Nathan Thorne Griscom, MD (1931–2019)

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Received: 15 October 2019 / Revised: 15 October 2019 / Accepted: 21 October 2019 / Published online: 15 November 2019
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Nathan Thorne Griscom, MD, legendary pediatric radiologist, teacher and mentor to generations of radiologists and radiology technologists, died Sept. 27, 2019. He was 88 years old.

N. Thorne Griscom was born in Philadelphia, PA, on June 21, 1931. He was educated in New Jersey in the Quaker tradition at Moorestown Friends School and graduated from Haddonfield High School in 1948. At the end of his college application interview at Harvard University, he was asked whether he had any questions. He said, “Money is tight; any possibility of scholarships?” The interviewer responded, “We don’t have to worry about that here.” Still he chose to attend Wesleyan University instead, where he was a member of the Phi Beta Kappa honor society. Thorne went on to attend medical school at the University of Rochester School of

Medicine, again distinguishing himself by election into the Alpha Omega Alpha Honor Medical Society.

It was in Rochester, NY, that he met his wife to be, Joanna Starr. Jo attended Connecticut College, majoring in voice. After spending a year at the Katharine Gibbs School, she moved to Rochester and worked at Strong Memorial Hospital. Thorne and Jo both belonged to the Bach Oratorio Society. They were married from 1955 until her death in 2010. They had four children — Elizabeth, Daniel, Elinor and Matthew, of whom three survive, and seven grandchildren. Thorne and Jo sang together in many choral groups in the Boston area. She was a soprano and he a tenor. In 1969, they became members of the Cantata Singers, performing with that Boston-based group for more than 20 years. Thorne reluctantly withdrew from singing after hearing loss made it too difficult to continue.

After 2 years as a pediatrics resident at Massachusetts General Hospital (MGH), he joined the United States Army in 1958 and was assigned to Fort Sam Houston in San Antonio. By then, Thorne had already decided on a career in

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radiology. The opportunity arose for him to obtain informal training in radiology, and for 2 years he worked as an assistant radiologist at the U.S. Army Hospital in Fort Sill, OK. Although there was no formal training and little teaching, this opportunity afforded him a great deal of experience. In 1960, he returned to the MGH to complete his residency in radiology.

A departmental holiday party led to a chance encounter with Dr. Edward B.D. Neuhauser, then chair of the Department of Radiology at Boston Children's Hospital (and fellow alumnus of a nearby Friends School). Soon afterward, Thorne received a letter inviting him to join the staff of three radiologists — E.B.D. Neuhauser, Martin (Dick) Wittenborg and Cliff Harris — at Boston Children's Hospital. "One of my friends said then, 'You have just been offered the best job in the country,'" Thorne recalled during an interview in 2003. "Now I know it really was." Ironically Thorne passed away exactly 32 years to the day after Dr. Neuhauser.

During his prodigious career in Boston, Thorne made major academic contributions in several areas of pediatric radiology. He was an early practitioner in fetal imaging, performing amniography for fetal diagnosis and more than 360 fetal transfusions for Rh factor incompatibility. Thorne was keenly interested in the newborn and wrote extensively about the radiology of airway obstruction, lung growth, systemic bone disease and other problems. His work on the trachea was crucial in understanding its normal dimensions during childhood, and the effect of intraluminal pressure, obstruction and compression on its development. He was one of the first to point out the effects of tracheal compression on the safety of anesthesia in children. Later in his career, Thorne focused his interests on the history of pediatric radiology. He authored manuscripts detailing the development of radiology at Boston Children's Hospital [1] and pediatric radiology in the United States and Canada [2], along with short biographies of notable pediatric radiologists such as Neuhauser [3] and John A. Kirkpatrick Jr. [4].

Thorne was active in the Society for Pediatric Radiology (SPR) and served as president in 1981. He received numerous awards in recognition as an outstanding educator, including the SPR Gold Medal, and honorary membership from both the SPR and the European Society of Paediatric Radiology. Locally he was awarded the first annual Friend of the House Staff Award, and the John A. Kirkpatrick Teaching Excellence Award, both from Boston Children's Hospital. In 2002, the SPR named its excellence in teaching award after Dr. Griscom, and in 2014, Boston Children's established the N. Thorne Griscom Chair in Radiology.

Toward the end of his career, Thorne published "A Suggestion: Look at the Images First, Before you Read the History" [5]. This editorial highlighted Dr. Griscom's unique style of interpretation. He stated that "the history is valuable, but sometimes misleading." He went on to describe: "[this]

problem has a partial solution: Review the images first, before you read the history; make your observations and come to a preliminary opinion; then read the history; then revise or abandon your opinion as seems best in light of the history and reach a final conclusion." Those of us fortunate enough to interpret images with Dr. Griscom know he practiced this method for every image he reviewed, often culminating in astonishing and miraculous diagnoses.

As such, few trainees or colleagues disagreed with Thorne, simply because he was almost always correct with his diagnosis. However, in an effort to boost the ego of others, he would often fictitiously ask for help on a case, then gently lead you to the findings and make you feel like you had come to the diagnosis yourself.

The accompanying photograph (by Dr. Taylor) shows Thorne at the alternator in the main reading room at Boston Children's Hospital in 2002, doing what he did best: teaching. To all who worked with Dr. Griscom, however briefly in his long and distinguished career, his gifts as a diagnostician and teacher were immediately obvious. For those of us fortunate enough to train under him and then privileged to call him a colleague, he was also a generous mentor and advocate, and a meticulous and tireless editor. For us, however, he was so much more; he was our moral compass. Although the gentlest of men, he was, in his own unfailingly polite way, fierce in his devotion to the noblest ideals of our profession. He held himself, and thus through his example all who worked with him, to the highest standards of conduct, whether in research, in our daily interactions with colleagues or, most important, in the care we provided to our patients and their families. It was of inestimable comfort to know that there was someone who always knew the right thing to do. He was the conscience of our department. Those who knew him will miss both Thorne and the ideals he embodied.

"I have come to believe that a great teacher is a great artist and that there are as few as there are any other great artists. Teaching might even be the greatest of the arts since the medium is the human mind and spirit." — John Steinbeck

References

1. Griscom NT, Teele RL (1993) Radiology at Children's Hospital in Boston: a history. *AJR Am J Roentgenol* 161:887–891
2. Griscom NT (1995) History of pediatric radiology in the United States and Canada: images and trends. *Radiographics* 15:1399–1422
3. Griscom NT (1988) Edward B.D. Neuhauser. *Pediatr Radiol* 18:89–90
4. Griscom NT (1993) John A. Kirkpatrick, Jr., M.D.: A biography. *Pediatr Radiol* 23:250–252
5. Griscom NT (2002) A suggestion: look at the images first, before you read the history. *Radiology* 223:9–10

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