

In memoriam:

## J. Bradley Aust, MD, FACS

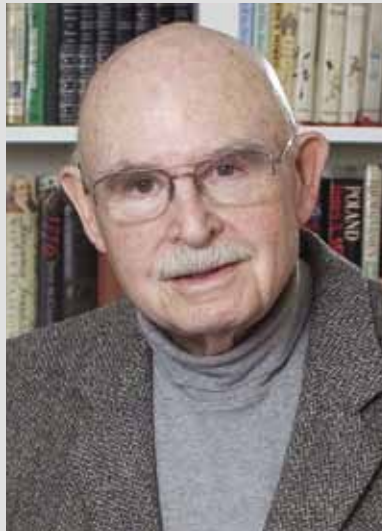
by Arthur S. McFee, MD, FACS

Joseph Bradley Aust, Jr.—born September 8, 1926, the elder son of Joseph Bradley, Sr., and Edith Aust, in Buffalo, NY—died at his home in San Antonio, TX, on March 17, after an increasingly frustrating contest with a common bile duct cancer. The 83 years of his life saw unprecedented progress in medicine and surgery in the U.S.; he was to be an integral part of that development.

A Fellow of the College since 1969, Dr. Aust served as Vice-Chair and Chair of the Board of Governors (1982–1985), as a member of the Board of Regents' Communications Committee (1992–1993), and as First Vice-President (1992–1993).

### **Academic excellence**

Dr. Aust was educated in New York at the University of Buffalo, at Union College, Schenectady, NY, and at the University of Buffalo Medical School. His wife, Connie, was a teenage companion; they were married in 1949, as he completed his medical degree. Postgraduate training at the University of Minnesota, Minneapolis, under the aegis of Owen Wangenstein, MD, PhD, FACS, began promptly. At that time, Minnesota was one of the major crossroads in American surgery, in an era when surgical innovation and aggressive-



Dr. Aust

ness were being constantly pressed and tested. Dr. Aust was privileged to observe, and to participate in, much new and imaginative work. Equally, at a time when—almost by definition—if some operative surgery was good, more was better, he learned from experience when more surgery was too much, and which problems might lend themselves properly to this type of solution. My personal contact with Dr. Aust dates from this period.

I entered as an intern in June 1957 on Dr. Wangenstein's service, where Dr. Aust was the senior resident. A persistent memory from that time is

an oft-repeated phrase of his, which preceded many operations and undertakings: "Okay, team." From the outset, he realized the value of the team in surgery and the interdependence of all of its members. Surgery, for him, was not for solo performers. His training—which had been interrupted by a two-year stint of naval duty from 1950 to 1952—was completed by 1958, as was his family of six. He was certified that year and joined the faculty of the University of Minnesota Hospitals, Minneapolis, where he rapidly assumed much responsibility and rose to full professorial level by 1965.

At that time, post-postgraduate fellowships were few, and the credentialed graduate could interest himself widely. Bradley chose three major areas: Transplantation, then new and developing, and an area in which he had much laboratory training; oncology, at a time when chemotherapy was just being developed; and complex general surgery, as permitted by better anesthesiology and newer antibiotics.

### **A leap of faith**

In fairly short order, Dr. Aust acquired a degree of national recognition that served him well. In 1965, his name was brought up by a medical oncological colleague in Texas for

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consideration for a position in a new medical school being assembled in San Antonio. Carter Pannill, MD, the second dean of the school, offered him a position to form a combined department of surgery and anatomy in 1965. Bradley accepted the appointment in surgery and declined the appointment in anatomy. (A practice of that institution at its inception was to combine basic science and clinical chairs. Dr. Aust did not feel that an appointment to such a position in a basic science was appropriate.) He then set about a new task, in real earnest, at a time when neither the hospital or the school had been physically completed—it was a true leap of faith.

A second characteristic of Dr. Aust as a leader was his capacity to commit himself to an individual firmly, and to remain committed. My own principal recruitment was a chance meeting with Dr. Aust in July 1965, on a warm afternoon outside Dr. Wangenstein's office. He asked me if I would be coming with him to San Antonio. I replied that I had a two-year naval commitment. His response was that this was a good fit, since neither the hospital nor the school had been completed. His commitment of two minutes of conversation with me came to fruition in 1967, when I arrived in San Antonio; similar commitments marked his initial recruiting efforts. His recognition of the value of the team and of personal commitment were to form a basis for his direction of a new department for at

least three decades, and were to make it secure.

Appointment as a department head in a brand-new school is a position that most in academic surgery likely cannot imagine. In a country with 130 medical schools, it is a relatively rare event. Dr. Aust brought to this department an almost unique personal touch, as well as experience gleaned during his tenure at the University of Minnesota. Between 1965 and 1968, he engaged eight founding members for the department: five in general surgery and three specialists. Six came from the University of Minnesota, and two came from outside the university. Of the eight, only one left to pursue a private career. After more than 40 years, six retired founding members still maintain a discernible active clinical relationship with the department. Like Dr. Aust, they were, and continue to be, aware of the value of teamwork and personal commitment. With these tenets in mind, they set about to make this new experiment succeed, and did so remarkably well.

### *An "honest joiner"*

Dr. Aust was an honest joiner, in that he remained sincerely committed to the organizations of which he was a part. Over more than two decades, he earned a local sobriquet of "traveling professor" as he attended meetings and committees faithfully. He gave more than 60 invited lectures, and completed a remarkable list of publications. The presence of a bald head in the center

front row at these meetings was taken for granted by many organizations. He could not have fulfilled these obligations without the unwavering support of those at home. In so doing, however, he became the voice and face of our department nationally, and gave us a prominent presence quite out of proportion to our size. His commitments included the American College of Surgeons; five editorial consultantships; 32 society memberships (of which he was an officer or founding member in 10); and participation in the American Board of Surgery. Each was regarded as an obligation, and all received Dr. Aust's attention. His duties were discharged fully and well until less than a year before his death.

### *Significant accomplishments*

It is in the nature of surgeons to keep track of their own accomplishments; Dr. Aust was no exception. Toward the end of his life, he put together a short list of what he regarded as significant accomplishments. This list reflects much of that was transpiring at his institution in Minnesota in the mid 20th century. The list centers on vascular problems, and demonstrates some remarkably visionary work:

- 1950: Early use of I 131 albumin to determine blood volume
- 1956: Estimates of tissue flood flow with deuterium oxide and antipyrine
- 1959: Isolated chemotherapy perfusion

A major step in 1955 was the demonstration of successful

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coronary artery bypass using the internal mammary artery in a dog model, after coronary artery ligation. In 1961, Dr. Aust introduced hemi-corporectomy for major problems.

Many items on the list were technical advances, reflecting the activity in the department. The concept of hemi-corporectomy for extreme problems came directly from current Minnesota thinking about the then-popularity of aggressive operation, and it has a place in the spectrum of surgery.

In my view, Dr. Aust's legacy in surgery is much broader. He was given a chance to participate in a new venture with minimal support and much local antagonism—he did so with relish. Developing a small surgery department, in an out-of-the-way town, where medical care was parochial, was a big step in the overall formation of what has become a major health science center. In just four decades, this unit has given rise to four major clinical departments within a large and prominent medical school. More than 200 surgeons have been trained at this facility, and the department has exercised a major impact on medical and surgical care over 25,000 square miles of southern Texas. Dr. Aust took a Wangensteen aphorism sincerely to heart: "The teacher is the only one who affects the future."

Dr. Aust's legacy is his role in the development of an institution from zero to major medical center in four decades. It is the establishment of a functional

and effective surgical department. It is the molding of many minds in the correct practice of surgery. It will endure as a legacy because these minds will mold others. It is a gift to the future.

In 1995, Dr. Aust retired after 30 years of service to the medical community. He remained active clinically and in the operating room until 2009.

Lest one conclude that little time was left for matters outside of surgery, there is much to refute that argument. His interests were broad, and each was pursued enthusiastically. Hunting, annually and often, almost always produced a deer or an elk. Dr. Aust also enjoyed playing poker with friends, wine collecting, and fine food. He could be relied on to know at least three good restaurants in any city, either at home or abroad, when traveling. Biking occupied many of his weeks. Dr. Aust also enjoyed optics and cameras (he was a remarkably talented photographer), and he collected knives. Some of Dr. Aust's other favorite pastimes included: reading, movies, classical music, skiing, tennis, travel, and being au courant with current events. He enjoyed many hobbies, but never to the exclusion of family or individuals.

He leaves behind his wife, Connie, six children, and many grandchildren.

A very little-known aspect of Dr. Aust's free-time activity was his interest in philanthropy. As individual supporters, he and Connie, at their own expense, established a home for mentally disabled individu-

als in San Antonio, TX, in an effort to care for one of their own children, where no such facility existed. Thirty years later, more than 60 such centers exist in San Antonio, in large part because of his and Connie's work and active, generous support. It has become a true community endeavor.

In my mind, it would be officious to say Dr. Aust was "larger than life," but he certainly realized that there was much to living—professionally and otherwise. A phrase from the wonderful Broadway character "Auntie Mame" is fitting. A paraphrase of the famous quote is, "Life is a banquet and most people are starving." In the banquet of life, Brad Aust did not starve. He accepted a rare and unpredictable challenge early in his career, and discharged it faithfully and well. He left a major impression on 20th and 21st century American surgery, and he had a good time doing it. His death is a loss; his life was an excellent example.

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