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Obituary

Professor D. Benjamín Narbona Arnau[☆]



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In Valencia on the 15th April, Prof. Benjamín Narbona Arnau, a leading Spanish and international surgeon during the second half of the 20th century, passed away at the age of 90.

Professor Narbona was born on July 2, 1924 in Valencia. His father was a notable Valencian urologist, gynaecologist, and dermatologist who sparked his interest in medicine; his mother died shortly after his birth. After passing the State Exam with special distinction, he studied at the Medical School of Valencia (28 honours from 30 subjects), receiving the Extraordinary Degree and Doctorate awards, and the bronze Víctor in a national academic contest. He specialised in surgery at the “old” Provincial Hospital with Professors José Tomás López-Trigo, Alfonso Lafuente Chaos, Francisco Martín Lagos, after whose transfer to Madrid he continued with his assistant (and full professor) Prof. José Gascó Pascual. In this period, he acquired extensive surgical training in general surgery, with special dedication to thoracic surgery.

Dr. Narbona was always a general and thoracic surgeon, although many surgeons only related him with digestive surgery, in which he undoubtedly developed permanent and substantial activity after his initial publications. But it was thoracic surgery in all its dimensions—cardiovascular and thoracopulmonary—that he liked the most, together with

general and oncological breast, endocrine, and digestive surgery. This wide spectrum of intense activity led to the numerous developments and technical innovations that he was known for. He became a pioneering surgeon of great scientific repute in Valencia, Spain, and the surgical world for more than 45 years (1952–1996), always working from his “professional home”: the “old” and then the “new” Provincial Hospital, and later the General University Hospital.

All his medical and academic positions were achieved by public examinations: intern, resident, practical class assistant, Assistant Professor, 3 public examinations for full Professor with 6 votes—which did not come to fruition for reasons that had, let us say, little to do with his brilliant, demonstrated theoretical, and practical presentations—although this did not affect his loyalty to his profession or his academic and university persona: tenured Professor at the Medical School of Valencia (34 years), Head Professor (Head of the Surgical Department) at the General University Hospital (27 years), Professor responsible for surgical pathology 1958–1960 at the Medical School, and from 1978 to 1989 at the General Hospital. During his lengthy career, his knowledge was broadened under his foreign masters: Brunner (pulmonary surgery, in Zurich), Derra (superficial hypothermia, in Dusseldorf), Drew (deep hypothermia, in London), Abrahms (cardiopulmonary surgery and pacemakers, in Birmingham), and with Lortat-Jacob in Paris and Santy in Lyon, in esophagogastric and hepato-pancreatic surgery.

Assimilating this brief account required much imagination to go back to the 1950s and 60s (I began my studies with Professor Narbona in 1970) in order to comprehend what it was like at the “old” Provincial Hospital and in the “new” Hospital after 1962 and during the first 15 years of his professional activity. Technical means were limited, others were semi-obsolete, funding ranged between limited and non-existent, the reference library was small, means of communication (i.e. postal mail) entailed unquantifiable delays, and transportation and roads were still underdeveloped. It is hard to fathom how the young Dr. Narbona could introduce, know,

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apply, develop, and even innovate in the “scientific-technical” general surgery of the times that was emerging from the United States, United Kingdom, Germany, and France. Dr. Angel Elarre has told a story about Dr. Narbona travelling on several occasions from Valencia to France and Germany in his Renault 4-4 or his Renault Dauphine along with Dr. Enrique Malboissón and Dr. Elarre himself. With an average height of 1.80 m among the three men in a 21 CV utilitarian vehicle measuring 3.6×1.4×1.4 m, the cars only reached their maximum speed of 90 km/h when going downhill!

D. Benjamín always demonstrated a scientific personality both inside and outside the operating room and hospital, agglutinating his extensive medical, biological, and humanistic wisdom in his commendable teaching capacity of all the extensive general surgery areas that he dominated. Patients were always his main concern, his obsession, and their best possible postoperative state of well-being was his goal. His knowledge was always supported by the biological grounds of surgery and consolidated by his extraordinary work ethic, which he combined with his magnificent and uncommon technical-surgical skills (e.g., he performed closed mitral commissurotomies with the *Narbona lever* in less than 45 min, or proximal gastric vagotomies in less than 30 min, etc., as seen in his real-time videos). But it was his profound and agile intuition that provided the ingenuity to develop and innovate more effective surgical techniques that better protected patients. This led him to write critical reviews in order to improve recognised gold standard techniques, whose unsurpassable qualities he questioned. Dr. Narbona operated every day in at least 2 of his 3 operating rooms. He treated moderately or highly complex conditions, while perfecting his particular style of surgery. “Each patient is a lesson that you must be able to read and put into perspective,” he used to tell us. Other thoughts that inspired him since his younger days were to “apply intuition for invention and thoroughness for demonstration” (Arquímedes) and “measure what is measurable, and make measurable what is not so” (Galileo).

Dr. Narbona’s curriculum is extensive, with more than 600 publications in national and international journals as well as other communications, in which quality takes precedent over quantity. He initiated his publications in 1947 in traumatology and urology (doctoral thesis). He wrote dozens of monographs and reference book chapters, including: *Patología esófago-frénica* (1974); *Vagotomía gástrica proximal* (1977); *Hernia hiatal. Reflujo gastroesofágico* (1982); *Cirugía del ulcus gástrico* (1991); *The sling approach to the treatment of reflux peptica esophagitis* (Nyhus-Condon, 1989); *The Narbona sling repair for gastroesophageal reflux* (Nyhus, Wastell, and Donahue, 1995), etc. Some of his numerous relevant articles from the 1950s are, for example: 14 articles in collaboration with Prof. Gascó about 100 pneumonectomies, the first lung and oesophageal resections in the Community of Valencia (1951–1952); pulmonary hydatidosis, aganglionic megacolon, etc.; his digital-instrumental technique for mitral stenosis (*Narbona lever*) 1954; and in 1958, the first open-heart operation in Spain with hypothermia and induced cardiac arrest. From the 1960s: his cardio/gastropexy technique with the rough ligament–terescardiopexy (1964)–modified Tomoda gastropexy, 200 pneumonectomies, selective vagotomy, aortic stenosis, ductus, bronchial fistulas,

arterial reconstructions, pacemakers, etc. In the 1970s, he initiated in Spain superselective vagotomy and intraoperative gastric pH metre control (VIII/1970), 565 cases of mitral stenosis; cardiac valvuloplasties and congenital heart disease with extracorporeal circulation; the transhiatal approach (1972)–later published by Pinnoti–in cancer of the oesophagus and cardias, etc. In the 1980s, he delved into intraoperative oesophageal manometry studies in humans, dogs, and bats; transphrenic suprahepatic access (1987); numerous experimental studies of the interior oesophageal sphincter; Collis abdominal gastropasty with fixation of the round ligament for anti-reflux; the Roux-en-Y loop for independent drainage of the pancreatic stump after pancreaticoduodenectomy (1987); the production of Barrett oesophagus in dogs (1994), etc. A large part of his activity was reported and developed in a theoretical/practical manner with live surgery, mostly in the 20 International Courses for Updating and Perfecting Surgical Techniques, 9 Courses in Thoracic and Cardiovascular Surgery (several international) presented in the General Surgery Unit of the General Hospital, and 25 interdisciplinary oncology courses, also at the Hospital. Dr. Narbona also participated in more than 300 medical congresses, meetings, symposiums, etc., to speak about his work.

His merits include: San Nicolás Prize, Peregrín Casanova Prize, *Académico Corresponsal y de Mérito* Prizes from the National Royal Academy of Medicine, the Royal Academy of Medicine and Surgery of Murcia, the Surgical Society of Alicante and the Academy of Medical Sciences of Barcelona; *Académico de número* from the Royal Academy of Medicine of the Community of Valencia; the Virgili Prize from the Catalan Society of Surgery; Honorary Member and Gold Medal from the Valencian Society of Surgeons, Society of Digestive Pathology and the Spanish Association of Surgeons; President of the Spanish Association of Surgeons (1982–86); Member of the Board for Central Hospital Coordination (Health Ministry) and the Commission of Digestive and General Surgery; Founding Member and Delegate until 1987 of the Collège International de Chirurgie Digestive; Founding Member of the International Society for Diseases of the Oesophagus (ISDE); Founding Member of the Spanish Society of Cardiovascular Surgery; President of the Royal Academy of Medicine of the Community of Valencia (2008–2010), etc.

All my training is thanks to Benjamín Narbona and his team at that time: Doctors Elarre, Molina, Olavarieta, Sancho-Fornos, Fernández Centeno, Cervera, and Fuster. Classmates and residents from that period, and disciples of Prof. Narbona, were Doctors Vidal, Sastre, Calvo, Raul Villalba, Sergio Villalba, Lloris, Zaragoza, de Lera, Rodríguez, Canet, Todolí, Diestro, Medrano, Ariño, Del Rosal, Tamimi, Chamma, Palomar, Amorós, etc. To conclude, I would like to briefly highlight some of his exemplary qualities:

- As a teacher: Prof. Narbona taught us his experience, his methodology, his techniques, and the reasons behind his developments and innovations, based on the biophysical and biological fundamentals of surgery. He always reminded us that what was most important is to know *what should not be done in the operating room* and to always identify and calculate the benefits, risks, and consequences

if the *red line of no return* was deliberately crossed during complex or high-risk surgery.

- As a researcher: his objective was to always study, measure, and compare in order to deduce and try to improve techniques and avoid falling into the “same old, same old” or the usual inflexibility of the dogmatic gold standards in his never-ending search for the *best option for the patient, with the least risk*. His intuition and common sense led him early on to this cyclical from of observation and research, analogous to what was done by Deming, who was virtually unknown at the time. For this reason, patient files and surgical patients with certain pathologies were reviewed and frequently called for examination to monitor their progress, all of which was made possible by the organised, intuitive and rigorous triple-copy files that he began in 1962 at this Hospital, before the advent of computers.
- As a person: he was a contagious example of ethical, honest, and responsible behaviour, with an extraordinary work capacity both in and out of the Surgery Unit and in and out of the medical setting. I have had the luck, honour, and pride to work beside Dr. Narbona for many years at the

General University Hospital, our professional home, and to accompany him in this last stage of his life. I have recently returned from an International Abdominal Wall Course at the Universidad Autónoma de Temuco (Chile), where some surgeons from Guanajuato (Mexico) continue to perform his *cardio/gastropexy with the round ligament* technique, with good results. For this reason, I was greatly saddened to not have returned in time to relay this gratifying information that would have undoubtedly been his last professional joy and accompanied him towards resting in peace.

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