



Surgical lifestyles:

Creativity and commitment to excellence are constants

by Lynne Ames, White Plains, NY

Roger Salisbury, MD FACS, has been an artist since childhood and a surgeon and an educator for 35 years. Colleagues invariably tease him that he will always have another interest to make retirement a productive time. But, Dr. Salisbury is not yet contemplating retirement and enjoys the full life of working as both an artist and a surgeon. The dual vocations have always brought him personal fulfillment.

Merging two loves

His parents were both educators. His father, a dentist and an artist, encouraged him to attend the Philadelphia Museum of Art School for classes while in grammar school. When he went to

New York, NY, for medical school, he participated in the art student's league.

The love of the creative life ultimately led him to plastic surgery. "I know that it was somewhat naïve, but the thought of daily doing for people what we accomplished in art school seemed the absolute best," Dr. Salisbury said.

A general surgery residency, hand surgery fellowship, three years at the Army burn center during the Vietnam War, and a subsequent plastic

Above: Dr. Salisbury (inset), and his painting "Spring in the Parks, #2."

surgery residency forced him to put the art career on hold. He subsequently taught plastic surgery at the University of North Carolina, Chapel Hill, and directed the burn center there. He found that the portrait classes he had taken helped him enormously in performing facial reconstruction. For example, “if someone has a severely burnt face and microstomia, there is nothing in residency or the medical textbooks that tells us how large to make the mouth. If you overcorrect the mouth in the horizontal direction, if it is too long, the patient looks like a guppy. Portrait classes teach that the dropping of verticals from the center of the eye identifies the location of the oral commissure,” Dr. Salisbury said. This type of background helped him to write the first atlas on burn reconstruction.

Since 1981, he has been professor of surgery and chief of plastic surgery at New York Medical College in New York, NY, as well as director of the Westchester Burn Center in Valhalla, NY. He has an artist’s studio in his home and a retreat in Gloucester, MA, home of one of the nation’s first artist colonies.

Dr. Salisbury always takes his art materials along on medical trips. He extends meeting travels with side trips to paint on-site. For example, when he presided over a burn symposium in China several years ago, he detoured to spend a week painting Hong Kong’s busy harbor and the boat people.

His wife Judith, a nuclear cardiologist, usually accompanies him. She is also creative, being an award-winning professional photographer, member of several photography honor societies, and represented in galleries in the northeast.

Because of a very full surgery and teaching schedule, Dr. Salisbury can only paint on weekends, vacations, and trips. “I can’t turn creative energy on and off like a light switch. Painting suffers and becomes ordinary,” he explained.

Devotion to excellence

Dr. Salisbury’s artistic resume mirrors his academic curriculum vitae with respect to excellence. He was elected to The Pastel Society of America, the American Society of Marine Artists, the Rockport and North Shore Artist Association, and the New York Salmagundi Club. His paintings are sold in galleries in Massachusetts, Connecticut, and New York, his prints are sold nationally, and some of his paintings have been shown in multiple museums.



Dr. Salisbury’s painting, “The Sounds, #3.”

In terms of his professional society memberships, Dr. Salisbury is active in the American College of Surgeons, the American Association of Plastic Surgeons, the Society of University of Surgeons, and the American Society for Surgery of the Hand. He is past-president of the American Burn Association, one of only two plastic surgeons to have achieved that honor.

“My general surgery lineage is extremely important to me, and we strive to imbue our residents and students with the wonder of being able to perform total patient care. Sadly, medicine has become so fragmented that the media perception of plastic surgeons is that we only do aesthetic surgery. While we teach that part, we emphasize critical care, wound healing, and reconstruction,” Dr. Salisbury said.

Dr. Salisbury said both art and surgery require commitment and intensity. “Art could be a wonderful hobby but it is much more for me. If you want to go to the highest level you must attempt to paint well enough to be accepted in national shows, galleries, and honor societies. My artist friends struggle through economic uncertainty, fickle critics, and rejection that is humbling. The thrill of plastic surgery is the quest for excellence, to explore one’s human potential, in giving the very best to our patients. I push my residents to be bet-

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ter than me. If I can't do that one of us has failed," Dr. Salisbury said.

While Dr. Salisbury enjoys both his careers, he notes that surgery offers less room for imperfect performance. "Many people can paint, and no one would mistake me for Monet. Our brotherhood of surgery is so unique that few can

do what we have chosen. Is there another profession in which less than a 100 percent success is regarded as failure? Failure in my art gets painted over, erased, or torn up. These options don't exist in surgery, and therein lies the ultimate challenge," he said. □