

## A MENTOR

What is a mentor? Tonight we will hear a few examples of young men whose lives were dramatically impacted by the life of a wisdom figure – a Surgeon-Scientist, a Dean and a Lord. But I'd like to set the stage by highlighting a few key traits of any mentor.

The encounter between a young man and a mentor is a dramatic intervention—you could even say a divine intervention—in which the young person's outlook and trajectory is altered by a wisdom figure. As many of you know, Book 1 of Homer's *Odyssey* provides the origin of our concept of mentor. In this story, the mentee is Telemachus, son of the great hero, Odysseus. When Telemachus appears on the scene, he is an overmatched youth, witless and powerless in a world of savvy suitors, all vying for his mother's hand and his father's lands. Though the son of a hero, Telemachus is timid, uncertain of his way in a world in which his father is absent. He has not come of age. The Goddess Athena takes pity on him and, disguised as a trusted friend of Odysseus, goes to Ithaca that she may "arouse Telemachus and set courage in his heart. . . ." This encounter dramatically alters Telemachus's perspective, setting him on a course of action that will change his destiny for forever.

I like Homer's suggestion that the encounter with a mentor is a kind of divine intervention, a moment when wisdom intersects with the course of a young life and directs it. Tonight we'll hear the example of three mentors who played this vital role, whose word and example set courage to a young heart and altered a destiny.

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## FRANCIS D. MOORE: SURGEON, SCIENTIST

When I was a young man at Wake Forest School of Medicine, I was a bit like Telemachus. Though not completely witless and powerless, I had a lot to learn. I was from a small farming town, the first in my family to attend college. Surgery appealed to me because it was at once a way out and also somewhat familiar; I had experience on the farm cutting up pigs, was interested in anatomy, and seemed to have a knack for both.

But in those days surgery was a pale specter of its current form. It was a treatment of last resort. You went to a surgeon because you had no other choice: a limb was rotting off and amputation needed to be considered; a gut was ruptured and needed repair; or a blood clot in the brain required an immediate remedy. There was little notion of an elective surgery in those days. You went to see a surgeon when you had no other choice.

It was at such a time that a startling figure crossed my path, a famous surgeon from Harvard Medical School, Francis D. Moore. In 1959, while I was a third-year medical student, Moore visited my school. He had been invited by Eben Alexander, his Harvard classmate and chair of the WFU Department of Neurosurgery. Moore gave a lecture to a small academic society of which I was a member, and I was immediately almost spellbound. I had never encountered someone like Moore before. He had a magnetic personality and was a powerful teacher, scholar, surgeon, and scientist. To hear him tell it, surgery was a

field where the not-yet-known was the soon-to-be-discovered. All that was needed was the confident mind and courage of an explorer.

I was captivated and wanted to learn more, so I requested and received an invitation to work at Harvard in Moore's transplantation laboratory for the coming three months. I would receive no stipend for my labors, and my parents were unwilling to finance what they saw as a reckless deviation from my planned course. But I found a sympathetic ear in the comptroller of my school, Harry Parker, who provided me—on a handshake — with the needed funds. Can you imagine such a transaction occurring today? Homer would have probably said this was Athena's handiwork, that Comptroller Parker was just another of her clever disguises. When I think of the impact of that man's generosity and faith in me, I can only wonder.

## LEARNING FROM MOORE

Athena or not, I adjusted my compass for Harvard and the lab of Francis Moore. There, over the course of four years, I soaked in the influence of this great man in many ways, three of which stand out in retrospect. Moore was a Magellan of Ideas, a trailblazer; he pursued truths and facts not just in journals and card catalogs but in the unknown, where no paths had yet been worn. He was relentless—unbending and unyielding in his commitments—resolute in his course toward expanding knowledge and improving patient care. He was also a maestro, a charismatic actor and communicator, capable of stringing together players from different disciplines and fields, all in a common cause, in pursuit of a vision he had, even if most of his team thought it out of reach.

## MAGELLAN OF IDEAS

In the late 1950s, my medical school environment seemed to espouse the belief that most knowledge had already been gathered in journals, textbooks and the known standards of care. Consequently, learning consisted largely of becoming versed in these canons of the known.

Not so with Moore. When I began my work in his lab in April of 1960, I was quickly struck by the intellectual courage and vigor of his team. Our task was to *discover* truths, not regurgitate them. Specifically, we wanted to discover how to help the human patient accept a kidney transplant she desperately needed, though our immunological system is hardwired to reject any foreign tissue.

Keep in mind that this was an area of the dark unknown at the time. We didn't even know what a stem cell was. But Moore's courageous team of intellectual conquistadors set out to unlock this mystery. The capstone of this lab resulted in kidney transplantation for all in need and a Nobel Prize for Joe Murray, the plastic surgeon and member of Moore's team. Murray was just one of the many great minds working with Moore who I became acquainted with during those days.

## RELENTLESS IN IMPROVING PATIENT CARE

I completed my research experience with Moore, graduated from medical school and spent an internship year at Cornell's New York Hospital. During that year, Moore invited me back to Harvard for a year of intense surgical education, after which I would matriculate into Harvard's prestigious neurosurgical program at the Mass General Hospital. All with the support of my mentor, who was always in my corner to help straighten my path, when needed.

That year of surgical training with Moore's team was marked by a fierce intensity unlike anything I had ever experienced. Moore was relentless in his pursuit of knowledge and patient care and pushed his students to be relentless, too, demanding that we produce results we often thought impossible. Ever the intellectual, he looked beyond surgical skill and technique and wanted to understand our thought process: what we were going to do, how and why. Most of all, *WHY*. He could really get inside your head and spur you on to a higher order of thinking and better results.

He also bore down on the details. He expected you to know all of the details of a patient's metabolic composition. If you didn't know the body fluid and electrolyte calculations, he considered yours a moral failure. And if you faked the answer or guessed, you were dead meat.

Moore said that "a good doctor employs any effective means available." But when no effective means were available, no acceptable standard of care, we were expected to come up with one. This was particularly true in life and death situations. When caring for a dying patient with no acceptable standards of care, Moore expected us to move heaven and earth in search of a solution. Because death was not acceptable.

While still a young man, Moore left a stunning example of this intellectual and clinical bravery. In 1942, a terrible fire broke out at Boston's Coconut Grove Night Club. One hundred and fourteen severely burned patients were taken to Mass General Hospital, where they were placed under the care of Francis Moore, still a fourth-year house surgeon at the time. Seventy-five of these patients died before they could even receive therapy.

In those days, the standard of care for massive burns was to cut away the blisters and dead skin and coat the body with tannic acid to create a thickened protective covering in areas where skin loss had occurred. Patients were soaked in tubs while their dead skin was removed, but this was laborious, required many trained caregivers and was excruciatingly painful for the patients, often resulting in death during the process.

With the guidance and encouragement of iconoclastic surgeon Oliver Cope, who had observed the standard care fail the desperate burn casualties at Pearl Harbor, Moore experimented with a new method of treatment, which involved wrapping the body in petroleum-impregnated gauze and infusing appropriate life-saving fluids. The new, unconventional approach exposed Moore to intense media attention and criticism from the medical establishment. Yet, when the clinical studies were completed, it was found that Moore's approach represented a quantum leap forward in patient care.

Moore learned a critical life lesson from this experience, one he would later impart to his students: *the standard of care was always open to challenge*. New experiments must be pioneered, new paths discovered.

## MAESTRO OF THE MEDICAL ORCHESTRA

Francis Moore was not just a scientist and a surgeon, he was also a maestro, an outstanding leader and communicator who could weave a unity out of disparate parts. This was a skill he developed from his rich personal history. All Harvard, both undergrad and Medical School, Moore as a young man—or Franny, as he is good friends called him— had a reputation as a wit, thespian and amateur anthropologist. During his undergraduate years, Franny sang, played the piano and acted. He was elected President of both the Harvard Lampoon and the Hasty Pudding Clubs. At one point, Moore wrote and toured the country with a classmate, Allistair Cooke, presenting a lyrical production called HADES AND THE LADIES. His theatrical tour met with no small success and culminated in a performance given for Franklin D. Roosevelt at the White House.

In his medical career, Franny drew on his thespian talents and leadership skills to establish collaboration among colleagues in medicine, radiology, immunology, genetics, cardiology, biophysics and anthropology. He became a maestro of a medical orchestra, and the results brought about the a breakthrough solution to organ transplantation —on both the immunological and surgical levels. This achievement would constitute one of Moore’s great masterpieces. It was the kind of thing, it seemed to me, that only a man of his unique gifts as teacher-communicator / scientist-surgeon could accomplish.

## CONCLUSION:

Many years later , as I prepared to depart Harvard and explore new opportunities in the Mid-West, I visited Dr. Moore to express my appreciation and say good-bye. I brought with me a May 3, 1963 issue of Time magazine, whose cover depicted Dr. Moore beside the phrase: “Today you are lucky if they can operate.” At the close of our conversation, Moore took my magazine and penned his own message: “They are lucky if they have *you* to operate.”

And so it was that a gifted mentor from Massachusetts altered the course of this farm boy from North Carolina. I am forever grateful.