

ADDRESS OF THE RETIRING PRESIDENT

THE SPIRIT OF SURGERY*

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TO those of us who entered into the profession during the latter part of the past century and have continued in it until the present, has been granted a great privilege, that of participating in and of witnessing the greatest transition in the history of surgery. Having had our professional training in the waning shadow of one school of thought, that founded on clinical observation alone, we have lived to see the beautiful fruition of that built on accurate scientific knowledge.

The traveler along the highway of life, regardless of the field of endeavor in which his activities may lie, cannot but be interested in the history, the attainments, and the accomplishments which constitute its milestones. This is particularly true of the members of our profession, the majority of whom fate has decreed to be "hewers of wood and drawers of water," content in the application of knowledge gleaned by our predecessors in their journey down the aisle of time. While it is true that the greatest advance in medical knowledge has come from the accumulated, if modest, efforts of many contributors, to the selected few has been given the privilege of rendering service of such creative humanitarian import as to designate them benefactors of humanity and to entitle them to an honored place in the peerage of the profession. For most of these the golden key of death has opened the palace of eternity and their bright stars now gleam from the diadem of immortality. Their names are household words in the profession and rather than discuss them as individuals, with your indulgence I prefer to look into the background not only of them but of the surgical profession as a whole in seeking for those intangibles which together constitute the spirit of surgery. In doing so I have quoted freely from the addresses of my predecessors in office, as well as from one of Dr. C. Z. Cope, whose words of wisdom, without individual acknowledgment, may I hope find fertile soil in our receptive minds.

The Principles of Ethics of the American Medical Association state that the prime object of a profession is the service it can render humanity. The Articles of Incorporation of the College of Surgeons state that "The object for which it is formed is to establish and maintain an association of surgeons, not for pecuniary profit but for the benefit of humanity by advancing the science of surgery and the ethical and competent practice of its art. . . ."

The spirit of surgery endeavors to build up surgeons of character fitted to carry in a worthy manner the torch of science bequeathed by their predecessors. It seeks to inculcate in them a surgical con-

science which while recognizing defects in technique is more concerned with the morals that guide them, that intangible something which leads them to invariably apply the Golden Rule, "Do unto others as you would have them do unto you." It seeks to develop the highest ideals; to promote standards of professional righteousness; to advance in efficiency in mitigating human suffering and in prolonging human life; to inspire the unfolding of character which stamps one as a bedrock of the profession and without which attainment is negligible. It encourages the reverence for tradition, that which is handed over from generation to generation in the maintenance of honor and respectability of the profession by promoting friendly intercourse and free communication of its members; and by the harmony and good feeling which ought ever to be characteristic of a liberal profession. It instills inspiration from the ideals and achievements of the past as well as a realization of their value as a guide to our present and future conduct. It urges progress in the acquisition of scientific knowledge as well as a mastery of the art of surgery.

The science of surgery may be readily defined, while the art is more elusive. The difference between them may be brought out by comparisons culled from the literature. "Art knows little of its birth: science knows its birth, registers it and its after history. Art is founded on experience: science is antecedent to experience. Art invents: science discovers. Art comes out of darkness, goes on its own feet, can go anywhere across the country, and hunts more by scent than sight: science goes upon wheels but must have a road or rail. Art furnishes a set of directions which vary with the artist and the task: science furnishes a body of connected facts which are the same for all people, circumstances, and occasions. Art is often life rented and dies with its possessor: science is transmissible. Art is completely personal, deals with actual problems of human conduct from economic, psychological, and legal as well as from medical points of view: science is entirely impersonal, proceeds in an orderly manner toward the establishment of a cause and, if possible, to a remedy for disease. Art shows the how and cares less for the why: science says little as to the how but much as to the why. Art is often the strong blind man on whose shoulder the lame and the seeing man is crossing the river. Wisdom is the vital union of art and science: wisdom is the body animated by the soul and the will knowing what to do and how to do it."

In treating the sick these 2 essential components, science and art, must be kept balanced if we are to

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realize as a profession our greatest usefulness. No amount of scientific efficiency can take the place of sympathy, pity, and cheerful hope in the dark hours of sickness and sorrow that inevitably come to all. President Eliot of Harvard said: "In these intangible things are found the durable satisfactions of life: fame dies and honors perish, but loving kindness is immortal." In its broader and more humanitarian sense medicine is an altruistic profession. This quality plays an important part in many professional activities. It controls the various relations of the surgeon to society. It determines his responsibility to his patients. There is something of value in the training and equipment of the surgeon which science does not supply. No one whose interests are purely scientific to the exclusion of the humanitarian should engage in private practice: his place is in a research institute. No one whose interests are purely commercial should be in medicine: his place is in business.

The profession of surgery comprises a democracy of intelligence knowing the boundary neither of creed nor of nation. The task of treating the spirit of surgery and the advance and progress emanating therefrom cannot be accomplished on a nationalistic basis since surgery like every other science is cosmopolitan in its aims and international in its influences. It is true that nationalistic thinking may at times color the surgical picture in some of the nations but the fundamental problems and principles are universal.

The period between 1867 and 1881, during which the teaching of Lister was spreading through Germany, America, and England, has been referred to as the gestation period of modern surgery. Even before 1867 ovarian cysts had been removed and colostomies had been performed, and during this period Billroth began his pylorotomies. But before 1881 no appendix had been removed; no perforated ulcer had been successfully sutured; the functions, let alone the surgery, of the thyroid were unknown; the surgery of the spinal cord and brain—apart from depressed fracture—had not begun and renal surgery had hardly been touched. It was about 1881 that surgeons first realized the possibilities opened up by the prevention of wound infection and the period of 1881 to 1900—the childhood of modern surgery—saw great advances in all directions. Surgeons explored every type of disease in which they thought relief might be brought by the new surgery. The necessary process of trial and error was not always followed by happy results but the net gain was so obvious and encouraging that by 1900, when I had completed my postgraduate training, many of the main lines of modern surgery had been laid down though they were by no means standardized. During the time between 1900 and 1914, the new surgery showed some of the symptoms of adolescence in its instability and in the limited outlook shown by some operations suggested and performed. For example, it was a common practice to wash out the peritoneal cavity with a view to mechanically removing the

infection: to suture in position various "displaced" viscera which were thought to be producing symptoms—and to treat simple fracture by the insertion of metal plates. Meanwhile there was increasing standardization of well recognized operations while new fields were being opened up, but certain important sections of surgery were neglected because they were overshadowed by the new advances in abdominal surgery. This was particularly the case with wounds, fractures, and orthopedic surgery. Two important factors appeared upon the scene at that time which gave an added impetus to the creative spirit of surgery in its further advance. One was World War I, the other the organization and activities of the College of Surgeons. During World War I, grim necessity forced surgeons to focus their attention on the treatment of wounds, fractures, and deformities. The crude surgical view that established bacterial infection in wounds could be got rid of by antiseptic methods was corrected, a principle that was further established and confirmed in World War II, namely, that antiseptics, antibiotics, and dye derivatives were but adjuvants to the application of correct surgical principles. Among other benefits that came from that experience was the rapid development of plastic and orthopedic surgery. The great experience with injuries of the chest helped to establish the department of thoracic surgery. The organization and establishment of the American College of Surgeons by the surgeons of the United States and Canada rekindled the spirit of surgery on this continent. With the exception of the restricted societies and the departments of surgery in the schools of medicine, there had been no previously recognized standard of measuring surgical ability. The establishment of requirements for admission to fellowship gave a tremendous impetus to the improvement in surgical standards and practice while the hospital standardization program of the College not only furnished the environment and facilities so necessary for good surgical practice but resulted in untold improvement in the care of the sick. This movement has been a beautiful example of the spirit of surgery: altruistic; non-political; without interest in the advancement of any individual, corporation, or group of individuals, standing only for the good of humanity and the uplift of professional standards, of morality, and of education, it has been a compelling force in the advance of surgery within the United States and Canada. Proceeding by evolution rather than revolution, its requirements for admission have kept pace with the increase in surgical knowledge until with the passing years one must be abreast of current medical knowledge and practice to gain its recognition. With the formation of the American Board of Surgery in 1937 came another impetus as a result of the upsurging of the spirit of surgery. Definite curricula for the postgraduate education of those who aspire to a career in surgery were formulated: formal examinations in the basic sciences and in the clinical aspects of surgery are required, upon the successful completion of which one becomes a diplomate of the

Board with the approval of the latter that such a one is recognized as a specialist in surgery. These two organizations, the College of Surgeons and the Board of Surgery, with but one objective in mind, namely the improvement of American Surgery, have placed American Surgery upon a pinnacle to which other countries may look with both envy and admiration.

In science there is no sectional boundary: it is interesting to note the diffusion of its spirit making kindred many of its various national bodies. The Royal College of Surgeons of England, and those of Scotland and Ireland, have been a perennial source of inspiration to the modeling of this college. At the inaugural convocation of the American College, the then President of the Royal College of Surgeons of England, Sir Rickman Godlee, nephew of Lord Lister, brought its greetings and hearty good wishes. At the October, 1920, meeting of the American College of Surgeons held in Montreal, the Great Mace, a present from the consulting surgeons of the British Armies to the American College of Surgeons, was brought by Sir Berkeley Moynihan (later Lord Moynihan), Sir William Taylor, and Mr. Albert Corless, Sir Berkeley making a most gracious speech of presentation, the concluding sentence of which was as follows: "We pray that you may regard it as a symbol of our union in the harsh days of trial: as a pledge of our devotion to the same imperishable ideals; as a witness to our unflinching and unchanging hope that the members of our profession in the two lands shall be joined in brotherhood forever in the service of mankind."

In May, 1941, incendiary bombs badly damaged the Headquarters of the Royal College in London, destroying a goodly part of its museum. Appreciating that through this catastrophe the world had been temporarily deprived of the benefits of a scientific treasure whose value, especially to the profession of medicine, is beyond calculation, the American College of Surgeons voted a token appropriation toward the rebuilding and reconstruction of the damaged property. Realizing the far reaching influence of the Royal College to past, present, and future surgery of the world, the Board of Regents of the American College of Surgeons felt that the individual Fellows should be offered the privilege of participating in the restoration of the Royal College properties. Following an invitation to them to do so 1,518 Fellows made contributions which, with the token sent the Royal College at the time of the blitz, amounted to \$39,594.75. This has been sent to the Royal College and its receipt most gratefully acknowledged.

On several occasions at meetings of the Board of Regents of the American College of Surgeons that were held between 1920 and 1937 the Regents expressed a desire to present to the Royal College of Surgeons of England a token of mutual friendship. After mature deliberation and after consultation with officials of the Royal College of Surgeons a desk and lectern were designed for the lecture theater of the Royal College. This was executed in 1939: the desk and lectern are constructed of American oak,

the main panels on the front of the desk bearing in relief the seal of the Royal College of Surgeons of England and the seal of the American College of Surgeons. The following inscription appears on the back of the desk: "Presented to the Royal College of Surgeons by the American College of Surgeons, 1939." Because of the outbreak of World War II in September, 1939, it was not possible to forward the desk and lectern to London at that time. They have since safely arrived there and will be officially presented next week by a Committee from the American College of Surgeons during the meeting of the International Society of Surgery.

These instances of amenities between the two great Colleges of Surgeons but symbolize the all pervading spirit of surgery and give testimony of its unity and purpose.

In the countries to the south of us, the Latin American republics of Mexico and Central and South America, in spite of differences in race, language, social, and political organization, the unity and desirability of our purpose has been fully recognized. The altruistic character of this organization has readily conveyed the mission of the College to these countries, where we now count upon the allegiance and co-operation of their most distinguished representatives, many of whom honor us with their fellowship.

In 1915, at the Scientific Congress held in San Francisco, a number of Latin American surgeons petitioned the American College of Surgeons to admit the surgeons of Latin America to the fellowship of the College. This affiliation, after some preliminary correspondence, was postponed until after World War I and definite work was begun in 1920. Through the following years, visits were made to the Latin American countries by various representatives of the College. These were inaugurated by Dr. Franklin Martin and Dr. William Mayo, continued by Dr. Thomas J. Watkins, Dr. Francis P. Corrigan, Dr. Edward I. Salisbury, and by rather large groups of Fellows who made friendly cruises to the Latin American countries. In October, 1926, the Board of Regents constituted the Fellows of the College who were resident in Mexico a Committee on Credentials for that Republic. Committees on Credentials were organized elsewhere with the result that to date 18 Latin American countries are represented, each having its Committee on Credentials, and fellowships in the College have been conferred upon 383 surgeons from Latin America. Nineteen honorary fellowships have been conferred upon leading Latin American surgeons and at present a number of applications for fellowship from surgeons in these countries are under consideration for future membership.

The Board of Regents, at its meeting held on June 27, 1943, unanimously voted to have the American College of Surgeons join the Inter-American Congress of Surgery, the avowed purpose of the latter being to unite the various national surgical societies of the Western Hemisphere. The first meeting of this Congress was held in Santiago in November, 1942.

Dr. Leo Eloesser attending as the official delegate from the American College of Surgeons. The College accepting membership in 1943 has been officially represented at the subsequent meetings: the meeting this year will be held in Rio de Janeiro; next year in Bolivia; and in the United States, in conjunction with the Clinical Congress of the College, in 1949. A continuing program of distributing approved medical motion picture films in the other American Republics has been put into effect by the American College of Surgeons through the co-operation and with the financial support of the Office of the Coordinator of Inter-American affairs. The motion picture has achieved a high place as an aid to health and medical education and progress, and the College feels that it is a great privilege to be able to share with the other Americas the benefits of this comparatively new and extremely effective method of disseminating medical knowledge and of depicting the latest surgical techniques. The College's part in the program of Inter-American exchange of medical motion pictures is offered as an expression of good will and as a desire to aid in the advancement of medical knowledge throughout the Western Hemisphere.

Selections from the 700 approved film subjects on the College list were made and the legends printed in Spanish and Portuguese, under the auspices of the Coordinator's office, for distribution among the medical profession, medical societies, universities, and governmental health departments in the Americas.

The Hospital Standardization program of the American College of Surgeons has received acclaim in fields outside its native land. The services of Associate Director Dr. Malcolm T. MacEachern have been requested of and loaned by the College wherever improvement in hospital service was the desired goal. In 1936, at the request of their respective governments, he spent 6 months in the states of Victoria and New South Wales, Australia, and in the Dominion of New Zealand. The American College of Surgeons may say, with entire modesty, that it was able to assist the hospitals of these great countries in the solution of some of their problems, seeking in spheres remotely distant to perform a common service to humanity.

In 1940, Dr. MacEachern attended and took an active part in the first Inter-American Institute for Hospital Administrators held in San Juan, Puerto Rico. In 1944, he represented the College at the Institutes held in Mexico City and in Lima, Peru, contributing from his boundless knowledge to the progress in medical and hospital care.

In 1946, he attended by invitation the Inter-American Medical Congress at Rio de Janeiro: the United States held first place among the delegations and Dr. MacEachern was its official speaker. He was elected Vice President of the International Hospital Association at its 1937 Paris meeting and President at the 1938 meeting in Frankfort-am-Main. He is Director of the Program in Hospital Administration, School of Commerce, Northwestern University, at

which many of the Latin Americans receive their training in hospital administration. These constructive endeavors on the part of Dr. MacEachern have brought to the College increased recognition and prestige.

The Library and Department of Literary Research, which so splendidly serves the United States and Canada, has received and complied with requests for literary research from all of the Latin American republics and as well from many of the Continental countries distributing service of untold value on a world wide basis. In serving the specific literary needs of individuals, this Department is following in the broader footsteps of the official Journal of the College, *Surgery, Gynecology and Obstetrics*, which has, since its inception, carried the best in American surgery to foreign countries as well as to subscribers nearer at hand. As occasion arises, both executives and Fellows of the College are happy to welcome foreign visitors and to serve as a source of information concerning surgery in Canada and the United States, the availability of courses of study and opportunities for graduate training, and to advise with respect to medical centers to be visited, all with the hope that both long and short periods of travel and study may be utilized to the best possible advantage by foreign guests. Many visitors who come for this purpose are welcomed at the College Headquarters annually. These activities of the College, especially in the Americas, are mentioned as examples of the length and breadth and scope of the spirit of surgery in its everpresent altruistic urge to advance its science and art.

Its scientific advance and its technical victories are the wonder not only of the profession but of the lay world as well, giving evidence that its spirit is ambitious and progressive, resourceful and daring. We cannot know what effects upon it will follow the stupendous discoveries consequent upon the release of nuclear energy but we know that it will rise to the challenge. A prominent scientist declares that the beginning of the research use of radioactive isotopes made in atomic energy piles may be judged in subsequent years to be the most important event of 1946 — that the secrets of photosynthesis, cancer, and even life itself may be discovered by such investigations. The work already accomplished reveals a definite relation between the advance of nuclear science and the advance of surgery with the future holding seemingly almost limitless possibilities.

In conclusion, allow me in the name of the College to extend to the newly elected Fellows congratulations and a cordial welcome into its fellowship. Having earned the right to the investiture of the College by fulfilling its requirements for admission, may they become imbued with its spirit and faithfully carry forward the principles and policies which have sustained it through the years to the end that in proudly reviewing its accomplishments of the past they may stand ready to salute an even more brilliant future.