The shirt off his back

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My year as the Chief Resident at Strong Memorial Hospital had barely begun in 1961 when I assisted Dr Charles Rob (Fig) in the repair of an aortic aneurysm. Rob was not only one of the two "gods" of vascular surgery along with DeBakey, but he was also decorated for bravery in World War II, assisted on the resection of the lung of Britain's George VI, and cared for Winston Churchill's ischemic great toe. He was a brilliant surgeon and, on top of that, had a formidable English accent. As far as the house staff was concerned, he could do no wrong.

After we opened the abdomen and exposed the aneurysm, perhaps 9 cm in diameter, and secured proximal and distal control, it became evident that this was an unusual case. The aorta was encased in a sheath of inflammation and the lumen was difficult to find. Rather than the usual straight incision into the aneurysm and evacuating the grumous contents, we ended up debriding much of the wall of this apparent mycotic aneurysm. Fortunately, after resection of this cheeselike material, there we found clearly defined proximal and distal segments of the aorta that could hold a graft. Accordingly, Rob instructed the nurse to bring an aortic homograft, the only method available for reconstructing the aorta at that time. She returned all too soon from the tissue bank with the news that Dr James DeWeese, the other vascular surgeon in the department, had used the last one.

There was total silence. We all stared at the empty aortic bed and the two large clamps beating in a deadly rhythm. Now what?

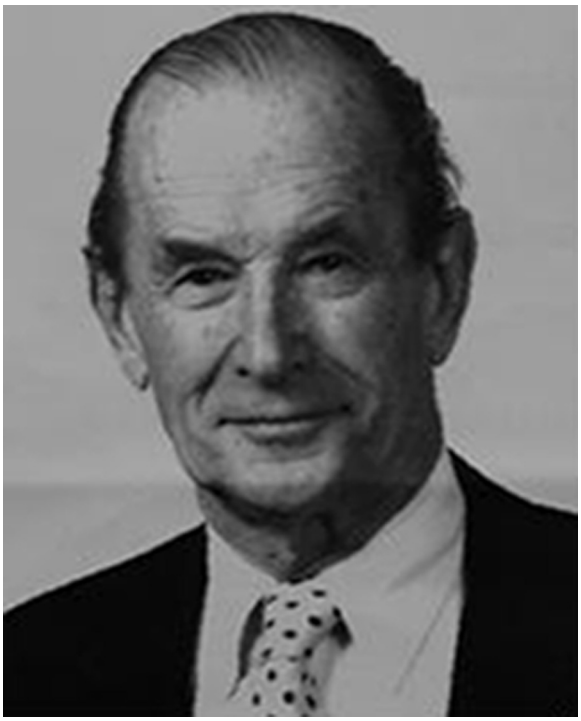

Fig. Charles Rob, MD, FACS.

Finally, Dr Rob, a man of few words, spoke. "Just a couple of weeks ago, I heard a Doctor Wesolowski report the successful use of cloth grafts to repair aortas in pigs.[1] ……Mary, please get my shirt out of my locker."

By shirt, he meant one of the new shirts, totally made of nylon, that were sold for travelers because they dried quickly and required no ironing. They also turned a dirty yellow after multiple washings with brown spots in the armpits owing to interaction with deodorants. Rob's shirt was well worn and badly discolored. When the nurse returned to the operating room with an expression of disgust and her arm outstretched to keep it away, Rob quietly told her to drop it into a steel dish and pour iodine over it.

The intern and I stared at each other in disbelief as he let the shirt soak for a very short time and then sat down,

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cut out a rectangle of cloth and sewed it into a tube. It did not take long and he promptly sewed it in place. Taking the clamps off, he warned us that it "might bleed a bit." Actually, the blood poured out, especially compared with the few leaks seen with the implantation of homografts. Miraculously, the bleeding stopped, there was an excellent pulse, the legs were pink and warm and the professor flipped off his gloves and commanded us to "close up." We did so, but were also convinced that we would be called at four in the morning with an impossible situation. What would we tell the family?

To our surprise, he recovered quickly without complications. By chance, I saw the patient again in 1969, 8 years later, when I returned from the Air Force to join the faculty at the University of Rochester. He was doing well with good circulation to both legs. The graft was significantly dilated. We chose to leave it alone and I never saw him or his medical record again.

To my knowledge, this incident was the first use of a synthetic vascular graft in a human, although there may have been earlier applications. I am certain, however, that this case represents the first time when a surgeon literally gave the shirt off his back.

REFERENCE

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