

# **The First 50 Years of Surgery at MD Anderson (1945 – 1995)**

## **Frederick Ames, MD**

### **Interview Navigation Materials**

**Interview Subject:** Frederick Ames, MD

**Date submitted:** 07 August 2019

#### **Interview Information:**

Session date: 27 February 2019

Total approximate duration: 2 hours

Interviewers:

Charles Balch, MD, lead  
Assisted by Tacey A. Rosolowski, Ph.D.

**To request the interview subject's CV and other supporting materials, please contact:**

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#### **Interview Subject Snapshot:**

Name: Frederick Ames, MD

Interviewed: 2019

Primary appt: Surgical Oncology

Research: Combination treatments; combination treatments for breast cancer; radical mastectomy versus conservation treatments; breast cancer surgery; breast cancer pain management;

Admin: Deputy Department Chair (1994-2007); Medical Director, MD Anderson Physicians Network (2013 – present)

Other: Clinical Fellow, Oncologic Surgery ('74-'75)

Interview link:

#### **About the Interview Subject**

Frederick Ames, MD came to MD Anderson as a clinical fellow in Oncologic Surgery ('74-'75), then joined the faculty in 1977 as an Assistant Professor in Surgical Oncology. He served as Deputy Department Chair from 1994-2007 and since 2013 has served as medical director of the MD Anderson Physicians Network.

**Major Topics Covered:**

Medical training, military service

Surgery at MD Anderson in the mid-late seventies to early nineties: practice of general surgery; conservatism and innovation; from general surgery to surgical oncology

The division system: impact on surgery

Key figures in surgery: R. Lee Clark, MD; Edgar White, MD; Richard Martin, MD; Edward Copeland, MD

**About transcription, the transcript, and the views expressed**

This interview had been transcribed according to oral history best practices to preserve the conversational quality of spoken language (rather than editing it to written standards).

The interview subject has been given the opportunity to review the transcript and make changes: any substantial departures from the audio file are indicated with brackets [ ].

The Archives may have redacted portions of the transcript and audio file in compliance with HIPAA and/or interview subject requests.

*The views expressed in this interview are solely the perspective of the interview subject.  
They do not represent the official views of any other individual or of  
The University of Texas MD Anderson Cancer Center.*

## **The First 50 Years of Surgery at MD Anderson (1945 – 1995)**

### **Frederick Ames, MD**

#### Interview 1

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## **Frederick Ames, MD**

### **Chapter Summaries**

**Session date:** 27 February 2019

#### **Chapter 00A**

##### ***Interview Identifier***

#### **Chapter 01**

##### ***Medical Training, the Military, and a Fellowship at MD Anderson***

##### **A: Professional Path;**

Codes

A: Military Experience;

A: The Researcher;

Dr. Ames begins this chapter by sketching his training at University of Texas Medical Branch in Galveston and St. Joseph Hospital in Houston and his fellowship at MD Anderson. He talks about the environment for surgical practice at MD Anderson at that time and some technical aspects. Next he talks about his service as a Major and Chief of General Surgical Services in the Army (7/1975-7/1977). He talks about how the carefully selected group of skilled surgeons with whom he served.

#### **Chapter 02**

##### ***On Faculty in General Surgery at MD Anderson and Thoughts about R. Lee Clark***

##### **A: Overview;**

Codes

C: Discovery and Success;

B: Research;

B: MD Anderson History; B: MD Anderson Snapshot;

A: Joining MD Anderson/Coming to Texas;

A: Personal Background;

Dr. Ames begins this chapter with the story of he joined the faculty of MD Anderson in the Department of General Surgery after his military service (1977). He notes that his research on melanoma was gaining recognition. He lists the major figures in the Department at that time. He then notes that he began to work closely with Dr. Edward Copeland (Surgery collection interview].

Next, Dr. Ames shares some memories of Dr. R. Lee Clark, who served as Surgeon in Chief as well as president of the institution. He explains that he had an opportunity to review charts of patients that Dr. Clark had treated, and they had very good outcomes.

### **Chapter 03**

#### ***Dr. Edward White: Impact on the Department and Breast Cancer Treatment***

##### **A: Overview;**

Codes

C: Portraits

A: The Researcher;

B: Research at MD Anderson

B: Multi-disciplinary Approaches;

B: MD Anderson History; B: MD Anderson Snapshot;

C: Leadership; D: On Leadership;

C: Discovery and Success;

D: The History of Health Care, Patient Care;

B: Multi-disciplinary Approaches;

In this chapter, Dr. Ames talks about Dr. Edward White, who became department chair when he joined the faculty of General Surgery in 1977. He first notes that Dr. White as very dedicated to patients and highly regarded by the institution. Dr. Ames next explains that Dr. White supported multi-disciplinary approaches and worked closely with radiation oncologists in developing treatment protocols for breast cancer. He goes on to discuss innovations on the breast service and tells stories about John Stehlin and Eleanor Montague. He talks about how the treatment of breast cancer evolved through the work of all these individuals, leading to more conservative surgery.

Next, Dr. Ames lists the departments included under General Surgery and how the department was restructured when Dr. Charles LeMaistre became the second president.

### **Chapter 04**

#### ***The Impact of R. Lee Clark, MD and Richard Martin, MD***

##### **B: Building the Institution;**

Codes

B: MD Anderson History; B: MD Anderson Snapshot;

C: Leadership; D: On Leadership;

C: Portraits;

B: Multi-disciplinary Approaches;

D: The History of Health Care, Patient Care;

D: Ethics;

C: Discovery and Success;  
B: MD Anderson Culture;  
A: The Researcher;  
C: Mentoring; D: On Mentoring;

Dr. Ames begins this chapter explaining that R. Lee Clark knew many of the first surgeons he recruited to MD Anderson from his time in the Air Corps. Dr. Ames notes that this group functioned very harmoniously and reflected a type of personality, establishing some of the foundations of the culture of surgery at the institution.

Next, he talks about Dr. Richard Martin, who was much less visible in the institution, but nonetheless had a great impact on the practice of surgery. Dr. Ames describes him as a “gentleman’s gentleman” who was innovative in multiple areas of practice. He tells the story of a controversial randomized trial to determine the relative value of limb amputation and limb salvage. He reflects on Dr. Martin as a teacher and mentor, and his habit of recruiting humble people, with further influence on the culture of surgery.

Dr. Balch and Dr. Ames then discuss the importance of MD Anderson’s single plan, established by R. Lee Clark on the model of the Mayo Clinic to encourage collaboration for the benefit of patient care and innovation.

## **Chapter 05**

### ***Key Figures in Surgery in the Seventies through Early Nineties***

#### **B: Building the Institution;**

Codes

B: MD Anderson History; B: MD Anderson Snapshot;  
C: Portraits;  
B: Multi-disciplinary Approaches;  
C: Discovery and Success;

In this chapter, Dr. Ames provides his perspective on several key surgeons who had an impact on the culture and practice of surgery and surgical oncology: Charles McBride, Marvin Romsdahl, Everett Sugarbaker, David Ota, and Eva Singletary.

## **Chapter 06**

### ***From General Surgery to Surgical Oncology; on Edward Copeland, MD and Others; Reflections on the Division System***

#### **B: Building the Institution;**

Codes

B: MD Anderson History; B: MD Anderson Snapshot;  
C: Portraits;

B: Multi-disciplinary Approaches;  
C: Discovery and Success;  
B: Research;  
B: The MD Anderson Brand, Reputation;  
B: MD Anderson Impact; C: MD Anderson Impact;  
B: Institutional Politics;  
B: Controversy;

Dr. Ames begins this chapter with several stories that demonstrate how surgeons in the department were shifting to a surgical oncology perspective (from a reactive surgery perspective), an evolution reflected in the department's change of name. He notes that he was the first Chief of the Breast Section and worked with Eva Singletary, MD, the first woman to have a titled role in the Department and a very successful and well-thought of surgeon.

Next, Dr. Ames talks about the impact of Dr. Edward Copeland (History of Surgery interview]. He notes that Drs. Copeland, Mendelsohn, and Balch were all finalists for the position of MD Anderson's third president. He also explains that Dr. Copeland brought an academic research perspective to the department with his landmark work on hyper-alimentation.

Dr. Ames then talks about political struggles when Dr. Balch arrived to head the Department and form the Division of Surgery. Dr. Ames talks about his own aspirations as a surgeon, his feelings for the institution, and the relationship of surgery to patient care.

Interview Date: February 27, 2019

## **Frederick Ames, MD**

**Interview Session: February 27, 2019**

### **Chapter 00A**

#### ***Interview Identifier***

***Tacey A. Rosolowski, PhD***

[00:00:02]

We are recording, the counter is moving, always a good sign, and I want to say for the record that today is February 27, 2019. I almost glitched out on the date. My name is Tacey Ann Rosolowski and I am sitting in a conference room in the Division of Surgery, and this is the inaugural interview for a project that has been spearheaded by Dr. Charles Balch, "The First 50 Years of Surgery at MD Anderson." I want to welcome our first interview subject, who is Dr. Frederick Ames. Thank you very much for joining us.

[00:00:35]

***Frederick Ames, MD***

[00:00:36]

It's my pleasure.

[00:00:37]

***Tacey A. Rosolowski, PhD***

[00:00:37]

That's great. Part of this is getting the voices so the transcription service can tell who's who, and Dr. Balch is with us too, thank you so much.

[00:00:44]

***Charles Balch, MD***

[00:00:44]

Thank you, Tacey.

[00:00:45]

***Tacey A. Rosolowski, PhD***

[00:00:45]

Well, I'm delighted and just for the record I wanted to say that Dr. Ames came to MD Anderson and we kind of zeroed in on a date earlier, when you were rotated here as a resident, in 1973, and then became a clinical fellow in oncologic surgery in 1974 and then joined the faculty in '77. So this is a long relationship with the institution and we're delighted to have your perspectives.

[00:01:16]

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*Frederick Ames, MD*

[00:01:17]

Thank you.

[00:01:17]

Interview Date: February 27, 2019

## **Chapter 01**

### ***Medical Training, the Military, and a Fellowship at MD Anderson***

#### **A: Professional Path;**

Codes

A: Military Experience;

A: The Researcher;

#### ***Tacey A. Rosolowski, PhD***

[00:01:18]

Well let me start with a question that we settled on earlier, to just kick us off, which is tell us about your surgical training and what brought you here.

[00:01:27]

#### ***Frederick Ames, MD***

[00:01:27]

Well, it's kind of interesting, and since several of the folks who were involved are no longer with us, I'll be kind. I began my surgical training in Galveston, at the invitation of the interim chair there, whom I knew as a medical student, and when I returned as a fellow --I'm sorry resident-- after my internship. They had a new chair and he released all of the residents in the program save one, and therefore the rest of us had to migrate elsewhere.

[00:02:20]

#### ***Charles Balch, MD***

[00:02:20]

That must have been Jim Thompson.

[00:02:23]

#### ***Frederick Ames, MD***

[00:02:23]

Of course. In any event, he also, the chair, canceled the longstanding program that goes back way into history, of the chief residents all rotating to MD Anderson Cancer Center, and I don't remember what the period of rotation was. It could have been three months, it would be easy for me to find out because I know Jim [James] Allums, who was my chief resident as a medical student, and Jim is retired now but lives in East Texas. It would be easy for me to find out. He was one of the last that ever rotated here and so part of my dream in becoming a surgeon actually had to do with a rotation to MD Anderson Cancer Center. That was eliminated, and so despite my disappointment, which is difficult to describe --being released from my residency-- in fact it was one of the more fortuitous things that ever happened to me. So I rotated to Houston, where I knew some people at the residency at St. Joseph's Hospital, which now is the Methodist residency, and they had a longstanding rotation relationship here.

[00:04:04]

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***Charles Balch, MD***

[00:04:04]

Because of John Stehlin.

[00:04:06]

***Frederick Ames, MD***

[00:04:06]

No, it preceded John I think.

[00:04:09]

***Charles Balch, MD***

[00:04:10]

Did it? Okay.

[00:04:10]

***Frederick Ames, MD***

[00:04:10]

I think it did, but I did get to rotate with John Stehlin, who had been on the faculty here as I know you know. In any event—

[00:04:22]

***Tacey A. Rosolowski, PhD***

[00:04:23]

Can I actually act just a background question for myself, which is when did you decide to focus on oncology?

[00:04:33]

***Frederick Ames, MD***

[00:04:33]

During my residency.

[00:04:34]

***Tacey A. Rosolowski, PhD***

[00:04:34]

Okay.

[00:04:35]

***Frederick Ames, MD***

[00:04:35]

When did I focus on surgery? The first rotation I had as a third year medical student was OB/Pediatrics, and then medicine and then surgery, elective and whatever, and so I started on obstetrics in, I guess the first of June. The chief resident outgoing in the residency program was one Taylor Wharton.

[00:05:05]

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***Charles Balch, MD***

[00:05:05]

Really? What a connection.

[00:05:07]

***Frederick Ames, MD***

[00:05:07]

So here I am, going to deliver a baby again. The rotation, the call schedule, was alphabetical, here I was. That's when I learned, you bring your toothbrush and clean underwear and socks when you go to a new rotation. Well, there you are, thrown out of the frying pan into the fire, and I kept backing up and talking out the door and of course Taylor was in the lounge. You know the most exciting thing, I imagine, to a chief resident in OB/GYN, would be to deliver a gran multip pregnant lady. And as it turns out I did real well on all my preclinical stuff and I was very excited. Of course, the OB nurse and I delivered that baby without a hitch, and I frankly deliberated about going into OB, because you were part of the action. Anyway, as I rotated around, I went on surgery and partly because of the admiration I had for the surgeons I was with. I became deeply interested in surgery, and then with further exposure as time went on during my residency, I migrated to cancer. But gosh, the real catalyst was when I rotated here as a third year resident and I had the service of Ted Copeland [Division of Surgery Interview].

[00:06:43]

***Tacey A. Rosolowski, PhD***

[00:06:54]

What was it that grabbed you so much about the environment here for surgery?

[00:06:57]

***Frederick Ames, MD***

[00:06:57]

Oh gosh, just everything. I wanted to be in the action, I was fascinated by surgery, technical surgery, all of the interpersonal actions you had with the patient and the family. There was a lot of drama, a lot of it's life and death. Not on the operating table, though sometimes that's the case, but there's a lot of drama when you're taking care of people with an illness that's potentially fatal. In any event, for all of the things, I can't even remember, I was drawn to surgical oncology and I got to see Ted Copeland, was center court, as was Richard Martin, who was everybody's go-to person. Everybody in the institution and all the notables around the state who would come here, Richard Martin was the go-to guy, he took care of all the VIPs, all of the trickier issues and everything. In any event, it was the people as well as the discipline that attracted me and I was captivated by it, I applied for a fellowship and I was accepted, I'm sure in huge part, not just large part, because I was known to Dick [Richard] Jesse and Ted Copeland and Ed White and Richard Martin.

[00:08:48]

***Tacey A. Rosolowski, PhD***

[00:08:48]

Now you were mentioning some names that we discussed yesterday. Did you want to ask some

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questions to kind of flesh out those individuals or do you want to set them in context first?  
[00:09:00]

***Charles Balch, MD***

[00:09:00]

Well first finish your story. You went into the military in between is that right?

[00:09:06]

***Frederick Ames, MD***

[00:09:07]

In between fellowship and coming back.

[00:09:10]

***Charles Balch, MD***

[00:09:12]

So you did a one-year fellowship here, which was typical.

[00:09:14]

***Frederick Ames, MD***

[00:09:13]

Correct. They had a research here but it was altogether nonclinical.

[00:09:21]

***Charles Balch, MD***

[00:09:21]

And Marvin Romsdahl was in charge of that?

[00:09:23]

***Frederick Ames, MD***

[00:09:24]

I think so, I think that's right.

[00:09:28]

***Charles Balch, MD***

[00:09:29]

So after your fellowship, you went into the Army?

[00:09:31]

***Frederick Ames, MD***

[00:09:32]

I did.

[00:09:32]

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***Charles Balch, MD***

[00:09:32]

For two years.

[00:09:32]

***Frederick Ames, MD***

[00:09:35]

For two years. I was in what was called the Berry Program.

[00:09:38]

***Charles Balch, MD***

[00:09:39]

Me too. I had a one-year deferment.

[00:09:41]

***Frederick Ames, MD***

[00:09:42]

I was commissioned as an intern in the fall of '69, but I did not have a uniform, nor was I on active duty, nor were they paying me as they did some. So each year my chair had to send the paperwork to verify that I was in fact a resident in good standing, and so forth and so on. The Berry Program allowed program directors to maintain some stability within their programs. It was commonplace for residents at the second and third and fourth year to be pulled out of their residencies for two years in the military. This was disrupting everything and there was a plea nationwide for someone to figure out a solution where the military still got the physicians they needed but the training programs who supported indigent care—anyway, that was the origin of the Berry Program. I can't remember who Berry was, I think he was a legislator somewhere who figured out that this might be a good thing and the military all bought into it. They would project what their needs were, and then they would hold a lottery of the applicants, and I got selected. [ ] The head of the surgical service at Fort Campbell, Kentucky, which is the 101st Airborne, 50 miles northwest of Nashville, found out that you could go and look at the list of all the people coming onboard. He actually picked all of us and I was among one of the most select group of young surgeons I've ever been with. I mean it was like the fellowship class here.

[00:11:37]

***Charles Balch, MD***

[00:11:37]

Yeah, yeah.

[00:11:38]

***Frederick Ames, MD***

[00:11:37]

Jim [Robert James] McNaughton, who was Kirby Bland's best friend in Gainesville and Hugh Walsh from Stanford, who John Najarian had trained. I mean there was this group of people ... It was fascinating to be with these people because we learned from each other because we had

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this diverse background. In any event, it was a wonderful experience for me.  
[00:12:08]

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**Chapter 02:**  
***On Faculty in General Surgery at MD Anderson and Thoughts about R. Lee Clark***

**A: Overview;**

Codes

C: Discovery and Success;

B: Research;

B: MD Anderson History; B: MD Anderson Snapshot;

A: Joining MD Anderson/Coming to Texas;

A: Personal Background;

***Tacey A. Rosolowski, PhD***

[00:12:07]

Did having that experience have an impact on how you thought about surgery later?

[00:12:11]

***Frederick Ames, MD***

[00:12:12]

It just reinforced it. My gosh it just enhanced it, and I came home for Christmas my second year and my mother told me that Mary Lou Rogge had called. She was the administrative assistant for Dr. White and he wanted to see me, pretty much the end of the discussion, because I went to his office and he invited me, that was it. We didn't negotiate anything. Interesting thing is the paper I presented to the Society of Surgical Oncology—no, the Head and Neck Society in San Francisco, while I was in the military-- was on melanoma of the head and neck, that I had coauthored with Everett [Sugarbaker] and obviously Jay Ballantine. We were on this panel and I gave my presentation in full uniform, because they paid for me to go out there. Fred Eilber, by the way, was the moderator of that. He and I knew each other because Fred was a fellow at the time I was a rotating resident. I remember when we interviewed, Fritz, some years ago, for a fellowship. He was born in Houston, so he was born while Fred was a fellow. In any event, there was somebody in the back and they had—do you remember the projectors they had then? I mean it was like an aircraft landing, you couldn't look at it. It was among the first big presentation I'd ever made and I was pretty anxious about it and there was a guy in the back that was asking me all these questions about everything. Fortunately, I was prepared for him and finally Fred said, "Alf—"

[00:14:13]

***Charles Balch, MD***

[00:14:13]

Alf [Alfred] Ketchum.

[00:14:16]

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***Frederick Ames, MD***

[00:14:16]

Cut him a little slack, he was actually a pretty good guy.”

[00:14:19]

***Charles Balch, MD***

[00:14:20]

Alf Ketchum was one of my primary mentors.

[00:14:22]

***Frederick Ames, MD***

[00:14:22]

Two weeks later, I got a letter, an invitation, to go visit Miami and of course at the time Everett was there because Everett, Fred had both worked with him. Anyway, it's very incestuous because at every turn you ran into people who all knew each other. Obviously, you had to make it or break it but the fact is, they were looking at you closely. In any event, I was offered a position here and I took it.

[00:14:55]

***Charles Balch, MD***

[00:14:55]

What was your responsibilities when you first came, this was in 1977, is that right?

[00:15:01]

***Frederick Ames, MD***

[00:15:02]

Correct, August 1, 1977.

[00:15:06]

***Charles Balch, MD***

[00:15:06]

Okay. And how did you fit in? Let me ask you this way. When I was hired, I was a *general* surgical oncologist. I operated in every body cavity and we did everything. We weren't organized by organ site, the way people are now.

[00:15:25]

***Frederick Ames, MD***

[00:15:25]

Correct.

[00:15:25]

***Charles Balch, MD***

[00:15:26]

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But you had some areas of special interest.  
[00:15:31]

***Frederick Ames, MD***

[00:15:31]

Well they sort of evolved.

[00:15:33]

***Charles Balch, MD***

[00:15:33]

Were you a utility person?

[00:15:33]

***Frederick Ames, MD***

[00:15:33]

I was a utility person.

[00:15:35]

***Tacey A. Rosolowski, PhD***

[00:15:36]

What does that mean?

[00:15:36]

***Charles Balch, MD***

[00:15:37]

It means you do everything, you do whatever is asked.

[00:15:38]

***Tacey A. Rosolowski, PhD***

[00:15:40]

And this was at this point, it was the Department or Division of General Surgery, correct?

[00:15:44]

***Frederick Ames, MD***

[00:15:44]

It was the Department of General Surgery.

[00:15:47]

***Charles Balch, MD***

[00:15:48]

Who was the faculty at that time?

[00:15:50]

***Frederick Ames, MD***

[00:15:51]

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Well it was Dr. White.  
[00:15:53]

***Charles Balch, MD***

[00:15:53]  
Who had been the chief from the beginning.  
[00:15:56]

***Frederick Ames, MD***

[00:15:56]  
And he actually still operated occasionally and I first assisted him. He did only breast and thyroid. Then there was Dr. Martin, there was Dr. Romsdahl, Marvin Romsdahl, they were a squad. There was McBride and McMurtrey.  
[00:16:18]

***Charles Balch, MD***

[00:16:18]  
I remember Marion McMurtrey.  
[00:16:19]

***Frederick Ames, MD***

[00:16:20]  
He's still living by the way.  
[00:16:22]

***Charles Balch, MD***

[00:16:22]  
Is he?  
[00:16:23]

***Frederick Ames, MD***

[00:16:24]  
He's 92 or 93. He had also been trained—  
[00:16:29]

***Charles Balch, MD***

[00:16:29]  
He did more of the thoracic.  
[00:16:30]

***Frederick Ames, MD***

[00:16:30]  
He was trained in thoracic surgery in addition to general surgery and actually, when I came onboard, he was still on general surgery. The next person was Ted Copeland, who had his own

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service and he was really getting famous because of—  
[00:16:59]

***Charles Balch, MD***

[00:17:00]

Hyper-alimentation.

[00:17:01]

***Frederick Ames, MD***

[00:17:01]

Right. They needed somebody to manage his service while he was out of town four days a week. They needed somebody --and I was told this to my face-- that they didn't have to go clean up after or apologize for. So Ted and I became best buddies, as if we weren't already and for all I know, he may have played a role in my choice as an invited person on the faculty.

[00:17:34]

***Charles Balch, MD***

[00:17:34]

I think you did and we'll hear from—he's already—

[00:17:38]

***Frederick Ames, MD***

[00:17:39]

He's never made any secret that he was very pleased with my work, and as president of the SSO, I was among the few that were mentioned. In any event, of course I was well known to the others, but I think that one of the urges, one of the itches that they needed to scratch was that Ted needed some help on his service.

[00:18:06]

***Tacey A. Rosolowski, PhD***

[00:18:06]

So you fitted the bill?

[00:18:08]

***Frederick Ames, MD***

[00:18:08]

I'll let others judge that. But he did everything. We also did perfusions, McBride and McMurtrey did perfusions, Ted did perfusions and I did perfusions. Then McMurtrey, the next year, moved to thoracic full-time. And I can't remember, I may have moved over, I think I moved over. Then was with Charlie McBride, and every six months we would—or three months, we would rotate between. We would carry melanoma with us wherever we went, but we would migrate between GI and breast.

[00:19:00]

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***Tacey A. Rosolowski, PhD***

[00:19:00]

So was there good collaboration with people and what was the environment like?

[00:19:03]

***Frederick Ames, MD***

[00:19:04]

Very close-knit. I was obviously the youngest in rank as well as in age, and I was often sent on a mission to go discuss something with the head of anesthesia or this or that or the other. It was remarkable that no one ever gave me any backtalk. Of course they knew that I had been issued my marching orders by Ed White, and he'd been given his by Lee Clark, and everybody knew what the rank order was.

[00:19:35]

***Tacey A. Rosolowski, PhD***

[00:19:35]

Interesting.

[00:19:35]

***Frederick Ames, MD***

[00:19:36]

It was one, two, three, and if you were somebody's disciple or adjutant, they didn't question it. They were free to do that but it was pointless to call Dr. White and asked him if he had in fact sent me to do whatever, whoever.

[00:19:55]

***Tacey A. Rosolowski, PhD***

[00:19:55]

Well I guess you could make those assumptions at that time, partially because the institution, it was a small institution at that time.

[00:20:02]

***Frederick Ames, MD***

[00:19:59]

They all knew each other. A very small institution, again we were all in that one little pink building over there and you've probably got pictures of that little pink building by itself, surrounded by parking lots and trees.

[00:20:12]

***Tacey A. Rosolowski, PhD***

[00:20:13]

Yeah, I know it's amazing.

[00:20:14]

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***Charles Balch, MD***

[00:20:14]

So Fred, could we go through a synopsis of some of these people, to get your overall impressions. First is Lee Clark as the surgeon. Even though he wasn't in the operating room, what influence did he have as the so called surgeon in chief, because we have lots of information about him as president but there's almost nothing written about Lee Clark and his engagement with the surgical faculty, with recruitment. Yet when I read the correspondence, there's nothing that didn't go past his desk.

[00:20:49]

***Frederick Ames, MD***

[00:20:50]

My contract, August 1, 1977, signed by Dr. Clark, I've still got it. That was his last year as president. He retired at the end of—the fiscal year is you know, the end of August, so at the end of August the next year, he retired. All I know is that they were very close-knit. He gave his thoughts to the people to carry them out, and all I knew was his word, and his rule was law.

[00:21:37]

***Tacey A. Rosolowski, PhD***

[00:21:37]

Did he have an impact on how people undertook surgery at the institution? I remember reading, or hearing from someone, I think you had seconded this but I heard it also from someone else, that really, Dr. Clark wanted to be remembered as a surgeon almost more than as president of MD Anderson.

[00:21:57]

***Frederick Ames, MD***

[00:21:58]

I honestly can't speak to that because he was completely divorced from clinical activity. I don't know when it was that he last was clinically engaged, beyond seeing the occasional VIP patient who may have been directed to him and then he lateraled it off, or it some person he may have cared for previously. As I told you before, I remember reviewing charts of interesting cases, one of which was a man who had a chordoma, who came back to the clinic. Because of the pay scale, Fred Eilber and I were assigned to see him. He had a mass, so he was then bumped up and Charlie McBride operated on that patient. But this is a patient that Lee Clark had operated upon a number of years before, because that disease process sometimes takes a number of years to evolve, and that's where I learned what a Kraske procedure was.

[00:23:06]

***Charles Balch, MD***

[00:23:06]

Yes. So Lee, I've gone over all of his records. He talked about international things, the institution, but the one area that he talked about a lot was thyroid disease and thyroid cancer. It was the one thing he was comfortable with talking about outside of his role as president.

[00:23:29]

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***Frederick Ames, MD***

[00:23:34]

I don't remember much about that. I do remember that Dr. White was very deeply involved in thyroid and in fact, I inherited all of his 35 mm slides when he left, and a lot of them were thyroid.

[00:23:51]

***Charles Balch, MD***

[00:23:51]

Do you think that had anything to do with them recruiting Bob [Robert C.] Hickey, who was the president of the Endocrine Society?

[00:23:59]

***Frederick Ames, MD***

[00:24:00]

Later.

[00:24:00]

***Charles Balch, MD***

[00:24:00]

Later on.

[00:24:00]

***Frederick Ames, MD***

[00:24:01]

Later on. You know I honestly don't know. Dr. Hickey came and went, and so did Marion McMurtrey, he left briefly, to go back to Utah, because he's Mormon, and he returned only a couple of years later. It didn't work out for him. I already knew him at that time so when he left and returned, I can't remember, it may have been when I was finishing my residency. Dr. Hickey was there at that time and then he left and went to Wisconsin and then came back. I think that was when Mickey [Charles A.] LeMaistre [oral history interview] was president, so the dates would show.

[00:24:54]

***Charles Balch, MD***

[00:24:55]

Yeah, yeah.

[00:24:55]

***Frederick Ames, MD***

[00:24:56]

I never really knew much about what Dr. Clark did as a surgeon, except I was struck, he did a

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presacral chordoma.  
[00:25:05]

***Charles Balch, MD***  
[00:25:05]  
Exactly.  
[00:25:06]

***Frederick Ames, MD***  
[00:25:07]  
That's big time.  
[00:25:07]

***Charles Balch, MD***  
[00:25:07]  
And he attended all of the surgical meetings: the American Surgical, the Western Surgical, the Southern Surgical. I have letters of him, writing letters of recommendation for a range of surgeons around the country, to join those societies. So he was actively engaged in those surgical societies. So in a sense he—and he carried the title for a long time, of surgeon in chief.  
[00:25:38]

***Frederick Ames, MD***  
[00:25:38]  
Right.  
[00:25:38]

***Charles Balch, MD***  
[00:25:39]  
But the first person who was really the chief of surgery was Ed White, and for what, 30 years, we have the exact dates, he was the person who was really running the department. But even in Ed White's letters, there's always a note by R. Lee Clark, even down to approving instruments in the operating room.  
[00:26:03]

***Tacey A. Rosolowski, PhD***  
[00:26:03]  
Interesting.  
[00:26:03]

***Frederick Ames, MD***  
[00:26:04]  
I'm not surprised. It was very, very clear that he was someone, he was the epitome of the CEO who was involved in anything going on, that he didn't know about.  
[00:26:22]

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***Charles Balch, MD***

[00:26:23]

Yes. Down to the instruments ordered in the operating room.

[00:26:28]

***Frederick Ames, MD***

[00:26:29]

A fellow who is a few years older than I, who lived down the street and he raced cars and had a hotrod Ford with a big Chrysler motor with a supercharger on it, and when I had just gotten my drivers license, I used to look down the street. He was the son of a local neurosurgeon and I still know him well. One of his best friends was a guy named Randy Clark, who was the son.

[00:26:59]

***Charles Balch, MD***

[00:26:59]

Of course.

[00:27:00]

***Tacey A. Rosolowski, PhD***

[00:27:00]

Oh, okay, yeah.

[00:27:01]

***Frederick Ames, MD***

[00:27:01]

And even when my friend finally moved from Houston, he had a shop in the Heights, with a bed and a kitchen and so forth, where he could work on cars. It was carpeted, and he would build his racecars and stuff. He had the old operating room instruments, you know the overhead lights?

[00:27:22]

***Charles Balch, MD***

[00:27:22]

Yeah. Yeah, yeah.

[00:27:22]

***Frederick Ames, MD***

[00:27:24]

But these go back to, I mean this would have been 1950s stuff that was cast aside.

[00:27:29]

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**Chapter 03**

***Dr. Edward White: Impact on the Department and Breast Cancer Treatment***

**A: Overview;**

Codes

C: Portraits

B: Multi-disciplinary Approaches;

B: MD Anderson History; B: MD Anderson Snapshot;

C: Leadership; D: On Leadership;

C: Discovery and Success;

D: The History of Health Care, Patient Care;

B: Multi-disciplinary Approaches;

***Tacey A. Rosolowski, PhD***

[00:27:30]

Did you want to talk about Ed White?

[00:27:32]

***Charles Balch, MD***

[00:27:33]

Ed White is also known locally but not nationally, because he never went to meetings. He was the stay at home person.

[00:27:41]

***Frederick Ames, MD***

[00:27:41]

He was and he was around all the time. I was privileged to take care of patients with him and for him.

[00:27:51]

***Tacey A. Rosolowski, PhD***

[00:27:52]

What was his gift with patients?

[00:27:56]

***Frederick Ames, MD***

[00:27:57]

He was just very personable, this is my observation. He was a very methodical surgeon. The only things he ever did that I assisted him on were thyroid and breast. **[Redacted]**

[00:28:23]

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***Charles Balch, MD***

[00:28:23]

I'll be darned.

[00:28:24]

***Frederick Ames, MD***

[00:28:34]

I assisted him. So that's an indication of the regard in which he was held. Because that young first chair of urology in the country --because there was not a department of urology anywhere, they were all divisions.

**[Redacted]**

***Frederick Ames, MD***

[00:28:52]

Yes, sir. Doug didn't take people lightly, he did his diligence and I got to work with him a lot as well. I enjoyed very much working with Dr. White, he was a very personable guy.

[00:29:17]

***Charles Balch, MD***

[00:29:17]

How would you describe him as a leader?

[00:29:20]

***Frederick Ames, MD***

[00:29:21]

Quiet. People respected him.

[00:29:35]

***Charles Balch, MD***

[00:29:35]

But he didn't say much.

[00:29:36]

***Frederick Ames, MD***

[00:29:36]

He didn't say much at all but when he shared his requests with you they got carried out.

[00:29:42]

***Charles Balch, MD***

[00:29:43]

Yes. He was the chief.

[00:29:44]

***Frederick Ames, MD***

[00:29:45]

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He was the chief.  
[00:29:45]

***Charles Balch, MD***

[00:29:46]

And everybody knew he had the support of R. Lee Clark.

[00:29:50]

***Frederick Ames, MD***

[00:29:50]

He did, but even after Dr. Clark retired, he was still deeply admired and respected, and you know, I guess maybe attitudes then were perhaps a bit different than they are today, where there's a level of respect. If you go back a generation or two, you held someone in high regard because of what they had accomplished and you respected them. Not so much today.

[00:30:21]

***Tacey A. Rosolowski, PhD***

[00:30:22]

That's part of the reason for these interviews, is to get a sense of some of those subtleties, I mean the cultural subtleties, it is very different.

[00:30:29]

***Frederick Ames, MD***

[00:30:30]

Yeah. And in the course of my fellowship here, I became good friend with, among others, Gilbert Fletcher, Dr. Johnson, the new chair of urology, Dr. Jesse, the head and neck surgeon, I was his fellow for six months and I don't think he took anybody for six months. He took me for six months. He took me for six months, and then at the end of three, the other two fellows, there were four of us. F. Sugarbaker being one and he was on GI, and John O'Brien and gosh, I forget his name, a physician from New York, both lobbied to stay where they were because they were having a good time, and Dr. Jesse said, "Well, it's up to you if you want to stay with me, please."

[00:31:34]

***Tacey A. Rosolowski, PhD***

[00:31:34]

I wanted to ask a question. One of the things that R. Lee Clark was really committed to was creating this environment where there would be collaborations amongst surgery, chemo, or the new and radiology, all these new evolving treatments. What was Ed White's role in transmitting that message to the Surgery Department?

[00:31:56]

***Frederick Ames, MD***

[00:31:57]

Well, you're jarring my memory as well as my frontal lobes and whatever else.

[00:32:09]

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***Tacey A. Rosolowski, PhD***

[00:32:08]

That's why we're having the conversation. [laughs]

[00:32:09]

***Frederick Ames, MD***

[00:32:14]

Multidisciplinary care was key and it was practiced by all. The breast service was very close to the radiation oncologists, in those days there were just a handful, and the surgeons were involved in those days, with a lot of the diseases where they no longer are, such as Hodgkin's Disease.

[00:32:48]

***Charles Balch, MD***

[00:32:49]

Staging laparotomy, I did a lot of those.

[00:32:52]

***Frederick Ames, MD***

[00:32:52]

Absolutely.

[00:32:53]

***Charles Balch, MD***

[00:32:54]

Who was the breast radiation oncologist?

[00:32:57]

***Frederick Ames, MD***

[00:32:57]

Oh, Eleanor Montague for crying out loud.

[00:32:58]

***Charles Balch, MD***

[00:32:57]

Eleanor Montague.

[00:32:58]

***Frederick Ames, MD***

[00:33:00]

She has a Gold Medal from RSNA, and that book, you really must get it, I'm sure it's in the library.

[00:33:10]

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***Charles Balch, MD***

[00:33:10]

We'll get it.

[00:33:11]

***Frederick Ames, MD***

[00:33:11]

On the history of the Department of Radiology, because radiation oncology, remember was part of that.

[00:33:20]

***Charles Balch, MD***

[00:33:20]

Was part of it.

[00:33:21]

***Frederick Ames, MD***

[00:33:22]

If I remember correctly, the first medical oncologist who specialized in breast was hired by Ed White, and it was oh, gosh, I knew her so well, Gabe Hortobagyi [oral history interview] holds her chair.

[00:33:49]

***Charles Balch, MD***

[00:33:49]

We'll look it up, we can add it.

[00:33:51]

***Frederick Ames, MD***

[00:33:51]

Oh, I'm embarrassed I can't remember her name because she took me under her wing. I can see her now.

[00:33:56]

***Tacey A. Rosolowski, PhD***

[00:33:55]

I can't remember. Interesting. Were those collaborations, I mean because in my process of interviewing folks, I've gotten a lot of versions of what it was like setting up these collaborations, and sometimes ... Well, yeah, what was it like?

[00:34:14]

***Frederick Ames, MD***

[00:34:14]

Well for me it couldn't have been easier because the chairs all liked each other, and Nylene Eckles ... And of course they didn't have anything in those days but oophorectomy, I mean there

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wasn't any chemo.  
[00:34:37]

***Charles Balch, MD***

[00:34:36]  
Yeah, 5-FU.  
[00:34:38]

***Frederick Ames, MD***

[00:34:40]  
Right, and then George Blumenschein came, and I believe he and Ted [Copeland] were in the same class at Cornell, but you can check the dates on that. He was the head of medical education here, he signed my fellowship papers. He was a medical oncologist and among the fathers of Adriamycin.  
[00:35:05]

***Charles Balch, MD***

[00:35:06]  
So he was after Murray Copeland, because Murray was in charge of all the fellowship programs educationally for a time.  
[00:35:16]

***Frederick Ames, MD***

[00:35:16]  
He was when I came, that's all I can say.  
[00:35:18]

***Charles Balch, MD***

[00:35:18]  
Yeah, I understand.  
[00:35:19]

***Frederick Ames, MD***

[00:35:19]  
He and Ted are, I think of the same vintage, in any event, and he was one bright guy. I was deeply involved in breast, among the other things I was deeply involved in, so I became very close friends with George Blumenschein and Eleanor Montague and Nylene Eckles.  
[00:35:43]

***Tacey A. Rosolowski, PhD***

[00:35:44]  
I'm sorry, one of the things we were talking about was kind of this balance between conservative ways of thinking about surgery versus sort of the pressure to try new—oh, you're smiling, tell

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me what you're thinking sir.  
[00:35:59]

***Frederick Ames, MD***

[00:36:00]

Well I was in the middle of that movement, and it was slow in coming because at that time, with the exception of Ted Copeland, everybody else was a generation older. When breast conservation, lumpectomy to be specific, was being proposed and considered: Bernie [Bernard] Fisher actually came here and had a meeting one evening at the Rotary House, which of course is not there any more, they've moved it, but that whole concept of lumpectomy, as well as organized randomized trials, was not popular. It was not embraced. I remember hearing George Crile Jr., who was an advocate, present at one of the major meetings and it was beginning to take hold. I had a more open mind. It took a while, because I was so strongly influenced by tradition and what my elders held dear.

[00:37:23]

***Tacey A. Rosolowski, PhD***

[00:37:23]

There was that phrase, "The MD Anderson way," was that a phrase or was there a way of doing surgery and approaching it at MD Anderson, that old guard?

[00:37:35]

***Frederick Ames, MD***

[00:37:35]

Yeah there was, but to finish up the idea about the conservative, that is tissue sparing, limb salvage, breast conservation, to be specific. It was actually brought forth by the medical oncologists and the radiation oncologists, because they would get these VIP patients and all the while, Eleanor Montague would see these women who had had a lumpectomy, but would come to her for the radiation. They'd get it on what was called a short form. They weren't regular patients but they'd come to her and I'm sure no small number of them came from John Stehlin, because he was arguably the first surgeon [in Houston] that did lumpectomy, and I was among the ones who followed. When Eleanor Montague and George Blumenschein found out I was doing that, the world turned upside down. In fact, speaking of the Anderson way, you had multidisciplinary conferences in every disease site. Dr. Fletcher, in the basement, down in that room, would examine all the patients and on one day, two patients of mine showed up, young women, post-surgery, who had had lumpectomy, and he lost it. He left the conference and followed Eleanor Montague up to the clinic, he wanted to meet me, and so that's where it all took place. Curiously, Eleanor Montague, as the records will show, I believe was the referee, the radiation oncology referee for the NSABP, and we weren't doing breast conservation at this hospital, her hospital, which is kind of interesting.

[00:39:38]

***Tacey A. Rosolowski, PhD***

[00:39:38]

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Oh, wow.  
[00:39:39]

***Frederick Ames, MD***

[00:39:40]

But the time was right and the moment. Someone stepped forward and was willing to do that. I became the favorite son of the chair of Radiation Oncology and Breast Medical Oncology, because that's the way the world was going.

[00:40:00]

***Tacey A. Rosolowski, PhD***

[00:40:00]

What convinced you to turn away from tradition and follow that path?

[00:40:04]

***Frederick Ames, MD***

[00:40:05]

Oh gosh, I don't know. Why do your kids go off to college and study law, as opposed to journalism or medicine? I mean they just do what they do.

[00:40:19]

***Charles Balch, MD***

[00:40:20]

So let me ask you in the context—

[00:40:21]

***Frederick Ames, MD***

[00:40:21]

My mentors on the other side of the aisle if you will ... What got my attention was Eleanor Montague, because she was among the greatest teachers I ever had the pleasure to work with. She examined all the patients and I knew I'd better go over them carefully, because if I missed a lymph node that she could feel, she would bring me back in the room and show me, in front of the patient, the lymph node. So I learned early on, I'd better do my best because she had my back and if she found something she thought she needed to —she took me like her own stepson, would march me in there in front of the patient and show me what I had missed. Which by the way is what Charlie McBride and the others did often, in the breast clinic when the fellows would present a case. Or in the melanoma clinic, the same thing. I learned those lessons, but I was just a little more open because I was younger, I think that's the difference. I hadn't been so long in practice that I was too set in my ways not to look in a new direction.

[00:40:41]

***Charles Balch, MD***

[00:40:42]

So, let me ask you, just to tie a few things together in that time, because at the time you were doing that, I was at Alabama, where we were doing the only randomized study between radical

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and modified radical.  
[00:41:55]

***Frederick Ames, MD***

[00:41:55]

I remember reading about that, that was the B-06 trial.

[00:42:00]

***Charles Balch, MD***

[00:42:00]

We'd come in as I'm doing a modified radical and saying you're going to kill somebody someday by leaving the muscle behind, that's how much pressure there was on us young people as we were trying to move towards conservative therapy.

[00:42:13]

***Frederick Ames, MD***

[00:42:14]

Ed White did only radical mastectomy if I remember correctly, and I know exactly how he did it. When people started doing modified radical, then they would do what was called a Patey modified radical, where you would take out the minor to be sure you could, you know?

[00:42:34]

***Charles Balch, MD***

[00:42:34]

Yes, exactly, get to level three nodes.

[00:42:37]

***Frederick Ames, MD***

[00:42:36]

When they started doing the—or maybe that was—was that the Patey?

[00:42:40]

***Charles Balch, MD***

[00:42:40]

Yes, that was.

[00:42:44]

***Frederick Ames, MD***

[00:42:44]

Where you left the pec minor, oh gosh, that was a radical departure. But all the while, and I'm sure I've told you this: locally advanced disease was so common here. By locally advanced I mean multiple matted lymph nodes, but especially disease involving the skin and worse than that, inflammatory breast cancer. It was quickly learned that you needed radiation, again no chemotherapy at that time. They would do radiation first and then mastectomy, but because of the morbidity and the tissue necrosis and all of this, that and the other, they began to do less

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surgery, interestingly enough, first, with the locally advanced, and they'd do what they called the extended simple, which basically is a mastectomy with a level one dissection. They were doing that for locally advanced disease and then they'd radiate everything else, and they found out that they had a better regional control than they did by any other combination of methods. So at least where I was, when I was --the first move toward less surgery, combined with radiation, was paradoxically with the locally advanced disease, so why shouldn't it work for earlier disease?  
[00:44:17]

***Charles Balch, MD***

[00:44:17]

Yeah, so let me ask you in the context here. Because Gerry Dodd [oral history interview] did the first mammography, and that allowed, with screening, for us to see patients with smaller tumors. Because when you and I were in practice, almost everybody was at the minimum Stage 2, but most of them were Stage 3, if they got to us as a surgeon at all. But with mammography, we started seeing patients with smaller tumors, and I wonder how, for you, how that influenced the push to do more conservative surgery, not only in younger women but with smaller tumors.  
[00:44:56]

***Frederick Ames, MD***

[00:44:56]

All of that played a big role but what I do remember is when I used to give lectures and I'd look at the old NSABP trials. The median size of the tumors was two and a half centimeters, because it had to be palpable. That's an inch, if you pull out your plastic ruler. Mammography was slow in taking hold and the films weren't that good, but what I do remember is early on, we would see the occasionally pure noninvasive cancer. Occasionally we would see one at the nipple, which is called Paget's disease, and I'll tell you a brief vignette about that. I remember reviewing, in the literature at one time, one of the largest series of pure noninvasive cancer of the breast. DCIS was, if I remember correctly, 44 patients, 44, biggest series in the literature, from this institution, by Steve Gallagher, who was the breast pathologist. When I was really fast busy, when you just became chair, I would do 44 myself a year, just to put that in perspective. **[Redacted]** There was nothing left in the specimen, the biopsy had taken it all. I had to go look at myself in the mirror, what have I done? And I went to Steve and I said Steve—he had done the whole organ sections, where he would do a whole breast and make one block of paraffin and spend a month going through it, to map out everything. I asked him, I said, "Steve, do you suppose, if I did a nice little elliptical excision of the nipple and got a centimeter margin all the way around and gave it to you for a month and you mapped it out, there might be some of those patients that wouldn't need a mastectomy, would you be willing to explore that?" He said, "Absolutely."  
[00:47:21]

***Tacey A. Rosolowski, PhD***

[00:47:21]

Oh wow.

[00:47:21]

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***Frederick Ames, MD***

[00:47:23]

So you know there again, I think it was my youth, because we see the same thing now, Charles, in all other diseases; the young generation comes forth and they begin to question everything. Good for them. I mean at every turn they're doing less surgery, and they've taken it now to where they're doing total skin sparing, nipple sparing, which at the time would have been --no one would have been able to imagine that. It's like going to Mars or going to the Moon.

[00:48:00]

***Charles Balch, MD***

[00:48:00]

That's why I told you that story that my senior partner, my mentor, had said I was going to kill people by leaving the pectoralis muscle behind.

[00:48:08]

***Frederick Ames, MD***

[00:48:08]

Absolutely, absolutely.

[00:48:09]

***Charles Balch, MD***

[00:48:10]

Fred, let's go back to Ed White, just to get a context here. You had Gynecology, Urology, Head and Neck and General Surgery. Those were the four.

[00:48:22]

***Frederick Ames, MD***

[00:48:22]

And Thoracic.

[00:48:22]

***Charles Balch, MD***

[00:48:23]

Thoracic was part of General Surgery.

[00:48:28]

***Frederick Ames, MD***

[00:48:29]

No.

[00:48:29]

***Charles Balch, MD***

[00:48:30]

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It was because Jack Roth [Division of Surgery Interview] was the first department.  
[00:48:35]

***Frederick Ames, MD***

[00:48:36]

Okay, that may be.

[00:48:38]

***Charles Balch, MD***

[00:48:38]

That's a story because—

[00:48:40]

***Frederick Ames, MD***

[00:48:40]

Whatever the history reveals, but I remember that it was all done.

[00:48:47]

***Charles Balch, MD***

[00:48:47]

No it was but it was in the Department of General Surgery.

[00:48:50]

***Frederick Ames, MD***

[00:48:51]

They did it all, and the only crossover was Marion McMurtrey, who had been trained in thoracic surgery.

[00:49:00]

***Charles Balch, MD***

[00:49:00]

My impression is that at the time you came, there were four departments. Neurosurgery was in Head and Neck. Plastic surgery was in Head and Neck.

[00:49:09]

***Frederick Ames, MD***

[00:49:10]

Plastic for sure was.

[00:49:11]

***Charles Balch, MD***

[00:49:12]

Milam Leavens was—it's hard to put them into—because there was no neurosurgery department.

[00:49:22]

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***Frederick Ames, MD***

[00:49:23]

Correct.

[00:49:23]

***Charles Balch, MD***

[00:49:24]

But my question is, if there are four departments, do they report directly to Lee Clark? Or were they reporting to Ed White, because there was no Division of Surgery at that time, is that correct? What was the reporting relationship that you recall?

[00:49:42]

***Frederick Ames, MD***

[00:49:42]

I'm struggling to remember, because I was Dick Jesse's deputy sheriff for six months and actually, by the time I finished that, I did every operation except the major bone resections, base of skull, some of them unattended.

[00:50:00]

***Charles Balch, MD***

[00:50:02]

See, I was trained in head and neck too, it was part of our training

[00:50:06]

***Frederick Ames, MD***

[00:50:07]

Well it was and in any event, I don't know what the reporting relationship was. I think, to put it in military, it was like a couple of brigade commanders reporting to the post general, but they were of equal rank and they got along just fine. There was a lot of harmony, there was not disharmony, and thinking about that, that probably has a lot to say about Lee Clark's administrative methods.

[00:50:48]

***Charles Balch, MD***

[00:50:48]

I suspect that Ed White was the chief, and in fact there was some correspondence that said, Chair, Department of Surgery, it didn't say general surgery, and he ran the operating room.

[00:51:01]

***Frederick Ames, MD***

[00:51:02]

Yeah. I'll go back and look at my letter of appointment.

[00:51:06]

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***Charles Balch, MD***

[00:51:07]

This is in the context of when did the Division of Surgery come. Because as I understood it, Bob Hickey assumed that position for the purposes of recruiting a new division head, which was Mickey LeMaistre's organizational chart.

[00:51:26]

***Frederick Ames, MD***

[00:51:28]

I don't know. That could have been the two years I was gone, from '75 through '77. I would bet Ted Copeland would have some thoughts about that because he was here. He was here from '73 on, for ten years, and then was recruited as the chair at Gainesville.

[00:51:52]

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**Chapter 04**

***The Impact of R. Lee Clark, MD and Richard Martin, MD***

**B: Building the Institution;**

Codes

B: MD Anderson History; B: MD Anderson Snapshot;

C: Leadership; D: On Leadership;

C: Portraits;

B: Multi-disciplinary Approaches;

D: The History of Health Care, Patient Care;

D: Ethics;

C: Discovery and Success;

B: MD Anderson Culture;

A: The Researcher;

C: Mentoring; D: On Mentoring;

***Charles Balch, MD***

[00:51:52]

But just checking with you, because my assumption is that Ed White, because he was there before any of them, was the titular chief of surgery because he ran the operating room and because he and Lee Clark had worked almost from the beginning.

[00:52:06]

***Frederick Ames, MD***

[00:32:07]

Well even before that, they came out of Randolph Field together.

[00:52:10]

***Charles Balch, MD***

[00:52:11]

I'm sure Felix Rutledge and Dick Jesse had no problem going directly to Lee Clark.

[00:52:17]

***Tacey A. Rosolowski, PhD***

[00:52:18]

Can I ask you to tell that story because I don't know if it's captured anywhere. Before the recorder went on you were telling me that story about how Lee Clark brought this group of men from his own military experience. Maybe you could tell that.

[00:52:29]

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***Frederick Ames, MD***

[00:52:30]

Well as I remember it, but I think that's been chronicled. Do you know that professor from Huntsville that wrote—?

[00:52:39]

***Charles Balch, MD***

[00:52:40]

Yes that is, Tacey, in the story that—I've forgotten the names but the chief of medicine.

[00:52:47]

***Frederick Ames, MD***

[00:52:47]

Cliffe Howe. I remember right where he lived.

[00:52:50]

***Charles Balch, MD***

[00:52:50]

They were all in the same baseball team at Wright Air Force, with Lee Clark. Then they all went off into different places, and Lee Clark, when he came from Mississippi, to MD Anderson, recruited them all back, because they were friends.

[00:53:05]

***Frederick Ames, MD***

[00:53:05]

I thought that came from Randolph Field.

[00:53:08]

***Charles Balch, MD***

[00:53:08]

Yeah, you're right.

[00:53:10]

***Frederick Ames, MD***

[00:53:10]

One of the big—San Antonio, for years has been referred to as the mother in-law of the military. In those days there was no Air Force, there were only Army Air Corps, and that's what these guys were in. Then after World War II, they developed the Air Force, and I don't remember when that was, 1950 or whatever, but that's the story I heard. I did know Cliffe Howe, a wonderful guy. He lived over there on Sunset and Kent, and he was best friends with a woman who lived across the street.

[00:53:52]

***Charles Balch, MD***

[00:53:52]

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This was way before there was a specialty of medical oncology.  
[00:53:56]

***Frederick Ames, MD***

[00:53:55]

He was a nice guy from New England as I remember. He would come in, lie down and take a nap on the couch in the surgeon's lounge and wait for whoever to come around, and I got to know him pretty well. He was just a great guy, but there again, I was the junior person, either the fellow or the resident or a young faculty. It was also the same because the people, the very close-knit group who ran the place all knew each other.

[00:54:29]

***Tacey A. Rosolowski, PhD***

[00:54:30]

Who were the others that he brought, Lee Clark brought from Randolph Field?

[00:54:33]

***Frederick Ames, MD***

[00:54:33]

Those are the ones that I remember. Felix Rutledge, I don't think came from there. He came later and I don't know when.

[00:54:52]

***Tacey A. Rosolowski, PhD***

[00:54:43]

Because I'm sure that choice—

[00:54:45]

***Charles Balch, MD***

[00:54:45]

I know that story. Felix was the only person that Lee Clark could get to come full-time. There was another person before him who said, I'm practicing at Hermann.

[00:54:55]

***Frederick Ames, MD***

[00:54:55]

That was probably Dean [Candice?] or maybe it was somebody else, I can't remember.

[00:54:58]

***Charles Balch, MD***

[00:54:59]

I have that correspondence, but that was how Felix Rutledge got on.

[00:55:02]

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***Tacey A. Rosolowski, PhD***

[00:55:03]

I'm sure that had a huge impact, you know these individuals.

[00:55:05]

***Charles Balch, MD***

[00:55:06]

And then Bill McComb was the first to be the first chief of surgery.

[00:55:10]

***Frederick Ames, MD***

[00:55:10]

Yes, I remember.

[00:55:11]

***Charles Balch, MD***

[00:55:12]

Who I think came because of Gilbert Fletcher.

[00:55:13]

***Frederick Ames, MD***

[00:55:13]

I would bet you're right, but again that predates me, but I do remember the first night I was on call as a rotating resident, I'd stay in here.

**[Redacted]**

I remember I did one with Dr. Jesse. You put the patient to sleep, and I mean, you would biopsy it and you'd pack them and sometimes they would bleed to death just from the biopsy, and this woman did. **[Redacted]** Welcome to MD Anderson.

[00:56:27]

***Tacey A. Rosolowski, PhD***

[00:56:28]

Right. Well it's the reality of your practice.

[00:56:28]

***Frederick Ames, MD***

[00:56:29]

I got to go down there and whoa, and I was a rotating resident. So you were asking me what drew me and what the drama can be sometimes. It's as painful as you can imagine. But in any event, **[Redacted]** He was barely clinically active then. If I remember correctly, Helmut [Goepfert, MD; oral history interview] had just—

[00:56:56]

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***Charles Balch, MD***

[00:56:56]

Yeah, because he came in 1951.

[00:56:57]

***Frederick Ames, MD***

[00:56:57]

Helmut had just come back from his residency I think, when I was—I know he was here. Maybe he came back when I was a fellow and he would look after Dr. McComb's patients and so forth. It's hard to remember exactly where I was. I'm pretty sure I was a rotating resident when I took care of Dr. McComb's patient, but I don't recall. There was so much harmony. That was Lee Clark's style. If there was this harmony, you go to the top. If there's harmony, you go to the top, and so I would assign him the credit personally, for what that's worth.

[00:57:47]

***Charles Balch, MD***

[00:57:47]

It's interesting, Bill McComb and Gilbert Fletcher had it out one time, because Gilbert had complained that there weren't enough patients getting to radiation. So they had a meeting in Lee Clark's office and the note was to Ed White, "Take care of this."

[00:58:05]

***Frederick Ames, MD***

[00:58:06]

Yeah. And as I told you, whenever Ed White sent me anywhere on a mission, as a resident or a fellow or faculty, everybody understood where the message came from.

[00:58:18]

***Charles Balch, MD***

[00:58:18]

Before we get back into General Surgery, there was one person I wanted to ask you about who was here from the very beginning and that was Jay—

[00:58:29]

***Frederick Ames, MD***

[00:58:30]

Ballantine.

[00:58:31]

***Charles Balch, MD***

[00:58:31]

Jay [Alando] Ballantine and his wife Maria.

[00:58:33]

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***Frederick Ames, MD***

[00:58:35]

I actually got to know them, I would say real well, more after the fact than while I was here.

[00:58:43]

***Charles Balch, MD***

[00:58:45]

He was one of the first surgeons that came on to the faculty in the early fifties.

[00:58:50]

***Frederick Ames, MD***

[00:58:50]

And he did everything in the beginning I think.

[00:58:53]

***Charles Balch, MD***

[00:58:53]

Yeah, you did.

[00:58:54]

***Frederick Ames, MD***

[00:58:56]

By the time I met him he was pure head and neck.

[00:59:03]

***Charles Balch, MD***

[00:59:04]

I think he came in, in either the late forties or early fifties.

[00:59:07]

***Frederick Ames, MD***

[00:59:07]

It was a long time ago and as I said, I got to know him and then I got to know Maria. She would call up here looking for him and he'd be doing some case that would take all day and half the night. She was socially very prominent, her two brothers were the Mitchell brothers.

[00:59:\28]

***Charles Balch, MD***

[00:59:28]

That was the connection, yes.

[00:59:30]

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***Frederick Ames, MD***

[00:59:31]

You've heard of the Woodlands perhaps, and Mitchell Energy?

[00:59:33]

***Charles Balch, MD***

[00:59:34]

Yes, yeah.

[00:59:34]

***Frederick Ames, MD***

[00:59:34]

Okay. And then they had another brother called Christie Mitchell and he ran a honky-tonk down on the beach in Galveston, and these were Greek immigrants whose parents had come to Galveston, which was the major entry port, way back whenever. George or Johnny, I can't remember which one, went to A&M and was a cadet commander or whatever.

[01:00:00]

***Charles Balch, MD***

[01:00:01]

But when you knew Jay Ballantine he was only head and neck.

[01:00:04]

***Frederick Ames, MD***

[01:00:04]

He was only head and neck.

[01:00:07]

***Charles Balch, MD***

[01:00:07]

Because by the time I came he'd retired.

[01:00:11]

***Tacey A. Rosolowski, PhD***

[01:00:12]

What kind of impact did he have on surgery?

[01:00:13]

***Frederick Ames, MD***

[01:00:14]

It's hard to know. I really operated with him only a couple of times and he did everything.

[01:00:29]

***Charles Balch, MD***

[01:00:31]

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He was a good surgeon.  
[01:00:31]

***Frederick Ames, MD***

[01:00:32]

He was excellent, he was meticulous, he was slow, and he took care of some of the most demanding cases there were. In any event, he'd be doing one of these things and Maria would have a number of people that were going to the symphony or this or that, and she'd call the lounge and he'd be in there eating his fruits and his almonds and whatever else it was, "No, ma'am, I haven't seen him." She would call all around to the clinic, into the office, looking for him. Anyway, they sort of adopted me as someone they would ask to see their friends, which flattered me to no end. Their son in-law was a surgery fellow here a number of years ago, before you came, because Gil is only two or three years younger than I. In any event, I got to know them well and then my kids went to school where they were so deeply involved, at the Greek orthodox church over there. My kids went to Annunciation Orthodox School and she was a prime mover, she knew the women that had built the school, as you might well imagine. I saw her gosh, almost the year she passed away, at the age of 90-whatever, and we would visit at the various receptions and so forth. [Redacted]

Well, parenthetically, I asked Jesse if there was a spot in Head and Neck Surgery when I was finishing my fellowship and he made no secret with the fact that he was very fond of me and he said no, he actually didn't have a position. [Redacted] He lived, gosh, for how ever many years after that? There was another interesting turning point in my personal career, where something I longed for I didn't get, and I'm so much the better off for.

[01:03:10]

***Charles Balch, MD***

[01:03:10]

Yes, a good story. So Fred, let's go back to General Surgery. I just wanted to get, in our time, some vignettes about some of the people you worked with. Dick Martin.

[01:03:22]

***Frederick Ames, MD***

[01:03:23]

Oh gosh. First of all, the nicest person in the world, quiet, he was the gentleman's gentleman.

[01:03:33]

***Charles Balch, MD***

[01:03:34]

Was Ed White kind of like that?

[01:03:37]

***Frederick Ames, MD***

[01:03:37]

Yes, and his first wife was dearly loved and she passed on a long time ago. I did not know her,

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my mother did. Ed White was born about the time my father and mother were, which would have been in the first ten years of the century, 1907 or '08, sometime along in there, Dr. Hickey about '14, Jay Ballantine, maybe 1920 or '18, I can't remember.

[01:04:08]

***Charles Balch, MD***

[01:04:08]

Let me pull you back to Dick Martin, to Richard Martin I mean.

[01:04:13]

***Frederick Ames, MD***

[01:04:15]

He was always Dr. Martin to me.

[01:04:18]

***Charles Balch, MD***

[01:04:18]

Okay.

[01:04:19]

***Tacey A. Rosolowski, PhD***

[01:04:20]

He was really well thought of. What were his special qualities as a surgeon?

[01:04:25]

***Frederick Ames, MD***

[01:04:26]

Well, he did things surgically that other people were afraid to do or couldn't.

[01:04:32]

***Tacey A. Rosolowski, PhD***

[01:04:33]

Such as?

[01:04:34]

***Charles Balch, MD***

[01:04:34]

Sarcomas would be one example.

[01:04:36]

***Frederick Ames, MD***

[01:04:36]

Yeah, but that was nothing. He was doing formal right liver resection for metastatic colon cancer when it was not being done. We didn't have ultrasound in those days and we didn't have arteriography. You had to go in and figure out where the vessels were and figure out where the

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planes were. It was dangerous. Fred Eilber and I helped him do one and I remember the lady came back, brought us a box of cookies and Fred was thunderstruck that we were going to do a right hepatic lobectomy on this 70 year-old woman who had metastatic colon cancer. He said whoever heard anything like that? Well, it was coming to pass, which is kind of interesting because in those days, they weren't quite ready to take on lumpectomy, but he was the master at hemipelvectomy.

[01:05:39]

**Tacey A. Rosolowski, PhD**

[01:05:39]

I was going to ask you about that because it seemed funny, you were telling that story in the context of conservatism versus innovation.

[01:05:47]

**Frederick Ames, MD**

[01:05:47]

Yes, ma'am, I acknowledge it.

[01:05:49]

**Charles Balch, MD**

[01:05:49]

This was a curious time where some surgeons were getting more radical and others were saying maybe we should do less surgery.

[01:05:57]

**Frederick Ames, MD**

[01:05:58]

Well of course Dr. Martin did a lot of breast surgery as well, and that was completely integrated with radiation oncology, and he, despite his VIP status, still took care of the locally advanced. The interesting thing about locally advanced is it crosses all socioeconomic barriers, because the rich old ladies from River Oaks and West Houston would hide theirs. **[Redacted]**

[01:06:40]

**Charles Balch, MD**

[01:06:41]

Yes, I remember Joe Ainsworth.

[01:06:42]

**Frederick Ames, MD**

[01:06:43]

A friend of mine, so and so, **[Redacted]** We observed that. All the breast service did at that time. They weren't getting mammograms and they would hide it, so there was an interesting paradox there. Dick Martin was heavily involved in also limb salvage, he was among the first that did it. Bob Lindberg was the guy that had over 300 cases of limb sarcoma, that he and largely Dick Martin, and a few of them, Charlie [Charles M.] McBride, and they fused a few of

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them as well.

[01:07:37]

***Charles Balch, MD***

[01:07:36]

Bob Lindberg was the radiation oncologist.

[01:07:39]

***Frederick Ames, MD***

[01:07:39]

You do excision radiation and save the limb, and the interesting thing is a couple of luminaries whom you know so very well, did a randomized trial of amputation versus excision and radiation, and Ted Copeland took them both to task in formal rounds.

[01:08:04]

***Charles Balch, MD***

[01:08:04]

Yeah. Whether that was ethical or not.

[01:08:05]

***Frederick Ames, MD***

[01:08:05]

Yeah and you know, to this day, those two people are still proud that they did the randomized trial. Ted Copeland said it can't be justified, you know, in view of the 300 patients. In any event, it was kind of curious that here he was, and I think he may have been one of the first ones who would ease over and do some lumpectomies, but then he was getting very senior. Remember when you came, he was not very active at that time.

[01:08:42]

***Charles Balch, MD***

[01:08:42]

He finished his career helping his son across the street.

[01:08:46]

***Frederick Ames, MD***

[01:08:47]

He did and that was painful.

[01:08:48]

***Charles Balch, MD***

[01:08:48]

Yeah, I know. That's another story.

[01:08:48]

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***Frederick Ames, MD***

[01:08:50]

Another story for another day.

[01:08:51]

***Charles Balch, MD***

[01:08:52]

How was Dr. Martin as a teacher?

[01:08:57]

***Frederick Ames, MD***

[01:09:02]

He taught by example. He would show you what he was doing. But as much as I can remember, you paid serious attention to what he was doing, because he wasn't giving you a step-by-step, what I'm doing now, look at this, look at that, look at the other, and yet, everyone looked at him—we all asked him to look after our mothers, what else do you say about that?

[01:09:32]

***Charles Balch, MD***

[01:09:33]

He was the surgeon's surgeon.

[01:09:34]

***Frederick Ames, MD***

[01:09:35]

He was the epitome of the surgeon's surgeon and that's what I wanted to be.

[01:09:41]

***Charles Balch, MD***

[01:09:42]

Did he do the surgery, did he first assist?

[01:09:46]

***Frederick Ames, MD***

[01:09:48]

Yes he did, he did both, but remember we had the different classes then. We can go off the record and I can just grab some of that too.

[01:09:57]

***Charles Balch, MD***

[01:09:57]

Okay, we'll do that later.

[01:09:58]

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***Frederick Ames, MD***

[01:10:05]

He did both, but he was a master and it was painful because occasionally, they would have a fellow that was not up to the task. Later on, we had fellows who were political appointees and that was painful, and during your time here, you remember some of those.

[01:10:29]

***Tacey A. Rosolowski, PhD***

[01:10:30]

How did people handle that? How did Dick Martin handle that?

[01:10:34]

***Frederick Ames, MD***

[01:10:34]

It's hard to know, because he was in his operating and I was in mine, but I heard some of the stories of a scrub—you know the scrub pad that you use on your Electrocardio unit being sewn into someone's abdomen because he was letting—I mean and all that kind of thing, which I couldn't tolerate. I was a favorite of some of the fellows and I was despised by others, and my impression is, my summation of that is I quickly sorted them out. I didn't think some of them were up to the task and to this day, if you follow them in their careers—

[01:11:21]

***Charles Balch, MD***

[01:11:21]

You were right.

[01:11:22]

***Frederick Ames, MD***

[01:11:22]

I was right.

[01:00:00]

***Charles Balch, MD***

[01:11:22]

Yes sir. All right, so let me—

[01:11:24]

***Frederick Ames, MD***

[01:11:26]

A lot of people were not fond of me for that. Dick Martin, on the other hand, was very quiet, he was very genuinely—he never got ruffled. When he got brought in to try to salvage some patient who was on the operating table bleeding to death, he would do so quietly, I mean you can't imagine how calm he was. I would get excited and accomplish the task, but Dick Martin would never get his feathers ruffled.

[01:12:00]

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***Charles Balch, MD***

[01:12:00]

Did Dick Martin attend surgical meetings, SSO?

[01:12:-07]

***Frederick Ames, MD***

[01:12:07]

Yes.

[01:12:07]

***Charles Balch, MD***

[01:12:08]

American College of Surgeons. He was not very visible though.

[01:12:13]

***Frederick Ames, MD***

[01:12:14]

No. He was known in the SSO because of so many people who knew him, and he had trained quite a few. Of course he went to the Texas Surgical [Society] all the time. He was a very humble, quiet, reserved person.

[01:12:33]

***Charles Balch, MD***

[01:12:35]

I think those are good words, those are my memories.

[01:12:38]

***Tacey A. Rosolowski, PhD***

[01:12:39]

Was that kind of—you know, as your talking, I'm thinking there must have been a very different sense of how a surgeon built a career at that time, like what do you need to do. Am I right in picking that up?

[01:12:53]

***Frederick Ames, MD***

[01:12:53]

Well, the story I remember about Dr. Martin, he did his surgical training in Galveston, although he's from the Northeast. I guess Edgar Poth was the chair then, I'm not sure he was, that goes back so far.

[01:13:19]

***Tacey A. Rosolowski, PhD***

[01:13:20]

Let me ask the question a different way, because I don't want to take us down one of those

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terrible rabbit holes, I mean because what I wanted to get at was here we have this generation of individuals, as you said, clinicians that are kind of really under the radar, I mean they're excellent, but they don't have a lot of visibility and that of course is having an impact on how MD Anderson is perceived.

[01:13:40]

***Frederick Ames, MD***

[01:13:41]

The brief vignette, the story that I remember was Dr. Martin finished his training but didn't have a license in Texas. He wanted to stay in Texas --and again, this is hearsay from somebody born in the year I was born, remembering back a long time ago-- they said, if you'll go up to MD Anderson and work with Dr. Clark for whatever period of time, you can get a license.

[01:14:10]

***Tacey A. Rosolowski, PhD***

[01:14:10]

Oh, interesting.

[01:14:12]

***Charles Balch, MD***

[01:14:12]

Part of my impression, let me just go over that, is the culture here that started with Lee Clark and Ed White, was they recruited like minded people in terms of attitude and personality. It was a contrast to people across the street, you know with the Michael DeBakey/Denton Cooley, who were big personalities, but there was a lot of turnover underneath them. Here, the culture was recruiting likeminded people, and if you were going to survive and be a leader, there's a consistency among people. Look at Felix Rutledge, he was just like that also.

[01:14:56]

***Frederick Ames, MD***

[01:14:56]

I got to know Dr. Rutledge, because he would invite me to do combined procedures with him.

[01:15:02]

***Charles Balch, MD***

[01:15:02]

He was a short but very humble man, but he was a giant in the field.

[01:15:05]

***Frederick Ames, MD***

[01:15:09]

Oh yeah, but there again, Dr. Martin --now it's coming back to me-- he came here to work with Dr. Clark. But you're right, obviously, Dr. Clark liked him and saw in him what he was looking for, and he was invited to stay, and a lot of the early cases were done by Clark and Dr. Martin

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together.

[01:15:34]

***Charles Balch, MD***

[01:15:34]

And you see, Tacey, this goes back to one other thing that I think is fundamental to this and the vision of Lee Clark is there's only been one practice plan. I can tell you, having worked in other places, that the financial barrier between departments can really interfere with the ability to give multidisciplinary care. But Lee Clark started from the beginning, with one practice plan, so there was no financial reason that you didn't mind doing less surgery and giving the patient radiation therapy, because you're all contributing to the same practice plan.

[01:16:14]

***Frederick Ames, MD***

[01:16:14]

I was told that upfront, not by Dr. Clark, but it was painfully obvious. I was also told, and I suppose it's true and someone could find out, that he went and spent a good part of year, six months or maybe even a year, at the Mayo Clinic, seeing how they did things.

[01:16:34]

***Charles Balch, MD***

[01:16:34]

He did. My point is that I think one of the reasons that multidisciplinary care evolved here before it did in other places, goes back to his leadership and how he set up the organization and the people that he recruited to be leaders. I think we're hearing a common theme about culture, personality. There's no outliers of one person dominating over another, other than Lee Clark.

[01:17:05]

***Frederick Ames, MD***

[01:17:06]

It was clear that multidisciplinary care was the way and the truth, and that was how it was to be practiced, and every disease site was organized that way. We wound up in little fiefdoms, and you remember it took a while to get a disease site collection in one center because we didn't want to lose our identity and there were some good reasons for that. But in terms of multidisciplinary care, that was the way it was practiced from the beginning as far as I know and the plan had a lot to do with that.

[01:17:47]

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## **Chapter 05**

### ***Key Figures in Surgery in the Seventies through Early Nineties***

#### **B: Building the Institution;**

Codes

B: MD Anderson History; B: MD Anderson Snapshot;

C: Portraits;

B: Multi-disciplinary Approaches;

C: Discovery and Success;

#### ***Charles Balch, MD***

[01:17:47]

Let me just go over a few more vignettes. Charlie McBride.

[01:17:51]

#### ***Frederick Ames, MD***

[01:17:52]

Interesting fellow. He was a master of anatomic dissection, as was Dick Martin, as was Marion McMurtrey. Charlie would tell you, he would identify everything and he would tell you what was just the next thing we were going to see, and he was very smooth. He remembered everything and I don't know that he remembered any more than anybody else, but he was a repository of all this information, and he remembered patients forever. Like the others, he was clinically very astute, and he would pick things up that others would miss clinically when examining a patient. I remember a lot about him because I operated with him a lot when I was his associate for a long time, and he shared a lot of things with me.

[01:19:17]

#### ***Charles Balch, MD***

[01:19:17]

Do you want to mention about his haircut?

[01:19:19]

#### ***Frederick Ames, MD***

[01:19:20]

He'd get one haircut a year.

[01:19:22]

#### ***Charles Balch, MD***

[01:19:22]

In June.

[01:19:22]

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***Frederick Ames, MD***

[01:19:23]

In June, and then he'd go off and here's this guy, one of the most experienced skin cancer surgeons in the world, melanoma but also all the other stuff, and he would go get a lobster burn. He was from Nova Scotia, and they would go back home. He'd make his pilgrimage back home, and they'd go to the beach, and he would come back, and he would just --of all the people in the world. But he would, he'd get that one haircut a year. We joked about it, and he might have got one every six months, I don't know, but in any event.

[01:19:58]

***Tacey A. Rosolowski, PhD***

[01:19:58]

That was the little eccentricity he allowed himself.

[01:20:01]

***Charles Balch, MD***

[01:20:01]

But now did Charlie give talks? My impression is, because of the fellows like you, like Ev Sugarbaker and others, they took the experience that was in the records and put them together and gave the presentations. Charlie himself was a clinical surgeon but my impression is he and Dick Martin did not have the inclination. They got the data there, but they didn't extract the data and they didn't personally give it, this was up to the fellows.

[01:20:37]

***Frederick Ames, MD***

[01:20:38]

And to some extent Jay Ballantine may have done that as well.

[01:20:42]

***Charles Balch, MD***

[01:20:40]

As part of their projects, yeah. Look, my point here historically is they are revered locally but they're not known as well outside as they should be, because they weren't visible academically.

[01:20:59]

***Tacey A. Rosolowski, PhD***

[01:20:59]

Right, and that's sort of the next move, is how do we move from that excellence to research.

[01:21:02]

***Charles Balch, MD***

[01:21:02]

That's one of the reasons to kind of raise that and describe their legacy.

[01:21:02]

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***Frederick Ames, MD***

[01:21:08]

I learned so much from Charlie McBride and he was actually the one that worked very closely with Eleanor Montague, to bring back, to forge conservation surgery for the locally advanced with comprehensive radiation. The drawings and actually the manuscript on that --that was published, I probably still have it somewhere-- of the extended simple, that was Charlie McBride working with Eleanor Montague. So ironically, here's somebody that did radical surgery for heaven sakes, but in fact he also had his other side. He was working closely with the radiation oncologists to do more effective regional control, which involved less surgery plus comprehensive radiation for the locally advanced, which is kind of easing in the back door. He was the one that did that.

[01:22:15]

***Charles Balch, MD***

[01:22:16]

I have four people I want to kind of get in before we finish. Marvin Romsdahl was recruited to be the chief of surgical research. That was his, in the records, his primary reason for coming here to set up a lab. How was he as a researcher, as a surgeon?

[01:22:32]

***Frederick Ames, MD***

[01:22:32]

I can't tell you much of anything about Marvin's research. I got to know him pretty well for various reasons. He was also a very quiet person and again, the program in those days was a one year clinical, and a separate year if you qualified for it and you wanted it, in research. He was among the first, if I remember, that was able to grow melanoma cells in a lab, because the fibroblasts would overgrow everything. I just heard the other people talking about that.

[01:23:17]

***Charles Balch, MD***

[01:23:17]

He did publish that. A lot of his publications were in melanoma.

[01:23:17]

***Frederick Ames, MD***

[01:23:28]

But he wasn't on the melanoma service actually. His research was melanoma but Charlie McBride and I and Ted were the melanoma service, once McMurtrey went off to full-time thoracic. Sarcoma was probably his major clinical focus and he too worked with Bob Lindberg on his 300 cases of extremities, sarcoma. He was a very soft-spoken person. He was not that assertive, that's my choice of term, and I remember, I was doing a hemipelvectomy with him and Ev Sugarbaker had told me, I was sad by the way, to see that Ev had passed away, at a very young age.

[01:24:38]

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***Charles Balch, MD***

[01:24:39]

Yes he has.

[01:24:40]

***Frederick Ames, MD***

[01:24:40]

His brother passed away at the same age.

[01:24:43]

***Charles Balch, MD***

[01:24:44]

David had passed away?

[01:24:47]

***Frederick Ames, MD***

[01:24:47]

Yeah, like two months ago.

[01:24:48]

***Charles Balch, MD***

[01:24:48]

I didn't know that.

[01:24:49]

***Frederick Ames, MD***

[01:24:50]

I mean just out of nowhere. I'm sure it was cardiac. In any event, Ev said, "If you're working with Marvin—" Who also had worked at the NCI, I believe, with Al Ketchum, and he said, "You can get to working with him but if you can get the instruments, he'll let you run it with him unless you get in trouble." So I was ready, and we were doing a hemipelvectomy --and I mean a full hemi-- and we were exposing the vessels, and he said, "Can you see that from over there?" Thank you, Everett, and the rest is history. I finished the operation and obviously it was to his standard or he would have ... But in any event, I remained friends with Marvin even after he was completely retired. He would come by and check his mail and sadly, he was killed at his—he had property up on Lake Livingston. Actually Ed White had a place up there. I think Jesse had a place up there, little bitty places on the water. He never built a house up there, I don't think he did, but he was up there and he had a professional trimming trees, and one of the limbs fell on him. [Redacted] His then wife, who was one of the retired senior nurses, Virginia—

[01:26:26]

***Charles Balch, MD***

[01:26:26]

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Okay, so David Ota.  
[01:26:30]

***Frederick Ames, MD***

[01:26:30]

Well David, I knew in a different sense because actually he was—I believe David finished his residency at UT. He was one of Stan Dudrick's residents. The one Stan brought down was --oh, heck you remember his name, retired-- anyway, to be his chief resident. But Dave Ota was his resident, rotated here and then was on the faculty. In those days, a number of the appointments to the faculty were what were called faculty associates, so they would be paired with a more senior faculty for a year or so and then elevated to full faculty, although they had full faculty privileges.

[01:27:32]

***Charles Balch, MD***

[01:27:33]

But David was not a fellow here, he was recruited directly into the faculty.

[01:27:39]

***Frederick Ames, MD***

[01:27:39]

That may be true.

[01:27:40]

***Charles Balch, MD***

[01:27:40]

I don't know, I'm asking. We can look it up.

[01:27:42]

***Frederick Ames, MD***

[01:27:43]

You know, you're probably right but I don't know, you would need to look that up. He was around, and John Daley was another.

[01:27:53]

***Charles Balch, MD***

[01:27:53]

Yes.

[01:27:54]

***Frederick Ames, MD***

[01:27:54]

Who was the one—Bruce MacFadyen was the one that Stan brought down from Penn to be his chief resident.

[01:28:01]

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***Charles Balch, MD***

[01:28:01]

Exactly.

[01:28:02]

***Frederick Ames, MD***

[01:28:02]

And I took care of all the fistula patients and the obstructions, because I was the TPN guy. Then Bruce was their guy and he wrote the paper. David was always more interested in GI than anything else, a very bright guy. He had done part of his residency, I think at Johns Hopkins.

[01:28:29]

***Charles Balch, MD***

[01:28:29]

Yes he had.

[01:28:30]

***Frederick Ames, MD***

[01:28:37]

I know he was big into the various nodal basin dissections for stomach cancer for whatever reason. A very bright guy, he lived less than a block away and his wife, Betty I think her name was?

[01:28:54]

***Charles Balch, MD***

[01:28:55]

**[Redacted]**

mean we're talking—

[01:29:00]

***Tacey A. Rosolowski, PhD***

[01:29:00]

Where was Dr. Ota on the whole scale of conservatism versus innovation?

[01:29:08]

***Frederick Ames, MD***

[01:29:09]

He was young, which means he was impressionable.

[01:29:13]

***Charles Balch, MD***

[01:29:14]

He mainly did GI, so there wasn't really the movement in sarcomas, melanomas, and breast

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cancer, and head and neck, where all the areas were.  
[01:29:25]

***Frederick Ames, MD***

[01:29:25]

Right, and David was a GI guy to the core, in addition to which though, he was younger and not so set in his ways. As the years have rolled by, a lot of the eureka moments and the bright ideas for where to move next come from the younger people, as perhaps it should be, regrettably. I'm sorry that they're coming up with stuff, but I'm very proud that I was able to be around while so many of the new ideas were being generated.

[01:30:00]

***Tacey A. Rosolowski, PhD***

[01:30:01]

It does sound like it was a pretty incredible time.

[01:30:03]

***Frederick Ames, MD***

[01:30:04]

It was, it was a neat ride, I've got to tell you.

[01:30:07]

***Charles Balch, MD***

[01:30:06]

One other person I wanted to get in was Eva Singletary, who I hired with Raph Pollock [oral history interview], in September 1985. You and I have that connection because she was trained by Ted Copeland.

[01:30:22]

***Frederick Ames, MD***

[01:30:22]

Yeah.

[01:30:26]

***Charles Balch, MD***

[01:30:27]

She was the first female to be recruited into surgery.

[01:30:31]

***Frederick Ames, MD***

[01:30:31]

In many respects, I was sort of—and she said so on a number of occasions, that I was in many

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respects her big brother, both in the hospital—  
[01:30:43]

***Charles Balch, MD***

[01:30:43]

That's why I wanted to ask you.

[01:30:44]

***Frederick Ames, MD***

[01:30:45]

And outside the hospital. She did the two-year fellowship. She came here and did melanoma research and took it upon her. She was a keen student, there was seldom anyone around who had as much intellectual horsepower as Eva Singletary.

[01:31:03]

***Charles Balch, MD***

[01:31:03]

I agree.

[01:31:05]

***Frederick Ames, MD***

[01:31:05]

She reviewed, I forget how many breast charts and how many melanoma charts, and put together all these databases, out of which, oh my gosh, I don't know how many different things were mined. And then she came on the clinical service and she was actually an exceptional technician, and she also, I don't know we got along. She would elbow me in the ribs and say, "What are you doing that for?" At the operating table. I helped her do a pancreas resection, I helped her do more than one Whipple. What are you putting that silly little stent in there for? Well, these little ureteral stents that I had learned on the urology service, that looks just right, we put that in the pancreatic duct and put that in with a chromic stitch and it will dissolve. I had a guy come back from Mexico one time and he had it in a jar, he passed it, something had fallen out of him, and he said, "What's this?" I said, "Oh, that's okay."

[01:32:08]

***Tacey A. Rosolowski, PhD***

[01:32:08]

You don't need to worry about that.

[01:32:10]

***Frederick Ames, MD***

[01:32:10]

It's like your little kid swallowed a quarter and you strain all, you know. In any event, she was an exceptional technician, brighter than the Lord ever intended anybody to be. Eleanor

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Montague fell all over her, which is not surprising, because Eva was very, very deeply involved in breast. She was the head of the melanoma service before that, which she certainly deserved, and mined for a lot of academic recognition. But I don't know, it looked to me like she had a greater fondness for breast, but you couldn't tell it because she was so good at both and academically she was good at both. I do remember, we were invited to be on the faculty of the very first postgraduate course at the American College of Surgeons, in breast, and it was Kirby Bland and Ted Copeland, whoever they are, had just published a big book in which Eva and I had written parts, and we were invited to be on the faculty. I was paralyzed, because it was at the McCormick Center and I was staring out at over a thousand people. It was far and away the biggest postgraduate course that had ever been presented in one room, I was told, and I was lined up with Bernard Fisher and Ed Fisher, and all these luminaries, and I was just mortified. Eva was paired against the chief at Sloan Kettering, what's her name?  
[01:33:58]

***Charles Balch, MD***

[01:34:00]

Monica Morrow.

[01:34:01]

***Frederick Ames, MD***

[01:34:01]

Monica Morrow. They were going head to head on inflammatory breast cancer, and I remember you asked me you said, "Gosh, Fred..." You were worried about Eva's presentation was going to be okay, and I said, "Trust me, she's never been anywhere but first in the class, just rest easy." She came out in a flaming red dress. This is inflammatory breast cancer and she's a blonde, and this is October in Chicago at the McCormick Place, and you've got all these men in their trench coats, drab. You're looking out at the audience, there are 1,100 people and she stands out, and Monica, for her part, was nicely dressed, I think, in black, and the two of them were just like two cats in a sack, which was not to Monica's advantage. Raph told me about that later. Monica is always—I was very fond of her and was a friend of hers but she was then and is now, a tough customer. Eva's presentation was just—she was swarmed when the meeting was over. I mean here's this blonde in this red dress and surrounded by all these people in their raincoats, and then sadly, she had several health issues and she had some social issues as well. At the time of her death she had three conditions which she shared with me, any of which alone, much less in concert, could have taken her life. I stayed in touch with her up until the very end.

[01:35:55]

***Charles Balch, MD***

[01:35:57]

One of the things I remember, just to bring out in this history, is when I came it was the Department of General Surgery and within a few years, we changed this to the Department of Surgical Oncology and then set up the sections within those, and you were the first chief of the breast section. I wanted Eva to have a title, because I was trying to be a champion of women having leadership roles. So even though she wasn't as active, she had the pedigree to justify being the first chief of the melanoma section, and that was the first time that a woman had been

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given a titled role in a surgery department in the history of MD Anderson.  
[01:36:41]

***Frederick Ames, MD***

[01:36:41]

She was almost, except for Nylene Eckles and Marga Sinclair, who was the plastic surgeon, I'm struggling to think if there were any other women, there may have been.

[01:36:58]

***Charles Balch, MD***

[01:36:59]

But Eva is one who is a heroine for me because she literally broke glass ceilings.

[01:37:04]

***Frederick Ames, MD***

[01:37:03]

Oh she did.

[01:37:04]

***Charles Balch, MD***

[01:37:05]

Not only locally but nationally, she was the first president of the Society of Surgical Oncology.

[01:37:11]

***Frederick Ames, MD***

[01:37:12]

She was.

[01:37:12]

***Charles Balch, MD***

[01:37:12]

There was hardly anything you would ask Eva to do that she wouldn't do very well.

[01:37:17]

***Frederick Ames, MD***

[01:37:18]

She was very efficient with her time.

[01:37:20]

***Charles Balch, MD***

[01:37:19]

But she was also very innovative. We did the first skin sparing mastectomy that she pushed, and she was the one, with Gabe Hortobagyi, who came to me and said we need to form a breast center so that patients don't have to traipse all over the hospital, remember, and then we eliminated Station 80.

[01:37:40]

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***Frederick Ames, MD***

[01:37:40]

We started doing skin sparing, and it was interesting because Eva was a Tuesday/Thursday surgeon and I, a Monday/Wednesday/Friday, and we would be saving skin, which was novel at the time. Trust me, nobody was doing that, and we were being criticized unmercifully for it and we were doing it so the reconstruction was a little bit better. And we were doing immediate reconstruction and we were being criticized for that unmercifully. I would get to the OR and the nurses would say hey, you won't believe what Dr. Singletary did yesterday. So that back and forth went on all the time, so if I did something that was half a step forward, she learned about it the next day.

[01:38:24]

***Charles Balch, MD***

[01:38:24]

She was very innovative.

[01:38:27]

***Frederick Ames, MD***

[01:38:27]

And not to be outdone, here she would come again. We did everything in sync and of course the nurses adored her, you have no idea. I used to take care of many of the nurses—

[01:38:37]

***Charles Balch, MD***

[01:38:36]

Would you say charming is a good word for Eva, her personality?

[01:38:40]

***Frederick Ames, MD***

[01:38:41]

Oh for sure, but she took a lot of my patients away from me. I mean she was the favorite of many of the anesthesiologists and the nurses, and then out in West Houston, all the college educated women who would get together and network.

[01:38:57]

***Charles Balch, MD***

[01:38:57]

She and Gabe Hortobagyi kind of grew up together. They really became the centerpiece of the breast center.

[01:39:04]

***Frederick Ames, MD***

[01:39:05]

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They did.  
[01:39:06]

***Tacey A. Rosolowski, PhD***

[01:39:06]  
Yeah, I've gotten a trail on that.  
[01:39:07]

***Charles Balch, MD***

[01:39:08]  
And that's not to take anything away from you, Fred. Eva was gravitating to be the full-time breast surgeon.  
[01:39:14]

***Frederick Ames, MD***

[01:39:15]  
She was.  
[01:39:16]

***Charles Balch, MD***

[01:39:16]  
Surgical oncologist.  
[01:39:18]

***Tacey A. Rosolowski, PhD***

[01:39:18]  
And a powerful combination, I mean someone who has those kinds of communication and interpersonal skills to be doing this innovative work.  
[01:39:22]

***Frederick Ames, MD***

[01:39:23]  
And a woman, who was that bright and who could get up before a thousand people and embarrass some of the others on the podium.  
[01:39:31]

***Charles Balch, MD***

[01:39:31]  
MD Anderson raised a lot of money around Eva Singletary.  
[01:39:34]

***Tacey A. Rosolowski, PhD***

[01:39:34]  
Those are leadership qualities.  
[01:39:38]

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***Frederick Ames, MD***

[01:39:38]

Well they were. Oh gosh, I was thinking about something else. George Blumenschein and Eleanor Montague adore her, but she earned it.

[01:39:59]

***Tacey A. Rosolowski, PhD***

[01:39:59]

For sure.

[01:39:59]

***Frederick Ames, MD***

[01:40:00]

I mean she, good grief, at her zenith, she was the most in-demand surgeon. I can recall going up to her offices, because I had been called, from the president's office, that I had to see somebody, and I'd say gosh no I can't, you know it's the Christmas holidays. I'm going on a deer hunt, or this or that. Eva is leaving town and I'd walk in front of her office and she screamed, "You've got to see this one!" Why? **[Redacted]**

[01:41:34]

***Charles Balch, MD***

[01:41:34]

I remember her.

[01:41:35]

***Frederick Ames, MD***

[01:41:35]

—she said, "You've got to take this one." So anyway, I'm glad I did because she's charming and we're very good friends now. But in any event, Eva was, she was special.

[01:41:51]

***Tacey A. Rosolowski, PhD***

[01:41:52]

We're almost at time folks.

[01:41:53]

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## **Chapter 06**

### ***From General Surgery to Surgical Oncology; on Edward Copeland, MD and Others; Reflections on the Division System***

#### **B: Building the Institution;**

Codes

B: MD Anderson History; B: MD Anderson Snapshot;

C: Portraits;

B: Multi-disciplinary Approaches;

C: Discovery and Success;

B: Research;

B: The MD Anderson Brand, Reputation;

B: MD Anderson Impact; C: MD Anderson Impact;

B: Institutional Politics;

B: Controversy;

#### ***Charles Balch, MD***

[01:41:59]

I wanted to circle back. We started out with Ted Copeland but we've moved on, so maybe in the final moments, Ted is very special for all of us, he left a legacy. His leadership in hyperalimentation was one thing that put MD Anderson on the map.

[01:42:14]

#### ***Frederick Ames, MD***

[01:42:15]

That's actually Nobel quality work.

[01:42:17]

#### ***Charles Balch, MD***

[01:42:17]

Ted Copeland was one of the three finalists for being president, along with John Mendelsohn [oral history interview] and Charles Balch [oral history interview], we were the three finalists, which is a statement about how his legacy rose to the level of the Board of Regents... Filtering through a large number of people in the search committee ended up with Ted Copeland.

[01:42:41]

#### ***Frederick Ames, MD***

[01:42:51]

Obviously, I owe him, because he was the guy that I rotated with and you know, I had the opportunity to come here and as luck would have it, I got thrown on his service. If I had been thrown on one of the other services, I'm not sure how it might have turned out, you can't go back

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and it's neither here nor there. I was where I was and I did what I did and obviously he was fond of me and the rest is history, and I'm certain he played a role in that, I mean I was brought back as his assistant.

[01:43:17]

***Charles Balch, MD***

[01:43:17]

One of the things that is different from all the people we talked about, Ted not only was a very good surgeon, but he was an innovator and he was engaged in gathering the data and publishing it. I think in a very large way, he put the MD Anderson reputation on the map, because he'd be out there giving the talks. Not just a fellow like Ev Sugarbaker talking about Charlie McBride's series, but his publications, not only in hyperalimentation but in other things, really put MD Anderson on the map. It propelled his role as being president of the Society of Surgical Oncology, the American College of Surgeons. He went back to Florida as chair of surgery and then as dean, but one of the things I remember is he worked with Bill McComb and published a whole series --the first series on hyperalimentation for head and neck cancer, in patients who ordinarily would have all died.

[01:44:27]

***Frederick Ames, MD***

[01:44:27]

I didn't remember that he had worked with Dr. McComb, although I'm not surprised. Ed was tireless, in contrast to a number of the other surgeons, myself included of course. Ted had an academic bent that was a whole category beyond, a whole category beyond. Dave Winchester [Division of Surgery interview] has been involved in national affairs, but Ted is a whole category beyond the rest of us and he influenced us in so many different ways. He was just one of those people that you'd follow and if you talked to the people who trained under him, they worshipped the guy, and I'm among them, through I wasn't his—I was only his resident for three months and his fellow for whatever, but then I was his associate and I was just around him. He was one of those people that he inspired you and he had so much going on at once.

[01:45:37]

***Charles Balch, MD***

[01:45:38]

Charisma would be a good word to describe Ted Copeland.

[01:45:41]

***Frederick Ames, MD***

[01:45:41]

He's the paradigm for charisma and his whole career. He's got this army that follows him, and he would have all these projects and he would invite the people to come forth, and he didn't take the credit for it. He would be the first to rise as the senior author and compliment whoever it was.

[01:46:00]

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***Tacey A. Rosolowski, PhD***

[01:46:01]

That's the gift of a leader.

[01:46:01]

***Frederick Ames, MD***

[01:46:02]

And they're scattered out all over the place.

[01:46:04]

***Charles Balch, MD***

[01:46:06]

Ted made you feel like you were his friend early on.

[01:46:07]

***Frederick Ames, MD***

[01:46:08]

Well but he was, I mean it was not false.

[01:46:12]

***Tacey A. Rosolowski, PhD***

[01:46:13]

And that was probably really helpful, since he was kind of showing the way to the next step of an academic medical center but he wasn't being threatening or obnoxious about it. Was that the case?

[01:46:25]

***Frederick Ames, MD***

[01:46:26]

No, I never sensed any of that. Although I remember when—I suspect it was when I was a rotating resident, we had a hospital over here called The Pavilion, it's where the parking garage is now, and we would go over there and do things and he would go over there and make rounds on the hyperalimentation patients. I occasionally would go there with Dick Jesse, to do a head and neck case, and he'd dispatch me back across the street. I remember Ted was over there and it was some trainee or young faculty, I can't remember which, and it was a fellow of shorter stature. Of course that would have applied to most of us because Ted is six-feet-six or six-feet-five. He was over there and this guy was giving him some crap and Ted, you know, got him squared away and this guy was saying, you no shout me?. And the thing is when we were at that postgraduate course at the McCormick House. Ted told me, I said God, what if they ask me some questions I can't answer? He said, "Don't worry about it, just answer the ones that you can remember and that you know the answer to and let the other ones rest, there's no comeback." And he reminded me, he said, "Fred, sometimes there's an advantage to being the moderator and being six-feet-six, because you look down on them." But everyone that's ever been around Ted Copeland admires him, I mean I don't know very many people. Everyone admired Dr. Martin but Ted had this whole other side to him and he had humor. He would sit in the lounge and he

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saw Dr. Martin drinking his Diet Coke and eating some of these fast food snacks out of the machine, and of course Ted was a nutritionist.

[01:48:44]

***Tacey A. Rosolowski, PhD***

[01:48:44]

Right.

[01:48:45]

***Frederick Ames, MD***

[01:48:45]

And he would say, "Gee, you've got the Diet Coke in the one hand and the Twinkies in the other" or whatever it was.

[01:48:53]

***Tacey A. Rosolowski, PhD***

[01:48:54]

Well, we're pretty much at time now, did you want to have any final thoughts before we close?

[01:48:59]

***Charles Balch, MD***

[01:48:59]

No this was great.

[01:48:59]

***Frederick Ames, MD***

[01:49:00]

I'm in no hurry, I mean if you guys have got to leave, leave, but if you'd like to run over a little bit, I'm cool.

[01:49:06]

***Charles Balch, MD***

[01:49:06]

I'm cool.

[01:49:07]

***Tacey A. Rosolowski, PhD***

[01:49:07]

Well I need to scoot in about ten minutes.

[01:49:11]

***Frederick Ames, MD***

[01:49:11]

You call it.

[01:49:12]

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***Tacey A. Rosolowski, PhD***

[01:49:12]

Well why don't we—we can go for a few more minutes, do you have a couple more questions?

[01:49:16]

***Charles Balch, MD***

[01:49:15]

Let me ask you about the politics and the environment around the time that I came in 1985. The context here is that Mickey LeMaistre [oral history interview] wanted me to come because of my research credentials. He and Irv Krakoff and Josh [Isaiah] Fidler wanted to have somebody as the surgery chief. As you know, both Helmut Goepfert [oral history interview], Andy von Eschenbach and Taylor Wharton all thought that they should have been the division head, but Mickey made a different decision, which was difficult. I just wondered how you viewed that time, which was a big transition from MD Anderson being very inbred with people who had trained here to breaking out of that mold.

[01:50:08]

***Frederick Ames, MD***

[01:50:13]

It was a little bit of a stressful time. I was pretty junior at the time.

[01:50:21]

***Charles Balch, MD***

[01:50:22]

Fred, that's the point, you and I are the same age. So I came in as one of the youngest people on the faculty having not trained at MD Anderson and being younger than many of the people who were ostensibly reporting to me.

[01:50:36]

***Frederick Ames, MD***

[01:50:37]

They had had a search for quite a while, and I remember some of the other candidates. I believe Dr. Hickey at the time was overseeing that recruitment and he also had his opinions, and he would mumble them occasionally. Dr. Hickey was a friend of mine and he would share a lot of thoughts with me, and he did up until the time he left. I remember some of the rumblings about what some of the other candidates before you had suggested they would like to do.

[01:51:22]

***Tacey A. Rosolowski, PhD***

[01:51:23]

What did people feel was at stake with this choice?

[01:51:27]

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***Frederick Ames, MD***

[01:51:28]

Well some of the others frankly said they wanted to replace a lot of the faculty. I mean they said so, and I remember by name, who a couple of them were, but that doesn't need to be part of this discussion. But it was shared with me because I knew the other players, I knew Helmut and Taylor especially, and Andy, oh my goodness, I knew these people real well. In any event—  
[01:52:01]

***Tacey A. Rosolowski, PhD***

[01:52:00]

So were these replacements about clearing the decks for more innovation?  
[01:52:04]

***Frederick Ames, MD***

[01:52:05]

Mm-mm, people, people.  
[01:52:08]

***Frederick Ames, MD***

[01:52:11]

One of them said that he wanted to replace a number of the faculty in General Surgery.  
[01:52:16]

***Tacey A. Rosolowski, PhD***

[01:52:16]

Why, why?  
[01:52:18]

***Frederick Ames, MD***

[01:52:19]

He just did. He wanted his own people.  
[01:52:21]

***Tacey A. Rosolowski, PhD***

[01:52:21]

He wanted his own people, okay.  
[01:52:22]

***Frederick Ames, MD***

[01:52:23]

That's what I was told, obviously I was not there at the meeting.  
[01:52:26]

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***Charles Balch, MD***

[01:52:27]

So, I took a longer view of embracing everybody and recruiting from within the fellowship program. But the first two people I hired were Raph Pollock [oral history interview] and Eva Singletary, into General Surgery, and I recruited Jack Roth [Division of Surgery interview] to become the first chair of Thoracic Surgery, which was another interesting story because I had to pair him with Denton Cooley and they could not be more opposite people—

[01:52:56]

***Frederick Ames, MD***

[01:52:56]

Oh isn't that the truth.

[01:52:57]

***Charles Balch, MD***

[01:52:57]

—to create the first thoracic-boarded program that was going to be six months cardiac and 18 months of thoracic, which is the reverse of what was going on at the time.

[01:55:13]

***Frederick Ames, MD***

[01:55:14]

It's interesting.

[01:53:14]

***Charles Balch, MD***

[01:53:15]

Fred was somebody that was always somebody I could count on, who stayed in the trenches, was very helpful to me in many different ways and one --Fred, I will tell you on the record, that I have great admiration for you as a person and as a surgeon.

[01:53:33]

***Frederick Ames, MD***

[01:59:33]

Well, you're very kind, but what I wanted to be, I've already told you. I wanted to be a clinical surgeon and a surgeon's surgeon and unfortunately, in an atmosphere like this, you also have to be academic, so it was a bit of a struggle for me. Now, we have a new regime and I'm convinced it's a great one, because the president was in my department for 20 years and he is what he is.

[01:54:02]

***Tacey A. Rosolowski, PhD***

[01:54:03]

And this is Peter Pisters, for the record.

[01:54:05]

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***Frederick Ames, MD***

[01:54:04]

Oh, absolutely, and also of course is his wife Katherine, who is a thoracic medical oncologist.

[01:54:10]

***Charles Balch, MD***

[01:54:11]

Who I recruited both of them to come here, gave them their first job.

[01:54:14]

***Frederick Ames, MD***

[01:54:17]

He's now realizing that the place was built on clinical care. You can't run it in a lab. We've had an interesting five-year experience with that, that didn't work.

[01:54:37]

***Charles Balch, MD***

[01:54:38]

Primary mission of MD Anderson is patient care.

[01:54:41]

***Frederick Ames, MD***

[01:54:41]

It still requires all these other kinds of folks, and you've got to reward them for what they're doing and we didn't always have those tracks. We had two tracks; you had a PhD, you had a basic, and the PhDs and the MDs fought like cats in a sack, and most of the clinicians who were very academic didn't really do bench research and they were criticized: it's not really being in research. But Peter, his vision is --and he's so stated in group assembled more than once-- that he is finding a category for each of the kinds of folks that's essential for this institution. But it was tough back then, Charles.

[01:55:29]

***Charles Balch, MD***

[01:55:30]

Yeah.

[01:55:30]

***Frederick Ames, MD***

[01:55:32]

I mean it was really tough.

[01:55:34]

***Charles Balch, MD***

[01:55:34]

It was a transforming time, to take the excellence in patient care and wrap around that,

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prospective. Remember, there was the J. Freireichs of the world who said in public that it's unethical to do randomized trials, and those of us who believed that we should really create the evidence prospectively as we could. I wanted to, as we finish with Fred, is in the Department of Surgical Oncology we started specializing by disease group. Fred was always somebody who, I told you before, was a utility player, who could be in every area. I really gave Fred the latitude of going wherever he wanted, because he had the judgment that whatever he did, he did well, and that was something. I could give him latitude. But there were some other people who were doing some occasional surgeries in some areas that didn't have good outcomes. As you remember, one of the first things that I did was recruit Mark Roh to do liver surgery and said everybody can be credentialed in liver surgery as long as the patients they choose have the same outcome as Mark Roh, who is going to do it full-time. So I didn't have to take anybody's credentials, but it was one of the first times we said we're going to allow people to practice, as long as they have consistent outcomes.

[01:57:07]

***Frederick Ames, MD***

[01:57:07]

I admired that because there were a number of unimaginable disasters in pancreas and in liver.

[01:57:17]

***Charles Balch, MD***

[01:57:18]

And limb perfusion. We lost some legs.

[01:57:25]

***Frederick Ames, MD***

[01:57:25]

I got to know Mark pretty well because I just did, and he saddled up to me and sometimes he got painted into a corner and he'd whistle and I'd come running, and together we would—his training was a little different from mine. He trained in Pittsburgh, which at the time was the preeminent liver surgical service—and in New York.

[01:57:47]

***Tacey A. Rosolowski, PhD***

[01:57:48]

Can I interrupt you, because I'm at my witching hour unfortunately, and I hate to cut you off, and maybe we can decide to continue the conversation.

[01:57:57]

***Charles Balch, MD***

[01:57:56]

My recommendation Fred is, you have so much history beyond what I'm trying to do, that I've encouraged Tacey to have you come back and tell your story, because you are a legacy here.

[01:58:08]

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***Frederick Ames, MD***

[01:58:08]

Well you're very kind.

[01:58:09]

***Tacey A. Rosolowski, PhD***

[01:58:11]

Well let me say for the record, just because I need to do this, that I want to thank you.

[01:58:16]

***Frederick Ames, MD***

[01:58:17]

Oh it's my pleasure.

[01:58:17]

***Tacey A. Rosolowski, PhD***

[01:58:17]

It's been really, really a cool conversation.

[01:58:21]

***Charles Balch, MD***

[01:58:21]

Great stories.

[01:58:21]

***Tacey A. Rosolowski, PhD***

[01:58:22]

And I want to say, I'm turning off the recorder at ten minutes after one.

[01:58:26]

[End of Interview]