

A BRIEF HISTORY OF UROLOGY AT UCLA

by Willard E. Goodwin, M.D.

UCLA Medical School (the University of California at Los Angeles) is relatively new. We admitted our first students in 1951. However, before that time there were a number of significant events.

At the end of the war, California had a large surplus of money because of the increased receipt of taxes during the war. The Legislature voted to use that money for higher education. My uncle, Dr. Elmer Belt, who was a distinguished Los Angeles urologist, had Governor Olson, and, later, Governor Earl Warren, as his patients. Elmer had always thought there should be a medical school here, and he thought now was the time to do it. President Robert Gordon Sproul, Head of the University of California, was dead set against it. He didn't want to see a new medical school in Los Angeles. Warren told Elmer how to do it, which was to get together all the Southern California legislators and get them to pass a bill in Sacramento that would start a new medical school in Los Angeles. This was done, and I have a photograph of Governor Warren signing that bill with Elmer Belt and a number of others standing behind him. The next obstacle was where should it be. The downtown Los Angeles doctors felt that it should be in downtown Los Angeles and scoffed at the idea of having it out in West Los Angeles. They said nobody would ever go out there to be treated. Subsequent events have shown that was totally wrong. Fortunately, pressure was brought to bear to put the medical school on the already existing UCLA campus.

That was about 1946. Dr. Belt also was instrumental in the selection of the first Dean who was Dr. Stafford Warren who had been a classmate of his at the University of California Medical School in San Francisco. Doctor Warren, with many others, moved from that medical school to start the new medical school in Rochester, New York, where he was Chief of Radiology. During the war he became the Chief Medical Officer in the Atomic Energy Commission, so he was experienced with administration and was, indeed, a very imposing person. He was selected as first Dean and rapidly selected the beginning of the new faculty. The first three all came from Rochester. Andy Dowdy, in Radiology, John Lawrence, in Medicine, and Charlie Carpenter, in Infectious Disease. Then, I guess, they might have gotten a little embarrassed at being so ingrown, so they looked around for a Professor of Surgery and picked Bill Longmire, who had finished his training with Alfred Blalock at Johns Hopkins and was embarking on a career in Plastic Surgery. Longmire accepted even though his friends and my friends all advised him not to do so, that this would never amount to anything -- there wasn't any medical school there and it had no future. This also proved to be wrong. Dr. Longmire, who had been about two years ahead of me in medical school at Johns Hopkins, knew me as a student and as a resident in Urology with W. W. Scott. He approached me and asked if I would like to be Chief of Urology. I accepted with pleasure because being a native Californian, I was looking forward to returning home, but I delayed my departure for two years in order to continue my research at Hopkins and not get started in Los Angeles before they took medi-

cal students. My advent was in August of 1951, just before we took our first medical students. When I arrived, I went to see Dr. Longmire and asked him what did he want me to do. He smiled and gave me the only instructions he ever did which were to make the Urology Division the best in the country. I tried and feel that the results have been very satisfactory.

When I first came, of course, I was all by myself but those four years before the hospital opened proved to be very advantageous in order to get a residency program organized. Dr. Gilbert Thomas, who had been Secretary of the Board of Urology, and a past President of the AUA, had organized a sort of residency program at the nearby Wadsworth Veterans Hospital. There was also an embryonic residency program at the Los Angeles County Harbor General Hospital which was just getting started at that time. I was immediately integrated into those programs and began to develop the way the residency would work. This would be an exchange of the residents between those two hospitals in order to broaden their experience. One of the early residents at Wadsworth was Joe Kaufman. I quickly recognized his extreme intelligence and capability and tried to get him to come with me into the faculty. But he wanted to go into private practice and prove himself, so he turned that down at that time. Later he changed his mind, fortunately, and much to my delight. My first associate was E. Vincent Moore, who had been trained in San Diego with Robert Prentice, but he decided to go into private practice. My next associate was David Gray, who had just finished his urological residency with Winfield Scott at the University of Rochester in New York. With their help, we got the program started. By the

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time the medical school and the hospital opened, we were ready to go with some residents who were near the end of their training. At first when the hospital opened there was a relative shortage of beds, and each service was allotted 8 beds. I decided to fill them up immediately and got our attending staff to admit their patients for that. This caused some local problems but started us off as the busiest service in the hospital. I was the first person appointed as the Chief of one of the surgical specialties in the new medical school.

We had few or no troubles with "town and gown." Almost all the urologists in our area were very cooperative and very supportive. I think they realized early on that we were no competition for them and accepted us in that way.

One of the big contributions to our early faculty and still ongoing, was from the clinical faculty. Those who were in private practice in the community but who were willing to participate and contribute with our teaching efforts. I think it's important to mention that in the early days of the Harbor General Hospital, there was really no one in charge, and the attending faculty, such as Dr. John Dorsey and Dr. Milo Ellick, were very great contributors. Dr. Dorsey, who had been a former president of the AUA, was particularly helpful and more or less assumed the position as Chief of Urology. He told me that he wanted, personally, to nominate me for the Presidency of the AUA. Unfortunately, he died before that moment was possible, but he was, indeed, a strong supporter.

At the VA Hospital, Dr. Gilbert Thomas, a former AUA Presi-

dent, and former Secretary of the American Board of Urology, and Dr. Elmer Belt, who had been long-distance enemies, finally came together and supported me tremendously. I can't over-emphasize the contribution of our clinical faculty. The ones I just mentioned above, Dorsey, Ellick, Thomas and Belt, all became clinical professors in our department. Of course, there were many others, so many that there is not enough room to mention all their names here.

Chester Winter was an early resident, and I convinced him to stay on as my associate after David Gray left to practice in Ventura. He took over to run the service at the time I took my first sabbatical in 1958 and 1959, when I had decided to go to Harvard and then to Edinborough to study the problem of renal transplantation. When I returned, I was able to start the program of renal transplantation at UCLA and to make some early contributions, which I think I have already explained in "A History of Renal Transplantation at UCLA." About that time, Chester Winter was offered, and accepted, the Professorship at Ohio State University in Columbus. This left a vacancy which I was eager to see filled and which, fortunately, was filled by Joe Kaufman who had had enough of private practice. He could see the advantages of full-time urology at UCLA, so he became my valued assistant at that early time.

Following that the program expanded rapidly, and we had a steady stream of bright young men who came to go through the urological residency. At first we started it out at 3 years, but later changed it to 4 years with 1 year to be devoted to laboratory experience. The residents were scheduled to rotate between the 3 hospitals, the Wadsworth Veterans Hospital, the Los Angeles County Harbor General,

and the UCLA Medical Center. This rotation proved to be very advantageous because they got different kinds of experience in each place and out of it came some very bright young men who became heads of their departments elsewhere. I will mention some of them. There is Don Martin, who is Chief of Urology at the University of California/Irvine; there is Abe Cockett, who is Chief of Urology at the University of Rochester in New York, and who currently is Secretary of the AUA. There is Pat Walsh, who is Professor of Urology at Johns Hopkins, and Ken Cummings, who is at the Medical School in New Jersey. * As the Department grew we acquired new men. Robert B. Smith, who had been a former resident, went into the Air Force and started renal transplantation there. Then when he returned, he joined our full-time faculty where he remains as a valued member. As time wore on, new people were added including such people as Rick Ehrlick, Shlomo Raz, and Jacob Rajfer, who had been trained at Hopkins and then gone to the University of Washington. He came to be Chief, full-time, at Harbor General Hospital. Stanley Brosman had been full-time chief there before that and is still a valued member of our clinical faculty.

I had always thought it would be important not to let the department decay. With this in mind, I retired as Chief in ¹⁹⁷¹1941 feeling quite sure that Joe Kaufman would be selected as my successor because I couldn't think of anyone who was better qualified. It turned out that the Search Committee felt the same way. So Joe became my successor and then increased the size and efficacy of the department immediately. It was a wise move on my part and important for him because if we'd waited much longer, he would have been too old to be considered.

* and add Peter T. Scardino, Chief at Baylor Univ, and also Hugh Young II, the grandson of my Teacher, Hugh Young, in Houston.

Dr. Kaufman, with the help of University of California Regent Frank W. Clark, Jr., and Shelly Appel, organized the new Clark Urological Clinic and acquired the first lithotripter in the west. He also got Dr. Christian ^{C. Chausy} Chausy, from Munich, to join us and initiate the use of the lithotripter, which he had developed.

As the time wore on we had a number of gifted men who passed through the department. One was Ruben Gittes, who later moved to San Diego and thence to Harvard and now is back in San Diego as Chief of Surgery at the Scripps Clinic. Another one was Jerry Ritchie who went through our program and then joined Gittes and is now Chief of Urology at the Peter Bent Brigham Hospital in Boston. Still another was Donald Skinner whom we also recruited right out of his residency with Wyland Leadbetter at the Massachusetts General. He spent several years with us before accepting the appointment as Chief of Urology at the University of Southern California in Los Angeles. This pleased me a great deal because that University had never been very active and Skinner added a great deal and still is doing so. Another one who came to us was Jean deKernion who had been trained in Cleveland. He stayed with us for quite a long time and then moved down to Tulane where he was scheduled to succeed as chief. We finally convinced him to come back. Thus, he was on the scene at the time that Joe Kaufman had a minor stroke which put him out of commission. So as we made a search for a new chief, deKernion was in the forefront. This exactly fitted my original plan which was that my immediate successor would be a resident whom I had trained and that his successor would be someone who had trained elsewhere but who was familiar with the way our service worked. It proved to be a superb choice because deKernion is a

world-class urologist, who is doing extensive significant research in urological cancer.

The department is now reaching its 40th year. I am pleased to see the progress and the men we have trained besides the many I've mentioned. Many others have associated themselves academically wherever they went to practice. I believe the department is on sound ground and has a good reputation. I think deKernion is doing a superb job.

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UCLA UROLOGY

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The story of the development of the Department of Surgery- and, in particular, the urology division-at UCLA rivals that of Johns Hopkins; and for good reason: William P. Longmire, Jr., chairman of the surgical department, and Willard E. Goodwin, chairman of urology, were both trained at and imbued with the spirit of Johns Hopkins. Dr. Goodwin was the first surgical department chairman selected by Dr. Longmire.

The story has been well told by Willard Goodwin in various places. The most appealing and detailed account is in the chapter on urology in Longmire's book, Starting From Scratch; the Early History of the UCLA Department of Surgery, Pasadena, 1984. Other Goodwin writings, such as "A Memoir of Kidney Transplantation at UCLA" (AUA Today, Winter, 1988.) detail other aspects of the history of this department.

In brief, the dream of a UCLA Medical School was that of a urologist, Elmer Belt, Dr. Goodwin's uncle. He had long led in the fight to get such a school. Dr. Gordon Sproul, Chancellor of the University of California had opposed the idea.

Elmer Belt, who had received all of his collegiate education at the University of California at Berkeley and urological training with Frank Hinman, in San Francisco, had come to Los Angeles to practice in 1923. After becoming one of the busiest and most prominent urologists in the country he had as a patient, and friend, Earl Warren, Governor of California. Warren wrote out a ten step plan whereby he was sure Belt and other sponsors, could get the necessary approval and eighteen million dollar appropriation through the State Legislature, for a Branch Medical School in Los Angeles. After this was successful the first Dean, Stafford Warren, Belt's friend and classmate, was later to acknowledge Elmer Belt as the "Father of the UCLA Medical School." President Sproul was later to make a similar acknowledgment.

William P. Longmire, Jr. was chosen to head the surgical

department and soon persuaded Willard Goodwin to join him. He came on July 1, 1951, as Associate Professor of Surgery and first department chairman in urology.

Dr. Goodwin's seventeen years as Professor and Department Chairman are among the most productive in history. A list of his trainees who have become department heads perhaps speaks best to this. First, Joseph Kaufman, Goodwin's successor as Professor, has become famous in his own right. Chester Winter, Professor at Ohio State University, was the next. Others are Abe Cockett (University of Rochester); Donald Martin (University of California at Irvine); Patrick Walsh (Johns Hopkins); and Kenneth Cummings (University of Wisconsin).

Others on the way to distinction in urological academia at this writing are Peter T. Scardino (Baylor University); Mike Lieber (Mayo Clinic); Jerry Ritchie (Harvard); Joe Smith (Oxford); Fritz Schroeder (Erasmus University, Rotterdam); Michele Pavone (Palermo, Sicily); Kenneth Koshiba (Tokyo Jikei-Kei School of Medicine, Japan.)

The urological accomplishments of these people while at UCLA are legendary and leave no doubt about this being one of the preeminent urological centers in the world.

At this writing another UCLA trainee, Dr Jean deKernion, had succeeded to this fabled chair.

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