



Cornelius Edward Sedgwick



After a twelve year struggle with varying methods of treatment, Cornelius E. Sedgwick died on November 22, 1997 of an intractable carcinoma of the prostate which he faced with typical courage and stamina. During this interval, one would not have known from a chance meeting that anything was wrong with Neal since he maintained his general attitude of cheerfulness and optimism which had been characteristics of his existence.

When he was a small boy growing up in Roselle Park, NJ, an older brother, Herb, contracted poliomyelitis. That unfortunate event had a profound effect early in his life in the Neal assumed much of the responsibility for getting his brother to and from school and other activities which included carrying him up and down may

flights of stairs. Probably this early knowledge of a severe crippling disease stimulated his desire to become a physician. Further, this goal extended during adolescence when he became close friends with sons of a local physician, one Dr. Brown. He spent a number of summers with that family in Canada on a somewhat remote lake near Ontario. During those summers, and probably during the rest of the year, he frequently witnessed the kind of medical care which Dr. Brown freely provided to any local resident and those from all walks of life. These experiences seemed to strengthen his determination to become a physician and from that point on his energy and determination were totally dedicated to achieving that goal. The philosophy which pervaded his prolonged medical training and his hard-working surgical career was embodied in one of his favorite lines recounted by his son: "You can't always outsmart the other guy, but you can always out-work him."

Despite the dedication and total immersion in his projected medical career, he, nonetheless, had innumerable and varied interests mainly with sailing and skiing during free periods, and read extensively in many areas from politics, to economics and world history. His children always looked upon him as a role

model and were encouraged to accept challenges and to seek unique experiences. He seemed ever to be surrounded by friends on social occasions, the nature of the discussion ranged broadly through current events as well as philosophy and history.

He doted on his grandchildren, always generous with his time, and, of course, his advice, but most of all they loved his interest in their activities. His sense of humor, cheerful laugh, and his unfailing ability to understand the perspective of children were infectious.

While he traveled widely and had a knack for exploring unique and beautiful places, his favorite domicile by far was Marion, Massachusetts where the village atmosphere, the lovely harbor and the gentle environment captivated him as a place in which to live.

At this point we move on to a review of his career which played such a vital role in the post war era of surgical experience and training in the United States. Undergraduate and premedical studies were carried out at Bucknell University and after graduation he was at Cornell University Medical College in New York where his determination and consistency in medical studies were obvious to all. Following graduation in 1940, he gained admission to the surgical training program at Roosevelt Hospital where he served for two years until joining the 9th Evacuation Hospital. That group shortly went overseas and functioned primarily in the Mediterranean theatre of operations. Obviously this surgical experience was a tremendous asset in the development of his surgical career. Dr. James Tullis, who resided with him at this critical point in his life, recites endless anecdotes, all of which reemphasize the solid and dedicated aspects of Neal's fabric.

After V-E Day, he, like others of the American forces overseas, eventually returned to the United States whence he was appointed chief surgical resident at Roosevelt Hospital where he had his initial training. George Starkey, who served under him in the training program, would remark enthusiastically about what he had learned from Neal both in terms of morality and clinical acumen.

At the conclusion of his surgical residency in 1947, he was offered a fellowship in surgery at the Lahey Clinic in Boston, following upon which, he was invited to become a permanent member of the staff. Once there, he soon attracted the attention not only of his peers but during his extended contacts with surgeons throughout New England and the country at large. He traveled widely with increasing numbers of invitations to serve as lecturer or to speak at various medical institutions or societies. In his chosen field, his major interests were focused on surgery of the thyroid gland, management of the multiple and complex problems associated with portal hypertension and bleeding esophageal varices, and various other major technical as well as metabolic problems involving the gastrointestinal tract.

In 1966, after the Deaconess Hospital (where a large portion of the clinical work of the Lahey Clinic was carried out) had established a departmental structure, Neal succeeded Leland McKittrick as Chief of Surgery. He held that position with typical dedication, not only in carefully focusing on

clinical problems, but also on the teaching of surgical students and residents, all of whom were rapt in admiration for his warmth, his experience and , in particular, the brilliance of his techniques.

Over the subsequent years, he was recognized as one of the outstanding surgeons in the country and, as a result, became a member, then president, of the Boston Surgical Society, The New England Surgical Society, and the American Surgical Association, to mention a few of his more distinguished associations.

Over this period of years, Neal found the time and energy not only to cover the needs of endless numbers of patients with incredibly complicated problems, but also to publish 86 specific papers in surgical journals, also to contribute to a number of textbooks of surgery to which he had been invited to submit specific chapters.

When recommended for appointment to Clinical Professor of Surgery at Harvard Medical School, he received extraordinary letters of support from surgeons such as Frank Glenn, John Schilling, J. Englebert Dunphy, and Marshall Bartlett.

During the last seven years of his active career at the Deaconess, I, Bill McDermott, had the privilege and pleasure of serving as Chairman of the Department of Surgery. Surely, I was enormously grateful for the work, dedication and thoughtfulness in his management of the operating rooms, recovery rooms and the intensive care units, all of which were directly associated with the daily surgical problems. The New England Deaconess Hospital and the Lahey Clinic, both received inordinate complex referrals from all over the country and abroad.

In close collaboration with Neal, we reestablished the Harvard Department of Surgery which previously had existed for almost over a century at Boston City Hospital. Thus we were able to develop a continuum of the same quality of teaching to which Neal contributed his enthusiasm, knowledge and brilliance in communication.

His last years were divided between activities in Vero Beach, Florida and Marion, Massachusetts where he was able to pursue sailing and other athletic and intellectual activities which had played such an important part of his life and existence.

It was with a great feeling of loss that we accepted his retirement from the clinic and hospital, but this was nothing compared with the sense of loss which we all felt when his brilliant and stimulating clinical teaching years were of the past.

The Committee and the faculty of Harvard Medical School would also like to extend our sympathy to his four surviving children and five grandchildren.

Respectfully submitted,

John Braasch

John Boowalter

Blake Cady

Horst Filtzer

Joseph Hurd

John Libertino

George Starkey

William V. McDermott, *Chairman*