Babe Ruth and Interventional Radiology

I recently read Bill Jenkinson's fascinating novel on Babe Ruth. It is not the typical sports biography of his life and times, but rather a book analyzing Ruth's ability as a power hitter and addressing the what-if question regarding his performance in contemporary major-league baseball. The author evaluates changes in the rules, current ballpark size, contemporary pitching, and other variables. He then analyzes Ruth's career by examining all his recorded home runs and their lengths, long foul balls, and so on. Jenkinson comes up with a projection on how the Bambino would do in contemporary baseball, hence the title of the work: *The Year Babe Ruth Hit 104 Home Runs*.

Sound ridiculous? I must admit to some initial skepticism. I became interested in Babe Ruth as Barry Bonds approached and eventually bested the all-time home run record, the Holy Grail in professional sports. In every other sport I can think of, the "greatest athletes of all time" have all played in my lifetime: Jordan, Gretsky, Montana/Brown, Nicklaus/Woods, Federer, Ali, and Pele. Athletes continue to improve in virtually every sport. Dennis Rodman may have said it best when he was asked in the late 1990s if the 1995–96 Bulls were the greatest pro basketball team ever. As I recall, he said something like, "I don't know. But we could definitely beat a bunch of those old guys in short shorts."

Very few people are alive today who saw Babe Ruth play baseball in person. All of them were small children at the time. And yet a fascination persists with the man and his career. The book provides interesting insights into both reality and myth. After reading it, I am fully convinced that Ruth was the best baseball player ever and, quite likely, the greatest athlete ever. Better than Jordan, better than Gretsky, and better than pretty much everyone else that comes to mind. One quality that struck me about Ruth was his accessibility. I guess that was largely a function of the times and certainly in stark contrast to modern sports heroes, who no longer seem to mingle among the mere mortals. Babe Ruth walked to Yankee Stadium on game days—he didn't arrive in a limo or Lamborghini. He *walked*—through the Bronx,

on the sidewalks, with everyone else. He collected children along the way like the Pied Piper, carrying many of them on his shoulders. Can you imagine Michael Jordan, Tiger Woods, Tom Brady, or, god forbid, Barry Bonds doing this? (I envision Bonds in body armor carrying a light saber and dressed like Darth Vader walking through the streets.) By and large, today's athletes are completely inaccessible to the common people. Sports is big business. Athletes are entertainers.

Sports enthusiasts always seem to be preoccupied with how precursors compare with present-day players and so forth. I wonder if today's interventional radiologists are better than the ones of the past. We tend to canonize our predecessors, and many serve as the basis for eponyms. We remember the giants in medicine like Osler as superior to current physicians despite the fact that we can clearly do far more, from both a diagnostic and therapeutic standpoint, more quickly and safely in today's world.

I've always maintained that if you were to compare IR with any sport, golf is probably the closest to what we do. It is controlled, precise, cerebral, and becomes more difficult when things go wrong. Golf also involves a lot of swearing, just like interventional radiology. Are today's interventional radiologists better than the ones of the past? In many respects, it's like asking if today's golfers are better than their predecessors. Many people think Tiger Woods is the greatest golfer ever. I don't disagree but find it difficult to compare golfers of different eras. The equipment available is light years ahead of what was state of the art 40 years ago. I'd love to see a golf tournament where Tiger and the rest of the PGA pros had to play with the same type of clubs that Bobby Jones used. This scenario would make for interesting TV—if that is possible for golf. Clearly, advances in equipment have made a tremendous impact on the sport and are difficult to separate from the evolution of modern athletes.

I'm not convinced that today's interventional radiologists are any better than our predecessors. In fact, I think the improvement in equipment can be

¹Section of Vascular and Interventional Radiology, University of Chicago Medical Center, Chicago, Illinois.

Address for correspondence and reprint requests: Brian Funaki, M.D., Section of Vascular and Interventional Radiology, University of Chicago Medical Center, 5840 S. Maryland Avenue, MC 2026, Chicago, IL 60637.

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seen as a great equalizer. It has enabled many people with mediocre skills (i.e., nonradiologists) to perform interventional procedures competently in many instances. Although I like the idea of Tiger Woods using blades with wooden shafts, I'm not as keen on using 40-year-old equipment and techniques to treat today's patients. I have no interest in shaping my own catheters with a steam bath or Dottering SFA lesions. I routinely perform translumbar aortography now to treat aortic endoleaks, which I certainly never envisioned during my training. Then again, I've also done direct carotid punctures and bronchography. (Unfortunately, these occurred during central venous access and barium esophagography.)

Interventional radiology is relatively young as a subspecialty. Many of the giants of our field are still

with us. Others such as Charles Dotter seem to have been so prescient that he would probably not have been too surprised about the current state of our field. After all, as far as we've come, we still haven't figured out the best way to treat an SFA stenosis. I do think there are some fundamental changes in our approach to therapy. In the past, the overriding question was "Can this be done?" More and more, the question has become "Should this be done?" That latter question is in many instances far more difficult to address.

So are today's interventional radiologists better than the ones in the past? I'll have to leave that question for the next editor to ponder.

Brian Funaki, M.D.¹
Editor in Chief