do kidney transplants, and the Chief of Urology, Dr. Clarence Hodges, taught me, by example, how to be quietly effective in my professional life. Why Oregon? I made out a checklist of qualities I wanted in a training program, and Oregon was the only place that had all of them. I applied to that one residency program, wrote to Dr. Hodges and told him that I couldn’t come for an interview because I was stationed on Okinawa, and he took me. I’ve been there ever since, Table 1.

TABLE 1. **My life**

Year	Event	Historical reference
1940	Born	Battle of Britain
1958	Graduated from high school	First US satellite launched
1965	MD	First space walk (Edward Higgins)
1966	Entered U.S. Air Force	Caesars Palace opens in Las Vegas
1969	Started residency	Neil Armstrong walks on the moon
1973	Joined faculty at Oregon	OPEC oil embargo
1976	Appointed director of transplant program	Viking 1 lands on Mars
1979	Acting Chief of Urology	Saddam Hussein becomes President of Iraq
1980	Chief of Urology	US Olympic hockey team beats Russian team
2008	Step down as Chief of Urology	U.S. economy begins to slump

Curiosity

I've been plagued by it. Here's an example. While on family drives from home to destinations, I'd look down an unfamiliar road and say, "I wonder where that goes..." There would be a chorus from the little Barry's in the back seat saying, "Not today, Dad, not today."

Some of the general urology ideas have made it into print, Table 2, and so have some of the transplant ideas, Table 3. Nearly all of them had groundwork laid by others, and some were simply products of clinical circumstances. Probably the only one that will be remembered is nocturnal penile testing with stamps. This was a fun project that Dr. Bruce Blank and Dr. Mike Boileau worked on with me when they were residents. That idea even made it into Playboy Magazine. Several of my line drawings have made it into print as illustrations for articles and chapters I've written over the years, and I've had fun designing neckties and cuff links for urology organizations such as The Oregon Urological Alumni Association, The Society for the Prevention of Cruelty to the Prostate, the Northwest Urological Society, the Western Section of the AUA, the Journal of Urology, and the Board of Directors of the AUA.

TABLE 2. **Some general urology ideas**

Year/reference	Idea
1976 ¹	Corpus cavernosum to dorsal vein of penis shunt for priapism
1979 ²	Penoscrotal approach for placement of penile prosthesis
1979*	Nephrostent concept (manufactured 1983)
1980 ³	Nocturnal penile tumescence testing with stamps
1981 ⁴	Preoperative determination of inflatable penile prosthesis cylinder length
1981 ⁵	Actuarial method applied to time-related events in urologic surgery
1982 ⁶	Cut-to-the-light for obliterated membranous urethra
1984 ⁷	Prediction of semi-rigid penile prosthesis diameter from saline erection

*Manufactured, not published as manuscript

TABLE 3. Some kidney transplant ideas

Year/reference	Idea
1973 ⁸	Cadaver kidney transplant ureteroneocystostomy with double ureters
1978, ⁹ 1988, ¹⁰ 1995 ¹¹	Methods to extend the right renal vein in cadaver kidney transplantation
1982 ¹²	Community urologists and general surgeons to do cadaver kidney retrievals
1982 ¹³	Percutaneous antegrade transluminal ureteroplasty for ureteral stenosis
1982 ¹⁴	Triangulation method to preserve spermatic cord
1983 ¹⁵	Human kidney preservation beyond 48 hours with simple cold storage
1983 ¹⁶	Unstented parallel incision extravesical ureteroneocystostomy

Opportunity

My first job as a urologist was to be Urology Section Chief at the Portland Veterans Affairs Hospital and the number two surgeon on the Renal Transplant Service at University Hospital. Three years later, I became Director of Renal Transplantation, director of the organ procurement program, and Director of the Histocompatibility Testing Laboratory when Dr. Lawson left Oregon to become Chair of Urology at the Medical College of Wisconsin. In 1979, Dr. Hodges retired, and I was appointed Acting Chief of Urology. A few months later, I became Professor of Surgery and Chief of Urology at the University of Oregon Medical School after suffering through the search process that included several very well qualified candidates.

A great benefit of my career has been the opportunity to be in the company of, and to work with, some of the best minds in urology, Table 4. While he was still fit, Frank Hinman, Jr. and I put together a talk entitled, "The Society for the Prevention of Cruelty to the Prostate" which has ten requirements for membership, a secret handshake, the necktie mentioned above, and a watch. I update it from time to time when there's new knowledge. One interesting project was the development of a kidney transplant program in Riyadh 28 years ago.

TABLE 4. Other significant milestones/opportunities

Year	Opportunity/organization
1982	AUA/ABU Joint Examination Committee
1983	Western Urologic Forum
1983	Moderator, Western Section AUA Round Table
1986	ABU Examiner
1989	American Association of Genitourinary Surgeons
1992	"Renal Transplantation" in Campbell's Urology
1995	Secretary, Western Section AUA (President 2001-2002)
1996	Trustee, ABU (President 2001-2002)
1998	Clinical Society of Genitourinary Surgeons
2007	Executive Committee, AUA (President 2008-2009)

AUA = American Urological Association; ABU = American Board of Urology

Closure

In March of 2007 I had a successful radical prostatectomy for localized prostate cancer, but that's another story. In the summer of 2008, I stepped down as Chief of Urology at Oregon and had my compensation cut in half simply because it was time to do so, and because I had significant new responsibilities as President of the AUA.

My career has been more than I dreamed possible. Here are a few principles that I've kept in mind along the way. Leadership is simply helping others do their jobs; if you do that, they'll help you do yours. Perfection isn't possible, but it must be sought. Do the best you can with what you've got. Opportunity is of no value if you are unprepared. Pick something that's worthwhile that you like to do, do it well, and money will follow you around. Money is important because it frees you to be a professional so that you don't have to confuse revenue generation with patient care. Public service is a responsibility of citizenship. If you can't do it, make it possible for others to do so. Life is only two things: problem solving and the pursuit of happiness. If you do those two things without hurting others, you'll go to heaven; that's all there is to it.

It's been a great ride.

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