WHEN HE WAS TOLD that one of his former residents at Children’s Hospital of Philadelphia had described him as “half Lone Ranger, half God,” the surgeon in chief, laughing aloud, exclaimed: “That’s a hard role to fill.” But if there exists an American surgeon who might do it with aplomb, he is Charles Everett Koop.

Physician, educator and missionary, Dr. Koop has personally brought word of improved health care for children to remote medical outposts around the globe while simultaneously inspiring a generation of young American surgeons to carry on the pioneering work of the late Dr. William E. Ladd, of Boston Children’s Hospital.

Although he is an undisputed master of pediatric surgery and has trained some of the country’s leading experts in the field, Dr. Koop himself has never received formal training in the subspecialty for which he has gained world renown. As a Cornell medical student, he had enjoyed working in cancer research under Dr. Hayes Martin and the late Dr. Cornelius P. Rhoads, and as a surgical resident at the Hospital of the University of Pennsylvania he had looked forward to joining the hospital’s tumor clinic.

Two factors intervened, however, setting the course that brought Dr. Koop to his present position and lifelong vocation in medicine. The first was a personal trait—an iron tenacity that has carried him through many seemingly hopeless situations. The second was a personage—Dr. I. S. Ravdin, his chief of surgery. Both factors were linked on December 8, 1941, when intern Koop, hospitalized with a peptic ulcer, learned quite by accident that Dr. Ravdin was leaving for Pearl Harbor the following day “to try out the new sulfa drugs.”

Fearing this might cause a delay in his residency plans, he left his hospital bed to seek out the busy chief of surgery. When three attempts failed to secure him an appointment, he parked himself on the running board of Dr. Ravdin’s car. During the ensuing drive to the airport, he learned that he was to be named Harrison Fellow in Surgery and Surgical Research at the University of Pennsylvania. It was on Dr. Ravdin’s urging, when the latter returned from the war in 1945, that he decided to join the Children’s Hospital of Philadelphia rather than pursue an interest in a tumor clinic.

Within three years, while still only an associate in surgery, Dr. Koop became surgeon in
chief at the Children’s Hospital. “Actually, I knew very little about pediatric surgery then,” he recalls. “But I did know I wanted a department as good as the one at Children’s Hospital in Boston.” The best way to accomplish this, he decided, with typical forthrightness, “was to study their operations firsthand. That’s why I went there in 1946 for seven months as a fellow.” Looking back now on his Boston days, when the literature on pediatric surgery was sparse (there was only one textbook), he feels that what he acquired was not technique but rather a philosophy for “the over-all surgical management of infants.”

Dr. Koop attributes his tenacity to his Dutch forebears, who settled in 1690 in Flatbush, Brooklyn, where his mother still lives. Drawn to New England by the summers he had spent camping in the White Mountains, the young, sports-minded Koop chose Dartmouth as his college, entering that school in 1933 at the age of 16. A fractured cervical vertebra put an end to his skiing, and a brain hemorrhage—incurred during a football contest—terminated his athletic activities. These setbacks were more than compensated for, however, in 1936, when a classmate invited as guest for the winter carnival a Vassar student named Elizabeth Flanagan. She and Chick Koop were married in 1938 while he was a first-year medical student at Cornell Medical College.

In the years since he became head of his department at the Children’s Hospital in Philadelphia, Dr. Koop’s missionary work on behalf of improved pediatric surgery has become the focus of all his attention and the achievement of which he is proudest. Although he is generally a mild-mannered man, he can be outraged
when confronted with a cancer fatality that
can be averted, or with an infant, usually flown in from a distant city,
in whom a neonatal emergency has been
bungled. “It has taken too long for the basic
ccepts of first-class pediatric care to filter
down to the child,” he complains. “If surgery
has to be performed,” he declares, “the first
48 hours are best. Despite all the information
available, gross errors are still made. Nobody
knows how many. We see only the survivors.”

His frankness on the subject nearest his
heart has, on occasion, ruffled some feathers
in the medical community. Actually “he’s
grown much calmer in the last five years,”
according to Dr. John W. Hope, the hospital’s
radiology chief, who has been Dr. Koop’s
friend and colleague for 17 years. “When he
first came here, he was the only pediatric
surgeon in the Delaware Valley, a region of
10,000,000 people. In those days, his habit of
speaking ex cathedra on the subject of proper
infant care antagonized a lot of people. But
the truth is, he’s been very successful in
achieving what he set out to do. Instances of
bungled neonatal surgical care are getting
rarer now and Chick gets a more gratifying
response from the medical community.”

To his colleagues, the man who was deter-
dined to put pediatric surgery and the Chil-
dren’s Hospital on the map is a thoroughly
approachable chief, never too busy to give
clarifying counsel on a personal or medical
problem. “When we were young, the virtuoso
surgeon ruled his department like a king,”
says Dr. Hope. “Koop is a new breed of cat.
Cool, unhurried, totally efficient, he has elimi-
nated all waste motions from the operating
theater, moving from procedure to procedure
with deceptive ease.”

Widely celebrated for his diagnostic acu-
men, Dr. Koop relies heavily on observation
in the Osler tradition, frequently urging his
residents to “watch the way the patient
walks, talks, sits, runs and behaves.” One
colleague cites the arrival of a young patient
whose referral and x-rays had suggested
Hirschsprung’s disease. After the boy—whose
fecal impaction was a source of parental
alarm—had entered the office, been examined
and left, Dr. Koop said flatly: “No child with
Hirschsprung’s disease ever bounced into a
room like that.”

Well-known to oncologists around the coun-
try are his urgent and repeated admonitions
for alertness to childhood cancer. Through
the Journal of Pediatric Surgery, a new peri-
odical of which he is editor, he hopes to bring
this warning to an even wider audience of
pediatricians and surgeons. Nothing saddens
him more than to hear a parent say: “But the
doctor told me it was just a lump that would
go away.” “Cancer is a pediatric challenge,”
he declares, “that will not be met adequately
until the possibility of cancer in childhood be-
comes a part of the thinking of every physi-
cian.” He believes that “all solid and cystic
tumors in childhood must be considered ma-
lignant until proven otherwise.”

The surgical skills for which Dr. Koop is
famous were put into high gear in 1957 when
pygopagous twins were admitted to Children’s
Hospital. “They looked like a grotesque Siva,”
he recalls, describing the conjoined seven-
day-old infants, with their single vulva and
anus but two pairs of legs. “They scared the
life out of me. The night before the operation
I dreamed I made a wrong incision that left
me with two babies, each with a leg of the
other.” Owing in part to the reduction of
“emotional tensions and hazards” among the
six-man team by a series of preoperative
“skull-sessions,” the operation was a success.

In the O.R., where he lards his teaching
with funny anecdotes and bits of surgical
gossip, he admonishes his residents to be gen-
tle at all times with their young patients.
“You can’t treat infant tissue with the same
vigor you use on adults,” he says. With young
men interested in pediatric surgery as a ca-
reer, Dr. Koop does all that he can to ascer-
tain that their interest is in improved child
are and not merely surgical opportunism.

At the age of 30, Dr. Koop, who had con-
sidered himself to be until then an “un-
knowing churchgoer,” had a spiritual exper-
ience that has profoundly affected his life. He later became associated with the Presbyterian church of which he is now an elder. The manner in which, during the past 23 years, he has devoted himself to the demonstration in words and deeds of his evangelical beliefs may, some friends declare, contain the clue to his complex personality. He conducts Bible classes and is in much demand as a lay preacher. But listeners who expect an emotional sermon from him are surprised to hear a relaxed Biblical scholar build a logical presentation of the Christian gospel.

"I don't consider myself a religious man," he says, though some friends attribute his insistence on excellence in work to his Calvinistic tenets. "I would make a strong plea," he once told a meeting of physicians in England, "that young doctors pursue excellence, seek advancement, achieve competence and avoid any taint of mediocrity. Success in the professional world seems to authenticate the individual's Christian message."

He obeys his own dictum that all physicians have "an obligation to teach." Consequently, whether under Christian or medical auspices he manages to combine both the religious and educational aspects of his philosophy. In 1961 he spent six weeks in Africa, visiting hundreds of missionary physicians and medical workers and collecting information for the Medical Assistance Program, an agency that sends drugs and medical supplies to 75 countries. In 1965 he went around the world speaking at the request of many of the foreign-born residents he had trained on condition that they return to practice in their native lands.

In many ways Dr. Koop is an anachronism. Displaying the Schweitzer-like calm of a 19th century missionary, he will work imperturbably among the Tarascan Indians of Mexico or treat tribal chieftains in Africa, yet admits that helping the derelicts of Philadelphia's skid row has brought him "as close to despair as I have ever got—except when I was delivering babies in Harlem."

On the subject of social medicine, Dr. Koop believes that certain types of surgical illness in newborns present a financial burden that no one family can cope with. But he is sure that it is possible to have government planning for this type of health care without loss of the physician's freedom.

Entirely without bitterness, he describes the irony of his position last April when his youngest son, David, died in a rock avalanche while mountain climbing. "Shortly before that, because of something I had written, I had become an 'expert' on what to tell the parents of a dying child," he says. But a colleague who attended a memorial service for David recalls that "Dr. and Mrs. Koop were upstairs, comforting all of us who had come to comfort them. This deep calm permeates every aspect of the surgeon's life, personal, social and professional."