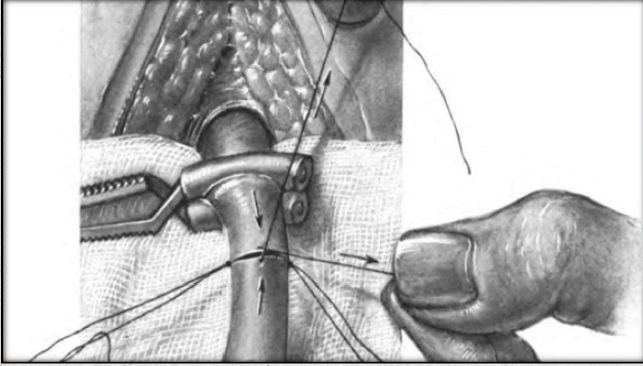


**The 2023 Visiting Speaker Series in the History of Medicine Program
Schulich School of Medicine and Dentistry, Western University**

The History of Medicine Office presents:

2023 VISITING SPEAKER SERIES



2023 VISITING SPEAKER SERIES

Dr. Justin Barr MD, PhD
Duke University
Toronto HPB/Transplant Fellow
Toronto General Hospital

Thursday, November 9, 2023
5:30 - 6:30 p.m.
Rm. 1002, Dental Sciences Building

Reception to begin at
5:00 p.m.
Light refreshments will
be served.

**A Stitch in Time:
Arterial Repair and the Process of Change
in Surgery, 1880-1960**

schulich.uwo.ca/historymedicine/visitingspeaker.html

Schulich
MEDICINE & DENTISTRY

Western

About Dr. Justin Barr:

Dr. Justin Barr is currently working as HPB/Transplant Fellow at Toronto General Hospital. Prior to coming to Toronto, Justin Barr was a resident in surgery and an instructor in history at Duke University, Durham, North Carolina. Barr earned his medical degree from the University of Virginia while simultaneously matriculating with a PhD in the history of medicine from Yale University. Barr also holds a bachelor's degree in history from Washington University in St. Louis.

Justin Barr is the author of *Of Life and Limb: Surgical Repair of the Arteries in War and Peace, 1880-1960* (University of Rochester Press, 2019), which explores the history of arterial repair and investigates the process of surgical innovation by exploring the social, technological, institutional, and martial dynamics shaping the introduction and adoption of a new operation. Justin has published widely in the field; for a complete list of his publications, see <https://www.researchgate.net/scientific-contributions/Justin-Barr-2171837919>

Dr. Barr was kind enough to sit down for an interview with us.

Five Questions with Dr. Justin Barr:

- 1. Can you tell us about the work that you will be presenting in your lecture for the 2023 Visiting Speaker Series in the History of Medicine, Schulich School of Medicine and Dentistry?**

I'll be talking about the development and acceptance of arterial repair, or operations to fix and replace damaged and diseased arteries. I use this operation as a case to explore the process of how surgery changes over time. I remain interested in what doctors and especially surgeons actually do – what historian Erwin Ackerknecht dubbed “behaviorist history” – and how & why such behaviors morph in response to clinical, social, scientific, and economic forces.

- 2. How did you first become interested in this topic?**

I have long been interested in military history and the history of surgery – two fields that unsurprisingly overlap a good deal. I had heard that vascular surgery emerged from the Korean War. This sentence appears in various surgical textbooks in the late 20th century, but I could never find any proof or evidence or interrogation into this declaration. Certainly, authors acknowledged predecessors to the Korean War, especially Alexis Carrel, but nonetheless the literature made it seem like there was no vascular surgery and then, poof, the Korean War happened, and everyone was sewing arteries back together. I wanted to investigate (a) if this was really true, and (b) if so, how did it come to pass?

- 3. Was there anything that surprised you about this project once you got deeper into your research? Or rather, have you ever made a discovery in your work that made you say “wow!”?**

In medicine, we tend to recognize individuals who discover a new disease or invent a new technique, often through eponymy. And, many times, such individual warrant acclaim for their intelligence, perseverance, and courage. But this project reinforced that the moment of discovery or invention is just the beginning of the story. How these discoveries and inventions integrate into the actual clinical practice of medicine is often assumed as self-evident when in fact relies on a constellation of variables. Examining such factors, while perhaps less dramatic than Eureka! moments, nonetheless helps expose the process of change in medicine.

- 4. Congratulations on matching for the Toronto HPB/ Transplant Fellowship. Can you tell us what a typical day is like for you? Or can you have a typical day? And, how has this work shaped or refined your ideas as a historian of medicine?**

No such thing as a typical day in transplant surgery! On any given day, I am variously responsible for procuring organs from donors (deceased and living), implanting them into recipients, managing the hospitalized perioperative patients, and caring for those before and after transplant in an outpatient setting – and I try to squeeze some history research

among these clinical activities. To me, it is the best of both worlds. There is no greater feeling than taking someone dying from liver disease, transplanting a new liver into their body, and watching them walk out of the hospital.

5. How did you originally become interested in the history of medicine? And, why is the history of medicine important today?

I grew up in southern Virginia, a region steeped both in history and the military, and from a young age enjoyed learning about military history specifically. I went off to college planning to major in history but took all the necessary pre-medical requirements, assuming I'd be a doctor interested in history. While at Washington University in St. Louis, I took a course on medieval medical history on a lark, and the course professor was Walt Schalick, an MD/PhD pediatrician/historian, who had leveraged his historical scholarship for academic promotion. I have never even heard of such a pathway but promptly attended his office hours inquiring how I too could unite my vocation and my avocation. The rest, as they say, is history, with Dr. Schalick [now at the University of Wisconsin-Madison] graciously mentoring me ever since.

COVID was terrible in just about every way, but it did highlight quite dramatically the value of medical history. Parallels to prior epidemics emphasized the importance of learning whence we came and what lessons we might extract from that history. It also clearly – and sometimes painfully – demonstrated how a multiplicity of social, political, and economic factors shape medical events; it's never “just” the science. COVID is obviously a dramatic and hopefully a rare example, but that same historical relevance applies universally to surgeries, drugs, disease discoveries, and all other aspects of medicine. Someone once told me: there is nothing new – only history we do not yet know!