

**Grabb Lecture Remarks Presented at the  
Dingman Society Reception of Drs. Newman, Markley, and O'Neal**

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I want to thank Roger for inviting me to give the Grabb lecture today. When he called several months ago I was flattered to be asked to do this but at the same time quite nervous at the prospect. Over the years I have given countless lectures and presentations and I was a little surprised for feeling that way. I realized that with the retirements of Drs. Newman, Markley, and O'Neal, this lecture would be heart felt for me. I realized that I was going to say things that I have carried in me for 27 years and probably never would have said if not for this opportunity. I am honored to be here giving the Grabb lecture at the Dingman Society and I have to say that this is one of the more meaningful occasions of my career. When I finish talking or rambling or however this turns out, I want you to take one thing away from here. The deep respect and admiration I have for those I talk about today as well as the respect and admiration I have for this program. Those I talk about have helped shape the way I think, teach, and live and I am forever grateful. My experiences at the University of Michigan were on and off between mid 1980 and late 1988. I left for 4 months to travel between the end of my residency in 1982 and a one-year stint in the lab. I then left for 3 years to be on the Tulane faculty. I returned again to join Dr. Argenta on faculty here between 1986-1988. When I returned at that time, I ran into John Markley who commented (nicely) "you're back" and I said, "yes, like a homing pigeon and he said "no, like a boomerang". As such I was privileged to train with, meet and help train a fair number of Dingman Society members. I experienced a period that was part of the transition from Dingman/Grabb era to the present program. There is a group of us who are educated by all of those we honor today: Doctors Dingman, Grabb, O'Neal, Markley, and Newman and that group are the bridge from the past to the present for several teaching programs in the United States. We all have deep roots and are the product of a lot of people with whom we have come in contact: parents, friends, teachers, colleagues, students, and professors. One thing all of us in this society have in common is that we are the product of people who worked and dedicated themselves to building a department and program at Michigan that stands amongst the best in the world. When one first gets to a place, especially young people, it seems that it has always been that way but as you get more experience you realize that it takes decades to build a foundation like the one here that can sustain itself through the inevitable and potentially destructive forces that crop up at times. As this program enjoys the middle of its 4th decade, would like to elaborate on a few memories from its 18th and 19th years and share a few of my experiences with a group of amazing surgeons.

### **Dr. Dingman**

By the time I had the privilege of meeting Dr. Dingman he was 74 years old and towards the end of his career. I was aware of his professional achievements and he was a legend to a young surgeon. I could not believe the power, strength, and stamina of a man that age. It made me wish I had seen him just for a moment in his prime. There are many who experienced that and I can only imagine. My first day in the program and at St. Joe's I operated with Dr. Dingman doing a face/brow/4 lid and septorhinoplasty. It was a long day compounded by the fact that he was quite angry with me. I had made rounds early that morning and discharged one of his post ops who was eager to leave and Dr. Dingman apparently equally eager to see before he went home. He had forgiven me early in the case, but it took weeks for me to fully regain my confidence. He only shook it one more time 18 months later when I got a page from an unfamiliar number early one morning. I called the number and got Dr. Dingman, who asked me to come over to his house. He was now acting chief of Plastic Surgery after Dr. Grabbs sudden death. I could not imagine what I had done wrong but thought to myself "I have really blown it this time, what am I going to do with the rest of my life? As I pulled up to his house, I could see that his car had slipped into a ditch in the spring snowstorm and knowing I had a four wheel drive with a winch, he needed me to pull his car out.

### **Dr. Grabb**

We all know Bill Grabbs remarkable achievements in a professional life that was cut short, but each man touches another in different and personal ways. Dr. Grabb gave me my start in plastic surgery. He accepted me into one of the finest programs in the country in a town in which I really wanted to live. But he did a lot more; his spirit and his sense of adventure enabled some of my richest experiences and memories. The cover photo for this meetings program is from 1978 about the time I interviewed for the program. Dr. Grabb had been chairman for a little over a year and I was accepted for the '79-81 programs. I had just met Sharon, my future wife. Had an upcoming residency in plastic surgery. I had some responsibilities to address in Zimbabwe and I also wanted a chance to travel with Sharon before starting my residency. Everyone said it would be impossible. I called Dr. Grabb and told him what I was thinking and that I would like to delay my residency for a year. He told me to call back in a week. As it turned out, he had someone in mind for that year and he postponed my starting date provided I traveled for 6 months and did something productive for 6 months. Who that person he had in mind was, I can't remember, but it's either Ernie Manders, Mike Watanabe or Neal Jones. I planned our 6-month trip backpacking around the world and a 6 month fellowship at Mt. Vernon outside London. Dr. Grabb was a quiet man as far as personal things with the residents and I was never very good at initiating conversation, but when we operated together we talked a lot about the 6 months Sharon and I traveled around the world in the midst of our youth. His only criticism was that we didn't hot air balloon at any of the destinations. We both knew it was his gift to me, a trove of memories and experiences. My last conversation with Dr. Grabb related to my future plans in four months. He knew that Sharon and I were going to travel around the Yukon and Alaska for 4 months, but beyond that I had none. He told me he wanted to sit down and talk to me on his return from the

Bahamas. He had suggested along the way that I should consider a career in academic medicine. The silence of his not returning along with several other experiences stimulated my decision to pursue an opportunity at Tulane. I paraphrase what his active residents, Drs. Derman, Duese, Freedman, Gillman, Harder, and I with the help of Laura Lee, wrote upon his death. We wish to express our gratitude for what he meant to us as a teacher and friend.

Dr. Grabb created for us a unique atmosphere for academic pursuits that was stimulating, challenging, and pleasurable. His great talent for teaching set an example in humility and honesty, which will always remain dear to us. We are extremely honored to have had the privilege of studying with such a kind and knowledgeable man. I have learned over the years how unique the teaching environment is at the University of Michigan and in Ann Arbor. When I think back to my education I remember how critical the experience was at St. Joes with Drs. Markley, O'Neal, and Eisenberg. Dr. Newman was on staff during my residency and in private practice during my other years in Ann Arbor. These surgeons demonstrated that however important it is to provide the best care to a patient it is not enough. They have all demonstrated their love of their profession and dedication to passing their skills on to the upcoming generations. Each has taught not by just imparting their knowledge and skill in the OR and conferences but they have taught by example. They have repeatedly demonstrated their intellectual curiosity, their concern for patient and resident education. Each one of them has set an example for me personally that has helped make me work towards being a better person than I believe I otherwise would have been and each has stimulated me to being the best plastic surgeon I was capable of being. With the retirement of Dr.'s O'Neal, Markley, and Newman, although I understand that Hack is doing it slowly, an era is coming to an end. These are the guys who helped build the foundation of what is undoubtedly one of the most prominent programs in America. They are the people who helped guide this program through difficult and tumultuous stages. They are the people who were here when others were leaving and others were coming and every resident who has trained here for over 30 years owes them a debt of gratitude.

### **Hack Newman**

Hack Newman, with all his knowledge and talent, always made you understand that he felt privileged to be able to teach. He brought to the plastic surgery department the knowledge and approach of a veteran Otolaryngology attending. He has been recognized nationally and internationally for his expertise in rhinoplasty and has been an invited speaker for a multitude of courses and panels. He was honored by his fellow plastic surgeons in Michigan serving as their society's president for two years. Dr. Newman has the unique ability to make everyone feel like his friend. I fondly remember being invited to their home shortly before graduation along with Bob Gillman and Glen Harder for dinner and samples of wine that I either didn't know about or couldn't afford at the time. I never saw him angry, upset or frustrated no matter what we did or didn't do. He shared his skill in pediatric, craniofacial, cosmetic, and head and neck surgery and taught a lot

more than just medicine. His joy and love of life is contagious. I can't think of a more deserving individual than he to have a chair in plastic surgery named for him and he can now reflect on the honor while he is fly fishing in the mountains of Montana.

### **John Markley**

John Markley and Bob O'Neal both have proved that in the right environment, an environment that as I said makes this program so special, you could have a successful private practice and as well as pursue a career-long involvement in teaching and research. We all know that John initiated the research with Dr. Faulkner that is going on today, was the lone microsurgeon in the early days of microsurgery here and continued to develop technical and intellectual skills that few of us can achieve. He was writing articles related to skeletal muscle adaptation and facial nerve paralysis 30 years ago and was one of the first to write about neurovascular tissue transfer. What amazed me about Dr. Markley when I was a young resident, was how someone could be so smart and still be in such good shape. I was used to meeting the occasional person who was one or the other, but not both. He is as knowledgeable a hand surgeon as one can be and has shared his knowledge with countless young surgeons over a very long career. He taught the importance of anatomy and attention to detail while moving forward efficiently. He did this at the same time he ran his practice and maintained a level of physical condition that enables him to pursue and enjoy athletic skills at an age that most people are beginning to take things easy. Despite what he might say, I have no doubt that his kayaking is already at a high level.

### **Bob O'Neal**

Bob O'Neal is a man who has had as great an impact on me as any man I have had the privilege to work with. He too has spent a huge part of his professional life teaching because of his love of our profession and his love to teach. I still remember the hours that he spent dissecting cadavers learning every possible detail about the anatomy of the face and later the nose in preparation for the Dallas rhinoplasty course. Over the course of his career, he has at different times become an expert in cleft lip and palate, breast surgery, facial aesthetic surgery, anatomy of the face, and rhinoplasty. I read with interest his comment printed in the last Dingman news letter that if he could do it all over again, he would have remained in academic surgery. With 40 high quality publications, 1/2 of which he was lead author, his contributions to the rhinoplasty course in Dallas and his tireless contributions to resident education it is safe to say, Dr. O'Neal did remain in academic practice. Private practice was a bonus. As a resident it was Dr. O'Neal as much as anyone who made me want to learn more about something than I really needed to know. His general knowledge about everything related to plastic surgery made me want to read more. He taught me not to be satisfied with less than the absolute best you can achieve and to be savagely critical of your work and results. He taught me the importance of humility and along with Drs. Grabb and Lou Argenta it was his influence that made

me want to stay in the university environment. All 3 have given willingly and tirelessly. I am honored and privileged to be able to stand in front of an audience and say thank you for everything each one of you has given me personally and I know I am just one voice amongst hundreds.

### **Wake Forest**

Programs, institutions, and people are interconnected in so many different ways including tragedy. People at our institution and in Winston-Salem are grieving, as countless family and friends, in Ann Arbor are grieving over the plane crash last week. As some of you know, one of the 16 victims, David Ashburn, a CT fellow here was one of our highly respected general surgery resident 2 years ago and was considering returning to join our faculty after his fellowship. I would like to take a few minutes to talk about our program at Wake Forest. We really have a gem of a program. When Lou Argenta, Mike Morykwas and I came to wake in 1988 it had been a reasonably busy program but was down to one attending and the program was in grave danger. The lone attending was an excellent Duke trained plastic surgeon with interest in hand and microsurgery, Anthony Defranzo. The program had been graduating one resident every other year. The ingredients for a good program were there, an 875 bed level trauma center with a referral base that was being referred to places like Duke and Chapel Hill for high end reconstructive surgery. Lou Argenta had been named to the Julius Howell chair of plastic surgery, the originator of the wake program. Our image of a successful program was what we had known at Ann arbor. We slowly and methodically built a very busy teaching oriented program. In the early years having to finance and build what was essentially a new program required academic pursuits to be relegated to nights and weekends. We did not have the luxury in those years of super specializing, which was fine with me. Obviously things have changed but when I became a plastic surgeon, I thought I was super specializing and little did I know that every aspect of what we do was to be further sliced and diced into super sub specialties. I remember talking to a fellow resident who pointed out that the hardest thing about any patient was getting the case. Once a patient has been referred, you could take care of the patient if you were comfortable and if not you could refer the patient to the appropriate place. We pretty much had that policy when we arrived at wake and still have that policy today. If someone wants to see us or is referred to us we always say yes. If they should not have come to us then we refer them to the appropriate place. We traveled the western part of the state lecturing and trying to establish referral patterns. We made it known that we would see and take everything. We became the dumping ground for just about everything in the hospital that no one wanted to take care of. We slowly and methodically built a very busy teaching oriented program under the guidance of Lou Argenta. Many people here know Lou Argenta. He is as much a product of the University of Michigan as anyone. Student, surgical resident, plastic surgery resident, attending and acting chief of plastic surgery before leaving for Wake. I cannot begin to describe the joy, stimulation, the fun it has been to work with Lou these past 23 years. Those who were trained by him know what I am talking about. Going to work everyday is just a pure delight. He never ceases to amaze and never ceases to make you feel good. I do not think that there are many professional groups who judge themselves and their work more critically than plastic surgeons. It is one of our stronger

virtues. It keeps us striving to do the best we are capable of and it is one of the more important attributes that as a group enables us to maintain our standard and advance our specialty. So when I talk about our program at Wake I am filled with pride because know how hard we have worked and how much we have accomplished but also how important it is to continue to advance our program to the next level. We now have a fully integrated program taking 2 residents a year. We have 6 full time faculty with plans for a 7th within a year or so. It is an exceedingly busy clinical environment. Each of us is totally committed to the education and personal well-being of our residents. Our residents routinely log in the 90% for operative experience in most categories compared to all teaching programs. We have a large laboratory with 5 full time PhDs and each resident spends 4 months in the lab. They are encouraged to publish and are fully supported for every meeting they have an accepted publication. We strongly encourage 3rd world volunteering. A couple of us have worked with Operation Smile on many occasions and our department has done missions in hospitals in Shantou, China and Bangalore, India. Drs. Argenta and David leave for Togo, Africa in a week or so with Dr. Bob Cropsey from St. Joes. Dr. Molnar has established a relationship with a hospital in Cochabamba, Bolivia doing burn reconstruction and we have another trip planned this fall. We had come from an environment in Michigan where the laboratory was a critical component of a plastic surgery program and Mike Morykwas worked hard to establish a lab that had not previously existed at Wake Forest. We had numerous animal wound healing models from our Ann Arbor days many relating to tissue expansion. That interest in tissue expansion had been stimulated in 1981 when Bill Grabb invited Dr. Radovan to Ann Arbor for what became the first tissue expansion symposium. Many of us remember Dr. Grabb's comment at the time when he said that tissue expansion was going to revolutionize reconstructive surgery. Lou Argenta had been active in exploring and advancing the clinical applications of tissue expansion as were Eric Austad and several of the graduates of the Michigan program including Ernie Manders at Hershey. We were seeing a progressively larger and larger volume of wound patients at Wake Forest since everyone in the hospital knew we would take everything that came our way. After all the clinical and laboratory work related to the mechanics of tissue expansion it was a logical transition to explore the mechanics of the opposite force or those relating to topical negative pressure or VAC treatment.

### **Slides - Evolution of the VAC**

Few in the course of a career change the way we do things. Several of us were recently at the association meeting where Dr. May gave his presidential address. He named the breakthrough in medicine from plastic surgery contributions, including; tissue expansion/microvascular/craniofacial/suction assisted liposuction/VAC. He related the inspiring history of the discovery of ether anesthesia and how it transformed surgery. But he also talked of the tragic consequences to the innovators Morton, Jackson, and Wells who were each destroyed by their hunt for glory and power. Sometimes success corrupts the beauty of a significant contribution. That is not the case with the V.A.C. economic success has not changed Dr. Argenta. He works harder than a man of his age or circumstances needs to. He devotes his free time to mission trips, raising 2 young girls adopted from a Russian orphanage after his 6 children left home, and a volunteer

relationship ginger and Anne Argenta have with a Romanian orphanage. Mike Morykwas, the co-patent holder remains a humble, kind, and hard working scientist. Our department success has been feed back to the medical school directly to other surgical departments and ongoing collaboration with the multiple laboratories in the medical center. The research limbs developing in our lab are beyond exciting and my only frustration is that our relationship with industry prevents an open discussion.

### **Conclusion**

Time passes, faces change but everything that transpires becomes a part of history. Every program has its offspring. They spread out around the country and around the world, and they reflect strongly on where they came from. I personally judge my success on the attitude and performance of residents I've helped train. I am flattered by those who remember where they learnt what they do and where their roots lie. I am disappointed on the occasion that I feel someone has forgotten or taken for granted what they learned and where they learned it. I see it as a personal failure. That is what makes the University of Michigan program so special and it is symbolized by the outstanding program, talented faculty and quality of residents attracted to this program. It makes all of us who contributed a little something along the way not to mention those who gave their hearts and souls very proud. It is also symbolized by the continuation of the Dingman Society and the innumerable professional achievements of its own many members. The young talented residents graduating from this program represent the finest in America. I would like to congratulate Dr. Kuzon for being named the first Dingman professor and the outstanding program he runs. It is comforting to see a place we care so much about in such good hands. Thank you all for the opportunity to deliver the Grabb lecture. I am honored.

