

Remembrances of A. D. “Ziggy” Sears, MD



A. D. Sears, MD

Don Allen

I have fond memories of meeting Dr. Sears in 1980 for my interview. It was “California Cool” meets “Texas Gentleman.” His presence garnered respect, admiration, and on many occasions a twinge of intimidation.

Dr. Sears had confidence, determination, and a passion for the science of radiology. His love for and intrigue with imaging toys was his gift to Baylor and our patients. On occasion, he was a little too close to

the leading edge of technology for his partners. His “Holy Grail” was the ultimate automated image interpretation delivery system. Some of the technology he brought in was comical. If you were to ask some of his mature colleagues about the “beep, beep” device, they would probably still laugh. It was a nightmare.

Dr. Sears left me with this legacy: “Never let the hammer go silent in radiology.” He was a man of vision, inspiration, and constant planning.

I saw two sides to the Texas Gentleman: one when he had his feet on the ground firmly planted in leadership and authority, and the other when those custom black cowboy boots went up on the desk. When he would lean back in his chair, pipe in hand, I knew I was going to be privy to the thoughtful, humorous, philosophical, fatherly West Texas Gentleman.

Jerome H. Arndt, MD

The mid-1960s were not normal times for radiologists and hospital administrators in this country. Dissension over the traditional percentage contract had culminated, and the lightning rod for the conflict was Baylor University Medical Center (BUMC) in Dallas, whose chief executive officer was the president of the American College of Hospital Administrators and whose chief of radiology was the chairman of the Board of Chancellors of the American College of Radiology and the most visible proponent of “separate billing,” radiology’s proposed alternative.

In spite of all of the fuss, considerable progress had been made at Baylor, and the principal issues remaining in early 1966 were the timing and sequence of implementation. Unfortunately, injudicious statements had also been made and once they were

widely publicized, quiet resolution became virtually impossible. A change was necessary, and Dr. Sears was appointed chief of the Department of Radiology. This was a task he had effectively been handling, without title, and a position he had not sought. Nevertheless, in the aftermath of his appointment he was scoured with criticism from ignorant or misinformed individuals who, from afar, somehow deemed themselves enlightened. His response: “Slander will smother itself.” As long as those who knew the truth stood by him, he would never look back.

Dr. Sears had always had an appreciation of professional talent and an ability to recognize potential (or a lack of it) in new imaging modalities at a time when many began arriving on the scene. He could be impatient with delays and sometimes circumvented channels he considered ineffective or dilatory. When only two computed tomography (CT) scanners were in place in the country, he submitted a request for one. After bearing almost 6 months of seeming inaction, he asked that I accompany him to Boone Powell, Sr.’s office, where he laid examples of what a CT scanner could do in front of Mr. Powell and said, “Boone, I don’t care who the government *designates* as the stroke center for North Texas. The hospital that has this scanner *will be* the stroke center.” Our first scanner was ordered that afternoon.

Later, with our first magnetic resonance (MR) unit, a parallel situation occurred. When I encountered a construction crew at work on that area in the Truett basement and asked the foreman what they were doing there late on a Sunday afternoon, he replied, “Your boss got to the big boss, and the big boss told me, ‘Ramon, I’ve got bad news and good news for you. The bad news is if you don’t get this job finished before Parkland does, you’re going to be out on Hall Street picking up tin cans. The good news is your whole crew will be out there with you!’” Baylor’s MR unit was the first one running in Dallas.

Running a residency program was not Dr. Sears’ cup of tea. He turned that over to the program director on day one and for the most part did not interfere. I did at one point, however, have to offer my resignation if he persisted in his plan to turn the residents’ classroom into a storage area for gurneys. He appreciated the importance of a residency program, but in his mind patient care always had priority. He was also not one to participate in a formal lecture series but was a willing and extremely able participant in solving problem cases. An admiring cohort once said: “Ziggy Sears can make the best diagnoses from the worst studies

of anyone I have ever seen.” Zig was also a major contributor to our teaching file, an archive that grew to over 13,000 cases.

During his tenure as chief, the residency program flourished, a fact that was first demonstrated in 1979, when comparative scores on the American Board of Radiology written examination were made available to program directors. From that year until 1991 when he retired, the BUMC residency scores *averaged* the 92nd percentile and were highest in the nation (99th percentile) twice. Those figures compare resident performance at BUMC with that of all other US radiology programs, including the Harvard, Yale, and Stanford programs.

We enjoyed the luxury of selecting from the best medical students for residents and from the best residents for staff, from our own and other programs. And they stayed at BUMC. In the 30 years following the furor of the 1960s, not a single radiologist left our department to go into practice elsewhere. The staff grew from 8 to 28 and the residency from 6 to 16. Pride in Baylor and in the department was one reason this occurred, but beneath it all was the rectitude and the quiet, unswerving devotion of one man who made Baylor Hospital, the welfare of its patients, and the Department of Radiology his life.

Addendum: Zig rarely took all of his allotted vacation and some years didn't take any. His hobby was his “farm,” which he tended on Wednesdays, his day off, and on weekends. He died on a Wednesday, and my first thought was, “Yes. Dying is personal, and Ziggy Sears does personal things only on his own time.”

W. Phil Evans, MD

I met Dr. Sears when I was a medical student on an internal medicine rotation at BUMC in 1970. Our relationship grew as I returned for an externship in radiology and a radiology residency and continued after residency as an attending radiologist. Throughout my career at Baylor, respect for Dr. Sears was unparalleled in degree and broad in scope. He was uniquely qualified for his position yet so down-to-earth that a casual observer may not have recognized him to be the “chief.”

In the 1960s, Dr. Sears had been through an exceptionally difficult time when several radiologists left Baylor because of a dispute with the administration. The battle was quite bitter, but Dr. Sears held firm with the side of reason and patience. Although the exodus had local and even national repercussions, the experience provided Dr. Sears with a greater understanding of what it took to develop an outstanding radiology department. As president of Radiology Associates, PA, and chief of radiology at Baylor, he recruited many outstanding radiologists, including Drs. Arndt, Plum, Hawkins, Greenough, Steinbach, and others. Over the next 3 decades, Dr. Sears and his colleagues built one of the leading radiology departments in America.

The 1970s were the beginning of many breakthroughs in imaging, including ultrasound and CT. Almost a decade earlier, Dr. Sears had heard about mammography (breast radiology) and its ability to find breast cancer before it could be detected on physical examination. He had even gone so far as to purchase a mammography unit for the radiology group. He studied with the leading mammographer of the time, Robert Egan, MD, at M. D. Anderson Hospital in Houston and was convinced that

this technology was going to save the lives of many women who would otherwise succumb to breast cancer. Many criticized him for adopting this as yet unproven technology, including some very respected surgeons—and even some radiologists in his own group, who declared that the “boob tube” would never fly.

After joining the radiology department in 1976 as a general radiologist, I wanted to develop a subspecialty interest. The newer technologies were very exciting, but Dr. Sears' enthusiasm for breast imaging was infectious. As he did with many others, he “facilitated” my interest in mammography and later breast ultrasound. Ziggy was a wonderful mentor and knew how to stimulate one's best work in the most gracious way. I once complained to him about the long hours we were spending in mammography. He simply replied, “You know what Kipling said, ‘He who rides the tiger cannot dismount at will.’” His encouragement and support led to the development of the Susan G. Komen Breast Center at Baylor, now known as the Baylor-Sammons Breast Center.

Dr. Sears was renowned as a visionary, one who has the uncanny ability to see the future. Yet this talent was not based on clairvoyance but on his incredible capacity to understand human nature and what people valued. It took Dr. Sears about 5 minutes to convince Boone Powell, Sr., to spend \$1 million on the first CT scanner. He simply showed him the front page of *The Wall Street Journal* and a quote by a leading cardiologist stating that the device was going to revolutionize medicine.

He could talk to patients in ways they could understand. A patient once questioned him about the cost of a mammogram. He told her it was “less expensive than a portrait at Gittings, and the mammogram could save your life.” When an older man was concerned about diverticulosis of the colon, which Dr. Sears had diagnosed, Ziggy told him not to worry—that was just another way to say he had “gray hairs on the colon.”

All who knew Dr. Sears remember him in many ways—visionary radiologist, leader, chairman, teacher, mentor, and friend, just to mention a few. A. D. Sears was a humble man who enjoyed his farm and cattle as much as his profession. His family, friends, and colleagues were clearly most important to him. Ziggy, we will miss your wit, pragmatism, vision, and devotion to excellence in patient care. But most, we will miss the friendship and love you gave us all.

Herbert L. Steinbach, MD

The accomplishments of Dr. A. D. Sears and his visionary leadership as chief of radiology at Baylor are well documented. Under his leadership, the radiology department became one of the leading subspecialty groups in the nation. The trusting bond between him and Baylor administration was exemplary.

Dr. Sears was a deep person. Prematurely gray-headed, he stood as the father figure of the group. He was intuitive and charming, and his professional abilities and judgments were profoundly respected by all. He was a caring man who was approachable, kind, and benevolent. There was not an egotistical bone in his body. His calm collective wisdom permeated the group. He was a happy family man who brought life to all events.

He is missed and will not be forgotten.