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## P. William Curreri, MD
## President 1989–1990

Dr. Frederick A. Luchette

How it is you became interested in surgery initially and then focused your career on trauma surgery?

Dr. P. William Curreri

I attended Swarthmore College, just outside of Philadelphia. I was in the honors program there, which is kind of unique in that instead of organized classes we had student/professor seminars, and then were examined by outside faculty from other schools in regard to what we were majoring in. As part of that program, I had an opportunity to work with a PhD at the University of Wisconsin during the summer between my junior and senior year and became really enamored with doing research and science. As a result of that experience, I decided to apply to medical school and was admitted to the University of Pennsylvania where I was determined to get an MD and then follow that with a PhD.

I had the opportunity to work summers with Dr. Seymour Cohen in his laboratory as a biochemist and was really on course until I got to my clinical years at the medical school where I really fell in love with the ability to render treatment as a surgeon. So as a result of that I got an internship which was at the University of Pennsylvania which was a rotating internship, as most internships were in that day. During that rotation, I felt very strongly that my future was in general surgery.

As a resident for five years I had the opportunity to work with Dr. William Fitts who was one of the founders of the AAST and a past president as well.

Dr. Fitts had experience during World War II during his residency with trauma and he was very involved in trauma both at the University of Pennsylvania Hospital as well as the Philadelphia General Hospital, which received a great deal of injured patients. He was really a jack-of-all-trades as far as trauma goes. He did orthopedics. He did plastic surgery. He did most everything that was involved except for neurosurgery as it regarded trauma patients. He was a great inspiration to me.

When I finished my residency, I was recruited by Dr. Moncrief to the U. S. Army Institute of Surgical Research. As you know, that is the military's burn unit. There I ran into Dr. Basil Pruitt about a year after he returned from Vietnam. I spent almost three-and-a-half years at the institute where we had an opportunity to not only treat hundreds and hundreds of patients that were burned in Vietnam but also to do basic and clinical research.

Following my tour at the Institute, I went on to the University of Texas in Dallas and had the opportunity to work with Dr. Tom Shires where I continued to develop my interest in trauma while continuing to do general surgery.

So it was a long process but it was very worthwhile. I really decided during my stay at the Institute of Surgical Research at San Antonio that my interests in trauma were cemented.

Luchette

Were there any other folks who were influential in guiding and assisting in the development of your career?

Curreri

Well, of course I would have to say that Dr. Jonathan Rhoads and Dr. Isadore Ravdin were both influential as chairmen at the University of Pennsylvania. They were certainly very important in my development.

They also gave me the opportunity during my residency to pursue basic research in the laboratory. I did that for a whole year between the second half of my first year of residency and the first half of my second year of residency. I think those were the most important mentors that I had in addition to the ones I've already mentioned.

Luchette

How was it viewed by your peers and mentors that you were going to go off and do burns and trauma?

Curreri

Well, my peers were quite supportive. I must say that they encouraged me all the while. The non-trauma mentors were okay but they thought it was kind of a narrow interest at that time when most trauma was treated by general surgeons in community hospitals. It was before the development of trauma centers.

Luchette

Which of your scientific contributions are you most proud of and how do you feel it influenced the field of trauma and burn care?

Curreri

Well, I think that the most important clinical contribution I made was the realization of the hypermetabolic response to trauma and burns and to calculate the nutritional requirements during that period of hypermetabolism. That paper was reported in 1974 which subsequently resulted in a precise formula for nutritional requirements post-injury for burn patients.

Luchette

Were there any topics that you championed early-on that, as you look back now, you say that probably wasn't the right thing to be up on the soapbox advocating for as good patient care?

Curreri

You know, I really can't think of any. Obviously, there are things that initially look attractive but subsequently prove to be in error. I was fairly conservative as far as what I championed. For that reason I can't remember anything that I would change.

Luchette

What would you view as the two or three greatest advances that you've observed during your career?

Curreri

Well, first I would have to say that the development of surgical critical care and the construction of critical care units has been one of the greatest advances. At the time that I became interested in trauma, it was primarily done by individual practicing general surgeons. The development of critical care units brought in team members with various areas of expertise that allowed the best of care from experts all working together.

Secondly, I would say that the improvement of pre- and post-traumatic respiratory treatment improved substantially by the use of specialty instrumentation in the ICU as well as improved monitoring and improved measurement of respiratory difficulties that occurred either pre- or post-injury.

Thirdly, I would say that there was, has been great improvement in not only fluid resuscitation but also in terms of the parameters that are routinely measured today to optimize fluid resuscitation as well as what fluids to use.

So I would say those are probably the three most important advances in trauma, bringing together expertise to care for patients in a team environment that allows the best of all specialties to participate.

Luchette

What changes have you noticed in practice patterns during your career regarding trauma, burns and surgical critical care?

Curreri

Well, I really think there has been a gravitation from general surgery to sort of do everything in regard to the treatment of trauma to specialty practitioners working as a team to ensure the very best of treatment and I really believe that that practice pattern as well as the development of people that have a great empathy for the treatment of trauma and burn patients.

Luchette

At the end of the day what activity brought you the greatest joy?

Curreri

I would have to say without question the mentoring of surgical residents and the joy in watching their development as they advance through their residency and pursue their long-term vocational aspects.

Luchette

In contrast to that, what keeps you up at night?

Curreri

I think the thing that was most distressing to me was at the various universities where I worked there seemed to develop a posture of political infighting between the university administration and the chairmen and sub-chairmen of medical and surgical departments. I think that much of this was considered by the administration as losing power and much of it was due to the extraordinary success of the departments to initially have fairly large incomes which they could devote to research and development of laboratory investigations. That was the thing that most concerned me as these power struggles continued.

Luchette

Now you mentioned the joy that mentoring young residents and faculty gave you. I'd like to give you another chance to offer advice to the young academic folks coming along now that will lead the future for us, what advice would you give them as they begin on their academic careers?

Curreri

Well, I think that it's important for residents that are seeking academic careers to have a three-legged stool to stand on in the pursuit of clinical, teaching, and basic research. This combination is often neglected by some academic surgeons. They only have two legs to stand on or in some cases only one.

It's important to have a balance between these two because without a clinical practice you have no idea what the problems are; and thus, you can't develop a basic research program successfully. Secondly, if you don't participate in teaching, you will find yourself falling behind both clinically and from a research aspect.

Luchette

I have heard some folks say in today's world it is difficult for one individual to be a triple threat, rather a department should be. And how would you respond to that?

Curreri

Well, I think that it is not hard to participate in a department, but I do believe that if you're going to be an academician, if you pursue a clinical course you can always accompany that with clinical research. Teaching, I think, is what academics is all about. So I would say that as much as possible it's important to encourage a three-legged approach.

Now, it doesn't have to be equal-legged. It can be primarily clinical practice and teaching and a little bit of clinical research or basic research or it could be largely basic research with some teaching and some clinical interests.

Another thing I think is important to advise is that there has to be a devotion of time to spend with your family. Too often I see clinicians spend so much time at their clinical pursuits that they either lose contact with their family or they have an early burnout and abandon the academic life. So there has to be time that you may devote to outside activities and those should be valued.

Luchette

What do you see are the greatest challenges and opportunities for this new specialty of acute care surgery?

Curreri

Well, I think that the idea of trauma units and critical care units has only been around for about 20 to 30 years and that that was fairly limited for long periods of time. I had the good fortune of being able to work in some of those early developments but I think that they will continue to expand across the country. I think they are as important as the development of trauma systems.

Now, the one thing I see as a real challenge with the new health legislation that is currently being enacted and being discussed for the future is that it's going to result in low remuneration for awful long hours of toil. This really concerns me because it may push surgeons into non-trauma specialties that are primarily elective and do not require the treatment of a lot of low-income people who tend to get into traumatic situations more often than those who are better off from an income standpoint.

Luchette

What do you think trauma, burns and acute care surgery will look like in 20 years, tell us what your vision is?

Curreri

Well, my vision is dependent on the financing of medical care, in general, in the nation. I fear that there may become a time when patients with trauma or burns are not forwarded to specialized units with the greatest expertise because of the inability to accept such patients into the emergency rooms. So that is my greatest concern.

Luchette

When you reflect on your professional career, is there anything that you would change and what would you change related to your life outside the hospital?

Curreri

I couldn't think of one thing.

Luchette

What are your plans for the future both professionally and personally?

Curreri

Well, I've been president and chairman of the board of a company that has, for 24 years, administered to various surgical societies, both nationally and internationally. Our people were with me at the University of South Alabama, and we all are approaching retirement age. We are going to retire in 2015. I will be at the age of 79 and everybody else will be on Social Security. We pretty much have decided that at the expiration of our last contract we would close down.

Luchette

Would you like to make any additional comments that we haven't covered in our conversation?

Curreri

Yes. I would say this, that academic trauma and burn surgeons should enjoy every advancement that comes along and try to evaluate your own advancements in clinical care but also to participate in design and testing and sharing of such advancements with your cohorts via publication and/or forums. That will bring you great joy.