

Obituary: Michael L. Lewin, M.D. (1909–1991)

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New York, New York, USA



(1909–1991)

“Mike” Lewin, a good and great friend to many ISAPS members both young and old, died May 11, 1991 at the age of 81 as a result of brain cancer. Mike was one of the earliest charter members of ISAPS following its organization. He is survived by his lovely wife, Berta, and two children, Barbara Lewin-Tankel of Philadelphia, and Robert Lewin of Brooklyn.

He was born on November 18, 1909 in Warsaw, and had his premedical education at the Gymnasium in Warsaw beginning in 1927. He completed his medical education at the University of Zurich in 1933, served an internship from 1933–1934 at Schinznach Hospital in Schinznach, Switzerland, was an Assistant Resident and Resident Otolaryngologist at Beth Israel Hospital in New York City from 1934 to 1935, and served a preceptorship in plastic surgery with his uncle, the famed and world-respected Jacques W. Maliniac of New York, from 1935 to 1941. In 1941 he became a Diplomate of the American Board

of Otolaryngology, and in 1943 a Diplomate of the American Board of Plastic Surgery.

His military experience was extensive, having served as Chief of Plastic Surgery and Maxillofacial Section of the Hammond General Hospital in Modesto, California; Assistant Chief of Plastic Surgery and Maxillofacial Surgery at Bushnell General Hospital in Brigham, Utah and Cushing General Hospital in Framingham, Massachusetts, respectively. As a Major in the Medical Corps of the Army of the United States, he was one of the 100 “Critical Specialists” frozen at his position in the Medical Corps.

Following the war he became Attending Surgeon in Charge of Plastic Surgery at the Halloran Veterans Administration Hospital in Staten Island, New York, a recognized plastic surgery center, from 1943 to 1951. He was also Senior Attending Surgeon in Plastic Surgery at St. Joseph’s Hospital in Paterson, New Jersey from 1947–1969, at the Barnert Hospital in Paterson, New Jersey from 1948–1969, and at Englewood Hospital, Englewood, New Jersey from 1949–1952, where he remained as a Consultant from 1952 to 1990.

His most notable hospital service was as Founder and Chief of the Plastic Surgery Service at Montefiore Hospital and Medical Center from 1958–1976, Chief of the Unified Plastic Surgery Division of Montefiore Hospital and Medical Center and the Hospital of Albert Einstein College of Medicine and Affiliated Hospitals from 1976–1978, Founder and Director of the Center for Craniofacial Disorders, Montefiore Hospital and Medical Center, Bronx, New York from 1960–1978, and numerous academic and directorship appointments at the aforementioned medical centers as well as at other hospitals in the Bronx and Beacon, New York.

At the time of his death, his *curriculum vitae* shows that he was a member of twenty-three sepa-

rate medical societies. During his seven most very active years in ISAPS, he was one of the faculty of the Post-Graduate Courses of ISAPS from 1975 to 1982 starting in Rio de Janeiro in 1975, Tokyo, Lausanne, Ankara, Bristol, Sun City, Singapore, and Mexico City. Very fluent in the languages of Eastern Europe, he delighted in his role as Group Leader for the People to People Plastic and Reconstructive Surgery Exchange Project to Russia, Hungary, and Czechoslovakia, arranging professional meetings between twenty-five American plastic surgeons and their Eastern European counterparts in 1986. He served as Professor of Postgraduate Education in Aesthetic Plastic Surgery of the Educational Foundation of ISAPS in 1987.

Among some of his other special professional assignments, he took part in a Mission to Israel on behalf of the Israeli Army to organize a plastic surgery program in 1952; as a Volunteer to Saigon in the Plastic Surgery Program of the American Society of Plastic and Reconstructive Surgery in cooperation with CARE-MEDICO in May 1967; as Principal Investigator in the Surgical and Social Rehabilitation of Adult-Offenders under a research grant from the Social Rehabilitation Service of the United States Department of Health, Education and Welfare from 1964 to 1968; as Travelling Professor for the Educational Foundation of the American Society of Plastic and Reconstructive Surgeons in 1978; as Visiting Professor to the Plastic Surgery Service in Gainesville, Florida in January 1981; as Visiting Professor at the New Jersey Plastic Surgery Service, New Jersey Medical School, New Brunswick, New Jersey in June 1981; as Visiting Professor on the Plastic Surgery Service of the Ben Gurion University of the Negev in Israel February 1980; and as Visiting Professor at the Medical School of the National University of Indonesia in Jakarta, and also at Ujung Pandang in Indonesia from February 22 to April 2, 1982 and in 1983 respectively.

In his writing endeavors, he contributed five chapters and eighty-three widely divergent and original papers to the overall plastic surgery literature. He also served on the Editorial Board of the *Cleft Palate Journal* in 1989, and on the Editorial Board of *Advances in Plastic and Reconstructive Surgery* from 1984 to 1991.

In quoting from his own "Autobiography" about his formative years as a plastic surgeon, let us hear from Mike himself as if he were sitting with us over a drink and reminiscing for our benefit in the charming Polish accent he never lost over the many years of his very active life:

I was born in 1909 in Warsaw, Poland then a part of the Russian Empire, where my father was in the lumber business. His particular skill was in surveying large forests and estimating the number of logs that could be produced

from them. Environmentalists today would frown on such an occupation. My mother's role in the family, aside from our general care, was to guide our education, see that my brother and I had piano lessons, which neither of us enjoyed, and that we learn to appreciate the cultural part of life. I can remember being taken to opera and concerts at an early age. I did take to the excitement and colorfulness of opera. I have a particular recollection of Rodzinski who later became an acclaimed conductor in America . . .

. . . Due to quota restrictions in Poland for Jewish students who wished to go to medical school, I matriculated to the Medical School in Zurich, Switzerland, reputed to be one of the best in Europe. I have very happy recollections of the six years I spent in Switzerland. It was obvious to me that medicine was the correct profession for me. Unfortunately the financial condition of my family deteriorated greatly in 1930 and my stay in Zurich became a problem for them. Luckily, the medical student in Switzerland, in his late clinical years, had many opportunities to earn money by working as an assistant in small clinics or serving as a *locum tenens*, covering practices for physicians in rural areas. I was a good student and had no difficulty in being recommended for such positions during vacations. I was a kind of family practitioner, occasionally moving unexpectedly into dentistry when a painful tooth had to be pulled.

In my last year of medical school, when my mandatory courses were completed, I spent almost a year as an assistant in a hospital in Schinznach. I visited there with my wife some forty years later and, of course, found the place greatly expanded and almost unrecognizable. I felt a little like Rip Van Winkle on his return to the real world after his twenty year sleep.

The question of what to do on completing my medical studies was resolved by the proverbial 'Uncle in America' [Jacques Maliniac, M.D.]. On a few occasions, when I had met him on his visits to Europe, he told me about the new specialty of plastic surgery and suggested that I join him when I obtained my degree. During my medical school years I had little exposure to plastic surgery. I was attracted to internal medicine and pathology and wrote my graduation thesis in pathology.

However, toward the end of my studies, I realized that my opportunities in Europe were very limited and decided to emigrate to America. To prepare myself, I tried to learn something about plastic surgery. Our professor of surgery, Professor Clairmont, an impressive and flamboyant figure from the Viennese school, served as an unforgettable model for his students. One of the young assistant professors, Dr. Churg, (who later became chairman of the department) offered a course in reconstructive surgery. According to University rules, at least three students were required for an official course. I beat the bushes and recruited two others to launch this course. It was patterned after the early works of Lexer, dealing with tissue transplantation, skin, tendons, bones, etc. Sometime in 1932-33 I attended a meeting of an international plastic surgery group in Paris. The subject was breastplasty. Dartigue presented his amputative mammoplasty with a free nipple graft, a forerunner to Thorek's method. This started a polemic, which continued for almost three decades, about the place of this procedure in relation to transposition.

Before going to America my uncle arranged for me to spend two months with Mr. Kilner in London to observe

his work and hopefully to learn some English. Plastic surgery in England at that time was more advanced than in the States and was recognized as a specialty. It was centered on two personalities, Gillies and Kilner. The latter was especially nice to me and I followed him every day to the hospital operating room and on rounds. On several occasions I went to observe Sir Harold Gillies operate in the clinic on Harley Street. There was always a large retinue of visitors there from all parts of the world. I have always regretted that this visit with the two old masters of plastic surgery took place so early in my development. It was years later that I understood and appreciated properly what I had witnessed—Kilner's meticulousness, his methodical approach and skill in execution, and Sir Harold's ingenuity and ability to improvise . . .

A few weeks after my arrival in New York in 1934, I found myself on the house staff at Beth Israel Hospital . . . arrangements for me to be on the ENT service had been made by my uncle who considered otolaryngologic training as basic for plastic surgery. This had been part of his training and that of any other plastic surgeon in that era (Gillies, Sheehan). In the 30's, there were very few plastic surgery services with surgical orientation; only one, Dr. Webster's was just being organized in New York City. In fact, all the plastic surgery at Beth Israel at that time was done on the ENT service and included breastplasties. I was fortunate in being invited to assist Dr. Arthur Barsky and a few other surgeons performing plastic surgery. For the most part, otolaryngology was quite different from what it is today. It consisted of simple and radical mastoidectomies, surgery of the paranasal sinuses, tonsillectomies, SMR and endoscopic surgery, treating perisinal abscesses, beginning encroachment on the inner ear, otoplasties, and rhinoplasties. Intraoral pharyngeal and laryngeal tumors were mostly treated by radiation.

This was the time when the house staff was not salaried, having an internship being considered a privilege. We lived in interns' quarters and had full maintenance. Meals were definitely not gourmet quality but I was lucky enough to be invited to dinner frequently by a young lady who was later to become my wife (not on the strength of her culinary skills alone). Residents were not supposed to marry during their residency, though a few did so clandestinely.

Several nights in the week, I went to adult school to learn English (I hate to think about the intelligibility of my early histories and physicals). The evening school for new Americans like me was very much in the mood of Leo Rostand's "The Education of Hymie Kaplan." Among the sixty students were several PhD's, MD's, scientists, writers, and many who barely had a primary education. Most came after a day's work and absorbed instruction subliminally. It was not unusual to hear a few low-key snores. Students came with many different language backgrounds, though German was predominant. Since this was my only formal English education (practice and polishing went forward on a rowboat in Central Park), I applied myself fervently and made good progress. I still have fond memories of our teacher, a Mr. Davidoff, who presided over this tower of Babel with high purpose and humor. Not only did he teach us to recite Whitman's poetry, but he inculcated in us the spirit and values of our adopted country.

In 1935, I left the House Staff at Beth Israel Hospital . . . and became Dr. Maliniac's assistant. This was considered apprenticeship training, not uncommon for that time. The longterm residency had not yet become a man-

datory requirement. In later years when I was committed to a training program for plastic surgeons, I often compared it to my own education. I think I am probably the last one who entered the specialty with an unstructured and little supervised surgical education. Many other surgeons had followed this path of preceptorship training supplemented by their own efforts to fill in the gaps. A well-motivated young surgeon could make this route equal to a good residency training, but it was more tedious, more time-consuming and required more self-sacrifice. It depended on many fortuitous opportunities and is, of course, impossible to evaluate by any mass method of examination. I was lucky in my preceptorship. I acquired an appreciation of sound plastic surgery, a strong commitment to patients, and I participated in a great deal of good surgery. I had somehow to find the additional opportunities to broaden my experience, to augment my knowledge of basic sciences, and to obtain extensive operating experience.

Dr. Maliniac and I worked in three or four hospitals. My job was to work-up patients before surgery, assist at all operations, take care of patients post-operatively, both in the hospital and in the office. The practice was both reconstructive and cosmetic: nasalplasty, rhytidectomy, blepharoplasty, otoplasty, reduction mammoplasty, reconstruction of congenital, traumatic and neoplastic defects, clefts of the lip and palate, burns sequelae. I was often dispatched to the library to review the literature for papers Dr. Maliniac was writing. My reading was of help to Dr. Maliniac but it also gave me a much broader understanding of the range and potential in plastic surgery.

Dr. Maliniac was a skillful and innovative surgeon. I remained with him for almost six years. In the last three years, I began to have a few private patients of my own. Also I became a voluntary assistant in pathology in Dr. Klemperer's department at Mt. Sinai Hospital where I worked, as much as my time allowed, on experimental projects in dermatopathology (pigmentation). I also took every opportunity to visit other surgeons, observing their work and getting to know them personally . . .

In 1941, I left Dr. Maliniac. My practice was very modest, but with my clinic service obligations, a few private patients and the research project at Mt. Sinai Hospital, my schedule was as full as I could handle.

In 1940, I married a young lady whom I had known for a few years, (the one who fed me in my leaner years) and who has played a major role in my life, tolerating my workaholic life-style, supporting and collaborating with me in all my endeavors.

During the first few years of our marriage, we lived more on her social worker's salary than the small income from my practice. Our life-style, by today's standards, was super-simple. We sometimes splurged on dinner at a nearby Greek restaurant for one dollar. There were many things to enjoy in New York that were free and we took advantage of them. The 92nd Street YMHA offered excellent lectures, movies, concerts at affordable prices, and was a favorite haunt of ours. We viewed our future optimistically.

And with these words of Michael echoing in our ears, let us leave him musing on those earlier years when he first met the vivacious and indefatigable Berta to whom we all express our deepest heartfelt sympathy at his passing.