

# Historical perspectives of The American Association for Thoracic Surgery: Frank B. Berry (1892–1976)

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Frank Brown Berry (Figure 1), the 31st president of The American Association for Thoracic Surgery (AATS), was born in Dorchester, Massachusetts, on May 13, 1892. He was the third son of John King Berry, a lawyer, and Ellen Mary Brown. He attended Roxbury Latin School, a preparatory school for boys, where he was editor of the school newspaper, *The Tripod*, and learned Latin, the so-called universal language of medicine. After his graduation from Roxbury Latin, he spent 6 months working as a ranch hand in Bitterroot Valley, Montana, and then returned east to attend Harvard College. There he majored in government, history, and economics. Although Berry knew from a young age that he was interested in medicine, he sought a broad education and eagerly took courses in areas disparate from medicine. In 1914, he graduated from Harvard College and matriculated at Harvard Medical School.

In describing his family and upbringing, Berry stated, “We were not a medical family,”<sup>1</sup> yet his interest in surgery developed at an early age. In his memoirs, he recalled, “I knew I had always wanted to be a doctor and probably a surgeon from the age of seven, when one day at home our laundress cut her finger, and I rushed downstairs to see what it was all about, and then and there made my decision that I wanted to go into medicine.”<sup>2</sup>

At Harvard Medical School, he particularly enjoyed the first-year course in gross anatomy and was asked to be a prosector for the course in his second year. He studied physiology under Dr Walter Cannon and surgery under Dr Harvey Cushing. Berry was interested in research, and after his first year of medical school he worked as a research assistant to Dr Walter Boothby, an anesthesiologist at the Peter Bent Brigham Hospital. Dr Boothby was doing research on the physiology of respiration. With Berry, he performed experiments studying the effects of vagal resection on respiration in dogs. This work was published in 1915 in the *American Journal of Physiology*, and the research and mentorship of Dr Boothby would play a pivotal role in shaping Berry’s interest in the physiology of the lungs and mediastinum.

Berry spent his final year of medical school studying in the pathology laboratory of Dr Frank Mallory at Boston City Hospital. There he functioned at the level of an intern in pathology, gaining practical experience that would later be put to use as a medical officer in the army during World War I. After his graduation from Harvard Medical School in 1917, Berry started his internship in medicine at Peter Bent Brigham Hospital. It was cut short, however, when he was called to the army on March 1, 1918. He was stationed in Burgundy, France, as a pathologist in the American Expeditionary Force. There he ran a bacteriology laboratory and performed autopsies, most of which he noted were cases of pneumonia and empyema. Unfortunately, his brother Stanton died of pneumonia in France during the war. Berry was discharged at the rank of captain and returned to civilian life in June 1919.

After his return from the war, Berry continued his training with an internship in surgery at Presbyterian Hospital in New York City under Dr Adrian V. S. Lambert, the chief of surgery and the future 23rd AATS president. He decided to spend the next 2 years gaining broader experience in internal medicine, working in private practice in Rhode Island with Dr Frank Fulton. Berry returned to New York City in 1923 as resident in surgery under Dr Lambert in the First Division at Bellevue Hospital. At that time, Bellevue Hospital had 4 medical and surgical divisions, each with different institutional affiliations. The First Division was affiliated with Columbia, the Second Division with Cornell, and the Third Division with New York University; the Fourth Division was a nonteaching service. The Chest Service, which dealt mainly with the surgical treatment of tuberculosis with abscess and bronchiectasis, was an important component of the First (Columbia) Division at Bellevue Hospital.

In the 1930s, Berry became a senior attending surgeon at Bellevue Hospital on the Thoracic Surgical Service. He stated, “By this time the thoracic surgical service had blossomed forth with a ward and operating room of its own, and we were beginning to do resectional therapy not only for tuberculosis but also for bronchiectasis and an occasional lung abscess.”<sup>2</sup>

As World War II came underway, Dr Berry led the reserve unit from Roosevelt Hospital in New York City, which had previously served as an evacuation hospital during World War I. He acted as Chief of Surgery of the Ninth Evacuation Hospital, which was activated in July 1942, and he served in North Africa. After the armistice in Europe, Dr Berry was appointed deputy chief for public health and welfare of

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**FIGURE 1.** Frank B. Berry, MD. Reproduced with permission from McCormack JE. Presentation of the Academy plaque to Frank B. Berry, MD. *Bull NY Acad Med.* 1972;48:1191-3. Courtesy of New York Academy of Medicine Library.

the Allied Commission in Europe, where he focused his efforts on reopening German medical schools. He was promoted to brigadier general, and his military honors included the Legion of Merit, 6 campaign stars, the French Croix de Guerre, and Chevalier of the French Legion of Honor.

On returning to New York City, Berry was appointed Professor of Clinical Surgery at Columbia, director of the First Surgical Division at Bellevue Hospital, and director of the Chest Service (Figure 2). He held these posts from 1946 to 1954. He also held appointments in most of the major teaching hospitals in New York City and was often called on by surgeons to assist with their most challenging cases.

Dr Berry trained numerous residents in surgery. He believed that medical education should include not only the teaching of science and ethics but also “the humanism and art that are a part of good medicine.”<sup>3</sup> He devoted significant amounts of time and energy to his trainees and took personal interest in their lives and progress. This concern for young doctors would later carry over into his work with the Department of Defense. One of his residents recalled, “He was perfectly happy to assist a new intern with his first simple operation or to work with a senior

resident on the most complicated problem. He had that rare ability to penetrate to the heart of the most complex clinical problem with uncanny skill in diagnosis.”<sup>4</sup>

Dr Berry encouraged his trainees to volunteer for military service when the Korean War began. He visited Korea in 1951 as a consultant to the Surgeon General’s office, and it was there that important seeds were planted that would later lead to The Armed Forces Physicians’ Appointment and Residency Consideration Program, also known as the “Berry Plan.” Dr Berry wrote, “As I went about I learned much about the undercurrents of dissatisfaction on the part of many who had waited for the draft, and among many medical officers in the National Guard and Reserve who had suddenly been called back to duty with great disturbance to families and to themselves with their practices just started.”<sup>5</sup> He became committed to devising a plan that would protect the interests of medical schools, hospitals, the military service, and service-eligible physicians.

In the same year that he visited Korea, Dr Berry served as the 31st president of the AATS. He strongly believed that organized professional societies should guide reform in the medical profession. In addition to his role in the AATS, Dr Berry was a founding member of the American Board of Surgery and the American Board of Thoracic Surgery and a leader in the American College of Surgeons and the New York Academy of Medicine.

On May 8, 1952, Dr Berry delivered the presidential address at the AATS annual meeting in Dallas, Texas. The United States, having just recently been involved in World War II, now found itself in the throes of the Korean War. Dr Berry, being no stranger to the role of the surgeon in armed conflict, took his audience through a journey starting with the siege of Troy by the Achaeans, the Battle of Agincourt, the American Civil War, the Spanish–American War, World Wars I and II, and finally the current stalemate in Korea.

The title of his talk, “The Waste of Slaughter and the Rage of Fight,”<sup>6</sup> comes from a line in Homer’s *Iliad* and reflects the nature of mankind to wage war. Berry did not opine as to the justification of war but rather focused on the part that surgeons had played through the centuries in the line of duty, as well as the responsibility the current surgical societies play in preparing young surgeons to serve in this capacity. Because chest and thoracoabdominal wounds were prevalent on the battlefield and associated with significant morbidity and mortality, the specific role of the thoracic surgeon was underscored. Berry discussed important advances, including the move to débridement (rather than cauterization) of wounds, development of triage systems, the creation of the ambulance, and the progressive treatment of penetrating chest wounds. Some of these contributions were subsequently embraced by nonmilitary surgeons, but other lessons learned were forgotten in the intervening years between wars.



**FIGURE 2.** Reunion of Bellevue–Presbyterian Chest Service team in 1975. From left to right, Robert H. Wylie, Keith Reemtsma, George H. Humphreys II, James R. Malm, and Frank B. Berry. Reproduced with permission from Herter FP, Jaretzki A III, Forde KA, eds. *A proud heritage: an informal history of surgery at Columbia*. New York: John Jones Surgical Society, Columbia University Medical Center; 2003. Courtesy of John Jones Surgical Society, Columbia University.

One advance in Korea, which had not been present in previous conflicts, was the Mobile Army Surgical Hospital. The initial implementation of these units was marked by confusion and inexperience but with time became efficiently organized to accomplish the original goal of surgery and evacuation of “priority I” patients. Dr Berry, with the seal of approval of the Surgeon General, traveled to Korea in December 1951 to investigate the roadblocks and issues in the theater, and to determine how the AATS could be of further assistance. He did not hold back on his assessment. While heaping praise on the fighting men, the engineering battalions, and the United Nations Medical Units, he was disappointed that some surgeons were not interested in teaching the younger staff members and that there appeared a general “ignorance of the pathology of the high-velocity wound, and the reason and necessity for careful débridement.”<sup>6</sup> He was further disappointed that some of the younger surgeons believed that their time was being wasted and were bored by having to concern themselves with surgery for trauma. He ended his AATS address with a discussion of motor vehicle accidents and traumatic injuries and reminded the members of the Association that they bore a responsibility for teaching young surgeons the surgery for “repair and reconstruction” to prepare them to deal with disaster, whether in the emergency or operating room or in the vicinity of the battlefield.

In 1953, Dr Berry received an unexpected call from a friend, Dr Melvin Casberg. Dr Casberg was Assistant Secretary of Defense, Health and Medical in the Department of Defense but planned to resign that year. He asked Dr Berry if he was interested in the position. Of that time, Berry

recalled in his memoirs, “I was continuing my work, both in the hospital and in private practice, with no other thoughts in my mind than to continue this life until I reached the age of 65, the normal compulsory retirement age from hospital work and academic positions.”<sup>2</sup> Dr Berry had developed a significant tremor in his left hand, and with this unexpected offer he saw the opportunity for a second career. He accepted the position and was appointed by President Eisenhower on January 1, 1954. His tenure as Assistant Secretary of Defense, Health and Medical spanned 9 years, the longest tenure of anyone to hold that office.

Dr Berry’s most significant contribution during his years at the Pentagon was the development of the Berry Plan.<sup>5,7,8</sup> This plan was created to match the needs of the military for medical specialists and the interest of young doctors hoping to complete specialty training before entering their military service. As a consultant during the Korean War, Dr Berry had found that the military medical corps consisted of a high percentage of young drafted physicians without specialty training. He devised a “Doctors’ Draft” that would allow graduating medical students to defer their military commitments so that they could complete residency training in their chosen specialty. After completing their specialty training, they would then be required to serve in the military as specialists for 2 years. More than 42,000 physicians and surgeons took advantage of the Berry Plan, which was unofficially discontinued in 1973 when the civilian draft ended.

Dr Berry led other important programs during his tenure as Assistant Secretary of Defense, Health and Medical. These included fluoridation of water at military installations,

introduction of the Medical Education for National Defense Program into all approved medical schools, and development of the Aviation Pathology Committee to study aviation accidents. He also established the Interdepartmental Committee on Nutrition for National Defense, which performed nutritional surveys in more than 30 foreign countries, helping to raise their health and nutrition standards.

Dr Berry married an old friend, Mrs Duncan Langdon, in 1959 in Providence, Rhode Island. He stated, "I knew her first way back in 1912 when she was Lois Bliss and I knew her brother very intimately."<sup>2</sup> Lois had married Duncan Langdon in 1917, and after he died in the early 1950s her friendship with Berry was rekindled.

After his return from Washington, Berry remained active in retirement. He resumed his previous position on the Library Committee of the New York Academy of Medicine and was awarded the Academy Plaque in 1972, honoring his outstanding service during his 44 years of membership.<sup>9</sup> He was an editor and consultant to several publications, many directed toward young physicians in training, including *Resident and Staff Physician* and *Medical Times*, for which he wrote a monthly column entitled 'Berry Pickins.'

Berry died at the age of 84 on October 14, 1976, in Providence, Rhode Island, after a long illness. He was survived by his wife. Dr Michael DeBakey wrote in his memorial, "Dr Berry will be remembered as an eminent surgeon, a distinguished teacher, a reformer in military medicine, and a leader in international medicine. He will be sadly missed by all who were privileged to know him."<sup>10</sup>

Dr Berry's legacy and achievements are remembered with the creation of The Berry Prize in Federal Healthcare; this award, developed in 1997 by the Washington, DC, monthly publication *U.S. Medicine*, recognizes medical practitioners and researchers in the United States federal health care sector who rise above and beyond the call of duty to make outstanding advancements in medical research or achievements in clinical care while receiving little personal financial gain.

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