

Interviews with
THEODORE R. SCHROCK M.D.

UCSF SURGERY IN THE POSTWAR YEARS:

TRAINING AND LEADERSHIP IN
THE UCSF DEPARTMENT OF SURGERY



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Interview History

Dunphy and Holly Smith moved very much in 'lock step,' although there was a very fundamental difference in one respect, and that may have to do...with the difference between Medicine and Surgery. Surgeons do surgery, and they do surgery on people. They may be fine scientists but they take care of patients as well, and Dr. Dunphy set that example. Holly Smith was an internist, and the kind of people he recruited for the faculty spent most of their time in the laboratory. They may see patients for a month rotation on the service, but they did not have personal primary responsibility for patients in an ongoing way. And so there was a major difference between Medicine and Surgery in this way.... I think the surgeons generally felt a real difference in values with our colleagues in Medicine....surgeons by inclination—maybe it's a part of the 'self-selection process'— we like to do surgery and therefore we do it, and therefore we have less time to spend in the laboratory. So I think from the Medicine perspective the surgical science may not measure up to the standard of the people who spend eleven months of the year in the laboratory....This has always been a bit of a contentious point, and maybe it's just the nature of difference between Medicine and Surgery.

Theodore R. Schrock, M.D.

Born in 1939 in Indiana, the middle of three boys in a family of practicing Mennonites, Theodore Schrock made an enormous personal transition when he came to California and pursued a career as a surgeon. As a young child during World War II, he remembers how five of his uncles served as non-combatants for religious reasons. He attended public elementary and high schools in Indiana and he was the first in his immediate family to seek higher education, enrolling in the premed program at Indiana University in 1956.

In the late 1950s his family, "who were by then Methodists," moved West to California making him a state resident. Theodore Schrock applied "sight unseen" to the UC School of Medicine and was accepted, entering in 1960. He describes the culture shock he felt as a midwesterner coming to a state that was considered "a real hotbed of communism." Dr. Schrock provides a valuable medical student/intern's perspective on the years before UCSF's ascendancy to national prominence, shedding light on the internal workings of the school's competent, but traditional training program. As a student in a very hierarchical system he recalls that he was barely aware of the administrative changes embroiling the president's and chancellor's office at that time, and comments in retrospect on the import of the changes made in the mid-1960s.

Dr. Schrock recounts how, as a student, he gravitated towards surgery, due largely to the influence of Dr. William Silen, a young UC surgeon who was then a full-time associate professor of surgery, teaching at San Francisco General. He recalls that Dr. Silen was "one of the best read and most knowledgeable people I've ever known....[he] just knew the literature inside and out and made it very exciting to a number of us, [so that] quite a large number of my class went into surgery."

By choosing a career in surgery, Dr. Schrock experienced surgical residency in UC's Halstedian system, derived historically from three links with the master Johns Hopkins surgeon, William Halsted. The first, most obvious source was the career of Howard C. Naffziger who trained firsthand at Johns Hopkins under Halsted himself. When offered the full-time chairmanship of Surgery at UC in 1929 by Dean R. Langley Porter, Naffziger contacted Mont Reid, Halsted's last resident (then at Cincinnati) and, upon Reid's recommendation, recruited H. Glenn Bell to develop a residency program in general surgery at UCSF. Bell became chair of surgery in 1947 and many surgeons, who gained superlative skills under his tutelage, went into practice throughout the West. A third link with the Halstedian system was formed with the arrival of Dr. J. E. Dunphy, a Harvard trainee of Dr. Eliot Cutler, also one of Halsted's residents. Throughout the interview, Dr. Schrock reflects on the effectiveness of this system, which was based on graded responsibility and correlated the length of surgical training to the ability of the surgical resident.

In the midst of his own residency training, Dr. Schrock spent two research years at Harvard exploring liver physiology and, when he returned to UCSF in 1969, found J. E. Dunphy's reforms in full effect. He recounts his own gradual shift from liver function research into clinical surgery of the colon, discussing the advent of new surgical technology. As a new faculty member he set an important benchmark in his career and at UCSF when he introduced colonoscopy at Parnassus in 1972. His administrative abilities became apparent as he became president of the Society of American Gastrointestinal Endoscopic Surgeons, and the Medical Endoscopic Society, the American Society for Gastrointestinal Endoscopy, and served on the FDA's Medical Devices committee. He describes the extended process of developing standards for credentialing in the new technologies and comments on the importance of the surgeon's tradition of cautious innovation, especially in times of rapid change. This interview unmistakably represents the surgeon's point of view in introducing and controlling the use of interventional technology, an important theme that reoccurs in other interviews in this series. According to Dr. Schrock, the subsequent turf wars over the use of colonoscopy that took place nationally did not affect UCSF. In fact, he ended up training UC gastroenterologists and they worked together across disciplinary lines in harmony. The next technical challenge for gastrointestinal surgeons was the advent of laparoscopic surgery and Dr. Schrock vividly describes the scene at a national meeting in 1989, when a French surgeon showed a striking video of a laparoscopic cholecystectomy. He goes on to describe the rapid development of laparoscopic surgery and the laparoscopic training program at UCSF in the early 1990s under the leadership of biliary surgeon, Dr. Lawrence Way. Here the interview takes a turn from specifics of new technology into a broader discussion of change in the field of surgery.

The subject of leadership in surgery rounds out Dr. Schrock's discussion. Drawing on his long UC experience as medical student, resident, professor and chair of surgery Dr. Schrock discusses the different leadership styles of the postwar surgical chairs, correlating their actions with department developments and creating an essential overview for this series. His warm, friendly manner quickly put this interviewer at ease and allowed for a very egalitarian discussion, punctuated with irony and humor, of the recent history of the department. The interview closes with some very personal commentary on recent school-wide matters, as UCSF currently recovers from the failed UCSF/Stanford merger and copes with the uncertainties faced by academic medical centers in the late twentieth century.

Nancy Rockafellar, Ph.D. June, 2000

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