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# LEGENDS IN UROLOGY

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I was born in 1933, in Salt Lake City, Utah, into a medical family. In 1866, my grandfather, George W. Middleton, had been born into a pioneer Mormon family living in rural southern Utah. He was the first person from that part of Utah to travel north in the state to attend college. He later went east to Baltimore, Maryland, to attend medical school, where he was taught by doctors who had served in the civil war, in an era when cadavers that were used for dissection came from grave robbers. After graduating, my grandfather returned to practice medicine in Cedar City in southern Utah, where he often carried out emergency surgery on a family's dining table after sterilizing his instruments and supplies on their kitchen stove and giving a quick lesson to a family member on the open-drop method of delivering ether. He was also elected mayor of the city. Because he was passionate about becoming a top-flight surgeon, he returned to Baltimore to the Johns Hopkins Hospital in 1901, at the height of its popularity, where he worked with Halstead and Kelly and personally knew Osler and Welch. Ultimately, he moved to Salt Lake City where he was an extremely busy general surgeon during the first third of the 20<sup>th</sup> century.

My father, Richard P. Middleton, graduated from Harvard Medical School in 1927. After internship and residency in general surgery he trained in urology at the Peter Bent Brigham Hospital in Boston, when Harvey Cushing was chair of the Department of Surgery. My father was the only urology resident, and he lived in the hospital and was given no time off. He then returned to Salt Lake City where he practiced urology for 40 years. He was chief of urology at the University of Utah School of Medicine, which offered a two-year medical school program until 1945, when it became a four-year, accredited school of medicine.

I grew up in Salt Lake City in a happy, supportive family, but I was always aware of my father's enormous enthusiasm for a career in medicine. It was clear to me from an early age that he believed that medicine was the most personally interesting, rewarding, and satisfying career, which also allowed you to serve society. My "job," if I agreed, was to be successful in school and go into medicine. In hindsight, it is no surprise that I and my two sisters entered medicine.

I went to Cornell Medical College in New York City. I loved the school and living in that city. It was there I encountered Dr. Victor Marshall, the chairman of urology. If my father had been passionate about medicine and urology, Dr. Marshall was the same and possibly more so. He was from Virginia and had great Southern charm and he was a great story teller. He was also a hard worker, enthusiastic in the training of residents, and he seemed to never go home. I knew I wanted to train in urology with him at Cornell.

Urology residency training at Cornell in the 1950s and 1960s was a longer, more demanding program than today's programs, but at the time I didn't mind. First, you had to do three years of general surgery before Dr. Marshall would accept you. This was a great experience for me. Afterwards I was called up for military service under the Berry Plan and I entered the US navy for two years. Since I had finished three years of surgical residency, I was declared a general surgeon by the Navy, and my first year of duty was on an aircraft carrier in the Pacific Ocean.

By now I was married and had a young son. My wife, Jayne Griffin, came from Salt Lake City. She had worked at the New Yorker magazine and in the Department of Pharmacology at Cornell. But now, since I was headed to sea for a year, she and our young son Dickie went back to Salt Lake City. My year on the aircraft carrier was

stimulating and demanding. We visited interesting and exciting places. We made multiples stops in at Pearl Harbor in Hawaii, and we docked in Japan, Hong Kong, and the Philippines. The medical problems were considerable. There were four physicians on the aircraft carrier, but I was the only one with surgical experience, and at times we had 4,000 to 5,000 sailors and airmen aboard. We travelled in a convoy with 20 to 30 smaller ships with a few young physicians – but no surgeons. After training in a large teaching hospital with much help available, I was alone with surgical problems – and there were many needs for surgery and caring for fractures and other trauma. Venereal diseases were common, and on many days I would treat a hundred or more cases. After my year at sea, for my second year I was transferred to the US Naval Hospital at Corpus Christi, Texas.

Corpus Christi Naval Hospital treated people who were serving in or had retired from the navy, as well as their dependents, and veterans, because there were no veteran's hospitals in this area of south Texas. This was an enormous opportunity for me to gain surgical experience. The Surgical Department consisted of me and two veteran naval surgeons who were happy to sit back and let me handle as much as I could.

After my two-year naval medical experience, our family returned to New York City and the Cornell Medical Center, where I did a four-year urology residency program with Dr. Marshall. There was still one obstacle to overcome. This was a "pyramid" residency program. Two residents started the program, and after two years, one resident was asked to finish his training elsewhere. The other "surviving" resident did a year as the first-assistant resident followed by a year as chief resident.

Fortunately, I was the survivor, and I finished my residency at Cornell with Dr. Marshall. One of the remarkable aspects of the residency program at the time is that the chief resident had his own operating room every weekday and operated independently every day with assistance by the assistant residents. The chief resident received all the patients from the clinic (which was very busy) and attending urologists had their own operating rooms and only stepped in if they were called on to help. Basically the chief resident operated independently for his final year. This type of resident independence is unheard of in training programs now, but it was a remarkable way to train residents in my era.

In 1967 I finished my urology residency at Cornell. Although there were good opportunities in urology in New York, I now had a wife and two children and was 35 years old. I chose to return to Salt Lake City. My father was still in urologic practice, and he was getting older and wanted help. I also had an offer to work half time in the newly established urology residency program at the University of Utah School of Medicine. A new University of Utah Medical Center had recently opened, located on the campus on the outskirts of the city. There were two full time urologists there. I was busy all over the city, but a number of changes occurred rapidly. My father was close to retirement; I realized I enjoyed teaching residents more than working in private practice; and the two older urologists at the university hospital left. I was made chairman of our very new urology program a year after my arrival, at age 36. Our residents trained at the University of Utah Medical Center and the nearby VA Salt Lake City Hospital and happily, we had some very good residents. Very shortly, my brother-in-law, Douglas Dahl, finished his urology residency at Northwestern University in Chicago. He stayed in private practice with my father until my father retired, and he also supervised residents at the VA Hospital for a time. Two of our first residents, Jay Smith and Brent Snow, took fellowships in urologic oncology and pediatric urology and returned to join our faculty. We increased the number of residents from one a year to two a year and added to our program the Primary Children's Hospital and the largest private hospital in Salt Lake City, the LDS Hospital.

My chairmanship of urology at the University of Utah School of Medicine lasted from 1968 to 2004, or 36 years. It was an exhilarating time, which included a great expansion of the medical center, enlargement of the urology faculty, and training of about 80 residents, who are spread across the country and involved in academic and clinical urology practice. During this time I contributed 130 articles and book chapters, as well as two books, to the urology literature. The topics were very varied and covered oncology, kidney stones, pediatric urology, and infertility, but most of my writing was about the management of prostate cancer, the Young-Dees procedure for urinary incontinence, and the York-Mason operation for rectal-urinary fistula.

In 2004 I stepped down as Chairman of Urology, and I was succeeded by Pat Cartwright who was a former University of Utah urology resident and our Chief of Pediatric Urology. He continues to lead the growth of our

urology program and the development of our residents. There are now 14 members in the urology faculty at the University of Utah, and three new members will be joining this faculty in the coming months.

After turning the chairmanship over to Pat Cartwright I continued to practice full time until I retired in 2008. Retirement seemed necessary because I was faced with the need for heart surgery, bilateral knee replacements and a parathyroidectomy. All of these procedures went very well, and now I attend some conferences at the university, work in a local free clinic, review journal articles, play a lot of tennis, read a lot, and follow the stock market.

Medicine, specifically urology, has been a wonderful career, just as my grandfather, my father, and Dr. Marshall had all enthused about. I was surrounded by family members who were in medicine. An uncle, two cousins, a brother-in-law, and a nephew were urologists, and other uncles and cousins were psychiatrists, an obstetrician, and a neurologist. My sisters—who unfortunately have both passed away—followed me to Cornell Medical School: one became an ophthalmologist, and the other became an ear, nose, and throat specialist.

My wife Jayne and I are strong supporters of the University of Utah. We are both graduates of that institution, and I spent 40 years associated with its medical school. Tragically, our son Dick died young, but our three other children all graduated from the University of Utah. Our daughter, Elizabeth, is an M.D. and is chief of pathology at the VA Salt Lake City Health Care System; William is a lawyer who works for the state of Utah; and Amy is an elementary-school teacher. We have eight grandchildren, aged 10 to 23. The eldest ones are in graduate school, and one grandchild, Elizabeth, has chosen to pursue a medical career—continuing the family tradition.

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