

SCORES OF DEPARTMENT CHAIRS ASPIRED TO BE

“JUST LIKE HIM” | BY EDWIN KIESTER JR.

PLEASE DON'T CALL HIM DR. FERGUSON

When Robert D'Ambrosia was a young flight surgeon with the 497th Tactical Fighter Squadron in Ubon, Vietnam, the jumping-off place for bombing raids into the North, he found himself surrounded by orthopaedic cases. Seeing those shattered and broken bones clarified for him how he was meant to spend his postdischarge days. He placed an international call to Albert B. Ferguson, the David Silver Professor and Chair of Orthopaedic Surgery at the University of Pittsburgh, and applied for a residency. The two had met during D'Ambrosia's brief orthopaedic rotation in medical school at Pitt, but it took only a few minutes of conversation over a crackling line, as both men remember 30 years later, before Ferguson responded, “Sure. I'll save a place for you.” Somehow the busy chair determined, during a short, very-long-distance phone call, that this candidate wouldn't let him down. He was right: The Ferguson-trained D'Ambrosia has been chair of orthopaedic surgery at Louisiana State University (LSU) in New Orleans for 26 years and is the immediate past president of the American Academy of Orthopaedic Surgery.

PHOTOGRAPH | COURTESY UNIVERSITY OF PITTSBURGH ARCHIVES

Albert Ferguson built an orthopaedic dynasty in his three decades as chair at Pitt—a dynasty that lives on today. During his career, he trained about 30 other orthopaedic department heads. He's shown here with an x ray of a patella, created with an imaging technique that he developed. Behind him, in more ways than one, are (from left) William Green, Mark Goodman, Edward Hanley, and Dana Mears (circa 1980).



When Ferguson needed a partial-knee replacement, he asked Pitt's Chris Harner to do the job. "A great honor," notes Harner. The patient was pleased with the results—except it didn't help his golf handicap. Shown here (from left) with David Bahnson (MD '73) and his father, Hank Bahnson, another icon of surgery at Pitt with bad knees.

Then there was Ed Hanley (Res '80). Hanley graduated from medical school at the University of Vermont at the top of his class and had a choice of prestigious residencies at Harvard or Johns Hopkins universities. A friend suggested visiting Pitt, because "there's a great guy there who's a Dartmouth man like you." Hanley says, "I had never thought of Pittsburgh, never been there in my life. But the minute I walked into Ferg's office I was enthralled by him. I knew I wanted to go there and try to be just like him." Hanley is now chair of orthopaedic surgery at Carolinas Medical Center in Charlotte, North Carolina.

When Harry Rubash (MD '79, Res '84) was a third-year medical student at Pitt, he hadn't a clue to what medical specialty he might choose. Then he signed up for a three-week elective in orthopaedics. "The minute I scrubbed with Ferg," he says, "I thought, 'Wow! I want orthopaedic surgery!' I saw the sheer joy he got out of restoring mobility to people." Rubash is now chief of orthopaedic surgery at Massachusetts General Hospital and professor of orthopaedic surgery at Harvard. (See p. 39 story.)

You can hear similar stories all over the world. Former Ferguson residents now head academic orthopaedic surgery departments in

Britain, Turkey, Japan, and Korea, and at plenty of American schools, including the universities of Wisconsin, Illinois, and Kentucky—and at Pitt, where the incumbent of Ferguson's old chair, Freddie Fu, was Ferguson's chief resident in 1982. No one seems to keep precise statistics on such things, and you won't find an entry in *Guinness*, but "Fergie"—"No one but telemarketers calls me Dr. Ferguson"—must hold the world's record for training department heads. The current count seems to be around 30. (See p. 40 for a genealogy of the dynasty.)

What explains this remarkable record? Ferguson, with the infectious laugh that seems to punctuate his every sentence, professes not to know. He can hardly even remember what he did before 1986, when he retired, he says—almost believably. Plenty of others remember though. The white-haired 82-year-old spent 33 years not only training several generations of orthopaedic surgeons but also repairing baseball pitchers' balky elbows and ballerinas' damaged knees, and replacing literally thousands of worn-out joints—a field in which he became nationally heralded. He now divides his time between a high-rise in Fox Chapel and a farm in Upper Turkeyfoot Township in Somerset County,

Pennsylvania, where he paints and plants furniture trees like red oak and cherry. But if he is gone from the academic surgery scene, his influence is still felt. When D'Ambrosia (MD '64, Res '70) was installed as president of the academy, he chose Ferguson to escort him to the podium.

"Trying to lead physicians is like trying to herd cats," says Rubash, considering what made his mentor stand out. "But Ferg could do it, and he picked people just like him." Moreover, his former residents agree, once he chose his trainees each year, he gave them his full confidence and encouraged their independence.

"Ferg picked the best horses," Hanley says, "and then he *let 'em run!*"

Rubash was a resident under Ferguson, learning the Ferguson techniques of hip replacement, then he received a fellowship to further his study at Mass General. There, he trained under William Harris, another noted joint-replacement expert, before returning to Pitt. "Bill's method was a little different from Ferg's," Rubash recalls. "So when I came back, here was my chair, who had a well-deserved national reputation in the field and had spent most of his career doing it a certain way. But he never once told me what I should do, what type of operation. He never, ever, told me what *he* would do. He'd just bring me the x ray, introduce me to the patient and say, 'I want you to take care of this patient. Do what you think needs to be done.' He was like that when you were a resident, too. He gave you a challenge and let you work out how to meet it."

Certainly, as Fu says, judged by current protocols, which involve tests, academic records, letters of recommendation, and a commitment to equal opportunity, the Ferguson method of choosing candidates for residency, standard for its time, wouldn't fly today. Each year hundreds of medical-school graduates vie for admission to the Pitt residency program; the field must then be winnowed down to fill eight or nine openings. (Last year, Pitt received 600 applications.) Ferguson's strategy was to rely on eye-to-eye, person-to-person judgment. And his own gut instinct.

"My model was Worth Hale, who was the admissions guy at Harvard when I applied," he says. "I walked into Hale's office as a 23-year-old and sat down; he said, 'You're in!' I said, 'I am? Why?' He said, 'You sold yourself when you walked toward me. I could see you had your motor running. You didn't need someone telling you what to do.' That's the same principle I used."

“Mind you, I did make some mistakes. Some were lollapaloozas. But that’s the way it goes.”

Of course, there were other elements in the choices. Ferguson admits he’s partial to athletes, believing that athletics fosters the kind of quick decisions, self-reliance, and all-out energy that surgery requires. Would-be female surgeons were rare in those days, but Ferguson picked some standouts. Lynn Scovazzo now has a private practice in Fox Chapel; this Fergie-pick was a record-holding swimmer at Pennsylvania State University. “Competitive,” he says admiringly.

Mary Cosgrove, who was his assistant for all 33 years, laughingly claims she had a voice in recruiting, too. “I always picked the good-looking ones,” she says. “And I told him I was usually right.”

When Ferguson came to Pitt as chair during the “brace-and-buckle days” of orthopaedics in 1953, there was no residency program in orthopaedic surgery. “Zero,” he says. In fact, there was no department to speak of. “I was it,” he says. Although he was only 34 and just a few years out of residency, he had already established a national reputation. After his undergraduate years at Dartmouth, he got

minimized scarring and didn’t involve cutting through muscle. The procedure was soon widely copied.

His first practice in Pittsburgh was at Children’s Hospital, but as his reputation spread, physicians began referring adult patients, too. He moved to the Falk Clinic for adult cases. Ferguson had played baseball at Dartmouth and still adored the game. Before long, Pirates general manager Joe L. Brown recruited him—as the team’s orthopaedic surgeon, that is. He attended spring training, taught conditioning, and introduced several reforms, insisting, for instance, that teenaged rookie pitchers not be allowed to throw sharp-breaking major-league curves during training. He said the strain on the still-maturing shoulder could tear the small muscles around the shoulder joint. The Ferguson dictum is still followed by several major-league clubs.

The players loved him and listened to him, says Brown, now retired. Many of the great names of Pittsburgh sports passed through his Falk Clinic office—the late Hall of Fame outfielder Roberto Clemente, for instance. “He was a very high-strung guy,” says Ferguson. “Most of my treatment wasn’t orthopaedic; it

scientists from the Mellon Institute, Ferguson found ways to fashion metals like titanium and the highly durable space-age materials used in rocket nose cones into replacements for the hip, knee, and other joints. He developed standards for the use of metals in the body, which are still used—“although they’ve gone far beyond what we did.” This work is what he looks back on most proudly. Throughout his career, the surgeon has collaborated extensively with basic scientists and insisted that his residents do the same.

“When I came back from Vietnam, he put me in the lab for a year,” D’Ambrosia says. “One of the best things I ever did.” One result was D’Ambrosia’s book on how orthopaedists could use the lab in evaluating patients; he wrote it as a resident.

In the OR, Ferguson was known for performing five operations in the time other surgeons might perform three. After an operation he would grab a mop and begin to swab down the floor rather than wait for the cleanup crew. “It wasn’t that he was impatient,” Cosgrove says. “He was a very patient man. He just wanted to get on with it.”

Today, he is a little slower; the man who performed thousands of joint replacements now has a partial artificial knee of his own, courtesy, of course, of Pitt’s Department of Orthopaedic Surgery. He himself has not operated since his retirement, but retains an abiding interest in the health sciences. “I am in awe of what they’re learning about the human body in recent years.” He keeps in touch with his former residents, dropping them occasional cards (usually hand painted) and giving them advice—“words of wisdom,” Rubash says. A recent card reminded Rubash to be good to his staff: “It will pay off many times.”

He also continues to take a hand in the Orthopaedic Research Foundation, which was established by friends and colleagues after his retirement to give seed-money grants for small pilot projects by residents and private physicians. The fund began with \$1 million in pledges; now it totals \$2 million. “My sole role is to decide who gets the money,” says the surgeon with a smile.

Loyalty runs deep among the Fergie crowd. When it is pointed out to D’Ambrosia that at 26 years as chair at LSU, he’s approaching his mentor’s epic tenure as department chair (33 years), the thought of surpassing it takes him aback. He’s clear—that distinction, too, should always belong to Fergie. ■

After an operation, he would grab a mop and begin to swab down the floor rather than wait for the cleanup crew.

his MD at Harvard. He spent two wartime years in the marines, then returned to Harvard to train in pediatric orthopaedics. There, his innovations made him, he says matter-of-factly, “the fair-haired boy.”

His specialty was children with dislocated hips. The joints were frequently pushed out backward at birth, especially in feet-first breech deliveries. The dislocation often did not show up until the child was old enough to stand and walk. “No matter when it was discovered,” says Ferguson, “the prevailing attitude among surgeons was, ‘We can’t do anything when he’s so young. Bring him back when he’s five.’ But of course the delay caused all kinds of damage to the kid, not just in terms of mobility, but psychologically, socially, and every other way. He couldn’t play with other kids, couldn’t walk right, was left out. And even when it was done, the surgery often did as much damage to the hip as leaving it alone.”

The maverick doc began operating—successfully—on children as young as 2, applying a new approach through the inner thigh that

was psychological. He was always complaining about neck and back problems that could not be pinned down. One time he could not move at all. He was brought to the hospital by ambulance, flat on his back. I sat and talked to him, and after a while he sat up, and then I persuaded him to try to stand and walk. We walked up and down the hospital corridors together, and finally I said, ‘I think you’re fine. I think you could play tonight.’ He agreed, so I took him down and put him in a cab.” Instead of going to the ballpark, however, Clemente went to the airport and boarded a plane to Puerto Rico. There he visited a relative who practiced a form of folk medicine. He stayed 10 days and came back “cured.” “And he never played better,” Ferguson says.

Fu is now “the major ballet guy in the US,” Ferguson brags. But he himself once served as orthopaedic surgeon for the Pittsburgh Ballet, which gave him a lifelong respect for the athleticism of ballet dancers—“beyond question the best-conditioned athletes of all.”

Speaking of conditioning: Working with