



Claude Emerson Welch



Claude Emerson Welch died on March 9, 1996, a week short of his 90th birthday. He had attended Surgical Grand Rounds at the Massachusetts General Hospital that Thursday as usual and had visited an old patient in the hospital. Upon his return home he suffered a massive stroke and passed away quietly a few days later. He was Emeritus Clinical Professor of Surgery at Harvard Medical School and Visiting Surgeon at Massachusetts General Hospital.

During his boyhood in the small town of Stanton, Nebraska, he first hinted at his future statesmanship when he won the State Declamation Contest on the subject "Father's Talking Now." Much later he advised his own son that, "It is easy to make a speech if one has something to say."

He went on to Doane College in Crete, Nebraska, and a Master's Degree in Chemistry at the University of Missouri. At the urging of his Uncle, Joseph P. Welch, who would gain prominence as counsel for the Army during the infamous McCarthy hearings, Welch came East to Harvard Medical School. He attributed his interest in becoming a physician both to trips out to farms around Stanton with the town veterinarian and to his part time job tending the local pharmacy. Just as he had been President of his class at Doane (and graduated *Summa Cum Laude*), he was elected President of the AOA Chapter at Harvard in the Class of 1932.

He trained in Surgery on the East Service at the Massachusetts General Hospital, beginning an unbroken association which was to last more than 60 years, and at the Pondville Hospital. Upon completion of his training in 1937, he was asked by Dr. Arthur W. Allen, Chief of the East Service, to join him as his assistant. About the next five years with Allen, Welch says "there was no other period in my life in which I learned more and none that molded my life more firmly." It was Allen, one of the master abdominal

surgeons of the century, who more than any other became Welch's role model. In 1942 he went to war in North Africa and Italy as a surgeon with the 6th General Hospital (the MGH Unit) and was discharged as Lieutenant Colonel. Despite its horrors, the friendships and the surgical lessons from that experience persisted throughout his life. His admiration for Edward D. Churchill, whom he had come to know as Professor of Surgery at the Boston City Hospital and later as Chief of the West Surgical Service at the MGH, grew as he observed Churchill, now the Army's Surgical Consultant in the Mediterranean Theater, applying the lessons of military wounds toward significant advances in surgical care. In Welch's pantheon Churchill, the surgical scientist, complemented Allen, the brilliant surgeon and surgical statesman.

Upon his return after the war, Welch resumed a rapidly growing practice of general surgery. In 1945 he performed the first vein graft at the MGH, replacing a damaged popliteal artery with a segment of femoral vein. He became known as a bold and skillful surgeon in the abdomen. By his own assessment his principal contributions were the introduction of catheter duodenostomy to make ulcer surgery safer, the advocacy of more definitive operations for complex cases of intestinal obstruction and fistulas, and the recognition and treatment of "high-output respiratory failure" associated with peritonitis. He said "a surgeon must be able to do many things, but first and foremost he must be able to operate." In 1981 his stature was recognized as he was called to Rome to consult with the surgeons treating Pope John Paul II, who had been shot twice in the abdomen. The Pope, following his recovery, wrote a letter of thanks to Dr. Welch, one of his most treasured mementos.

During these 50 years he wrote more than 200 articles and chapters and authored or edited six books including *Surgery of the Stomach and Duodenum and Polypoid Lesions of the Gastrointestinal Tract*. For almost 30 years he contributed authoritative reviews on abdominal surgery to the *New England Journal of Medicine*. Perhaps nothing else he wrote exceeded his final major contribution, a book of Memoirs entitled *A Twentieth Century Surgeon: My Life in the Massachusetts General Hospital*, (1992). His lifetime embraced the transition from the idiosyncratic, crude, "Aesculapian" surgery of the 19th century through refinements and advances to more standardized as well as regulated modes as the 21st century approaches.

His intelligence, diligence, attention to detail, restraint, leavened with generosity, caring and a touch of humor, brought him the trust of his peers and a succession of assignments, the summation of which truly characterizes him as one of the great surgical statesman America has produced. In 1968, while chairman of the Massachusetts Delegation to the AMA House of Delegates, he led the fight for racial equality in all state medical associations. He proposed that state medical societies be expelled from the AMA if they failed to comply with the principles of the U.S. Constitution. The Massachusetts Board of Registration in Medicine, during his tenure as Chairman in the seventies, ruled that physicians could not refuse to treat welfare patients just because they were on Medicaid, that women were entitled to full information about the alternative treatments for breast cancer, and that continuing medical education be required for licensure. At Harvard Medical School he helped devise a plan for a faculty senate.

His leadership was recognized by many of the organizations to which he contributed. Among others he served as President of the New England Cancer Society, the Massachusetts Medical Society, the Boston Surgical Society, the Society for Surgery of the Alimentary Tract, the American College of Surgeons, The American Surgical Association, and the Harvard Medical Alumni Association. Perhaps his only failure was his unsuccessful campaign for the presidency of the AMA in 1975. Nonetheless, he was awarded the Distinguished Service Award by the AMA in 1979 (and also the Nathan Smith Award of the New England Surgical Society, the Bigelow Medal for the Boston Surgical Society, and the Trustees' Medal of the Massachusetts General Hospital).

He viewed his contributions to education as second only to his role in improving patient care. He served on the Residency Review Committee for Surgery, Chaired the Program Committee of the American College of Surgeons, and in conjunction with the Liaison Committee for Medical Education (LCME) in the seventies promoted requirements for continuing education. His legacy at the Massachusetts General Hospital includes the Claude E. Welch Research and Education Fund (funded with over 2 million dollars from grateful patients), the endowed Claude E. Welch Fellowship for residents to spend time in research, and the Claude E. Welch Chair of Surgery at Harvard Medical School. A generation of residents and students remember his keen analysis of clinical conundrums, his decisive and effective surgical style, and his no-nonsense approach to every task, whether it was 6:20 a.m. daily rounds or manning a mop in the operating room to shorten turnover time between cases. We also remember the uncanny ability of "the gray ghost" to back out of a patient's room almost as he was walking in, nonetheless having sized up the needs and touched the patient both literally and figuratively. During the debate at Harvard Medical School over the establishment of the new clinician/scholar track for promotion, Dr. Welch and Paul Dudley White were cited as the quintessential examples of what a Professor in that mode should be.

Yet he understood that he was a link between the old individualistic practices and the new organization of medicine: "A general surgeon, in the time period I was alive, ... often had to make a diagnosis without delay, select an operation fitted to the patient's condition, and persevere under conditions that now would be judged primitive and hazardous... I regret that a major virtue of surgeons - to rapidly choose a correct course of action and act upon it - has diminished in importance." His 1979 Presidential Address to the American Surgical Association foresaw the increasing entanglement of medicine, the public, and the government. Despite his origins, he recognized both the necessity and the benefits that could accrue from the future partnership of medicine and government.

Claude was deeply devoted to his family. Through 59 years of marriage his wife, Phyllis, was by his side, his friend and helper. They entertained often and generously, and house officers, senior staff, foreign doctors, and their wives mingled happily at their house in Belmont and sometimes at their camp on Lake Winnepausaukee. They shared a "delight in the discovery of new geographic areas and wonderful friends everywhere", a pattern he said was set on his honeymoon trip in 1937. His sons Claude, Jr. and John continue his example as educators and in John's instance as surgeon.

After his retirement he learned to use a computer, continued to write, and to contribute to the understanding of socioeconomic issues that beset surgery. He never stopped teaching, but even greater, he never stopped learning. His last sentient moments were at Surgical Grand Rounds in the hospital he loved and to which he gave so much. The man is gone, but the flame of his legacy burns brightly on.

Respectfully submitted,

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W. Gerald Austen

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(Quotes are from *A Twentieth Century Surgeon: My Life in the Massachusetts General Hospital*, Science History Publications/USA, 1992).