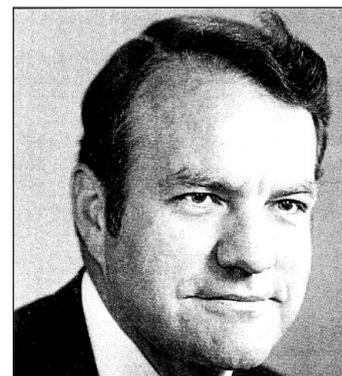

LEGENDS IN UROLOGY IN MEMORIAM

Ruben F. Gittes, MD
August 6, 1934 – November 17, 2004
San Diego, California, USA



This memoriam is delayed, but in many ways so has a full appreciation of what Ben contributed to urology been similarly delayed.

Ben was born in Mallorca, Spain, the son of Cicely Foster Gittes, a concert pianist and Archie Gittes, an artist. His parents had met in Paris, France and later moved to the expatriate community in Mallorca. Ben was home-schooled in Mallorca and learned classics from a Spanish priest and explored Roman archeological sites during his youth. This led to a lifelong interest in ancient numismatics. He was a linguist and was fluent in three Spanish dialects, Portuguese, Italian and French.

When he was a teenager, his family returned to the United States and settled in Melrose, Massachusetts. Ben graduated from Philips Academy in Andover, Massachusetts in 1952 and from Harvard College in 1956 and Harvard Medical School in 1960.

He did his residency in surgery and urology at Massachusetts General Hospital where he trained under Wyland F. Leadbetter. After the completion of his urologic training he joined the faculty at UCLA and worked with Williard Goodwin and Joseph Kaufman. In 1969, he became the first urology chairman at the new medical school in San Diego.

In 1975, he returned to Boston and became the Urologist-in-Chief at Peter Bent Brigham Hospital and Professor of Surgery at Harvard Medical School. During his time in Boston, he expanded the Harvard Longwood residency training program and founded the urologic research laboratory. While there, he trained 10 individuals who would later go on to become full professors in their own right. He was the urologist who supervised the transition of the urology service from Peter Bent Brigham Hospital to the new Brigham and Women's Hospital. He also started Countway Rounds which were held every Saturday morning in the Harvard Medical School Library. These "Rounds" were a shared resource of all of the Boston urologic training programs and the greater New England urologic community.

Throughout his career, Ben was an innovator. He did much of the early work on partial nephrectomies, bench surgery and nephroscopy. His research also included urologic oncology, incontinence and stone disease.

In 1987, he returned to San Diego to become Chairman of Surgery at Scripps Clinic. During his career, he was one of the editors of the standard urologic textbook, *Campbell's Urology*. He was President of the American Association of Genito-Urinary Surgeons and was a member of the Endocrine Society. He was also active in the Society of Ancient Numismatics.

He was *sui generis*. Of all the people we encounter in life, there is only a handful where the initial meeting is indelibly etched in our memory. I first met Ben almost 40 years ago during my interview for a urology residency. I remember every detail. After the flight to Boston, I took a cab from Logan to Peter Bent Brigham Hospital. As the cab pulled up, I thought there must be a mistake. This doughty old brick building was the famous Brigham? After confirming with the cabbie, "This is the Brigham, right?", I paid my fare and entered the main entrance.

I walked through the rotunda and followed the sign up the stairs to the urology office. I introduced myself to the secretary who replied: "Have a seat, Dr. Gittes is running behind and will be with you in a few minutes." After what seemed like an hour, he opened his door and walked toward me and said, "You must be Loughlin, I'm Ben Gittes, come on in." The only distraction from the size of his head was the force of his grip.

We sat down in his office and his presence filled the room. His questions were direct and insightful. In 5 minutes, I had the sense that he knew everything he needed to know about me.

The dialogue was not intimidating, nor was it meant to be. It presaged his fundamental integrity and quest for knowledge, for truth, scientific and otherwise, that I would grow to appreciate through the years that we worked together. First as teacher and student and then as colleagues.

These were the days before the match. A few days after the interview, I received a phone call and an offer of a position. Without hesitation, I accepted. It was a life-changing decision. Over the next 6 years I would learn how to operate and Ben, more than anyone else, taught me to be a urologic surgeon. It was so much more than the technical aspects, although he was a superb technician. It was a way to think, a way to prepare for surgery and a way to relate to patients.

Ben had certain rules, not written on a piece of paper. You learned his rules by observing him. Always look at your own X-rays before surgery, don't rely on the written report. When you send a frozen section during surgery, scrub out and go to the frozen section room and look at the specimen with the pathologists. You always learn something from them and you get a more reliable interpretation of the pathology because of the interchange you have with the pathologist. Whenever possible, sit rather than stand, at the patient's bedside. It causes you to spend more time with the patient and encourages dialogue.

Ben also had a set of aphorisms that decades later are remembered by his trainees. These included, "No man is a prophet in his own land" and "Let's run it up the flap and see who salutes." Perhaps the most memorable, however, occurred during journal clubs when a paper that was reviewed contained many self-citations by the author. Ben would pause and then say in a deprecating tone, "He writes more than he reads."

Ben was also generous with patients and, although practicing in an urban setting, still utilized barter, on occasion, for payment. Sammy, who ran a portable food stand outside the hospital, came to Ben for a circumcision, but had no insurance. Ben struck a deal. He would perform the circumcision gratis, but for the next year, anyone of his office staff, secretaries, nurses or residents could present his card to Sammy and get a free sandwich. That probably turned out to be the most expensive circumcision in medical history!

Ben's love of teaching was obvious. Residents were drawn to him. Every Saturday morning, regardless of whether you were on call, all of the residents would meet him on the highest floor of the hospital where there were urology patients and start working their way down, floor by floor. This predated the era of same day surgery, so there were usually about 20 patients in-house. All of the residents arrived in shirts and ties and blue blazers. No other service in the hospital had this kind of turnout. These soon became known as the "Blue Blazer" rounds. A resident would present the patient's case to Ben outside the room and Ben would then comment. I have seen many academic surgeons deliver outstanding prepared lectures. What set Ben apart was his extemporaneous analysis. Regardless of the issues represented by the case, he would provide an immediate scrutiny of the issues and reach the quiddity effortlessly.

In addition to all his other qualities, integrity was Ben's most striking attribute. Whether you were discussing science, clinical complications or personal evaluations, Ben was unfailingly honest. A fellow trainee, captured the essence of Ben when he said "He wasn't a back stabber, he was a chest stabber." Ben's lessons were lifelong. Part of it was due to a different era, a different environment. There were no work hours; you stayed until the work was done. That atmosphere engendered a spirit de corps, a sense of team that promoted close relationships. But it was much more than that; it was Ben. The force of his personality and his dedication and sense of duty left an indelible mark and on those who were lucky enough to train with him. Even today, I catch myself saying something to residents and reflect – that's what Ben used to say. The "days of the giants" is hackneyed and overused, but not in his case. He was a giant. In Ben's encomium, his friend and colleague, Ed Mahoney, said of him, "He wasn't just respected, he was beloved." His legacy lives on through his trainees; that's just the way he would have wanted it.

Kevin Loughlin, MD
Division of Urologic Surgery
Brigham and Women's Hospital
Boston, MA, USA