Helen Brooke Taussig: 1988 to 1986

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Helen Brooke Taussig: Biographical Sketch
James A. Manning, MD, FACC

On the morning of May 21, 1986, Helen Brooke Taussig, MD, was instantly killed in an automobile accident close to her home at Kennett Square, Pennsylvania. This untimely end 3 days before her 88th birthday interrupted a medical career which, though changing, showed no signs of diminishing scientific inquiry or academic vigor. She had been working at the Delaware Museum of Natural History where she was doing research on avian hearts.

Early career and training. She was born on May 24, 1898, in Cambridge, Massachusetts, the daughter of Frank W. Taussig and Edith Guild Taussig. These two created an atmosphere of solid values that helped shape Helen Taussig’s life. Her father was the Henry Lee Professor of Economics at Harvard University and the cofounder of the Harvard School of Business Administration. If one turns to “Taussig” in Webster’s Collegiate Dictionary, it is Professor Frank Taussig who is cited, whereas in Stedman’s Medical Dictionary the “Taussig” referred to is Helen B. Taussig.

Early on Helen Taussig showed signs of independence, moving from Radcliffe to Berkeley to further her studies and receive her AB degree in 1921. Her introduction to cardiology occurred through extracurricular training with Dr. E. P. Carter, the Head of the Heart Station at The Johns Hopkins Hospital. After postgraduate training there and in Boston, she returned to Johns Hopkins in 1930 to direct the Cardiac Clinic, one of four specialty clinics that had been created under the direction of the then Professor of Pediatrics, Dr. Edwards Park.

Contributions to pediatric cardiology. Thus began a career that shaped the development of pediatric cardiology. From beginnings in rheumatic fever she moved to specific clinical recognition of distinctive patterns of complex congenital heart defects. From identification she progressed to the understanding of altered physiology and anatomy. Her collaboration with Dr. Alfred Blalock, Chief of Surgery at Johns Hopkins, led to the next milestone, the first manipulation of cardiac physiology for therapeutic purposes when, in the fall of 1944, they successfully increased the pulmonary blood flow in children who had abnormalities associated with decreased pulmonary blood flow. Until that moment, cardiac surgery for congenital heart disease had consisted of eliminating extracardiac vascular problems, such as coarctation of the aorta and patent ductus arteriosus. Indeed, this venture into physiologic manipulation was greeted with the highest degree of skepticism by some of the more eminent cardiac surgeons of the era, one of them being quoted by Dr. Taussig as saying, “I have enough trouble closing the patent ductus arteriosus. I certainly don’t want to try to make an artificial one.”

This dramatic success, occurring as it did at the end of World War II and as part of the beginning of the explosion of medical science in the world, and in the United States in particular, made Johns Hopkins a mecca for pediatric cardiology surgery and pediatric cardiology in general.

Her textbook, published in 1947, illuminated the field for generations of physicians and firmed up the development of a training program for prospective pediatric cardiologists.
It provided a model for the combination of medical surgical, physiologic and basic science training, plus a keen understanding of pathology that has been the hallmark of successful training programs that followed. Dr. Taussig’s role in the development of the Sub-Board of Pediatric Cardiology inevitably followed these activities and she served as one of the initial six members when the Board was formed in 1960.

Other professional activities. Throughout her busy career in a highly specialized field of medicine, she was globally involved in affairs that affected the general welfare of children. Her part in restricting the use of potentially teratogenic drugs in this country is well known. What is not so well known is her effectiveness at the congressional level in ensuring that legislation was passed mandating the careful testing of pharmacologic agents used during pregnancy. In 1965 she became the first pediatric cardiologist, as well as the first woman, to be President of the American Heart Association.

Although she stepped down from the leadership role at her Cardiac Clinic in 1963, her scientific activities and her advocacy of pediatric cardiology did not skip a beat. Indeed, 41 of her 100 major publications appeared after her so-called retirement. Her honors have been so abundant that usually they are not listed because of lack of time and space (see the Appendix).

Dr. Taussig was Honorary Chairman of the Second World Congress of Pediatric Cardiology in New York in 1985 and there she presented her ongoing work concerning the occurrence of common cardiac malformations in birds and the implications of this finding in the etiology of malformation of the heart in humans. This was also the subject of her research at the time of her death and is the basis of a paper to be published in the future.

This brings us full circle. These are the elements of a magnificent career that have affected and shaped all of us in pediatric cardiology.

The Early Years

Mary Allen Engle, MD, FACC

The first human Blalock-Taussig operation. November 1944 was the time to test Dr. Taussig’s idea that blue babies deprived of oxygen because of deficient pulmonary blood flow could be helped by creating an artificial ductus arteriosus. Dr. Alfred Blalock had accepted this challenge and with Vivian Thomas had tested it in the laboratory in dogs. Baby E.S., with severe hypoxemic spells, desperately needed help. Drs. William Longmire, Harry Muller and Denton Cooley were on the surgical house staff. Dr. Merrell Hormel gave the anesthesia and, with Vivian Thomas in the operating room, Dr. Blalock performed the first successful anastomosis of the subclavian artery to the pulmonary artery in a blue baby. Little did I suspect, as a fourth year medical student and substitute intern on pediatric surgery, that I would witness history in the making.

In the spring of 1945, Drs. Taussig and Blalock presented to the Johns Hopkins Hospital staff and students the first patients who underwent the operation. Dr. Taussig gave the children stethoscopes so that the audience could listen to their continuous murmurs, see their new pink color and hear about their improved exercise tolerance. Dr. Arnold Rich, Chairman of Pathology, and Dr. Edwards Park, Chairman of Pediatrics and Dr. Taussig’s mentor, led the discussion in admiration. Dr. Park commented that Dr. Taussig had at last found in Dr. Alfred Blalock her “daring young man on the flying trapeze!”

When their first publication appeared (23)*, they were asked to speak at medical meetings all over this country and beyond. Willingly they shared their knowledge. Soon children from all over the world came in hope of help by this miracle.

Drs. Taussig and Blalock adjusted to this tremendous increase in patients needing diagnosis and treatment. Wisely, they divided responsibilities as they collaborated. Dr. Taussig scheduled appointments, made the diagnosis, consulted with Dr. Blalock concerning the operation, assisted him in intra- and perioperative care and undertook the long-term follow-up. Dr. Blalock was responsible for surgical care. The outgrowth of this arrangement was the birth of the two companion collaborating fields of pediatric cardiology and cardiac surgery. Teamwork that has characterized these specialties has been largely responsible for the remarkable successes in diagnostic techniques and in medical-surgical treatment for congenital heart disease.

The pediatric cardiology team. I was fortunate to be on the house staff in pediatrics and to be one of Dr. Taussig’s first fellows. Days began with workup of new patients and examination of those recently discharged and of others returning for follow-up. When Dr. Taussig had finished rounds and her correspondence, we walked together to see the children and to take note especially of their depth of cyanosis and their clubbing. Then we presented cases, wearing goggles to accommodate for fluoroscopy. After each presentation, we joined Dr. Taussig in the closet-sized fluoroscopy room to observe pulmonary vascularity and the heart in multiple views and to analyze the esophogram after the patient had a swallow of chocolate-flavored barium, and the side of the aortic arch and retroesophageal vessels. We listened as Dr. Taussig spoke with the parents and child. Most children with typical tetralogy of Fallot underwent operation without further studies other than blood count, electrocardiogram (ECG), and chest X-ray films. Cardiac catheterization was performed by Dr. Richard Bing. An-

*Reference numbers refer to Dr. Taussig’s publications in the Bibliography.
giocardiography was performed by Dr. Robert Cooley separately in Radiology. At weekly conference with those two groups and the surgeons, clinical, laboratory and operative findings were presented; thus began the regular interdisciplinary conference that is an essential activity of cardiac-surgical centers.

"Congenital malformations of the heart." Dr. Taussig’s intellect, discipline, sense of purpose and dedication to goals, as well as her depth of knowledge and experience, had prepared her to assume responsibilities and leadership in the developing field of pediatric cardiology. She had already devoted 10 years to writing her classic book, Congenital Malformations of the Heart (see Appendix). When she began this endeavor, surgical treatment for congenital cardiac malformations was but a dream. By the time the book appeared in 1947, she could report on new diagnostic techniques and on surgical results of the Blalock-Taussig operation, suture-ligation of patent ductus arteriosus and resection of coarctation of the aorta. Her book immediately became the “bible” for all of those who were acquiring an interest in the new and challenging fields of pediatric cardiology and cardiac surgery.

Awards and honorary degrees soon followed; she received each with humility and genuine pleasure. She continued to grow and develop in wisdom and in influence for the good of children with heart conditions and for the field of cardiology.

The Taussig "fellows." To her former fellows, she was always a special person. She considered us her family. She organized reunions in May that began on her own lawn overlooking Lake Roland and included Amy’s crab cakes. Then came 2 days of stimulating scientific program. When she wrote a letter for all of us, she began, "Dear loyal fellows," and loyal we were! We respected her, emulated her. We admired her greatly, loved her dearly, and we shall miss her sorely.

Reflections of a Harriet Lane Cardiac Fellow on the First Years After the Blalock-Taussig Report
Ruth Whittmore, MD, FACC

Impact of the Blalock-Taussig operation. In the years 1945 to 1947, Dr. Taussig’s clinic was engulfed by the press and besieged by letters from parents, referrals from doctors and requests from doctors to visit. Many families arrived without prior notice. Space and staff had been adequate in the clinic before that time, but one secretary, one ECG technician, one social worker and two fellows together with Dr. Taussig were suddenly overwhelmed by the onslaught. We were still responsible for many children with rheumatic heart disease and we had to adjust quickly to receiving, evaluating and giving individual attention to each of the cyanotic children and the family members who came with them. Dr. Taussig organized her activities in such a way that these needs were met. She and her associates served as hosts to scores of physicians who arrived from all over the world. Visitors, some of whom were already experienced in cardiovascular medicine, included Dr. Stanley Gibson and Dr. Willis Potts, both from Chicago, Dr. Robert Gross from Boston and Sir Maurice Campbell from London. Others came from countries such as Germany, France, Italy, Russia and Australia. Many of these physicians attached themselves to one of the two cardiology fellows and stayed with us wherever we went through the hospital.

The learning experience was intense. Dr. Taussig and the cardiology fellows and the cardiac surgeons learned day by day and applied this knowledge to the next group of patients. For example, the problem of the complication of cerebrovascular accident in terribly cyanotic and polycythemic hypoxic patients was recognized; fully 10% of the patients developed strokes. The custom of giving the patient nothing by mouth before surgery had to be reevaluated because the risk of dehydration and stroke in polycythemic patients became apparent. Use of small doses of morphine to relieve severe hypoxic spells was found to be lifesaving. During one of the early operations, while in the operating room before the anesthetic was started, Dr. Taussig commented that the child had become much less cyanotic. The anesthesiologist, Dr. Merrill Harmell, said he had given a small dose of morphine. This may have been the first time that the value of morphine for acute management of a hypoxic spell was noted.

Scientific presentations. In addition to Margaret Hammond Hanlon and myself, three additional fellows joined her staff in 1946: Herbert Griswold, Raphael Paul and Robert Ziegler. Clamor of the medical world to learn more was met by an exhibit at the American Medical Association meeting in Atlantic City, prepared by and staffed by Dr. Taussig, Ray Paul and me. Interest was phenomenal. The exhibit was in prime position on the stage and it was thronged.

The first scientific presentation, with analysis of the first 300 cases, was at the Society for Pediatric Research in May 1947 in the Berkshires. Dr. Taussig had asked me to present the paper and it was scheduled for the first morning. When the arc lamp projector failed to function and the chairman asked if anyone could present without slides, Dr. Taussig volunteered that I could. Fortunately for me, the projector was fixed just in time!

In the midst of this enormous flurry of productive activity, Dr. Taussig and Dr. Blalock had to take time out to testify because of protests by antivivisectionist groups that had read in the paper that Dr. Blalock had developed the operation by performing it on dogs before he operated on the first child. Dr. Taussig brought some of the children in, told their stories and convinced the jury that their work was not only ethical, but lifesaving.
During these years of rapid developments, Dr. Taussig realized that for this kind of work to spread to as many children as needed it, training of pediatricians in cardiology and support for centers to develop in other parts of the country were essential. She met with the leaders of the Children’s Bureau and enlisted their support to spread the knowledge and the care to their geographic areas.

**Helen Taussig, the human being.** My impression of Dr. Taussig as she realized the importance of her idea to create an artificial ductus and improve the lives of blue babies was that she was a warm human being, caring, compassionate, concerned, considerate and clear thinking. She saw the need and she pondered the solutions to the problems, discussed them with us, and when she was sure that she was right, she acted. She sought help from any source that she thought could provide a complete picture, pro and con. Then, persistently and persuasively, she carried out her convictions to the betterment of medical science and mankind.

**Professional Career, 1955 to 1986**

*Catherine Neill, MD, FRCP*

The advent of open heart surgery in the mid-1950s changed the world of pediatric cardiology. The pioneering Blalock-Taussig anastomosis was now recognized as a palliative procedure and the timing of and need for its use before open tetralogy of Fallot repair was the focus of much study. Cardiac catheterization techniques assumed increasing importance. Dr. Taussig remained clinically active and also coauthored a number of papers with her fellows and surgical colleagues (39,40,46,62). The Rheumatic Fever Clinic, directed by Dr. Charlotte Ferencz and later by Dr. Milton Markowitz, continued to be active in patient care and research. The second edition of her pioneering textbook was published in 1960 (see Appendix).

**The thalidomide affair.** Her most widely recognized contribution during the decade 1955 to 1965 was related to thalidomide. After Dr. Alois Beuren alerted her to the problem, she traveled to West Germany to investigate the outbreak of phocomelia and severe conotruncal defects (49). Her testimony in congress and her scientific papers helped dramatize the issue of cardiac teratogenesis and reinforce the decision of Dr. Francis Kelsey of the Food and Drug Administration to withhold approval of thalidomide for sale in the United States. The award of the U.S. Medal of Freedom in 1964 was in acknowledgement of this work in addition to her achievements in cardiology.

**The later years.** She did not “go gentle” into the ambiguous twilight of official retirement, which occurred in the summer of 1963. An extraordinary portrait of her painted around that time by James Wyeth, who was then 16 years old, shows her with a golden halo of fame around her white hair, indomitably handsome, but aging and alone. Later, a photographic portrait by Karsh of Ottawa (below) epitomized the dedication and serenity of her later years.

She overcame this difficult time by a combination of hard work, travel and continuing close ties to family and friends. Her presidency of the American Heart Association from 1965 to 1966 led her to visit many different cardiac centers and to develop a new circle of professional friendships.

In addition, she worked untiringly on a series of papers on longtime observations after the Blalock-Taussig anastomosis (78,90). Her coauthors on these papers included students, fellows, a research associate and former school teacher, Nina Momberger, and her secretary, Hermine Kirk. She was also assisted by a remarkable scholarly volunteer, Priscilla Schaff. She inspired them all with her own intense interest and enthusiasm. The work kept her in touch with her patients as they grew to adulthood, married and entered the shoals of middle age.

The consultations and active correspondence of these years supplemented her patient contact on numerous visiting
professor trips in the United States and abroad and kept burning the enduring flame of her clinical interest. She took particular pleasure in visiting divisions or departments headed by her former fellows. Of approximately 130 fellows trained between 1945 and 1963, a total of 34 later headed divisions of pediatric cardiology or cardiology.

**Cardiac malformations in wild birds.** Her final work involved the study of the hearts of wild birds at the Delaware Museum of Natural History, which led her to reemphasize evolutionary and genetic factors in cardiac malformations (98). In a manuscript completed early in 1986 (100), she describes her methods of examining the tiny heart of the warbler and gives a comprehensive survey of the literature.

Her extraordinarily original mind allowed her to publish significant scientific work over a 60 year span and to give the world of pediatric cardiology a vivid light. She was a “separate star.” In the words of a poem* she loved:

Each for the joy of the working,
And each in his separate star,
Shall draw the Thing as he sees it,
For the God of Things as they are!

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**Her Influence in Establishing Pediatric Cardiology**

*Dan G. McNamara, MD, FACC*

In our tributes to the life and work of Helen Taussig we want to especially recognize her part in the growth of pediatric cardiology as a specialty.

The Blalock-Taussig anastomosis. The subclavian to pulmonary artery anastomosis brought symptomatic relief and an extended life to thousands of people. But many surgeons found the subclavian to pulmonary artery shunt to be technically difficult. Thus, other types of palliative connections were developed: the Potts, the Brock, the Glenn, the Waterston, the Cooley and the de Laval conduit modification of the Blalock-Taussig operation. Despite initial enthusiasm for these alternate methods, only the classic Blalock-Taussig or the de Laval conduit modification are still used by most cardiac surgeons.

The Blalock-Hanlon operation and Rashkind atrial septostomy. Success with the palliative treatment of intra-cardiac malformations stimulated others to devise palliative operations for other kinds of cardiac defects, such as the Dammann-Muller banding of the pulmonary artery in the infant with a large ventricular septal defect and the Blalock-Hanlon creation of atrial septal defect for transposition of the great arteries.

The Rashkind balloon atrial septostomy in 1966 that replaced the Blalock-Hanlon septostomy was a milestone in palliative treatment of transposition of the great vessels, just as the Blalock-Taussig shunt had been for tetralogy of Fallot. Dr. Taussig applauded Rashkind’s early report. Rashkind once wrote that Dr. Taussig encouraged him in interventional catheterization, as follows: “It would be wonderful if we could do some of the simpler operations without opening the chest. . . . I think that is a real advance and a real look into the future.”

The growth of pediatric heart clinics. Once the success of the Blalock-Taussig operation (23) was publicized, there was an immediate increase in the number of patients with congenital heart defects referred to pediatric clinics all over the country. Along with patients who had tetralogy of Fallot came those with anomalies that could not be helped by the anastomosis. For other defects diagnostic features were identified and, for some, new operations were devised. Pediatric cardiac clinics were established in academic centers throughout the country.

Training in pediatric cardiology. Appeals came from doctors all over the world to visit Johns Hopkins long enough to learn to diagnose tetralogy of Fallot. Dr. Taussig had insisted that to learn tetralogy of Fallot one had to study the entire body of knowledge that comprised pediatric cardiology and in the late 1940s she felt that this required a minimum of 1 year. Today, of course, with echocardiography and interventional catheterization, plus the greater participation in research by trainees, most centers recommend 3 years of training.

To support her trainees, Dr. Taussig applied to the National Institutes of Health and the Children’s Bureau to fund academically oriented clinical and research training in congenital cardiac defects. With that start, pediatric cardiology has always traditionally flourished in academic centers rather than in a strictly private practice setting.

Clinical cardiac diagnosis. Recognition of the clinical and radiographic—especially the fluoroscopic—features of a number of complex malformations of the heart was one of Dr. Taussig’s early contributions that sparked the interest of physicians everywhere. She found the process of fitting the pieces of data together to come up with an anatomic and hemodynamic diagnosis to be an intellectually stimulating puzzle.

Her book, *Congenital Malformations of the Heart*, published in 1947 by the Commonwealth Fund, contained much of what she learned on her own by examining patients and reviewing the all too inevitable pathology. The book was so clearly written that it was a useful guide for physicians untrained in cardiology who could study the text, understand the complex hemodynamics and diagnose some of the common cardiac defects. The book stimulated many to travel to Baltimore or to other centers to seek training in this new field.

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*From ‘*When Earth’s Last Picture is Painted,’’ by Rudyard Kipling, engraved on the dedicatory plaque of the Helen B. Taussig Heart Center, Baltimore, Maryland.
Her good friend and immediate predecessor as President of the American Heart Association, adult cardiologist Carleton Chapman, has this to say about the book and the author:

"... that book made all the difference. It brought congenital heart disease out of 'fairy land'... She had more influence on cardiology in general not only pediatric cardiology than many acknowledged founders and leaders in the field. She was persona grata all over the world. Helen had a dogged approach to the tasks that she set for herself but she never thought much of her own ability or intellect. I was astounded to learn this from her. She continually needed for her confidence be built up and she was the last person to get into any priority battle.

Professional and public activities. Dr. Taussig’s prominence in national and international affairs in broad health and social issues helped to bring the new discipline of pediatric cardiology to the public’s attention and promoted awareness of the importance of this field of medicine. One such prominent national activity was her appointment to President Lyndon Johnson’s Commission on Heart Disease, Cancer and Stroke.

In accepting the presidency of the American Heart Association in October 1965, she further brought pediatric cardiology to the attention of the entire world. As president of the American Heart Association, she used this opportunity to publicize her conviction that atherosclerosis begins in infancy and childhood. She was emphatic in urging voluntary and federal health groups to promptly educate the public as well as physicians about the dietary risk factor for coronary heart disease. She urged the American Heart Association’s Council on Cardiovascular Disease of the Young to recommend dietary modification in all infants and children.

After her official retirement from The Johns Hopkins Hospital at the age of 65, she continued to be active in medicine, attending scientific meetings in this country and abroad, presenting and publishing papers on the long-term follow-up of the Blalock-Taussig shunt, and carrying out research into the etiology of malformations of the heart. This demonstrated to pediatric cardiologists and many physicians in all fields of medicine the capabilities and the potential joys of academic work, as well as capacity for productivity in the senior years of life.

Dr. Taussig’s 20 years of professional activity after her retirement earned her the admiration of her colleagues, and her way of life undoubtedly inspires many who might be tempted to lapse into professional inactivity on the basis of age alone.

Without her contributions, pediatric cardiology ultimately would have evolved, but in a different time and in a different manner. Dr. Taussig’s innovative works became widely known and respected and had been utilized all over the world for fully 40 years at the time of her death. The medical world will miss Dr. Taussig’s presence immensely and pediatric cardiologists everywhere will long remember her legacy in our daily professional lives.

Reflections on her 88 Years

Charlotte Ferencz, MD, MPH, FACC

Helen Taussig enjoyed more than a decade of "golden old age," honored by her profession, beloved by so many, and challenged by a new research idea that she pursued with enthusiasm. She allowed neither "wind, nor rain, nor snow" nor several medical infirmities to interfere in her rounds of family, friends, colleagues, favorite places, work or play or civic duty. Increasingly, she sensed the beauty of life with realism. Philosophically, she was at peace. There is comfort in this knowledge, but also pain, because this beautiful phase of her life could have continued for many years.

She was a remarkable woman. She stood on unshakable ground in her beliefs: "fundamentally right" was for the individual’s best and for the common good. She was so famous, yet so modest; so involved, yet humorous and relaxed; so predictable, yet sometimes capricious; so giving and so receiving. She "belonged" to so many but her friendships were individual, discreet and private. There was a time and a place for everybody—her life was so well ordered! Carefully balanced "priorities" assured hours for work, for friends and for rest and enjoyment. Vacations were essential and encouraged for others. Summers at Cotuit restored her mind, soul and body and she was able to again stand up to new battles. Personally and professionally she had much to overcome: in her youth the death of her mother, dyslexia, then a hearing problem and later the intense tensions and conflicts that characterized those "early years" of pediatric cardiology. One cannot describe the real life of Helen Taussig without recalling the turmoil, the resentments, envy and bitterness that more than counterbalanced any recognition of her work. For many years she was constantly under siege, but she knew her course and fought back. She was aggressive, defensive, combative, sometimes triumphant and often defeated. She suffered.

Her "fellows." Out of this cauldron of emotions must have grown her desire for a harmonious collegiate ambience and she succeeded in creating a worldwide network of "fellows" who were mutually supportive friends. This was her Round Table, which grew in extent and with the years in depth.

She indelibly influenced her fellows to feel that true progress in patient care comes only from sharing experiences, and joint efforts to resolve not only technical difficulties but also the problems encountered by the families of the patients. The first instructions to the incoming fellows emphasized patience, compassion and tact in easing the burdens of those who had traveled so far to seek help. She gave
every patient her best thoughts. When, after many examinations and tests, the child had been "presented" to Dr. Taussig, the families never left empty-handed.

Her "grandchildren." As she advanced in age she became a legend in her lifetime and she enjoyed it, but it did not change her. She continued to expand her interests in the profession and in people—especially in two new "constituencies": the children of patients and the fellows of her fellows, all of whom she called her "grandchildren."

Dr. J. Timothy Bricker of Houston, one of the "grandchildren," speaks for this generation:

She was never overly concerned about her place in the history of pediatric cardiology and always much more interested in the future of the field than in the past. The high standards of patient care and intellectual inquisitiveness imparted to us in our training were always those of which Dr. Taussig would approve. Young people who as yet do not know that they aspire to be pediatric cardiologists will, in the future, know the influence of Dr. Helen Taussig through us.

Those of us who were there and perhaps helped her to travel the difficult life course, know that she did it marvelously well: as the years passed, memories of hardship and anger subsided, resentments faded and she brought forward the best with warmth, generosity and caring love. In this, too, she set a magnificent example and it is in these calm sunset years that she will be best remembered.

Appendix

CURRICULUM VITAE

Helen Brooke Taussig, MD

Born: May 24, 1898, Cambridge, Massachusetts. Daughter of Frank William Taussig and Edith Guild Taussig

Died: May 21, 1986, Crosslands, Kennett Square, Pennsylvania

Education

Radcliffe College, 1917 to 1919
University of California, Berkeley, 1919 to 1921, AB degree
Harvard University, 1921
Boston University, School of Medicine, research year, 1922 to 1924
Johns Hopkins University, School of Medicine, 1924 to 1927, MD degree

Hospital Appointments

Intern in Pediatrics, The Johns Hopkins Hospital, 1928 to 1930
Physician-in-Charge, Harriet Lane Home Cardiac Clinic, The Johns Hopkins Hospital, 1930 to 1963

Academic Appointments

The Johns Hopkins University School of Medicine Archibald Fellow in Medicine, 1927 to 1928
Instructor in Pediatrics, 1930 to 1946
Associate Professor of Pediatrics, 1946 to 1959
Professor of Pediatrics, 1959 to 1963
Professor Emeritus of Pediatrics, 1963 to 1986

Honorary Degrees

DSc Boston University, School of Medicine, 1948
DSc Goucher College, 1949
DSc Women’s College of the University of North Carolina, 1950
LLD Hood College, 1950
DSc Northwestern University, 1951
DSc Columbia University, 1951
DSc Women’s Medical College of Pennsylvania, 1951
DSc Middlebury College, Middlebury, Vermont, 1952
DSc Professor Emeritus and Doctor of Medicine, University of Athens, Greece, 1956
DSc Western College for Women, Oxford, Ohio, 1959
DSc Harvard University, 1959
DSc Gottingen University, Gottingen, Germany, 1960
DSc University of Vienna at 600th University Anniversary Ceremony, Vienna, Austria, 1965
DSc Randolph-Macon Women’s College, Lynchburg, Virginia, 1966
DSc Cedar Crest College, Allentown, Pennsylvania, 1966
DSc Doctor of Humanity Colby College, Waterville, Maine, 1966
DSc University of Massachusetts, Amherst, 1966
DSc Jefferson Medical College and Medical Center, Philadelphia, 1967
DSc Duke University, Durham, North Carolina, 1968
DSc Medical College of Wisconsin, 1972

Awards and Achievements

Women’s National Press Club Award, 1947
Chevalier Legion d’Honneur, France, 1947
Mead-Johnson Award, 1948
Passano Award, 1948
Heart Association of Maryland, President, 1952 to 1954
American College of Chest Physicians, Honorary Medal, 1953
Feltrinelli Prize, Rome, Italy, 1954
Albert Lasker Award, 1954
Elizabeth Blackwell Citation, New York Infirmary, 1954
Eleanor Roosevelt Achievement Award, 1957
American Heart Association Award of Merit, 1957
Gairdner Foundation Award of Merit, Canada, 1959
American College of Cardiology Honorary Fellowship, 1960
American Heart Association Gold Heart Award, 1963
National Foundation Thomas M. Rivers Memorial Research Fellowship, 1963 to 1968 (first award of National Foundation)
Medal of Freedom of the United States, presented by President Lyndon B. Johnson, September 14, 1964
Dedication of Helen B. Taussig Cardiac Clinic, University of Gottingen, West Germany, 1964
American College of Cardiology, The Theodore and Susan Cummings Humanitarian Award, 1965
American Heart Association, President, 1965
Albert Einstein (Women’s Division) College of Medicine Achievement Award, 1966
American College of Physicians John Phillips Memorial Award, 1966
Radcliffe College Founder’s Award, 1966
Carl Ludwig Medal of Honor, Bad Neunheim, Germany, 1967
Georgetown University Hospital Medal, 1967
The VII Interamerican Award of Merit, Lima, Peru, 1968
American Heart Association Award of Merit, 1969
American College of Cardiology Honorary Fellowship, 1960
American Heart Association Gold Heart Award, 1963
Elizabeth Blackwell Gold Medal Annual Award, 1970
Dedication of Helen B. Taussig Children’s Heart Center, The Johns Hopkins Hospital, 1970
University of Iowa, College of Medicine Centennial Lecture and Medal Award, 1970
American Pediatric Society Howland Award, 1971
Tokyo Society of Medical Sciences and Faculty of Medicine. Plaque presented Tokyo, Japan, 1971
National Rehabilitation Association Outstanding Achievement Award, Maryland, 1971
American Foundation of Physician’s Mastership, 1972
Texas Medical Center, First Frances Rather Seybold Lectureship, 1973
American Association of University Women, establishment of Helen B. Taussig International Fellowship, 1973
American Heart Association Helen B. Taussig biennial lectureship established, 1973
American Heart Association, James B. Herrick Award of the Council of Clinical Cardiology, 1974
Maine Heart Association, Eugene H. Drake Award, Augusta, Maine, 1974
Albert Einstein (Deborah Heart and Lung Institute) Helen B. Taussig Symposium and Award, 1975
The Johns Hopkins University, Milton S. Eisenhower Gold Medal presented by Steven Muller (third person and first woman receiving award established in 1967), 1976
First Helen B. Taussig International Symposium in Pediatric Cardiology (Chairman, Dr. Glenn Rosenquist), Baltimore, Maryland, 1976
Washington College Award of Excellence, Chestertown, Maryland, 1977
American College of Cardiology Presidential Citation, 1980
Second Helen B. Taussig International Symposium in Pediatric Cardiology (Chairman, Dr. Langford Kidd), Baltimore, Maryland, 1983
Honorary Chairman and participant, 2nd World Congress of Pediatric Cardiology, (Chairmen, Drs. M.A. Engle and E. Doyle), New York, 1985
American Association of Physicians—nominated for 1987 Kober Award, 1986

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100. Taussig HB. Further studies concerning the origin of the common cardiac malformations (studies in aves). J Am Coll Cardiol (in press).

Books
