John Gordon Scannell was born May 13, 1914, in the Jamaica Plain section of Boston. His father was a respected surgeon associated with the Boston City Hospital and a teacher in anatomy at Harvard Medical School. Scannell attended Boston Latin School, finishing with a year at Phillips Exeter Academy. He then went to Harvard College and graduated *cum laude* in 1936.

As a Harvard undergraduate and a member of the Lampoon, then led by Francis D. Moore, he was the unrevealed “cunning fellow” who stole the Yale bulldog. There followed ten days of full newspaper coverage that included a photograph of the animal licking the boots of the statue of John Harvard.

Graduating from Harvard Medical School in 1940, again *cum laude*, he received the Henry Asbury Christian prize, usually given to the student with the highest scholastic record. He was married in June of that year to Helen Le Bosquet Jones, who in due course became the mother of seven children, six girls and one boy.

In 1940, he was one of six entering interns at the Massachusetts General Hospital who would benefit for the first time from Edward D. Churchill’s “rectangular” (as opposed to “pyramidal”) plan and be assured of five years of residency training. Because of a chronic unproductive cough, he obtained a chest film that revealed a shadow in the right upper lobe. The treatment for his tuberculosis was three months of bed rest and maintenance of an artificial pneumothorax, followed by six more months of rest at home. The episode was the first step in a career largely devoted to diseases of the chest.

When he returned to residency training in 1943, the Second World War was underway and the MGH...
was operating with a reduced staff. Churchill was headed overseas, leaving thoracic surgery in the extraordinarily gifted hands of Richard H. Sweet, HMS ‘25. As a resident, Scannell had many opportunities to assist Sweet in the operating room, together with the possibility of joining him in practice.

Churchill returned from overseas in 1946 just as Scannell completed the Chief Residency, and immediately provided an opening for him to remain at the MGH. Churchill then sent Scannell, supported by a National Research Council Fellowship, to the University of Minnesota to study with Edward A. Boyden, an embryologist of the first rank and a distinguished teacher of anatomy. The result included two important publications with Boyden, on variations of the bronchopulmonary segments of the left upper lobe (1947) and of the right upper lobe (1948), as well as their surgical implications. Scannell returned to the MGH in 1947.

In 1949, Churchill and Paul Dudley White chose Scannell to develop a cardiac surgery program at MGH, beginning with organizing a cardiac catheterization laboratory in association with a number of MGH cardiologists, namely Allan Friedlich and Gordon Myers. In 1951, Scannell performed the first closed mitral valve procedure at the MGH. The first open heart operation at MGH was performed by Scannell in 1955 to remove an arterial myxoma, performed under moderate hypothermia without cardiopulmonary bypass.

Full cardiopulmonary bypass was introduced to the MGH with Scannell’s series of aortic valvuloplasty operations, begun in 1956 with operative results that were very good for the time.

Scannell made significant contributions in a number of clinical areas related to the lung and mediastinum as well as the heart. In addition to the studies of pulmonary segmental anatomy and the experience with aortic valvuloplasty, other achievements deserve mention: in 1951, the first-ever case of repair of a ruptured main bronchus after closed injury to the chest; in 1954, the first description of replacement of an obstructed superior vena cava by insertion of a vein graft between the right internal jugular vein and the intrapericardial vena cava at the right auricle; and in 1980, description of “bleb” carcinoma of the lung, calling surgical attention to the occurrence of peripheral carcinoma in sizable blebs or bullous disease.

Scannell had outstanding clinical judgment and excellent technical skills. He was always calm and thoughtful of others both in and out of the operating room, a particularly helpful quality in the early days of heart surgery when there were many unhappy surprises. He was also a superb general thoracic surgeon and had a large clinical practice in both thoracic and general surgery. Scannell was greatly admired by the MGH surgical resident staff who viewed him as an outstanding teacher. The clinical thoracic teaching conference that he initiated in 1953 became a focal exercise in resident education.

In 1972, he took on the added role of the directorship of medical student teaching in the Department of
Surgery at MGH. The popularity of the surgical courses markedly increased during his thirteen-year tenure, and a large number of outstanding students were attracted to surgery due to his efforts.

Scannell’s 1974 presidential address to the New England Surgical Society was devoted to surgical education, and contained numerous quotations from his admired mentor, Edward D. Churchill.

Scannell’s approximately eighty publications from 1947 to 1998 include nineteen that are largely historical. Among his historical subjects, Scannell returned more than once to the life of Sam Robinson, one of the pioneers in thoracic surgery. Robinson’s elaborate but short-lived contribution in 1912 was an unusual form of positive-pressure surgical ventilation. The surgical team and the body of the patient were in the operating room, while a smaller separate chamber contained the anesthetist and the patient’s head, where both were subject to positive pressure and the fumes of ether.

In 1990 Scannell published “Wanderjahr: the education of a surgeon, 1926-1927”. It contained Churchill’s reminiscences of a year abroad, paying calls upon surgeons who varied greatly in their approach to and success with the problems of that time.

From 1981 to 1994, Scannell was the editor of the Harvard Medical Alumni Bulletin, having been on its editorial board for many years. In his valediction, Scannell gave a special tribute to the managing editor, Ellen Barlow, who “…enthusiastically abetted my interest in the concurrence of religion and medicine”. This was signalized in the issue of Winter 1990 under the heading of “An agreeable conversation on the border of religion,” a report of an ecumenical discussion. In Scannell’s summary, “…the time-worn label ‘Godless Harvard’ was challenged.”

Scannell volunteered for a tour of duty on the hospital ship “Hope” in 1964-65 at Conakry in the Republic of Guinea. The pattern of tropical diseases was not at all surprising. It was a different ailment that he saw, felt, and reported on later in “The Lonely African.” This was the plight of sensitive, talented people who had been taught to abandon their old ways, only to remain unaccepted after having mastered new ones.

Scannell’s rich family life was ably administered by his wife, friend, and true love, Helen, “the big H”, also “a saint”, and “a good sport”. Of their children, he wrote in 1971 that “I have the vague feeling, as I watch our progeny go through the educational process, that I am being recycled. It is not an unpleasant feeling.”

The family spent their summer vacations in his mother’s ancestral land of Prince Edward Island. Here he and Helen entertained their lucky guests, feeding them fresh clams and oysters dug just below the bank in front of the house. They loved sailing around Cape Breton Island, in the Bras d’Or Lakes, and along the Maine coast. Scannell also had an opportunity to crew on a trade wind crossing of the Atlantic.
In 1993, the Scannells moved to a retirement community. Sadly, Helen was diagnosed as having metastatic breast cancer in 1998, and died in less than a year. A few months later he fell, suffering a massive hip and pelvic fracture. His condition slowly deteriorated, with some dementia, and he died on August 24, 2002.

The Scannells are survived by their children: Charlotte Reischauer, Elizabeth Young, Helen Thomas, Peggy Frith, Nancy Moncton, J. Gordon, Jr., and Susannah (Polly), as well as 15 grandchildren.

Scannell had a strong sense of both the tragedy and the humor of life, and a sharp eye for folly. His was an existence that took into its hospitable embrace the lives of countless others: his own large family, patients and their families, students, residents, colleagues, HMS alumni, and innumerable friends. He will not be forgotten.

Respectfully submitted,

George S. Richardson, Chairman
W. Gerald Austen
Paul S. Russell
Earle W. Wilkins