Decades before answering machines and cell phones had infiltrated daily life, patients had the security of knowing that their surgeon, Dr. Howard Graney, was just a phone call away.

A 1933 graduate of the College of Osteopathic Medicine, Dr. Graney died this past October at age 94. Thirty-five years after he stopped practicing, Dr. Graney is still recognized as a pioneering osteopathic surgeon in Des Moines and as a guiding force nationally in the American College of Osteopathic Surgeons.

Among those who were privileged to have known Dr. Graney, he will long be remembered for his concern for patients. He was accessible day and night. In fact Dr. Graney encouraged patients to call him at home if they had questions about their surgery or follow-up care.

"Dad had a wall phone installed by the dinner table so he could take calls from patients during meals and at other times," says Harriet Harrow, one of Dr. Graney’s three daughters. "He felt strongly that doctors should be available to their patients." Few evening meals in the Graney home escaped interruption. Patients often called with questions, and nurses knew they could call Dr. Graney if something didn’t seem right with one of his patients. Many nights, after receiving a call and sensing that a patient truly needed him, Dr. Graney would leave the dinner table and drive back to Des Moines General Hospital.

In Dr. Graney’s thinking, doctors were obligated to take calls from their patients. At the 1977 convention of the American College of Osteopathic Surgeons, where Dr. Graney received the highest award presented by the college—the Orel F. Martin Award—he gently lectured colleagues that surgeons shouldn’t have unlisted numbers or use answering services.

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manner as for his skills in the operating room and his leadership in the osteopathic profession. These characteristics defined Dr. Graney to his patients and peers. Acquaintances recall him as both doctor and friend to patients. In every situation, he was always a gentleman. "Kindness and humility were the outstanding characteristics that set Dr. Graney apart," says Kendall Reed, D.O., dean of the College of Osteopathic Medicine. "He took time with patients, and was always humble about what he was doing."

Dr. Graney trained in surgery and practiced at Des Moines General Hospital after graduating from COM in 1933. He became chief of surgery in 1940, a position he held for 31 years. He helped establish the surgery residency program at Des Moines General and directed the hospital's expansion at a time when osteopathic and allopathic surgeons maintained distinctly separate practices. During his tenure, the hospital expanded from 35 beds to 170 beds and became a leading and respected health care provider. Fiber-optic surgical instruments were still years away when Dr. Graney retired in 1971. Even so, today's medical students could take valuable lessons from the service and timeless values that shaped Dr. Graney's professional life. He combined surgical skill with a sensitive bedside manner, emphasizing that a physician's first responsibility is listening to the patient. He understood that more than just a courtesy, attentive listening aided diagnosis. His personal care and interest for patients shone through. He understood that patients recover more quickly, both physically and emotionally, when they perceive their doctor truly cares for them.

"Dad was a person who touched people," says Kathleen Finkenauer, a daughter who lives in Johnston, Iowa, just north of Des Moines. "He laid hands on. He would touch people when he talked to them, assuring them they were going to be all right." Finkenauer recalls that when she and her sisters were teenagers, they were aware their dad occasionally took calls from people whom they referred to as the "Chosenones"—patients who weren't really ill but kept calling anyway. Their father never turned those patients away. "He was never one to get upset," Finkenauer says. "Dad would listen intently. He recognized that most of the time, these patients just wanted someone to listen."

Despite his caring demeanor, however, Dr. Graney's reasons for entering medical school were unapologetically pragmatic. "One day I was pressing pants in a tailor shop," Dr. Graney revealed during a conversation. "It was extremely hot and I thought, 'Do I want to do this for the rest of my life?' And I said, 'No, I don't think so. I'll go take osteopathy.' "

A brother-in-law who graduated from COM in 1927 played a prominent role in Dr. Graney's decision to become an osteopathic physician. But neither did the brother-in-law's influence stir the compassionate side in Dr. Graney. "What influenced me," he said, "was that one week he had an income of $535. That influenced me more than anything, if you want to know the truth."

"That was behind my drive to take care of the human race, to get away from a hot press. It wasn't that I was going to take over the fire." – Andrew Taylor Still

Dr. Graney. "Let your light so shine before man that the world will know you are an Osteopath pure and simple, and that no prouder title can follow a human name."

ABOVE and LEFT: Subzero temperatures and firefighting equipment turn the remains of the burned-out hospital into an icy monolith.

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Howard Graney, D.O.

Pioneering Osteopathic Surgeon

Education
D.O. Degree, 1933, College of Osteopathic Medicine
Postgraduate surgical training, Des Moines General Hospital

Academics
Professor of Surgery, COM, 1939-1946
DMU Board of Trustees, 1958-1958
Honorary Doctor of Science, DMU, 1998

Des Moines General Hospital
Chief of Surgery, 1940-1971
Board of Trustees, 1942-1971
Directed Hospital Expansion

Professional Positions
American College of Osteopathic Surgeons, Fellow, 1948
Member & Consultant, American Osteopathic Board of Surgery, 1947-1973
ACOS Program Chair, 1990, ACOS meeting in Des Moines
ACOS President, 1958-59
ACOS Oral F. Martin Award recipient, 1977

Personal
Married 70+ years to Guinevere, who preceded him in death. Three daughters, five grandchildren, and eight great-grandchildren

Married 70 years to Guinevere, who preceded him in death. Three daughters, five grandchildren, and eight great-grandchildren

ling to try to clean up the world."

The time Dr. Graney spent pressing pants in a tailoring shop in Perry, Iowa, didn’t go to waste. “One of the jobs dad had when he attended medical school was with a dry cleaning establishment that also offered tailoring,” says daughter Harriett Harrow. “He did tailoring jobs part-time, which of course was excellent training for the suturing he learned as a surgical student. We daughters have fond memories of dad sewing on buttons and doing various other tailoring functions for us while we were growing up. He was extremely adept with a needle and thread.”

Dr. Graney’s third daughter, Carol DeChant Reinisch, saw another side of her father while working at Des Moines General Hospital. “One summer when I was working as a nurse’s aid riding to work with dad early in the morning, I noticed some newly purchased children’s activity books in the front seat—coloring books, dot-to-dot, and so forth,” she says. “I asked about the books, and dad said he bought them for a patient, a boy about age 6. I don’t recall what was wrong with the child, but it struck me that even then, it must have been unusual for a surgeon to buy materials to occupy a boy during his time in the hospital.

“I got a new perspective on dad, that he was paternal to other children, too, and that he was a complete doctor—attending to a young boy’s fear and discomfort of being alone much of the time in a strange place while ill. Nei-

Some time after Dr. Graney retired in 1971, one of his daughters asked whether he missed surgery. No, Dr. Graney replied, he didn’t miss it. He had done everything he hoped to achieve. But one dimension of medicine, he said, had been hard to leave: “I do miss the teaching.”

In the spring of 2005, Dr. Graney was admitted to Mercy Capitol, the former Des Moines General Hospital where he spent his professional life. Dr. Graney had a perforated ulcer, which normally is repaired surgically. For a patient age 94, surgery of course carried heightened risks. There was a chance Dr. Graney would die if he had the operation. But then most patients with the same condition die from not having surgery.

Dr. Graney fully understood what was wrong with his INDEPENDENT SURGERY HOSPITAL 1958-1971

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History Intertwined

Des Moines General & Howard Graney:

Renamed Surgery Fund
Honors Dr. Howard Graney

A surgery fund established several years ago by Des Moines University has been renamed the Howard A. Graney Surgery Fund. The fund was established to help students and residents cover the costs of attending professional meetings and conferences. The fund also covers monetary awards to students and residents who excel in surgery.

The fund was fittingly renamed in honor of Dr. Graney, who was the first to graduate from the surgery residency program at Des Moines General Hospital. He performed surgery at Des Moines General from the time of his graduation from COM in 1933 until his retirement in 1971. During that time, he trained scores of surgeons and helped strengthen osteopathic surgery at the local and national levels.

Contributions to the Howard A. Graney Surgery Fund can be sent to: Dean's Office/COM, Des Moines University, 3200 Grand Avenue, Des Moines, Iowa 50312.

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body. The perforated ulcer didn’t hurt much, he said, so he decided to leave it alone. “I know my body, and I think the perforation will heal by itself,” he told physicians and family members. So the hospital staff gave him antibiotics and watched him for a few days. And sure enough, he got better. He went back home to Johnston, Iowa, where he lived near his daughter Kathleen.

After leaving the hospital, Dr. Graney lived another seven months and enjoyed relatively good health most of that time. “It’s just an indication of how in tune this man was with himself, with his body and with reality,” Dr. Reed says. “He called it right again.”

Dr. Graney and his family shared in “a good death” last October. His passing caught no one by surprise. At age 94 he had lived a long, full life, and death could be held at bay only so long. Dr. Graney’s health had declined gradually for several months, which gave family members and friends time to visit and say their good-byes.

Four days before he died on October 22, 2005, Dr. Graney slipped into a coma and never regained consciousness. During those last few days, he would occasionally give voice to jumbled bits of memory stored from childhood. All the while, his hands were busy, not in random movement but in deliberate, careful motions, as though he were stitching and tying off knots. Somewhere in the recesses of his mind, Dr. Howard Graney was still engrossed in the profession he loved. He was still performing surgery.

His quiet, gentle style and warmth of character were reassuring. He taught with love, respect, and a profoundly philosophical approach. He never belittled pupils, whether a junior student or third-year resident. Dr. Graney was well read. He brought to the hospital scientific journals, so we appreciated Dr. Graney’s kind act of bringing this valuable source of learning to us.

Dr. Graney had the gentlest of hands, and touch when handling tissue. There were no loud gestures of kindness was not an overpowering show of authority, and no unnecessary moves. Dr. Graney had the gentlest touch when handling tissue. Even patients who had undergone major bowel resection-anastomosis were able to ambulate and start eating liquid or semisolid food within three or four days after surgery. The patients of most surgeons took twice as long to reach postsurgical ambulation. Postoperative complications were almost nonexistent among Dr. Graney’s patients.

The last surgery we did together was a gallbladder removal. We started the case, and in the middle of the procedure Dr. Graney asked me to move to his side of the operating table. He handed me the instruments and told me to finish the case. He gently tossed the forceps aside and walked away, tears rolling down his cheeks. That was the spring of 1972, and the last time this wonderful, talented, gracious surgeon would walk away from the operating table.

Dr. Graney’s love, respect, and a profoundly philosophical approach.

Watching Dr. Graney perform surgery was like attending a well-rehearsed symphony performance. There were no loud voices, no booming commands, no overpowering show of authority, and no unnecessary moves. Dr. Graney had the gentlest touch when handling tissue. Even patients who had undergone major bowel resection-anastomosis were able to ambulate and start eating liquid or semisolid food within three or four days after surgery. The patients of most surgeons took twice as long to reach postsurgical ambulation. Postoperative complications were almost nonexistent among Dr. Graney’s patients.

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