

Jerry L. Pettis Memorial
Veterans' Hospital

11201 Benton Street
Loma Linda, CA 92357



**Veterans
Administration**

April 29, 1982

Bruce C. Paton, M.D.
260 Newport Street
Denver, CO 80220



Dear Doctor Paton:

It is of great pleasure for me to hear from you that on May 20th the first Henry Swan Visiting Professorship will be established at the University of Colorado School of Medicine.

Having been a friend of Henry's since the early years after World War II I am delighted to write you an acknowledgement of his well deserved honor.

After graduating from Harvard Medical School in 1939, Henry completed a residency in surgery on the Harvard Surgical Services which concluded a training at the Childrens Hospital in Boston. There he came under the guidance of possibly the greatest pioneer cardiac surgeon at that time in the country, Dr. Robert E. Gross, who opened up the field of cardiac surgery when he performed the first successful patent ductus operation in the world and later the first coarctation operation in this country. This service spawned an outstanding school of young cardiac surgeons of which Henry was destined to become a leader.

After returning to his native Colorado he continued in academic medicine at the University of Colorado School of Medicine, where he in time became Professor and Chairman of the Department of Surgery. With a lively imagination, compulsive industry and an infectious zeal, he plunged into the development of cardiac surgery in the Gross tradition. National fame came to him in the early 1950s because of his pioneer work on the correction of atrial septal defects and pulmonary stenosis under hypothermia and inflow occlusion. His clinical application of this new technique was based on the experimental work of Bigelow and Callaghan in Toronto. With hard work and excellent results he clearly demonstrated that this surgical technique was applicable to brief intracardiac operations, which paved the way for extracorporeal surgery.

Although Lewis in Minneapolis did possibly the first of these operations in this country it was Henry Swan, by dint of his excellent teaching ability and his boundless enthusiasm who encouraged the rest of us to develop this technique on our medical school services. And this we did by practicing in the dog laboratory until we could open the atrium, create and close an ASD with that split-second precision that is the hallmark of a Rose Bowl championship football team.

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A loose liason was developed between Henry's and my surgical services in that we would send surgeons from abroad who had worked with us for additional training in Colorado. Henry was always generous in the post-graduate teaching of cardiac surgery to foreign surgical fellows, which some of us had in profusion in the 1950s and 1960s. Henry, with his characteristic generosity, invited one of this group, the late Dr. A. F. Bai, to go hunting with him. On that day Henry met his match, at least in shooting, for this young man was the second best shot in Argentina.

Because of his enjoyment of people of all ages and zest for living he was sought often for social occasions. One night at a dinner party in my home, he briefly left the guests to play a game of chess with my ten year old son. His great sense of humor was exemplified one evening at the American Association for Thoracic Surgery meeting in Montreal in 1954. Dr. Emile Holman, the President, although a great surgeon and educator, injected an amazing amount of confusion while presiding on the podium, due to the way that he became tangled up in the new fangled microphone lines and electric pointers and the three colored light switches that confronted him. Henry and this writer saw one of these agile tumbling mimes at a Montreal night club who could climb a short ladder, constantly on the verge of breaking his neck but never quite doing so. Both of us at once saw a great similarity of the activities of this mime with the problems of our President of the A.A.T.S. on the podium. The hour was late yet we both thought how great it would be if this mime could be hired to come to the American Association for Thoracic Surgery meeting ostensibly to discuss a paper. After mounting the podium he would fight the microphone cords and become tangled up in a way to put any amateur to shame. Finally in complete frustration he would retire without uttering a word. All seemed well and we dug up \$50 to give him as evidence of good faith. He would receive another \$50 from us on the completion of his "act". Henry and I waited anxiously for him to appear the next afternoon but apparently he developed cold feet and never showed up. Thus a moment was lost that would have equalled the time that Brian Blades, then Secretary of the A.A.T.S., fired off a blank shot from a gun to force a loquacious speaker to stop talking!

We have been grateful to the Civil Aeronautics Board that they finally grounded Henry from flying his private plane following his last airplane accident, for this edict probably saved his life. Even with his wings clipped he has taken up transatlantic sailing in relatively small boats with hair raising experiences that were substitutes for the dangers of soaring high in the sky.

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This letter has become much too long as I reminisce about the exciting early days of open heart surgery with Henry Swan in this country. These remarks are a reflection of my affection for Henry and a testimonial of his outstanding contributions to surgery. When he decided to leave clinical medicine for the laboratory he rarely attended our thoracic surgical meetings. He has been sorely missed and we have had to content ourselves with a brief chat at an occasional international meeting. Yet the glow of his friendship does not dim.

It is evident from the content of this letter in what high esteem Henry is held in this country and how appropriate it is to have these visiting Professorships named in his honor.

Please give my warm regards and congratulations to Henry.

Sincerely,



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Distinguished Physician

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