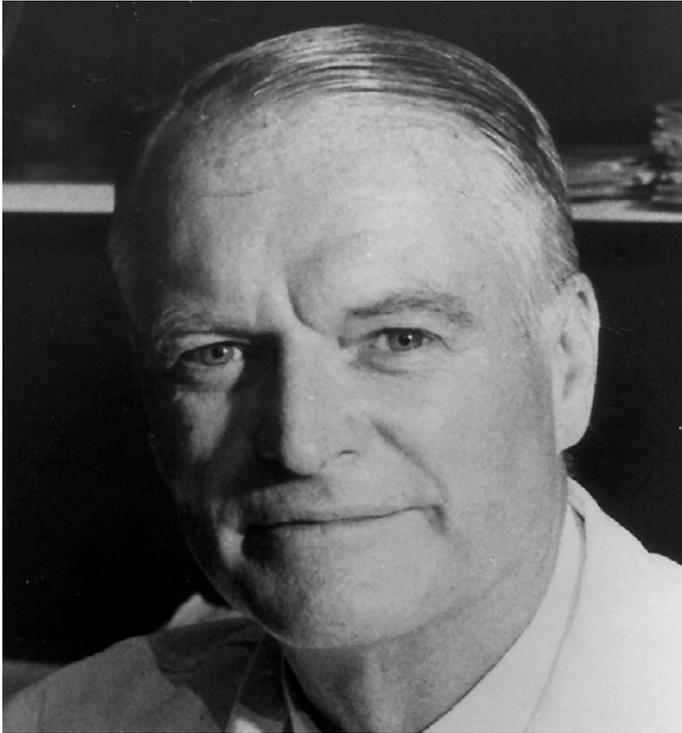




Oliver Cope



On April 30, 1994, at age 92, Oliver Cope died at his home in New Hampshire, only a few hours after the death of his wife, Alice. Married for 61 years, he and Alice had shared not only their family, friends, students and associates, but also Oliver's notable achievements in surgery, research and teaching.

Oliver Cope was born in 1902 in Germantown, Pennsylvania. He entered Haverford College in 1919, transferred to Harvard the following year, and graduated in 1923. He entered Harvard Medical School that fall and, before he graduated in 1928, took a year off to travel around the world and to work in China for a time as a newspaper correspondent. His surgical internship and residency training were taken at the Massachusetts

General Hospital (MGH). While still a resident he became administrative assistant to Edward D. Churchill, John Homans Professor and Head of the Department of Surgery. During his entire academic career, Oliver Cope was loyally and passionately devoted to the evolving missions and expanding programs of the Massachusetts General Hospital.

In 1932 he married Alice DeNormandie of Lincoln, Massachusetts. She was a determined and brilliant lady with broad interests. Five years after graduating from medical school, upon completing his residency, Oliver was awarded a Moseley Traveling Fellowship to study in Europe. As newlyweds, he and Alice began their journey together with a trip to Europe. Their first stop was Berlin. It was Hitler's first year in power, and they were horrified by the Nazi persecution of Jewish academics. Alice's lifelong concern for the underprivileged and oppressed was strengthened by this early exposure to Nazi tyranny. They abandoned their plans to study in Germany and went to London, where Oliver studied physiology under Sir Henry Dale at the National Institute of Medical Research.

In England the Copes formed many lasting friendships, in particular one with the physician Harold Himsworth and his family at University College Hospital. A few years later, with the outbreak of World War II, the Himsworth children came to America to spend the war years with the Cope family in Cambridge, Massachusetts.

Returning to Boston in 1934, Oliver joined the MGH surgical staff. He began his work when the quantitative study of calcium and phosphorus metabolism first became possible, and the pathology of the parathyroid glands was first being explored in detail. At that time Churchill's pioneering surgical work in collaboration with Joseph Aub, Walter Bauer, and Fuller Albright led to a major new field of surgery: the treatment of hyperparathyroidism.

The first parathyroidectomy was performed by Felix Mandel in Vienna in 1925 when he removed a parathyroid adenoma from a patient with von Recklinghausen's disease. Unfortunately, a second tumor was also present, the disease was not relieved, and the patient died.

At about this time, Aub began to investigate the case of Captain Martell, who suffered from massive resorption of bone. He was first treated at the MGH in 1926. Based on these metabolic studies, Aub suspected that the disorder was due to overfunction of the parathyroid glands. Edward P. Richardson, John Homans Professor of Surgery and Head of the Department of Surgery at the MGH, explored the patient's neck on two occasions. No abnormal parathyroid tissue was found.

By 1931 operations had been undertaken for parathyroid disease in Europe and the United States on about 20 occasions. Walter Bauer and Fuller Albright at the MGH were studying four patients with suspected parathyroid disease who were awaiting operation, and they sought the help of Edward Churchill, who had succeeded Richardson. Churchill clearly perceived that for such surgical endeavors to be successful, more data were needed on the number and appearances of the parathyroid glands at operation, their normal and abnormal distribution.

He asked Oliver Cope, then a senior surgical resident, to dissect and study these glands before any further parathyroid operations were undertaken. This experience became the thread from which Dr. Cope was to weave the fabric both of his career and of parathyroid surgery, and indeed of endocrine surgery as a whole.

Still suffering severely from his bone disorder Captain Martell had undergone several negative neck explorations for parathyroid disease. Cope had participated in these operations and concluded that no parathyroid tumor was present. In a historic operation in 1932 (the seventh for Captain Martell), Churchill converted the neck operation to an open thoracotomy by performing a sternotomy. For the first time, and with Cope's assistance, Churchill found and removed a parathyroid adenoma from the mediastinum. Sadly, it was too late for this patient, who died of renal failure due to renal stone disease resulting from years of hyperparathyroidism.

Following this sequence of events, widely discussed in surgical and metabolic circles, many patients with parathyroid disease were referred to Fuller Albright's unit for study on the Metabolic Ward 4 and thence to the surgical department.

By 1934 Churchill and Cope had treated 11 patients successfully by operation; two years later, they reported on 30 such cases. In 1958, Cope reported on the surgical treatment of 200 patients with primary hyperparathyroidism, and over the next 20 years he published numerous papers and book chapters on this subject. The collaborative group at the MGH, based on Cope's surgical findings in a few patients, was able to describe for the first time the new syndrome of primary hyperplasia of the parathyroids, to be differentiated from adenoma. His principal collaborators were Benjamin Castleman in pathology and Fuller Albright, Joseph Aub, and Walter Bauer in calcium metabolism, renal stone disease, and endocrine gland physiology.

Throughout these years Cope was daily concerned with thyroid disease, particularly the surgical treatment of non-toxic goiter and of hyperthyroidism, and became the Senior Surgeon of the Thyroid Clinic at the MGH under James Howard Means. By his careful study of patients and conscientious follow-up Cope set a high standard for endocrine surgery in general.

Oliver Cope contributed 20 papers to the literature on thyroid surgery, focusing on the isolated hyperfunctioning single or "hot" nodule of the thyroid gland, first described in 1947. Other studies pertaining to endocrine surgery included his paper in 1939 on the identification of adrenal tumors by injecting air around the kidney and in 1953 (with Fuller Albright) on the surgical treatment of Cushing's syndrome based on the results of a quantitative hormone assay. In 1955, these authors reported on a total of 46 patients suffering from Cushing's syndrome, treated successfully by adrenalectomy.

The advent of war in Europe as well as the imposing physiologic problems presented by the surgical care of burn patients aroused Oliver's interest and concern with burn care, particularly early supportive care during the shock phase. He and several collaborators devised a formula for estimating a burned patient's metabolic needs based on the amount of body surface area burned. Working with one of his residents who had developed a radioactive dye for physiologic studies, Cope could document accurately the nature of the change in capillary lymphatic permeability produced by burn injury. This became the basis for early supportive therapy with fluids and plasma for patients with severe burns.

In the midst of this work, in November of 1942, the tragic fire at the Cocoanut Grove Nightclub in Boston occurred. Almost 200 casualties were admitted to the Emergency Ward of the MGH, many already dead. In all, 490 of the approximately 950 customers died from their injuries. It was immediately clear that the majority had been asphyxiated, since their skin and clothing had not been burned.

Care of the Cocoanut Grove patients became a turning point in the treatment of burns because of

the studies carried out during the months following the tragedy. This research was done under the leadership of Dr. Churchill and Dr. Cope, with the assistance of the Department of Pathology under Castleman and Mallory and the Department of Radiology under Shatzki. As a result of their studies, the nature of the pulmonary lesion caused by burns was defined and its pathogenesis redefined. These investigators described three components in such lethal injury: suffocation, carbon monoxide poisoning, and exposure to irritant gases arising from the combustion of organic materials. Because this type of conflagration is a severe problem in tanks and ships, the treatment of such injuries and the prevention of such deaths was of major interest to the Army and Navy during the war. The armed forces helped support the studies by Cope and his staff, commenced at that time and continued for over a decade. A summary of their findings was published as a supplement to the *Annals of Surgery* in 1943. This early work by Cope was a critical factor in the selection of the MGH as the location for the Shriners Burns Institute many years later.

In the early 1960s, at the age of 60, Oliver Cope turned his attention to several other matters that he deemed important to the care of surgical patients -- indeed to all patients and all students of medicine. In 1962 he was elected President of the American Surgical Association and on April 3, 1963, he first displayed this widening interest in his Presidential Address entitled, "On Balance." In it, he warned against unnecessarily radical surgery in the treatment of cancer and called attention to surgery's "fifth dimension" -- the social dimension. During the last 30 years of his life, he became preoccupied with these concerns. He emphasized the behavioral aspects of illness and care, reemphasized the need to consider the psychological and emotional aspects of illness in medical education, and discouraged unnecessarily radical surgery for cancer.

Oliver Cope pursued these three convictions as crusades. To his many friends and devotees, he offered a new, enlightened view of biomedical science and practice, turning away from preoccupation with quantitative chemical investigation and meddlesome intervention. To his critics, he appeared to have abandoned his grounding in scientific discipline and the quantitative assessment of disease in favor of social idealism based on intuitive convictions.

Feeding this controversy and attracting wide attention, he became the prime mover in two influential conferences concerning the emotional basis of illness and the responsibility of health care professionals to address this aspect of patient care. The proceedings were published and disseminated to the public in book form. One was the Endicott House Summer Study of Medical Education (July 1965), described in a book entitled *Medical Education Revisited*, edited by Cope and Zacharias; the second was the Swampscott Study on Behavioral Science in Medicine (October 1966), which provided the basis for his book entitled *Man, Mind & Medicine - The Doctor's Education*, first published in 1968 with a foreword by Alan Pifer of the Carnegie Corporation and with the collaboration of 11 other participants in the conference.

Cope believed that patients' emotional needs were being neglected. He called for a reemphasis on the

behavioral sciences, psychology, and psychiatry. He aimed to constrain or refocus the prevailing view of illness and clinical care, seemingly obsessed with science to the exclusion of human empathy and understanding. His desire to avoid unnecessarily radical surgery was also a revolt against the practice of rooting out and removing all malignant cells as the sole method of treatment. He made it clear that underlying many of these concerns was the need to respect the patient's wish to avoid disfiguring surgery.

Cope himself had suffered from a malignant tumor of the bladder, which had been successfully treated without radical surgery. But it was to the treatment of breast cancer that his crusade was directed. To those close to him, it seemed clear that his own personal experience had further convinced him that the use of radical surgery should be limited while the wider use of chemotherapy and radiation should be encouraged.

While accepting the antagonism of the conservative medical and surgical establishments in these crusades, Cope was eager to enlist public support. From a Pennsylvanian Quaker background, which some of his detractors interpreted as fostering fearless rectitude in advancing his own point of view, Oliver adopted a posture of reform that was appealing to the public. He wrote an article for a Radcliffe College journal, which was reprinted in *Vogue*, stating that a woman should not submit to radical surgery without asking searching questions of her surgeon. In 1977 Oliver wrote a popular book on this subject entitled *The Breast: Its Problems, Benign and Malignant: And How to Deal With Them*, published by Houghton Mifflin, which went into two editions, while his book on medical education continued to attract wide interest.

Now, 30 years later, it is evident that Cope's concerns, formerly considered revolutionary, are shared by many and that his crusade to reform cancer surgery and the medical curriculum has won out. A view of medical education that extends beyond biomedical science is intrinsic to the "New Pathway." Today, the use of limited surgery with multimodality treatment has become the rule in the care of patients with malignant tumors.

During the war years, with Churchill serving as commander in the Mediterranean Theater, Cope became Acting Chief of the Surgical Department at the MGH. In his work at the Medical School, through the years of Deans Berry, Ebert and Tosteson, Cope was an active and vocal participant in faculty meetings, often asked to chair important medical school committees, including in particular the Curriculum Committee.

Oliver and Alice had two children, Eliza and Robert. Eliza, active in college affairs at both Bryn Mawr and at the University at Hershey, married a surgeon, Dr. Timothy Harrison, now a faculty member at the State University at Hershey, Pennsylvania. Robert is an attorney in Worcester, Massachusetts.

The Cope household epitomized the friendliness and good will typical of the Harvard Medical faculty

and the MGH staff. The family opened their home in Cambridge and their summer place in Rhode Island, to students and residents. Their hospitality, with Oliver often heard playing his violin, was legendary. The annual Christmas parties at Hubbard Park became a joyous event in the lives of many students and residents over the decades.

The aggressive but often iconoclastic approach of Oliver Cope to medical orthodoxy, surgical operations, the education of students and residents, and curricular reform was that of a gentleman with strongly held and clearly voiced convictions leavened with good humor and an abiding interest in the welfare of his students, his patients, and their families. The memory of Oliver's strong personality and infectious enthusiasm will long remain with this faculty and with those students and colleagues who were privileged to work with him, several of whom served on our Committee.

Respectfully submitted,

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