

ADDRESS OF THE RETIRING PRESIDENT LOOKING FORWARD*

ARTHUR W. ALLEN, M.D., F.A.C.S., BOSTON, MASSACHUSETTS

IN an address before the Royal College of Physicians in 1944, Winston Churchill said, "The longer you can look back, the further you can look forward." Since my interest in the American College of Surgeons extends over a quarter of a century, I believe that I am qualified to review its past accomplishments, inform you of our present situation, and discuss with you some plans for the future. My task would be a simple one indeed if I could content myself with a detailed account of the incredible past record of this great institution. It will not be difficult to give you a résumé of our immediate activities with which you are already somewhat familiar. Since I fully realize that I have not been blessed with the vision of a prophet, that phase of my story that is of particular interest to me, which is the future of the College, will require your kindest indulgence. Whether you receive my ideas favorably or not, it is my hope that they will create among you the desire for open-minded discussion, serious thought, sound advice, and a co-operative spirit.

It is the belief of many thinking people of past and present generations, of all tongues, and for almost all time, that progress must be continuous. When a plateau of success is reached and with smug satisfaction we cease to go forward, then the inevitable sliding backward takes place. This is true of nations, of governing bodies, of business, of educational institutions, and of individuals. This basic fact is so evident within the memory of all of us that we are prone to take it for granted as something over which we have no control. That this may be true in a free society such as ours merits some justification, but it does not relieve us of the responsibility for careful study of the evidence and of the use of our influence in that direction which we believe will best serve humanity.

The American College of Surgeons was organized by a group of farseeing and unselfish men, stimulated and led by Franklin H. Martin. It seems apparent that the idea of establishing such an organization came to light through an overwhelming response from the surgeons of America when they were invited to attend a period of postgraduate study similar to this Clinical Congress which is now in session here in Los Angeles. The founder of this College had a lifelong interest in graduate teaching. It became evident to him that a large percentage of our profession felt the need of refresher courses and that they would improve their minds if they were given the opportunity. The foundation on which the College stands is well stated on page 25 of the 1947-1949

year book: "The activities of the American College of Surgeons are entirely of an educational and scientific research nature directed toward the benefit of the patient through elevation of ethical, professional, and scientific standards of surgery and improvement of surroundings and appurtenances incident to its performances." Even a casual glance at this statement reveals that the all-important keynote is the patient.

Laymen often twit the doctor who goes to medical conventions. Although they fully realize that physicians are human beings and that there is relaxation in travel and in contacts with one's fellows, they are secretly or openly relieved to find that their medical or surgical advisor is alert to progress. The complete self-confidence of the well trained young doctor, so evident while in his residency period, is soon shaken when he meets the problems of practice. The physician who feels that there is no more for him to learn is a danger to his community and, in the course of time, he finds to his chagrin that his patients are aware of his closed and sclerosing mind. The doctor who keeps abreast of the times, maintaining an investigative and inquiring mind throughout his active life, is well paid by the mere satisfaction of increased knowledge. Although he realizes that by these efforts he is able to give better service to his patients, the unselfish motivation is well recognized. Patients, who are the true beneficiaries, are seldom cognizant of the facts. Should they not be allowed to give their material support to such a program?

It is of interest in this connection to point out that practically all of the expenses of carrying on the activities of the College have been borne by its Fellows. The fellowship fees and dues represent 85 per cent of our income. During the life of the organization, from 1913 to 1948, the total amount received and expended from this source is over Five Million Dollars. There have been a few who have questioned the way and manner in which these funds were utilized. Some have thought that the expense involved in some of the activities was unwarranted. As an over-all picture, however, it is difficult to find any Fellow who fails to appreciate the stupendous achievements of the College, and the great majority of the Fellows are in accord that their monies have been well managed.

In order to bring before you the importance of the College and some ideas regarding its future development, it is necessary to outline briefly its accomplishments. The first obvious need of graduate education, as demonstrated by the Clinical Congress, has grown to such proportions that gradual changes have been

*Presented at the Presidential Meeting, American College of Surgeons, Los Angeles, California, October 18, 1948.

necessary. Few cities have the facilities to accommodate this great educational gathering. The operative clinics on which this session was founded are completely inadequate for the purpose originally intended. Television has proved its worth both at the 1947 meeting in New York and here in Los Angeles, and gives evidence of the tremendous possibilities offered by this type of teaching.

Our Sectional Meetings have met with outstanding success. There is a constant demand on the part of our Fellows for more of these miniature Clinical Congresses. Attendance records are indicative of the need of such sessions. We are constantly requested not to wait so long before coming back to a particular district. Is it possible that such smaller group meetings of two or three days each could entirely replace the need and desirability of the annual Clinical Congress? Personally, I feel that as many of these sessions as our funds will permit should be held, but I do not believe that we can ever abolish an annual meeting and best serve the interests of our Fellows.

As a part of the examination to determine the fitness of a candidate for fellowship, case records are required. It soon became obvious that hospitals had no standard record system. This led to a survey of hospitals of over 100 beds in 1918, which revealed that only 12.9 per cent fulfilled the standards set by the College. Through the efforts of our representatives, led by Dr. Malcolm T. MacEachern, we are proud to state that 94.4 per cent of these hospitals now are approved by us. It was evident that the surgeon could make little progress if his workshop and equipment were poor. More important of course is the need of a properly equipped hospital for the safety of the patient. Our Hospital Standardization program has been recognized by other organizations, by the profession, and by the laity as a service to humanity hardly equalled by any other effort.

By demanding a high standard of training in surgery before a candidate may be qualified to apply for fellowship, it became necessary for us to establish and maintain a Department of Graduate Training. Dr. George H. Miller and Dr. Paul S. Ferguson have demonstrated their unusual aptitude and ability in this field. Surveys show that in September of 1948, there were 921 specific programs for residency training in surgery and the surgical specialties in 398 civilian and Government hospitals. The greatest possible expansion was made available for the increased demand resulting from the large number of veteran doctors whose formal training had been curtailed by service in World War II. Facilities for proper graduate work are still inadequate, and every effort is being made to increase them. Our advisory service is available to individuals, to the specialty boards, and to the hospitals.

Under our Department of Clinical Research, we have well-established organizations in cancer, fractures and other traumas, and medical service in industry. It would be impossible to more than

hazard an intangible estimate of the thousands of lives that have been saved by these various endeavors. The tumor clinic idea, originated by the late Robert B. Greenough, a Past President and long-termed Regent of the College, has been adopted throughout the world. To our Cancer Committee has been given the responsibility for standardizing not only the Cancer Clinics but the newer Cancer Detection Centers. They work in close harmony with the American Cancer Society. Dr. Bowman C. Crowell has been fortunate in adding Dr. Charles F. Branch as an able associate in this department.

The Committee on Fractures and Other Traumas has established Regional Committees throughout the continent. These work in close co-operation with the American Red Cross, the Boy Scouts, the American Railway Association, Police and Fire organizations. They have standardized the treatment of fractures and published an *Outline* that has proved invaluable. Since their work is entirely on a voluntary basis, they deserve more commendation than this inadequate statement would indicate.

By direct investigation, it has been possible to ascertain the need for medical service in industry. Manuals have been published by the College, first in 1934 edited by Dr. M. N. Newquist, and revised in 1946 by Dr. Gaylord R. Hess. The Manual has been used by industrial organizations extensively as a guide for the protection and care of their employees. The College maintains and publishes a list of those organizations whose medical services meet our standards.

The Library and Department of Literary Research is under the able direction of Miss L. Marguerite Prime. Here one can obtain a carefully selected package containing monographs, reprints, and clippings pertaining to any medical subject in which he is interested. Translations from articles published in many languages are available. This service is in constant demand and fulfills an obligation to the profession difficult, if not impossible, to find elsewhere.

The only publication of the College that is self-sustaining is its official journal, *Surgery, Gynecology & Obstetrics*. This came to us through the generosity of Franklin H. Martin and his wife, Isabelle Hollister Martin. The BULLETIN published quarterly, the Year Book now brought out every alternate year, as well as the various manuals, monographs, directories, handbooks, and reports, are all valuable and worth their very considerable cost.

The College has sponsored a Medical Motion Picture Department since 1926. Films are carefully evaluated by recognized authorities and are given the stamp of approval only if they meet our standards. These films are listed and are available for loan. Two films have been produced by the College pertaining to hospital and nursing care through a grant by the Becton, Dickinson Foundation for the Extension of Scientific Knowledge. Aided by grants from the Johnson & Johnson Research Foundation, we have within the past few years produced three

outstanding films on fundamental surgical problems that have been in great demand. Others are in process, some of which are being produced in co-operation with the United States Government. Miss Eleanor K. Grimm, our efficient Administrative Executive, and Miss Jessie W. Phillips, our medical -tist, have this department well in hand. We believe that this form of teaching has been valuable and will become more so as the advance of science in this field progresses.

The Credentials Department is now under the direction of Dr. H. Prather Saunders. The sincerity and devotion to duty maintained by the various State and Provincial Credentials Committees is impressive. Every effort is made properly to evaluate each applicant. By these careful methods, those who completely fulfill our standards for fellowship are recommended and, with few exceptions, approved by the Central Committee and the Board of Regents.

Our public relations have been satisfactory in the past few years. Under the guidance of Miss Laura G. Jackson, the press and radio have been most co-operative. The College abhors the undue publicity sometimes accorded its Fellows when new and spectacular advancements in science are presented. We wish the public to be informed of progress, but it is important that such information be accurate and that stress headlines and phrases be not misleading. The local advisory committees, assigned from our Fellows for the purpose of guiding the press during our Clinical Congresses, have functioned well.

It must be obvious that these activities of the College require a large expenditure of money. Careful attention to our budget by our Comptroller, Mr. Edward G. Sandrok, and the Finance Committee, makes it possible to keep out of debt. Although we need additional space, and more trained and skilled personnel to function at the height of efficiency, these are at the present unobtainable through the lack of sufficient funds. New needs for service are coming to our attention continuously, but we must forego them at this time. We do not believe that our educational programs have reached the limits of our possibilities. Expansion at the present is possible only through grants awarded to us for specific purposes. Should we be content with the present situation? Should we abandon or curtail some of our present activities for the sake of new ones? After careful thought, it seems to me that neither of these questions can be answered in the affirmative. To remain static means deterioration. Instead of curtailing the present twelve major activities, we need to increase them for better efficiency towards the goal of more perfect service to mankind.

In 1926, Dr. Martin conceived the idea of building a great Hall of the Art and Science of Surgery. Land was purchased at 650 Rush Street and is now owned by the College. Funds promised to him by a wealthy philanthropist for the erection of the building could not be delivered because of the 1929 financial depres-

sion. Our present headquarters building, so generously given to the College by a group of Chicago Fellows and citizens, has continued to serve our purposes. It is now overcrowded to a dangerous degree and is entirely inadequate for our present activities. Certainly, it leaves no room for growth. This building would lend itself well for our educational and scientific exhibits and make them available to the profession and the public in a suitable manner.

We need a large, modern building, designed specifically for our purposes. This would contain our headquarters offices, proper facilities for our personnel, space for our evergrowing files, and various other present and future needs of the College. Space could be made available for the headquarters of such allied agencies as the Specialty Boards. It would be my hope that careful consideration be given to suitable arrangements for certain forms of graduate teaching in surgery and the surgical specialties. Details in this direction must be carefully weighed and the result must represent the combined efforts of many experienced minds.

It would not be my personal feeling that the College should in any way interfere or try to take over any of the graduate programs that are now or that may in the future be offered by the medical schools. On the other hand, I believe that we should encourage these endeavors in every way possible. Graduate education is at its best where clinical facilities are available, and the College insists that candidates receive this type of training before they are eligible to apply for fellowship. What I have in mind is an extension and amplification of our present methods of keeping our Fellows up to date. Since there is a demand and a definite need for this service, the College could fulfill it if proper facilities and monies were available.

One might justifiably ask why any expansion of the College activities is needed. Have we reached a saturation point in the development of trained surgeons and hospital facilities? Although it would be difficult to produce accurate statistics along these lines, we do know the growth of the College and some estimates that are enlightening. During the past year, approximately sixteen million people were hospitalized in the United States. Survey suggests that perhaps 65 per cent of these people were surgical patients. On the most conservative basis, we believe that more than eight million operations were performed during this year. How many trained surgeons are there in the United States at this time? We can only tell you that with the 1948 initiates, over 16,000 on the American continent will have become Fellows of the College. There are at present 4,808 in approved residency training. It is not difficult to deduct that many operations are being performed by men who have not or who cannot meet our standards for fellowship. We also know that 20 per cent of the hospitals of 25 beds or over in this country and Canada do not meet our requirements for approval.

It would defeat the purpose of the College to lower its standards in order to increase its income from fellowship dues. In fact, there may be advances in our requirements as educational facilities for graduate study improve. It is probable that we have reached a peak level of income from this source. We have now slightly more than One Million Dollars in endowment funds. There may be a small annual profit from the operation of The Franklin H. Martin Memorial Foundation. Aside from grants for specific purposes, the above represent our entire sources of income.

In addition to the new building, we need the income from seven or eight million additional dollars. This figure is reached after a careful analysis of the actual needs of the various departments to bring them up to the optimum level of efficiency. If the new building can be erected and furnished for Three Million Dollars, we then must look for a grand total of over Ten Million Dollars. At first thought, this may appear to be a breathtaking sum. When one stops to consider the far-reaching and widespread humanitarian accomplishments of the College and its future possibilities in this direction, it is in fact a modest estimate.

It will not be possible to interest sources of large sums of money unless we, the Fellows of the College, are willing to do our share. We must demonstrate that we believe in this institution in a substantial way. I would call your attention to the Endowment Fund which now amounts to over One Million Dollars, contributed for this purpose by past and present Fellows. A total of \$1,500 directed to the Endowment Fund entitles a Fellow to life member-

ship without further dues. After payment of the fellowship fee it is possible to pay this sum in three annual installments. Since your fellowship fees and annual dues would amount to One Thousand Dollars eventually, this would represent a net outlay of only Five Hundred Dollars. There are many Fellows whose dues are already paid up who should seriously consider the needs of this worthy cause. In the year 1920, Dr. William J. Mayo sent a letter to the Fellows urging them to consider a codicil to their wills or to provide a life insurance policy in favor of the College. Many have availed themselves of this more or less painless form of support. The idea is still a good one. A most fruitful source of aid should come from the well-to-do and public-spirited patient, who has benefited directly or indirectly from the College's efforts in his behalf. He has received better surgical care in a properly equipped hospital and should be told of the work and needs of the College.

It seems to me that we have a good case to present to philanthropists, to industrial organizations, and to the public. Certainly, there can be no question regarding our past record and our present endeavors. Since we ourselves are aware of our limitations and restrictions from lack of funds and since we thoroughly believe that we could make greater contributions if permitted to do so, it seems that we should be able to make this fact clear to others.

Let us then keep looking forward and devote our continuous well-directed efforts on behalf of humanity through the support and future developments of our American College of Surgeons.

ADDRESS OF WELCOME, CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS*

DONALD G. TOLLEFSON, M.D., F.A.C.S., LOS ANGELES, CALIFORNIA
Chairman, Committee on Arrangements

AS Chairman of the local Committee on Arrangements, it is an honor and a pleasure to welcome the Thirty-Fourth Clinical Congress of the American College of Surgeons to Los Angeles. I speak for the Southern California Chapter, which embraces the southern half of the State of California and is the home of approximately 5 per cent of the entire membership of the College. Our distance from Chicago does not detract from our continuous interest in what the College is doing. While this is the first visit of the annual Clinical Congress to Los Angeles, we hope the meeting will be so pleasant, entertaining, and instructive that a return visit will not be too long delayed.

We have attempted to place at the disposal of the College all of the facilities we could obtain in the way of hotel accommodations, and we hope they

prove to be adequate to accommodate our guests.

Believing that in the past there has not been any organized attempt at entertainment, arrangements have been made through Dr. Carl Rusche to entertain your families while you are attending the clinics and meetings.

The cruising clerks wearing gardenias and insignia—*Information F.A.C.S., Los Angeles 1948*—have been schooled in answering questions for you and your families. They are stationed about the hotel and various meeting places, and it is hoped that they will prevent much of the crowding around the main desk.

It is the earnest desire of our local Committee, as well as the Southern California Chapter, that you will call upon us for anything which will make your visit one long to be remembered.

*Presented at the Presidential Meeting, American College of Surgeons, Los Angeles, California, October 18, 1948.