George Washington University School of Medicine and Department of Surgery

On January 8, 1790, President George Washington addressed the second session of the United States Congress and expressed a desire for a national university dedicated to the country's citizens. However, the lack of a federal consensus and the War of 1812 delayed the opening of the university, despite further urging from Presidents Thomas Jefferson and James Madison. In 1821, a congressional charter established George Washington University (GWU). Its name at that time was Columbian College of the District of Columbia. In his remarks at the opening of the college, President James Monroe stated, " . . . this institution, if it receives hereafter the proper encouragement, cannot fail to be eminently useful to the nation."[1] In 1904, Columbian College changed its name to George Washington University.

The founders of the college included a department of medicine (the medical school) in the initial charter. The school opened 3 years later in 1824 and hoped to establish "a medical school commensurate with the progress and demands of a rising metropolis, and the improvement of service throughout the country."[2,3] At the time, Washington, DC, had only 9 physicians and 2 apothecaries. Currently, there are approximately 10 000 physicians in the Washington, DC, metropolitan area.[4] Today, the GWU School of Medicine is the 11th oldest medical school in the country.

Two of the founding members of the medical department were Dr James Staughton, the first chairman of surgery (**Figure 1**), and Dr Thomas Sewall (**Figure 2**), director of anatomy and professor of surgery. Since then, the department of surgery has enjoyed a long and distinguished history of service to the nation, the district, and the medical center.

Figure 1. James Staughton, MD; first chairman of surgery.

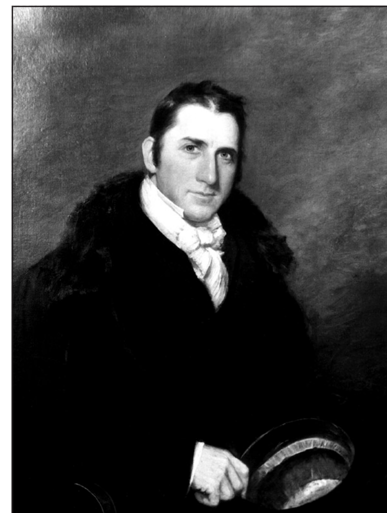

Figure 2. Thomas Sewall, MD; first professor of anatomy and surgery and one of the founders of the medical school.

In 1844, Congress designated the first teaching hospital in the District of Columbia, Washington Infirmary (**Figure 3**). It was also one of the first teaching facilities in the nation. The medical department of Columbian College staffed this facility, and soon the hospital became the designated facility for sick and injured military personnel of the United States armed forces.[3] This tradition continues today: GWU remains the designated trauma facility for both the White House and the Capitol.

On many occasions, the department of surgery has cared for high-ranking officials, including the president. During the Civil War, Dr A. Y. Garnett, professor of anatomy and surgery, left the medical college to serve as personal physician to Jefferson Davis, the president of the Confederacy.[2,3] Also during this time, GWU surgeons staffed many of the 18 military hospitals that surrounded Washington, DC. One of the first physicians to tend to President Lincoln after he was shot in Ford's Theater was Dr A. F. A. King, a junior faculty member in obstetrics and gynecology at GWU.[3] From his seat in the orchestra section of the theater, he climbed into the president's private box after the shooting. He was only 24 years old and had less than 1 year in practice at the time. President Lincoln was taken initially to a small home at 516 10th St, across from the theater. He was examined then by Dr C. S. Taft, acting assistant surgeon of the United States, and Dr Charles A. Leale, assistant surgeon of the US Army.[5] Dr John F. May, chairman of surgery at GWU from 1845 through 1858 (**Figure 4**), was summoned subsequently to President Lincoln's bedside for consultation. Dr May probed the wound and confirmed that the injury was fatal. Coincidentally, Dr May also helped identify John Wilkes Booth following the assassination. Dr May had once removed a tumor from Mr Booth's neck, and he confirmed Booth's identity based on the scar.[3]

©2005 American Medical Association. All rights reserved.

Figure 4. John F. May, MD; chairman of surgery from 1845 through 1858. Dr May helped examine President Lincoln after he was shot.

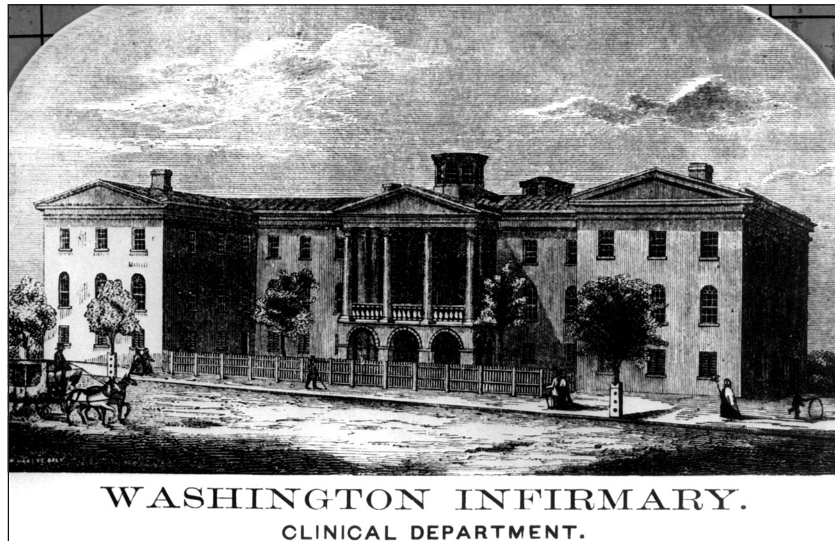

Figure 3. Washington Infirmary, the first teaching hospital in the District of Columbia. It was staffed by faculty from the current George Washington University School of Medicine.

On March 30, 1981, Dr Joseph Giordano, the current chairman of surgery, and Dr Benjamin Aaron, former chief of cardiothoracic surgery at GWU, attended President Ronald Reagan following a gunshot wound to his left chest.[6] The president, press secretary James Brady, and Secret Service agent Timothy McCarthy arrived at the GWU emergency department within a short time of one another. The president was awake but arrived at the emergency department with hemoptysis. He was ambulatory but collapsed after walking through the outer doors of the ambulance entrance and was carried quickly to the trauma bay. Subsequently, his systolic blood pressure dropped to 80 mm Hg, and he became short of breath. Dr Joseph Giordano, who had been instrumental in establishing the trauma service in 1976, placed a left chest tube. Initially, 1200 mL of blood was obtained from the chest tube. Unfortunately, this initial output was followed by 200 to 300 mL every 15 minutes, yielding a total of 2275 mL in the emergency department. Dr Aaron decided to operate on the president at that time. He performed a left anterolateral thoracotomy after a diagnostic peritoneal lavage confirmed that there were no abdominal injuries. Intraoperatively, a laceration was noted on the lower lobe of the left lung. However, there were no injuries to vital vascular structures. The lung was repaired and the bullet removed. The president was discharged on postoperative day 12 and walked to a waiting limousine. Dr Arthur Kobrine, professor of neurosurgery, tended to James Brady's head injury, and Dr Newt Tsangaris, emeritus professor of surgery, operated on Timothy McCarthy for his chest and abdominal wounds at the same time that Drs Aaron and Giordano directed President Reagan's resuscitation and treatment.

In 1985, Dr Lee Smith, professor of colorectal surgery, was asked by Dr Dale Oller, chief of surgery at Bethesda Naval Hospital, to assist on President Reagan's hemicolectomy. Dr Smith served as first assistant during the surgery and helped fashion the handsewn anastomosis (L. Smith, oral communication, April 2004). Today, many other officials in all branches of the federal and local governments continue to use GWU as their primary hospital. Most recently, Attorney General John Ashcroft underwent a laparoscopic cholecystectomy for gallstone pancreatitis by Dr Bruce Abell, assistant professor of surgery and critical care.

In addition to its long history of service to the nation and its leaders, the department of surgery has dedicated itself to the community at large in the District of Columbia. Until 1840, a city ordnance mandated that the medical school and its hospital be located in the center of the city. This central location provided easy access to health care.[3] Today, the medical center continues to provide care to the indigent population in Washington, DC; it is also a level I trauma center. Furthermore, the department of surgery operates the only mammography van in the district and offers free screening mammograms to citizens in the district, Maryland, and Virginia. Finally, GWU recently opened the newest hospital in the District of Columbia with state-of-the-art operating rooms and supporting technology that enables the medical center to care for its patients well into the future.

Traditionally, the GWU department of surgery has contributed to the advancement of both the theory and practice of surgery. Dr Brian Blades, chairman from 1946 through 1972, was a pioneer in thoracic surgery. He demonstrated the benefits of individual dissection and ligation vs mass ligation of the pulmonary hilar structures.[7] Currently, this technique continues to be the standard of care for pulmonary resections. His successor, Dr Paul Adkins, continued to describe other advances in pulmonary and esophageal surgery until his untimely death from lung cancer in 1980. The late Dr William McCune, professor of surgery, and Dr Paul Shorb, now emeritus professor of surgery, described endoscopic cannulation of the ampulla of Vater in 1968. Their landmark work occurred decades before endoscopic retrograde chol-

©2005 American Medical Association. All rights reserved.

angiopancreatography became a routine procedure assisted with fiberoptic technology.[8] Dr Alexander Breslow, a professor of pathology working in conjunction with surgeons at GWU, described the currently accepted stages for melanoma depth. Finally, a long line of surgical residents routinely spend 1 to 3 years at the National Cancer Institute learning and researching the latest theories and newest technology in surgical oncology. This continues to attact residents and maintains close ties between the 2 facilities.

Dr Sewall stated at the opening session of the medical department in 1824, "Who knows but it may be reserved to this school to make some discovery in medicine which shall commence a new era in the science or furnish the world with a remedy for some fatal disease which now eludes the powers of medicine."[3] The department of surgery has risen to this challenge throughout its history and continues to remain dedicated to its mission in the new millennium.

Babak Sarani, MD
Fred Brody, MD

Correspondence: Dr Brody, Department of Surgery, Suite 6B, George Washington University Medical Center, 2150 Pennsylvania Ave, NW, Washington, DC 20037 (fbrody@mfa.gwu.edu).
Acknowledgment: We thank G. David Anderson and the staff of the George Washington University Archives for their help in researching information for this article.

REFERENCES

1. Bulletin of the Columbian College Department of Medicine. Vol 37. Washington, DC: Columbian College; 1861.
2. Anderson GD. A short history of the George Washington University School of Medicine and Health Sciences. *Alumni Directory 1993.* Washington, DC: Publishing Concepts, Inc; 1993:ix-xii.
3. Kayser E. *A Medical Center: The Institutional Development of Medical Education in George Washington University.* Washington, DC: George Washington University Press; 1973:1-160.
4. *Washington Physicians Directory*. Silver Springs, Md: National Directories, Inc; 2004:187-584.
5. Greenwood R. The last hours of President Lincoln: a historical notation. *Mil Med*. 1977;142: 59-60.
6. Aaron B, Rockoff S. The attempted assassination of President Reagan: medical implications and historical perspective. *JAMA*. 1994;272:1689-1693.
7. Adkins PC. Brian Brewer Blades (1906-1977). *J Thorac Cardiovasc Surg*. 1978;75:782-783.
8. McCune W, Shorb P, Moscovitz H. Endoscopic cannulation of the ampulla of Vater: a preliminary report. *Ann Surg*. 1968;167:752-756.

Announcement

The *Archives of Surgery* will give priority review and early publication to seminal works. This policy will include basic science advancements in surgery and critically performed clinical research.

©2005 American Medical Association. All rights reserved.

Copyright of Archives of Surgery is the property of American Medical Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.