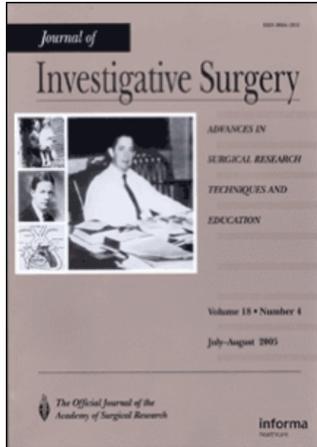


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### Hugh Hampton Young - Father of Modern American Urology

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# Hugh Hampton Young—Father of Modern American Urology

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**W**hen Hugh Hampton Young (1870–1945) began practicing urology in 1897 at the clever recommendation of his praised mentor, William Halsted (1852–1922), and with indirect support from the well-accomplished pathologist and Hopkins founding dean, William Welch (1850–1934), the field was not organized and few well-defined treatments were available for the myriad of human urological diseases.

Young initially had no intention of devoting his best professional years to the study of urinary and genital diseases. He liked general surgery and that discipline stimulated a visit to the Johns Hopkins Hospital. In Baltimore, John Finney (1863–1942), one of the first Halsted trainees, allowed Young to work in the Surgical Dispensary. How this happened is not clear [1]. When a vacancy in the surgical resident staff occurred, he was then considered and accepted for this coveted position. Only professor Halsted could make these critical decisions, which represented the opportunity for a potentially successful surgical career.

Hugh Hampton was a Texas native and had attended the University of Virginia where he received his BA, MA, and MD degrees. After his graduation in 1891, he returned to San Antonio, in his home state, to begin the practice of medicine [1]. He soon realized that he lacked the best medical knowledge of the time. He looked north to Baltimore where great things were happening at Johns Hopkins Hospital and where the most updated medical school was on its way to being incorporated in 1893 [1, 2].

Young was a dedicated and resourceful surgical resident. He attended to his duties effectively and promptly. He had a good relationship with his peers and surgeons but was not pleased with Dr. Halsted, who had dedicated no time to advising Young as to his career. This was not unusual at Hopkins, where the professor maintained little or minimal contact with residents other than the chief. The gap was bridged dramatically in October of 1897 when Young ran into Halsted in one of the long corridors of the hospital [1]. The professor promptly indicated, “I was looking for you, to tell you we want you to take charge of the Department

## Historical Note

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of Genito-Urinary Surgery.” Young thanked him and said, “This is a great surprise. I know nothing about genitourinary surgery.” “Welch and I said you did not know anything about it, but we believe you could learn,” exclaimed the chief surgeon [1]. In this unique way, the incredible career of Hugh Hampton Young was successfully launched.

As common as some genitourinary procedures (such as bladder stone extraction, removal of testicular tumors, treatment of phimosis, and circumcision) were by the end of the nineteenth century, the field of urological surgery had not been fully integrated into medical practice. It was up to the new chief of urology at Hopkins, Professor Young, to create a new specialty, with a new residency program and new operations [1–5]. Extraordinary and unique tasks to be accomplished under any circumstances! Dr. Young set to work with extreme care and dedication to detail.

The urology residency program was modeled after other Hopkins programs previously well-structured by Halsted in surgery and Osler in medicine. There was no room for miscalculation, so Young carefully analyzed all options and created a premier urological program. He requested seven years of commitment from the accepted residents, so they could fully dedicate themselves to work and breathe urology. Even though Young was a low-key and calm individual, the residency program maintained a high profile and only the best residents were selected.

The first year of residency was spent as a rotating intern in urology, surgery, and gynecology at Johns Hopkins Hospital [1]. The second year was dedicated to pathology under Dr. William MacCallum. Here, the resident learned to recognize all-important urological pathology, from benign findings to severe cancers, a unique and important perspective for the future specialist. In the third year the resident worked at a general surgical service, in particular under the guidance of Dr. T. F. Riggs at Saint Mary Hospital in Pierre, South Dakota [1]. It is not completely clear why Professor Young preferred, if at all possible, that this rotation to be so far from Hopkins. Among the plausible and important reasons were to practice general surgery for one year, be the first assistant to Dr. Riggs, and perform many operations solo.

In Halsted’s program, these opportunities could not be realized at Hopkins.

For the fourth year, the urology fellow returned to Hopkins and continued the urological training, this time by assuming the role of second assistant resident in urology with an ascending role in assisting in operations, conducting the clinic, teaching, and conducting research. The following year, the fifth year, the fellow took the role of first assistant resident in urology, with increased responsibilities in surgery and teaching and the opportunity to publish his/her own prior research work. For the sixth year, the fellow went to Ancker Hospital in Saint Paul, Minnesota, as a complete resident in urology under Dr. F. E. B. Foley [1]. Dr. Young considered this rotation to be essential for becoming a urologist, since a great number of cases were available for residents and Dr. Foley had a reputation as “one of the most skillful American urologists” [1]. In addition, Hopkins could not accommodate the increased number of residents rotating through the institution.

In the seventh and last year, the fellow returned to Johns Hopkins Hospital as a resident urologist. This time, the fellow was responsible for many of the important functions to be carried out in future practice, namely clinic organization, education, and research. Most importantly, the resident performed all of the operations on patients admitted to the public wards. “I consider it my duty to see that they get as much operative experience as possible,” Dr. Young frequently said [1]. It was clear then that the development of the urology residency program at Hopkins represented the best education in any hospital or university in this or any other country. Young and his faculty were particularly proud of such special residency training for future urological surgeons. Others would imitate this superb way of teaching future leaders in urology. Time defined the depth and impact of the program sponsored by Young and Hopkins, and indeed, it came to be considered the premiere program of its day.

In addition to his role as surgical educator, Dr. Young was frequently in the operating room solving important surgical problems [1–3]. In fact, he developed several operations for the management of bladder outlet obstruction. In 1903, he published on

the use of conservative perineal prostatectomy for the treatment of benign prostatic disease [4]. Two years later, in 1905, he added a notable and significant publication that dealt with the early diagnosis and radical cure of carcinoma of the prostate [5]. He published 40 cases and introduced a new operation, the radical perineal prostatectomy, which is still being performed today, although it is no longer the most common procedure for treating prostatic cancer.

The potential of the new operation for eliminating all prostatic cancer through the perineal route had monumental positive consequences. For the first time, a radical resection of prostatic cancer could be done safely with significantly low mortality. In fact, during a period of six years, he operated on 128 patients with no mortality at all [6], an incredible accomplishment considering the state of medical affairs at the time.

Young also introduced other operations, such as the “punch operation,” utilized for small prostatic bars and contracture of the prostatic orifice [7]. Years later, the transurethral resection replaced the punch operation of Young. Many more innovative developments occurred in the hands of this esteemed urologist [1–7]. Instruments for diagnosis and treatment of urological diseases were devised by the recognized teacher as well [2].

Many good surgeons trained under professor Young. They received the best urological knowledge and clinical practice of the time. From 1899–1913, Young referred to numerous trainee assistants in his autobiography [2]. In chronological order, starting in 1899, he had William Huger, Joseph Hume, Hugh Trout, Harry Fowler, John Geraghty, Alex Stevens, John Churchman, Alexander Randall, John Caulk, Harry Plaggemyer, Arthur Cecil, and Oswald Lowsley. Many more residents received excellent urological training under the superb expertise of Hugh Young, who remained the chairman of the department until 1941.

The Brady Urological Institute at Johns Hopkins opened January 21, 1915 [1, 2]. Through Young’s excellent medical care and bedside manner and the extraordinary generosity of James Buchanan Brady, the institute became a reality. Patients, faculty, and

residents made this facility the most noted urological institute in the nation, contributing greatly to medicine and patient care.

Hugh Young was not only an excellent surgeon, researcher, and educator, but also committed a good part of his life to helping others. His civic contributions included participation in the aviation committee in Maryland, the Lyric Theatre and Metropolitan Opera Company in Baltimore, and the establishment of the Municipal Hospital for Tuberculosis and the School of Engineering at Hopkins [1, 2]. By any standards, he was a dedicated civic servant.

Distinguished urologist Young received innumerable honors and awards. He was president of the American Urological Association (1908), the American Association of Genito-Urinary Surgeons (1910), the Medical and Chirurgical Faculty of the State of Maryland (1912), and the Clinical Society (1925). He was recognized by his peers in medicine and urology by being decorated with the Francis Armory Prize and the Keyes Medal [1, 2]. The work of professor Young was highly praised throughout his career. Because of his considerable contributions to urological surgery, the development of the first residency in urology, the publication of his book on the *Practice of Urology* (1926) with David Davis and the founding of the *Journal of Urology* (1917), he should be considered, without reservation, the Father of Modern American Urology.

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