



**Mount
Sinai**

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EVE 001
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[INTRODUCTION:]

Lyons: Dr. Garlock died on June 6, 1965, at his home. Today is December 8, 1965, six months after his death. In approximately two hours, at 4:30 p.m., in the Blumenthal Auditorium, at the [Mount Sinai] Hospital gardens, a memorial tribute will be held by his colleagues and friends.

[EVENT:]

Hodes: ... and because of his close association with Dr. Garlock, we've asked Dr. Sam Klein to be chairman of this meeting. I then will turn over this meeting to Dr. Klein.

Klein: You will hear from various members of the staff of our hospital and the Board of Trustees, of Dr. Garlock's career and accomplishments here at Mount Sinai Hospital. As an old friend of Dr. Garlock, of many years duration, I would like to take you back a little to the time before Dr. Garlock came to this hospital, leaving his exploits here to the various other speakers.

John Garlock was not a native son of Mount Sinai. Rather, he was adopted by The Mount Sinai Hospital family during his early surgical maturity. Following his graduation from medical school, he won the coveted appointment to the house staff of the old New York Hospital. Here, as interne and house surgeon, he received his early training on the service of Dr. Eugene Poole. Dr. Poole was a hard and exacting task master and he demanded perfection in everything relating to the personal and professional conduct of his house officers. For purposes of training and character building, he wanted to assign very difficult projects to his boys, and he did not accept any excuse for delay or failure of accomplishment of these assigned tasks. The going was tough, but young Garlock survived, and he always regarded his chief with deep affection and respect.

It was under the influence of this tutelage that Dr. Garlock became imbued with the philosophy that he followed all his life. He rigorously adhered to the principles of devotion to duty, firmness of decision and resolution, and integrity, which permitted no compromise whatsoever with any distracting personal or even family considerations. In later years when he became a chief of service, Dr. Garlock looked for and insisted upon these qualities in the men whom he trained, and whom he invited to become associated with him.

Dr. Alice Bernheim, who was perhaps better known to many of you as Mrs. George Bernheim, worked with Dr. Garlock during those early years at New York Hospital. She has told me how proud Dr. Poole was of his young protégée, and that Dr. Poole said -- and I quote -- that John was "the best man he had ever trained."

Klein: Following his house staff service, Dr. Garlock was appointed to the attending staff of New York Hospital. On this very active service he took advantage of the clinical opportunities afforded by a vast amount of surgical material, and it was not long before he was contributing to the literature in the fields of general and traumatic surgery, plastic surgery, and the surgery of the hand. Dr. Garlock was also highly regarded by his colleagues at the hospital. Dr. Bernheim tells me that when doctors and nurses on the staff required surgery on themselves, they more often than not chose him as their surgeon.

When the New York Hospital moved uptown to its present location and a new regime took over the professional services, Dr. Poole suggested to Dr. Garlock that he might consider seeking an appointment at Mount Sinai. Upon his personal recommendation, he was interviewed by Mr. George Blumenthal, his credentials were reviewed by the Medical Board, and his appointment to Mount Sinai followed shortly thereafter. His subsequent career is history. He rose rapidly through the ranks to become Chief of [the] surgical service. His native ability, prodigious hard work, and his pioneer clinical investigations soon earned for him worldwide recognition and a reputation as a master surgeon. His many accomplishments have greatly enriched the century-old tradition of Mount Sinai Hospital.

The next speaker will be Mr. Gustave Levy, representing the Board of Trustees.

Levy: Thank you, Dr. Klein. Mrs. Garlock, Teddy, Mess. (?) Garlock. I, too, have been a friend of Dr. John Garlock for many years. When I was campaign chairman of Federation [of Jewish Philanthropies] and subsequently president of Federation, Dr. John Garlock took an active part in fund raising activity and the communal activities in which Federation was engaged. I've also been his golf partner on the golf links, and learned to respect him not only for his professional ability, but his general all-around kindness and good nature.

In my association of eight years with Mount Sinai Hospital as a trustee, and for the last three and a half years as president of the Board of Trustees, I have come to respect his professional ability, as have all members of the Board. Dr. Garlock has carried out the great 116 year tradition of Mount Sinai's great surgeons, being one of the best, and will always be remembered as one of the best.

Mrs. Garlock and Teddy, we'll miss him, as you will. If there is anything we can do for you, please don't hesitate to call upon us. Thank you.

Klein: Dr. John Madden, President of the New York Academy of Medicine.

Madden: Dr. Klein, Rose, your two sons, friends and associates of Dr. Garlock. I first became acquainted with John Garlock in 1941, as a resident in surgery. I became acquainted with him through his writings and pioneer efforts in advancement of

Madden: surgery of the esophagus. As a resident, I had an esophageal carcinoma to take care of. When, as I was want to do, I looked up the literature to see how this would be taken care of, over and over and over again, one came upon the name of John Garlock.

Next occasion was more direct. When I returned from service and opened up practice for the first time, there's one thing I had plenty of and that was time. Not to get an inferiority complex because the phone wouldn't ring or the doorbell wouldn't ring, I then decided I'd look around, and I went around to various hospitals, watching the surgeons work. Then I came upon Mount Sinai. This was in 1946. I observed Dr. John Garlock once, so I didn't go anywhere else after that, I just came to Mount Sinai, deeply impressed with the surgical ability of John Garlock.

My next occasion and, of course, many after that, was at the New York Surgical Society, at their meetings. And when he was called upon to discuss the paper, it was a real treat, because you heard a real pro speak, and you could tell he was speaking from experience in the way he spoke and the authority with which he did speak.

The next occasion was a most happy one. In August of 1961, there was a meeting to be held in September of the International Society of Surgery in Dublin, and we had passage on the West Point. Lo and behold, when the boat set sail and I looked down on the deck, who was there but John and Rose Garlock. Well, one cannot have had a more delightful voyage. We got off at Le Havre, and John and Rose got off at Southampton. We met again in September, first in Dublin, and fortunately were staying at the same hotel. I've had many fine weeks at various meetings, but I can honestly say, I don't think my wife or myself had a more enjoyable week than the week we had in Dublin with Rose and John Garlock. This was repeated to a lesser degree in 1963 in Rome.

John Garlock has departed, but he has left a rich heritage in the residents he has trained, not only here in New York City, not only in the nation, but abroad. And not only residents he has trained, but those who have watched him work. I had the occasion to be in South America two weeks ago, and visited a surgeon in his home. There was a striking picture of John Garlock. This was one man from Buenos Aires and another man from Montevideo, and still another from Sao Paulo, and they said, "My visits to the United States and my visits to the clinic of John Garlock, I have learned much. We are all so happy with what we have learned from the hands of John Garlock." That could be repeated over and over again.

He's left another heritage to American surgery and to posterity, namely, the forthcoming book on surgery of the alimentary tract, which will contain the unique experience of a truly great surgeon. I must say that John Garlock, in every sense of the word, was a true surgeon. It was a privilege for me to call

Madden: him a friend. And I can say in all sincerity, he was one of the finest surgeons that I have ever seen operate.

Klein: Dr. Burrell Crohn.

Crohn: I may speak emotionally, too much emotionally, on this occasion regarding my friend and associate John Garlock. Little did I ever believe that the day would come when I would stand here, to participate in services in memory of John.

It was late that Sunday afternoon, when the light failed and we were left in darkness; a gloom pervaded us with the realization that John Garlock had ceased to be with us. There was the shining light that never failed us. There was a man, a surgeon of brilliance, a musician, a philanthropist, a human being. As a physician and surgeon, John had few equals. As a physician, his diagnostic acumen, his clinical judgment, were superb. Never without his stethoscope, he possessed the clinical experience of the physician with the gold-headed cane. As a surgeon, his technique at the operating table, his unerring and rapid approach to the problem, the smoothness and speed with which he attacked and accomplished his task, were that of a master. His thoracic surgery, his vast experience with the complicated problems of diseases of the alimentary tract, were unique. In diseases of the small and large bowel, not only was he a master hand but he was a pioneer, often treading unmarked paths, fearlessly creating a new and original approach, daring yet careful, logical, originating step by step as action developed to open new fields for the humanitarian conquest of these complicated problems.

He carried on the tradition of Gerster and of Lilienthal and of A.A. Berg. He brought to this hospital the attention of the scientific world. He continued to create, to create at Mount Sinai his reputation far-famed and universal for abdominal surgery. His accomplishments were more than technique. It was the human understanding of the patient as a living person. It was judgment, timing, intensive care, and watchfulness.

As a man, John was interesting, a many-sided personality, as an executive past president of the New York County Medical Society, as an ardent leader of the United Jewish Appeal, as a trustee of the American Friends of the Hebrew University. His love for music, and as a pianist, as a support of indigent musicians -- this was the song of his life. As an artist with water colors and oils he was original, accomplished, and surprisingly good.

That late afternoon, hunched over his desk, his shoulders bent over the manuscript which represented his sole personal life experience with abdominal surgery, almost completed -- but like his life, still unfinished. The manuscript summed up everything he knew, all the experiences of many years of intensive occupation in the field of surgery. As the light suddenly went out, in the gloaming of that late day, when the spirit forsook the earthly temple, his

Crohn: manuscript unfinished, his life unfinished, a darkness pervaded us, his friends, his associates, his family.

In that corner of our memory, inner sanctuary, let us establish an everlasting light, everlasting to us who live, to serve to remember a great surgeon, a luminescence to us in this hospital.

To me personally, the absence of John Garlock leaves an unfathomed void, and it is indeed a bitter loss that those heartbeats are stilled forever, that those educated skillful hands will no longer function. All his life, he was inspired and maintained with an unfaltering trust by his devoted wife, Rose, his lifelong and loving close companion. To her, to his sons and their families, we offer our deep sympathy and our lasting affection, as long as memory doth serve.

Klein: Dr. Albert Lyons.

Lyons: I speak for those who were his assistants for longer or shorter periods: Dr. Samuel Klein, Elliott Hurwitt, Paul Kirschner, Sidney Grossman, Jules Leichtling, Robert Paradny, Bernard Lerman, Arthur Sicular.

There are several hazards to the possession of a great technical skill such as Dr. Garlock had. For one thing, there may be a compulsion to engage in maneuvers that are dangerous, to embark on tour-de-force extensive procedures with little hope of benefit. But he never felt this urge. He, who could do most things better than most, almost always tended to choose conservative and safe things, rather than the radical and the risky. He, who loved to operate, only used operation when it was clearly necessary, and he often resisted the urgings of others to go ahead.

A second temptation to a man of extraordinary dexterity is to be theatrical, to focus on how an activity looks, more than on what is done, to think of means more than ends. But Dr. Garlock never succumbed. He kept his sights only on the result. He was painstaking, thorough and methodical. His techniques were a wellspring where we and many others drank deeply, as Dr. Madden has recited. From all over the world they came, to refresh themselves. His operating did look good, but chiefly because of the total absence of wasted motion, and because of his neat, clean, incisive style. Dexterity was only a servant to the task at hand.

However, there is another limitation to great skill which no one, not even he, could cross, and that is the impossibility of transmitting that skill to later generations. Therefore, I think it is fitting, for the benefit of the young and aspiring, to relate a few of his traits which may throw some light on how he got to be as good as he was. His perseverance in improving himself was exceptional. From his earliest days he practiced, by himself, intensively and often: handling instruments, making stitches, even suturing towels together, learning how to hold things apart with his fingers, and so forth. That famous knot that he used, which

Lyons: impressed the less knowing onlookers, he achieved by daily exercises until he had mastered it. He told me that he considered all that time and energy he had spent as foolish and wasted on something unimportant, but as a youngster he had wanted it, and he persisted until it was an effortless part.

He also told me, and I dare say some members of the house staff here may be astonished to hear this, that when he used to assist Dr. Eugene Poole in the operating room, his hands would often shake with tension and awe, so much so that he tried sometimes to move his hands in phase with the rhythm of his own tremor, in order to be able to do anything. But after assisting, his knuckles on occasion were sore and even black and blue from the blows by an instrument that he received from his demanding and critical chief. But this same taskmaster, whom Dr. Klein also alluded to, he admired, was grateful to, and was loyal to. The chastisements he took for what they were: attempts to put him in the right paths. Dr. Garlock himself tried in later years to do this for others, and by the same means, leaving out the blows. This rough, tough behavior was sometimes, however, misunderstood by the interns and residents.

A second characteristic that led to his skill and was important in his life was his attitude of directness. He gave no flattery to others and his own inner fortitude required none to be given to him. Of course, his very method of attacking everything head on brought him trouble. His directness, coupled with an innate optimism, at times made him misinterpret events and even facts. He was a very poor politician. All too often his methods of espousing a cause called forth antagonism, and his support of a man could create opposition. But, this same directness enabled him to solve problems at the operating table and at the bedside, and he respected those who stood up to him with honest opinion. We had many prolonged and even heated arguments. Never once did it affect our relationship in the slightest.

He was not the hard, cold man he appeared to be to many. Only those close to him knew the many anxious, sleepless nights of worry over a patient who wasn't doing well. He also concealed his consideration for others and he covered up any appearance of sentimentality. When I was a young assistant, my wife and I gave a dinner party at which he was to be the guest of honor. Unfortunately, it fell on the night of New York's greatest blizzard. You may remember, no car, no taxi, no bus was running. The wind was high and cold, and the drifts were deep. So we resigned ourselves to the fact that no one would or could come out on such a night. But the bell rang, and almost at the precise time of invitation, there stood Dr. and Mrs. Garlock, covered with snow, red-faced with cold, because of the trudge they had made, the twenty some odd blocks on foot, because neither of them wanted to disappoint the young assistant and his wife. And he brushed off the thanks with the characteristic brusqueness of his, as if we were the fools to have doubted that he would come.

Lyons: Finally, coupled with his perseverance and his attitude of directness was an ability to work extraordinarily hard. He shirked no task and avoided no responsibility. He never asked any of us to do anything he wouldn't do himself, and indeed, he did do more than any of us. He made many contributions, only some of which can be outlined today, and he brought renown to the hospital. His pioneer work on cancer of the esophagus, his development of the surgery of ulcerative colitis, and many others are famous. But somehow the intangibles have the greatest impact on us, and yet they can't be conveyed to others. His great natural dignity, for instance, which all of us here know well, cannot be described in words to future generations. One might agree or disagree with him, applaud him or oppose him, but no matter where he was, everyone was aware of being in the presence of a man of substance. What he gave us, his colleagues, friends, house staff, hospital family, and the hospital itself was his true legacy: the unswerving pursuit of excellence. For this, we are all in his debt.

Klein: Dr. Bernard Simon.

Simon: As I look about this hall and see the ever so distinguished and capable colleagues, friends, admirers of Dr. John Garlock, I think of how many of you would be much better suited to the task at hand, to mark and honor his professional life. I can only offer as qualification for my role the good fortune of having been, along with Dr. Albert Lyons, the first ward surgical resident to the hospital, and to represent at this time the youngest service in the hospital, a service which Dr. Garlock may be said to have fathered and founded almost single-handedly. I refer, of course, to the plastic surgery division of the general surgery service.

Those of us who worked with Dr. Garlock remember the exciting days when, like followers of a Columbus or a Balboa glimpsing other lands and other oceans, we saw the surgery of the esophagus and the cardiac end of the stomach unfold and become part of sound and routine surgical practice. Those were indeed days when, although heady with the wine of discovery and of the spectacular tour-de-force, we noted with wonder that our chief was fussing with a cleft lip in a newborn infant, or meticulously dissecting out the palmar fascia in an older patient with a hand crippled by Dupuytren's contracture, or going about the heart-breaking business of skin-grafting a badly burned child. Not only did this remarkable man accept these cases as part of his surgical responsibility -- nay, indeed, he loved this part of his professional life until the last.

One of my pleasantest memories is of a morning this past spring when the entire plastic service took the morning off and watched Uncle John, as we called him behind his back, do three minor tumors of the face with his rare and consummate skill. Occasionally he would look up with those remarkably expressive and spectacular eyes, and with elaborate irony ask, "Is this the way to do it, Doc?" The next day, of course, he was back in the fray with the most major of abdominal surgery.

Simon:

After World War II, the demands of his general surgical practice made his incursions into the plastic surgery field fewer and fewer, although he had by then a considerable reputation as a plastic and hand surgeon, and had published basic papers on the free-full thickness skin graft and clinical papers on the surgery of the hand and release of burns contractures. It may be well to note here that the papers on the free-full thickness skin graft, a basic method of treatment, are as fresh and valid today as the day they were written.

Despite his almost total involvement after the war with the gastrointestinal tract, he found the time to insure that his interest and involvement in plastic surgery should not be lost to the hospital. In 1948, a committee was formed to consider the establishment of a plastic surgery division in the general surgical service, with Dr. Garlock as chairman. The actual establishment of the service was to take two years, in part due to the factors of delay and compromise inherent in all committees, and in part due to Dr. Garlock's blunt directness, which, like Admiral Rickover's, was better suited to rapid decision than to prolonged discussion.

And so it came to pass that in 1951 a service in this hospital was created. In 1952, Dr. Garlock and the other senior surgeons at the hospital, Drs. Ralph Colp and Arthur Touroff, found Dr. Arthur J. Barsky to serve as the first chief of the new service. Dr. Barsky's distinguished career here, culminating in the establishment of a residency training program, his leadership in the Hiroshima Maidens project, and his appointment to sit on the American Board of Plastic Surgery, are well known to you. And so Dr. Garlock perpetuated his interest in this fascinating surgical field.

What of John Garlock, the man? There is no closer relationship in medicine than between chief and resident. The Mount Sinai chief of service, in those dim days of residency, was an awesome figure out of the Old Testament, or like the high priest in the Temple of Asclepius. The resident was expected to know all, anticipate all, to be everywhere at once, never to forget, never to err, and particularly, never to sleep. Those were, you will recall, the days of bulging ward services, and anesthesia, antibiotics, and blood transfusions were still rather primitive. Complications were many, and mortality and morbidity were high. The work load was staggering, and the Garlock service operated routinely -- this was aside from emergencies -- on Wednesday and on Saturday afternoons, often past 6:30 p.m. When we made a mistake, we were roundly tanned for it, but we expected it. If we managed the service well or even superlatively, we did not expect praise or a pat on the back.

In all this, as Albert Lyons pointed out, Dr. Garlock was thought to be a hard taskmaster, but he expected no more from us in terms of work, devotion, and excellence than he was willing to exact from himself. And most of all, never once in my term of service did he ever shift the blame for what he might have considered to be his own error or oversight onto the resident's shoulders. And

Simon: this is the true mark of the man.

I hope that future generations in this hospital and medical school-to-be will long honor him: Dr. John Garlock, diplomate of three boards, General Surgery, Thoracic Surgery and Plastic Surgery, surgeon and consulting surgeon to The Mount Sinai Hospital.

Klein: Among his many accomplishments Dr. Garlock, as we all know, was a fine pianist, and music occupied a large and important part of his life. It is therefore fitting that this afternoon we hear a short selection of which Dr. Garlock was very fond, and Dr. Jerome Gross will play the "Prelude from the G Minor Sonata" by Bach.

[violin solo]

In closing, I would like to quote from a poem by Robert Browning: "We that had loved him so, followed him, honored him, lived in his mild and magnificent eye, learned his great language, caught his clear accents, made him our pattern, to live, and to die."