

## Alfred W. Humphries, M.D. (1918–1986)

Alfred W. Humphries, the pioneering founder of the Department of Vascular Surgery, died in the Cleveland Clinic Hospital on September 16, 1986, after a brief but courageous battle with cancer. Al was one of a select fraternity of American surgeons that was responsible for exponential progress in the field of arterial reconstruction after 1950, and, as an innovative and colorful member of the staff for more than 25 years, he was a central figure during the transition of the Clinic from a prominent but essentially midwestern group practice to an international center for the treatment of cardiovascular disease. Throughout his distinguished career, he earned the reputation as a consummate technical surgeon, an impartial clinical investigator, and a demanding teacher, but it was his unconventional and independent approach to both his profession and his life that further set him apart from his peers and left perhaps the most indelible mark in the memory of those who knew and respected him. Al Humphries, you see, was an original.

He was graduated from Dartmouth College in 1940 and received his medical degree from New York University in 1943. After his internship at prestigious Bellevue Hospital, he entered the armed forces as an officer in the 82nd Airborne Division and twice parachuted into combat following the Normandy invasion. He then completed his residency in orthopedic surgery at the Mary Hitchcock Center in Hanover, New Hampshire, and at the Buffalo Children's Hospital in 1950, and he quickly established his credentials in this specialty once he was recruited by the late James Dickson to join the Cleveland Clinic staff in 1951. These were especially critical times for the Clinic, however, and George (Barney) Crile returned from a European tour soon thereafter with the prescient conclusion that the advances in arterial reconstruction he had observed there



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should be pursued in the United States. The Board of Governors concurred and wisely committed the uncertain future of vascular surgery to their shrewdest and most gifted candidate. That man, of course, was Al Humphries.

His background was unusual for a vascular surgeon by contemporary standards, but Al had (in spades) the skill, perseverance, and tough-minded resiliency to be a pathfinder in any unexplored field. He spent a few months learning fundamental principles with Ormand Julian and his group in Chicago, then returned to Cleveland to organize an angiographic and operating room unit as well as to personally prepare the largest

bank of freeze-dried arterial homografts in the northeast. Despite his own remarkable endurance, he was convinced that a team approach was necessary for the highest quality of patient care. Consequently, he initiated one of the first-recognized training programs in vascular surgery and insisted that his service be closely associated with a new medical Department of Peripheral Vascular Disease, an arrangement that was envied and eventually adopted at many major centers across the country. He reported his experience with dispassionate honesty, and his classic studies concerning the surgical management of renovascular hypertension, aortic graft complications, and the results of carotid endarterectomy for vertebrobasilar symptoms still are considered to be hallmark contributions nearly 30 years after their publication.<sup>1-5</sup> He became a member and officer in the International Cardiovascular Society and the Society for Vascular Surgery, and for virtually his entire career he was a very important person in an exclusive and exacting subspecialty for which he had no formal preparation whatsoever.

And he had vision. Despite the fact that he still was nominally an orthopedist in 1956, Humphries wanted to tackle myocardial revascularization over a decade before the first coronary bypass was performed at the Cleveland Clinic. After he was informed that heart surgeons, thank you, would be assigned to this project when the time was right, Al continued simply to be one of the busiest vascular surgeons in the world. He and several generations of his graduate fellows operated on hundreds of patients annually in an era when complications were commonplace and the Clinic was the only center in several states where the full range of arterial reconstruction was even attempted. Al worked literally day and night for over 10 years with the uncanny discipline to snatch sleep where he could, and he did it alone until he finally found a colleague whose virtuosity and stamina rivaled his own, Edwin G. Beven, a close associate and the present department chairman. In conjunction with his overwhelming vascular practice, Humphries also described an entirely original technique for spinal fusion using an anterior approach with mobilization of the abdominal aorta, an operation that only his unique qualifications made possible. He probably was most proud of this particular work, but like so many of his ideas, it was far ahead of its time.<sup>6</sup>

Al was rough and tough and one of those men who become part of the folklore at big hospitals.

He had a tremendous exuberance for life, and he had been given more gifts to enjoy it than most of those around him. He was a master carpenter, plumber, and electrician, so he had an excavator dig the basement of his spacious house in the fashionable Cleveland suburb of Pepper Pike and simply built the rest himself, applying the siding within a week after his gangrenous gallbladder had been removed. He was a capable athlete, an expert skier, and above all else, an international sailor who navigated more than one ocean in a series of schooners and sloops that he had refitted personally. He was most at home on the Great Lakes or the sea with a few good friends like Jess Young, Robin Anderson, or Dick Westcott, and when he finally conceded toward the end that he had a real problem, he found his consolation in Maine and the boat and the water again.

Humphries was more bored than tired when, at only 58 years of age, he announced his retirement in 1977. Although there were few clinical challenges left for him then, he was the right man in the right place at the right time for both the Clinic and the field of vascular surgery. He lived with the conviction that results meant everything, and he never let form replace substance. He remained fiercely proud of his hospital for the rest of his life, and he gave the last measure of his strength to return to it at the time of his death. He will be missed, but even more to his credit, he will be remembered.

Thanks Al, and Godspeed.

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## References

1. Humphries AW, Poutasse EF. A technique of arterial grafting for renal artery stenosis causing hypertension. *Surg Gynecol Obstet* 1957; **105**:764-765.
2. Dustan HP, Humphries AW, deWolfe VG, Page IH. Normal arterial pressure in patients with renal arterial stenosis. *JAMA* 1964; **187**:1028-1029.
3. Humphries AW, Young JR, deWolfe VG, LeFevre FA. Complications of abdominal aortic surgery. Part I: Aortoenteric fistula. *Arch Surg* 1963; **86**:43-50.
4. Young JR, Humphries AW, deWolfe VG, LeFevre FA. Complications of abdominal aortic surgery. Part II: Intestinal ischemia. *Arch Surg* 1963; **86**:51-59.
5. Humphries AW, Young JR, Beven EG, LeFevre FA, deWolfe VG. Relief of vertebrobasilar symptoms by carotid endarterectomy. *Surgery* 1965; **57**:48-52.
6. Humphries AW, Hawk WA, Berndt AL. Internal fixative device for anterior fusion of lumbar spine. *Cleve Clin Q* 1957; **24**:210-218.