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JOSEPHINE CARLIN MARTIN
Mother



EDMOND MARTIN
Father



JEANETTE AND
FRANKLIN H. MARTIN



FRANKLIN H. MARTIN



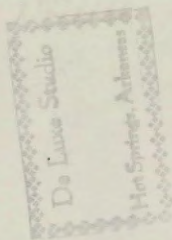
Mrs. Chard Martin
De Franklin Martin Post
Jeanette Martin



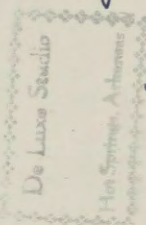
Atlantic City
Oct. 1954

A.C.S. meeting

Hot Springs
rate 30.00



Hot Springs
Ark.
rate 30.00





148
A. C. S. HISTORY
PRINTER
OLD
REPRODUCED FROM
MAY 10, 1968
Mrs. Mahoney
N.O. for
Lydia Hawley
Allen Saunders
Mrs. Brindley
Mrs. R. V. Myers.

ls

Bonnie Williams
Transcribed EKG's
dictated reels,
on A. C. S. History
1965 - On Staff Library of
City of N.Y.
Has Master's Degree
in Library Service

ls



Marguerite Prime
Librarian A.C.S.

b

Mary Stanford
A.C.S.
Emergent for excellence

b



A 147

Marion Rapp.

Sec. Dr. Hawley

A.C.S.

FROM
KODAK COLOR NEGATIVE
ESTABLISHED KODAK MATERIAL
NOVEMBER 10, 1908

8

Elizabeth Weidig
Sec. Dr. Stephenson

A.C.S.

8



A 147

RO-MO
COLOR
PRINT

Sarah Cohen
Pub. Relations
A. C. S.

FROM
RECEIVED
DATE OF NOVEMBER 10, 1988

20

A 149

RO-MO
COLOR
PRINT

Dr. Saunders' Sec.
Betty McQuade
Irene DuBois Tabor
Sec to Ekg

FROM
RECEIVED
DATE OF NOVEMBER 10, 1988

A. C. S.

6.8

Jessie

The Nickerson Mansion

THE HISTORY OF A HOUSE



In this view of the reception hall you can see the variety of marble used and the extravagant detail in the carving.

OF ALL THE elegant old mansions built in Chicago during the late 1800's, one of the few still standing is the Nickerson mansion at 40 East Erie. Not a ghost of grandure remains of what once was the Potter Palmer castle, the Marshall Field or Cyrus McCormick mansions. If walls could talk, surely the Nickerson house could speak eloquently about Chicago history.

For the Nickerson mansion is not only an architectural landmark built by a wealthy and prominent citizen, it is also intimately connected with the early history of one of the medical profession's most prestigious associations, the American College of Surgeons.

The story of how the house came to be built must start with the story of the man who built it, Samuel Mayo Nickerson. He was born in 1830 in Chatham, Massachusetts of Puritan parents of whom it was said: "They were poor in worldly goods but appreciated the value of

an education." The family lived in Boston for four years while young Samuel was growing up and it was in the public schools of Boston and Chatham that he received his education. In 1847 at the age of 17, Nickerson went to work as a clerk in the store owned by his brother in Apalachicola, Florida.

In 1851 with capital advanced by some friends, Samuel started his own business in lumber and general merchandise and apparently prospered until 1857 when a fire destroyed his stock leaving him an all but ruined man. He made a temporary settlement with his backers promising to pay them when he could, and with a small sum—again loaned by friends—he struck out for the frontier city of Chicago. This was the turning point in his life and fortunes.

In Chicago Nickerson became a distiller of alcohol and high wines and rapidly accumulated a fortune. So much of a fortune, that in 1864, just six years after his



These handsome doors at the main entrance are typical of the heavily embellished woodwork used in the mansion.

arrival, he retired from the distilling business and devoted his energies to finance. Several biographies note that he did repay his Florida creditors in full.

As Nickerson's personal fortunes rose, he began to be importantly involved in the city's financial life. He was a prominent supporter of the project to organize a national bank in Chicago and in 1863 was one of its founders and first vice president. He served as vice president and president over a 32-year period.

Nickerson had also served a seven-year term as president of the Chicago City Horse Railroad and had helped to organize the Union Stock Yards National Bank.

In 1858 Nickerson had married Mathilda Crosby of Brewster, Massachusetts. Their only child, Roland, followed his father into the financial world.

As an earlier fire had shaped Nickerson's destiny, so the Chicago fire of 1871 was to play an important role in the inheritance he left to his adopted city. Although his business enterprises were untouched, the fire destroyed the family's north side home. Ten years later, the architectural firm of Burling and Whitehouse was retained to design a handsome, three-story stone residence of some 30 rooms for the Nickerson family. It was to cost \$450,000. The site chosen was the northeast corner of Erie and Cass, later renamed Wabash.

Your first impression of the Nickerson house will probably be a gloomy one, for weather and city soot have stained it black and the stone facing is so porous that sandblasting is impossible. As you climb the curving

front steps and wait to be admitted, you notice a bronze tablet listing the names of the prominent Chicagoans who in 1919 bought the mansion to save it from destruction and offered it to the newly formed American College of Surgeons with the proviso that as little remodeling as possible be done in converting it to office space.

When the heavy center doors are swung open, you cross the threshold and stand in an imposing central hall. The floor is marble, the walls are onyx paneled and at the far end of the room is a lovely alabaster staircase with rails of carved openwork. You can almost see a regal Victorian lady, her hair piled high upon her head, descending the staircase to greet you.

Opening off the central hall on the west side are two drawing rooms that lead into the dark paneled library and finally into the picture gallery where Nickerson displayed his art collection.

On the east side were a smoking room, a reception room, the dining room and behind it the kitchen and servants' hall. A little conservatory extended off the dining room.

A word description can hardly do justice to these handsome, high-ceilinged rooms. The house was popularly known as "Nickerson's marble palace" because of the lavish use of marble throughout. One report mentions seven different varieties. Hand-carved wood was used everywhere—door and window frames, molding, mantlepieces, wainscoting. Above the wainscoting, the wall coverings were hand-tooled leather or glazed tiles in brilliant colors.

There were lots of built-ins in the old mansion—bookcases in the library, cabinets and buffets in other rooms.



The Nickerson mansion looking west on Erie street. About 1911.

In one of the bedrooms there is a secret drawer built into the panel of the mantle meant, no doubt, to hold jewelry. There's a built-in marble safe, too. On the second and third floors are bedroom suites with servants' sleeping quarters toward the rear of the house.



Lucius Fisher changed the gallery into a game room, added the mammoth fireplace, Tiffany lamp and hunting trophies.

In 1900, at the age of 70, Mr. Nickerson sold his home to Lucius Fisher, a paper bag manufacturer and longtime Chicago resident. He donated most of his art collection to the Institute and moved to New York. He died there in 1914 at 84.

Nickerson is remembered as one of Chicago's leading citizens and not only for his business activities. He was a director of the Chamber of Commerce and was appointed by the governor to the board of commissioners for Lincoln Park. He was interested in art and music all his life and assisted projects to promote them both financially and personally. He was a founding trustee of the Art Institute, a post he held until his death. He traveled in this country and abroad making trips around the world in 1883 and 1884 during which he gathered a good part of his art collection.

Mr. Fisher and his family lived in the house from 1900 to 1919. He was a sportsman and hunter and transformed the picture gallery into a game room. He added murals of hunting scenes to the curved ceiling, hung trophies and guns in the room and installed a massive fireplace faced with hand-fashioned glass tile. A green Tiffany glass lamp with a hunting scene worked in metal hangs low over the table, suspended from a Tiffany glass dome.

Other than these, few changes have been made in the house since Nickerson's day. The little conservatory and the porte cochere are gone. A new heating plant was added during the tenancy of the College of Surgeons, but it is forced air, so there are no radiators in sight. The original light fixtures, wired for electricity, are still on the walls.

The yard adjoining the house to the east has since 1926 been filled by the John B. Murphy Memorial, a really startling piece of architecture cropping up from the sidewalk with a facade of columns, carving and huge bronze doors inset with scenes from the history of medicine.

Dr. Murphy, a Chicagoan, was one of the most famous surgeons of this century.

The main room in this building is the auditorium. It is lined with impressive portraits of the past presidents of the American College of Surgeons and is used mainly for meetings and ceremonies.

The College which was founded in 1913 is the largest and most active surgical organization in the world. It has over 26,000 members in 83 countries and election to its fellowship is a highly regarded distinction. It is the oldest accrediting body for surgeons in the Americas and was the first to institute an accrediting program for hospitals—a program it carried on alone until 1952. It was the first to establish a modern residency training program; the first to use medical television.

The fact that the American College of Surgeons was headquartered for 44 years in the Nickerson mansion has made the house a medical as well as an architectural landmark.

In 1963 the College of Surgeons celebrated its 50th anniversary and moved into an ultra modern, eight-story building directly across the street from the Nickerson house. The College had long since outgrown the mansion and the promise to keep it intact made adapting it to modern office needs a dilemma.

Since then the old mansion has been vacant while the College sought a suitable tenant. Early this fall, Pinn Productions, slide film producers, will move into the mansion. They'll use the basement for darkroom and



This view looking into the gallery from the library was taken in 1884, about a year after the Nickersons moved in.

production facilities, the first floor for studios and the second for offices and conference rooms as needed.

Pinn realizes they have a beautiful, built-in backdrop in the old marble palace and are anxious to preserve it. Any redecorating or furnishing will be done as much as possible in the style of the Nickerson era.

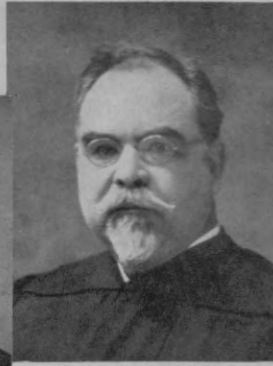
Soon the old house will know a new kind of activity. Models will be posing on the famous staircase where once walked Nickersons, Fishers and great men from the annals of surgery. A prominent ghost or two might stir uneasily at this commercial turn of events, but the 84-year-old house will doze on listening with marble ears to new happenings but revealing nothing.



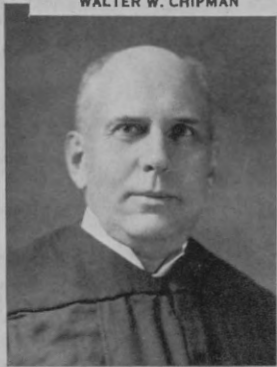
WALTER W. CHIPMAN



JOHN M. T. FINNEY



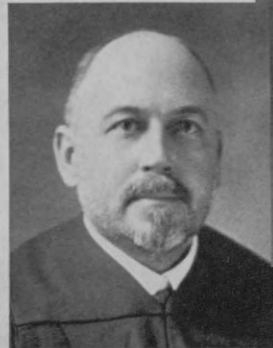
RUDOLPH MATAS



GEORGE E. ARMSTRONG



GEORGE E. BREWER



FREDERIC J. COTTON



HERBERT A. BRUCE



GEORGE W. CRILE

MEMBERS OF ORIGINAL BOARD OF REGENTS, AMERICAN COLLEGE OF SURGEONS, 1913



WILLIAM D. HAGGARD



EDWARD MARTIN



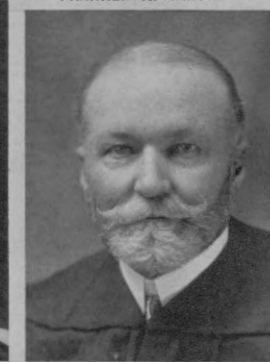
FRANKLIN H. MARTIN



CHARLES H. MAYO



ROBERT E. McKECHNIE



JOHN B. MURPHY



ALBERT J. OCHSNER



HARRY M. SHERMAN

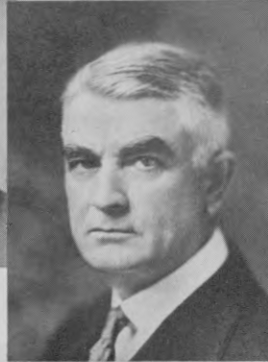


CHARLES F. STOKES

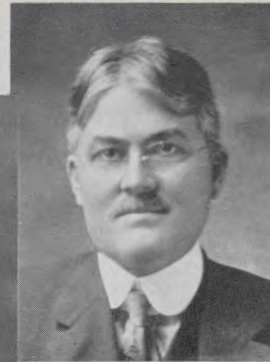
MEMBERS OF ORIGINAL BOARD OF REGENTS, AMERICAN COLLEGE OF SURGEONS, 1913



JOHN M. T. FINNEY
1913-1916



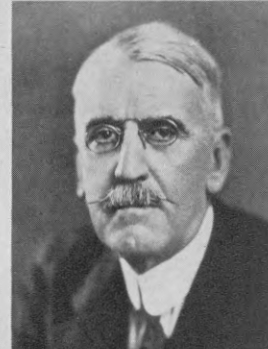
WILLIAM J. MAYO
1918-1920



GEORGE W. CRILE
1916-1917



GEORGE E. ARMSTRONG
1920-1921



JOHN B. DEAVER
1921-1922



ALBERT J. OCHSNER
1923-1924

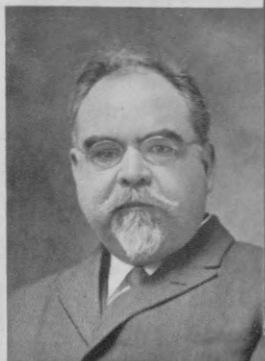


HARVEY CUSHING
1922-1923



CHARLES H. MAYO
1924-1925

PRESIDENTS OF THE AMERICAN COLLEGE OF SURGEONS



RUDOLPH MATAS
1925-1926



WALTER W. CHIPMAN
1926-1927



GEORGE DAVID STEWART
1927-1928



FRANKLIN H. MARTIN
1928-1929



MERRITTE W. IRELAND
1929-1930



C. JEFF MILLER
1930-1931



ALLEN B. KANAVAL
1931-1932

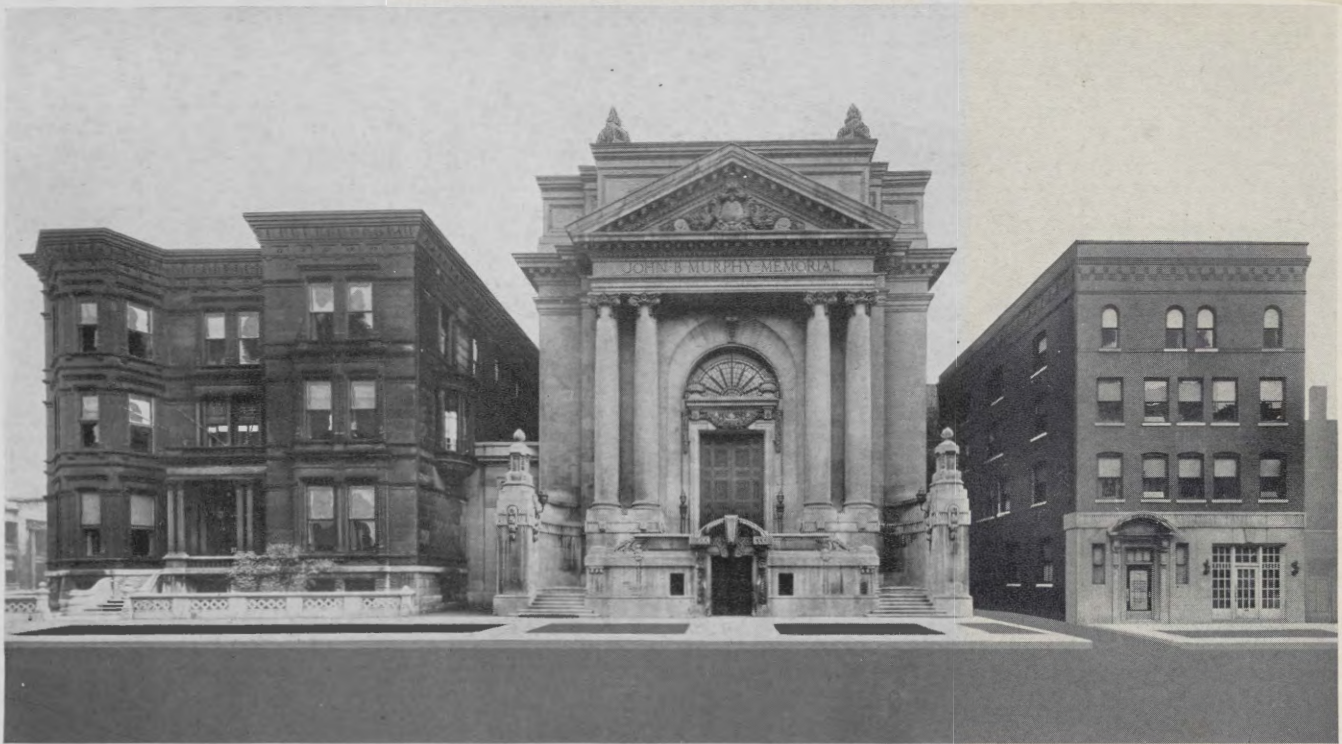


J. BENTLEY SQUIER
1932-1933



WILLIAM D. HAGGARD
1933-1934

PRESIDENTS OF THE AMERICAN COLLEGE OF SURGEONS



EXECUTIVE OFFICES, AMERICAN
COLLEGE OF SURGEONS

JOHN B. MURPHY MEMORIAL

OFFICES, "SURGERY, GYNECOLOGY
AND OBSTETRICS"



CERTIFICATE OF FELLOWSHIP, AMERICAN COLLEGE OF SURGEONS



AMERICAN COLLEGE OF SURGEONS
HAS APPROVED
PENNSYLVANIA HOSPITAL
PHILADELPHIA

WHICH HAS COMPLIED WITH THE MINIMUM STANDARD REQUIREMENTS OF THE AMERICAN COLLEGE OF SURGEONS AS FOLLOWS:

I THAT physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is open or closed nor need it affect the various existing types of staff organization. The word STAFF is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the regular staff, the visiting staff, and the associate staff.

II THAT membership upon the staff be restricted to physicians and surgeons who are a) full graduates in medicine in good standing and legally licensed to practice in their respective states or provinces; b) competent in their respective fields; and, c) worthy in character and in matters of professional ethics that in this latter connection the practice of the division of fees under any guise whatsoever be prohibited.

III THAT the staff initiate and with the approval of the governing board of the hospital adopt rules, regulations, and policies governing the professional work of the hospital, that these rules, regulations and policies specifically provide: a) that staff meetings be held at least once each month, in large hospi-

als the departments may choose to meet separately; b) that the staff review and analyze at regular intervals their clinical experience in the various departments of the hospital, such as medicine, surgery, obstetrics, and the other specialties; the clinical records of patients, fees and pay, to be the basis for such review and analyses.

IV THAT accurate and complete records be written for all patients and filed in an accessible manner in the hospital - a complete case record being one which includes identification data; complaint; personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, X-ray, and other examinations; provisional or working diagnosis; medical or surgical treatment; gross and microscopical pathological findings; progress notes; final diagnosis; condition on discharge; follow-up and, in case of death, autopsy findings.

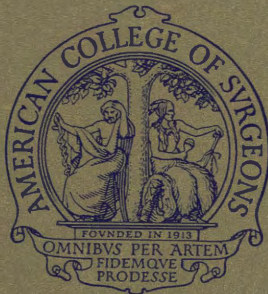
V THAT diagnostic and therapeutic facilities and under competent supervision be available for the study, diagnosis and treatment of patients; these to include, at least: a) a clinical laboratory providing chemical, bacteriological, serological and pathological services; b) an X-ray department providing radiographic and fluoroscopic services.

THIS CERTIFICATE GRANTED BY AUTHORITY OF THE BOARD OF REGENTS OF THE AMERICAN COLLEGE OF SURGEONS

W. J. DeBorja
Thomas Cochran
President
Member of Hospital Authority

Charles H. Mayo
Franklin H. Martin
President
Director General

HOSPITAL APPROVAL CERTIFICATE, AMERICAN COLLEGE OF SURGEONS



American College of Surgeons
50th Anniversary Year

The President's Dinner

WEDNESDAY EVENING

OCTOBER 30, 1963

GOLD ROOM

FAIRMONT HOTEL

SAN FRANCISCO, CALIFORNIA

LOYAL DAVIS, M.D., F.A.C.S.

Chicago, Illinois

President

COCKTAILS

HORS D'OEUVRES

Menu

TURTLE SOUP AU SHERRY EN TASSE
BAVARIAN CHEESE STICKS

TOURNEDO OF BEEF A LA CHORON Cabernet Sauvignon,
Beaulieu

COLD FRESH ASPARAGUS VINAIGRETTE
FRESH CORN RING WITH CHINESE PEA PODS

INDIVIDUAL GLASS BOWLS OF FRESH CALIFORNIA FRUIT
WITH PORT WINE AND COINTREAU

FLORENTINES, LADY FINGERS, PALM LEAVES, CANDIED FRUIT Champagne,
Korbel Brut
PETITS FOURS

COFFEE

SANKA

THE PRESIDENT'S DINNER

We know that our distinguished predecessors in the College held formal dinners during the Clinical Congresses because we have a newspaper clipping of November 20, 1910 which describes the late evening dinner held at the Hotel La Salle, Chicago, for the visiting practitioners of surgery at the first Clinical Congress.

The menu suggests that the dinner was meant for men only:

Rarebit Sandwiches

Dill Pickles

Pretzels

Imported Frankfurters and Potato Salad

Cigars

Cigarettes

Tobacco

Pipes

Beer

The practice of holding formal dinners during the Clinical Congress continued during the years after the College was founded in 1913. There are samples of the menus for these occasions, one of which was held on November 10, 1913, in Chicago. The list of liquid refreshments for this particular dinner is intriguing: Old Hen Cocktail, Mumm's Cordon Rouge, Haig and Haig Pinch Bottle Scotch, and Apollinaris. In addition, cigars were provided.

After World War II, the formal dinners of the College were expanded to two, to both of which the ladies were invited. One of these was the President's Dinner on Monday night of the Congress, which was first so designated in 1949 during the Presidency of Dr. Dallas B. Phemister, of Chicago. The other black tie affair occurred on Friday night just before the Convocation, as had been the custom for years.

This double feast was discontinued after the the 1954 Clinical Congress, when, because of the length of the dinner before the 1954 Convocation, the Cherries Jubilee au Vanille arrived so late that Dr. Evarts A. Graham, the Chairman of the Board of Regents, got the diners moving to Convention Hall in Atlantic City without this delectable dessert. He was heard to mutter to the Director at that time: "This will be the last dinner held before a Convocation." It was!

In 1955, and subsequently through 1960, only one formal dinner was held and this on Thursday evening when meetings would not conflict with the pleasure of the occasion. In 1961, when the Convocation was advanced to Thursday evening, the President's Dinner was moved to Wednesday evening.

Each President's Dinner takes on the personality of the President and his lady, and all have been delightful, gracious affairs. Inevitably, certain dinners stand out because of the course of events, and two, in particular, are remembered vividly. The first occurred in 1956 in San Francisco when the menu featured a most unusual appetizer, Grenouilles à la Bercy, which turned out to be frog legs with a special sauce, the entire affair resting upon a bed of hot sand. To many present, the identity of the sand, and its purpose, were not immediately apparent, and it is reliably rumored that some of the guests used it for a rather gritty dip.

On another evening, the President, the inimitable Dan Elkin, tore up the prepared agenda and proceeded to tell stories in his own charming fashion and to call upon any or all of the guests for a few words of greetings. Certainly, his appreciation of the administrative staff of the College is a classic to be remembered. It went something like this: "I wish to recognize my debt for the many kindnesses of the staff. This staff is not only efficient, it also enjoys the most friendly relationships possible between its members. The reason for this is that the Director is away so much that he never sees his assistants, who, in turn, are never in the office and have no opportunity for controversy. Meanwhile, the Comptroller is busy counting the money."

Tonight's President's Dinner has a special significance, since it is the social climax of the College's Semicentennial. May the occasion serve as a pleasant reminder of the enduring friendships which have been established among the leaders of surgery through their devotion to the ideals and goals of the American College of Surgeons.

PRESIDENTS OF THE AMERICAN COLLEGE OF SURGEONS

JOHN M. T. FINNEY, Baltimore.....	1913-1916
GEORGE CRILE, Cleveland.....	1916-1918
WILLIAM J. MAYO, Rochester.....	1918-1920
GEORGE E. ARMSTRONG, Montreal.....	1920-1921
JOHN B. DEAVER, Philadelphia.....	1921-1922
HARVEY CUSHING, Boston.....	1922-1923
ALBERT J. OCHSNER, Chicago.....	1923-1924
CHARLES H. MAYO, Rochester.....	1924-1925
RUDOLPH MATAS, New Orleans.....	1925-1926
W. W. CHIPMAN, Montreal.....	1926-1927
GEORGE DAVID STEWART, New York.....	1927-1928
FRANKLIN H. MARTIN, Chicago.....	1928-1929
MERRITTE W. IRELAND, Washington.....	1929-1930
C. JEFF MILLER, New Orleans.....	1930-1931
ALLEN B. KANAVAL, Chicago.....	1931-1932
J. BENTLEY SQUIER, New York.....	1932-1933
WILLIAM D. HAGGARD, Nashville.....	1933-1934
ROBERT B. GREENOUGH, Boston.....	1934-1935
DONALD C. BALFOUR, Rochester.....	1935-1936
EUGENE H. POOL, New York.....	1936-1937
FREDERIC A. BESLEY, Waukegan.....	1937-1938
HOWARD C. NAFFZIGER, San Francisco.....	1938-1939
GEORGE P. MULLER, Philadelphia.....	1939-1940
EVARTS A. GRAHAM, St. Louis.....	1940-1941
W. EDWARD GALLIE, Toronto.....	1941-1946
IRVIN ABELL, Louisville.....	1946-1947
ARTHUR W. ALLEN, Boston.....	1947-1948
DALLAS B. PHEMISTER, Chicago.....	1948-1949
FREDERICK A. COLLER, Ann Arbor.....	1949-1950
HENRY W. CAVE, New York.....	1950-1951
ALTON OCHSNER, New Orleans.....	1951-1952
HAROLD L. FOSS, Danville.....	1952-1953
FRED W. RANKIN, Lexington.....	1953-1954
FRANK GLENN, New York.....	1954
ALFRED BLALOCK, Baltimore.....	1954-1955
WARREN H. COLE, Chicago.....	1955-1956
DANIEL C. ELKIN, Lancaster.....	1956-1957
WILLIAM L. ESTES, JR., Bethlehem.....	1957-1958
NEWELL W. PHILPOTT, Montreal.....	1958-1959
OWEN H. WANGENSTEEN, Minneapolis.....	1959-1960
I. S. RAVDIN, Philadelphia.....	1960-1961
ROBERT M. ZOLLINGER, Columbus.....	1961-1962
LOYAL DAVIS, Chicago.....	1962-1963

MEDICAL WORLD NEWS

MAY 10, 1963



SURGEONS' GOLDEN ANNIVERSARY

R

Phenobarbital
Elixir

Why??

in preference to phenobarbital:
Alurate Elixir
aprobarbital ROCHE

Unlike phenobarbital elixir, Alurate Elixir acts very promptly and is rapidly metabolized. In addition to the clinical advantages inherent in its pharmacology (see facing page), Alurate Elixir provides the physician with a pleasantly flavored liquid dosage form, which is available in two different colors (to avoid barbiturate identification) and compatible with many other medications.

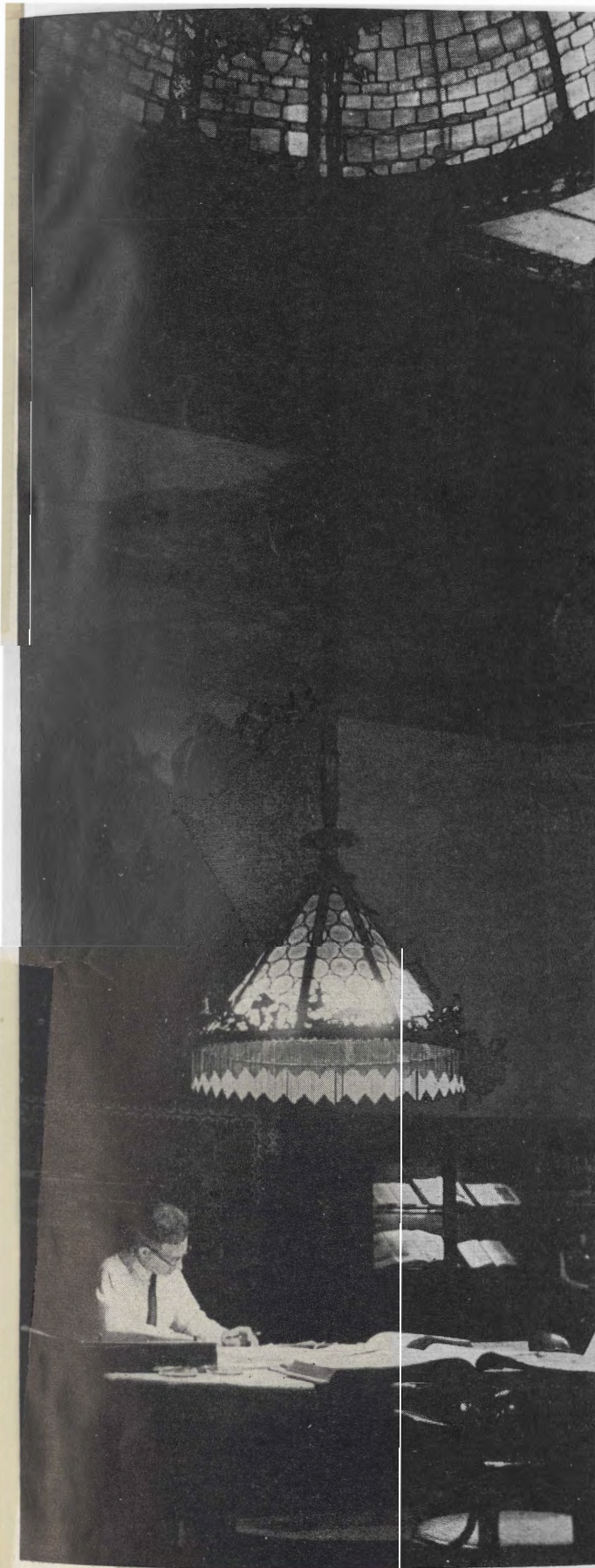
Recommended Adult Dosage

SEDATIVE.....	1/2 to 1 teaspoonful, t.i.d.
MILD HYPNOTIC.....	1 to 2 teaspoonfuls at bedtime
PRONOUNCED INSOMNIA.....	2 to 4 teaspoonfuls at bedtime

Dosage in Children

Should be adjusted according to age and weight of the patient.

Warning: May be habit forming.



RESPLENDENT Victorian mansion is present home of College.

Surgeons' Golden Anniversary

World's largest surgical organization looks back on 50 years of struggle to improve standards of profession

"... 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."

(From the Articles of Incorporation, American College of Surgeons)

Since its launching 50 years ago, the American College of Surgeons has had a stormy history. It was organized in spite of the heated objections of the medical profession. Medical journals attacked the basic concept of a college of surgeons, accused the group of professional snobbery, hinted at financial manipulation, and labeled the undertaking nothing but "a chance to use some letters after one's name."

Today, celebrating the Golden Anniversary of the College, surgeons look forward to a milder middle age—perhaps a bit wistfully. Their campaign to keep ethical and technical standards high will continue, but most of

the big battles in the field have been fought and won.

The biggest and longest of these started at their very first meeting in 1913, when a mild-mannered Indiana physician, Dr. Miles F. Porter, spoke up from his seat in the audience:

"There are a great many men doing surgery in this country who can do it well, yet who from a moral standpoint are unfit. I refer to fee-splitters. Such men should not become members of this body."

The statement was received with thunderous applause, and the College's policy-making Board of Regents pronounced fee-splitting inimical to the best care of the surgical patient. Later incorporated into the oath of membership was the statement: "Upon my honor I hereby declare that I will not practice the division of fees either directly or indirectly."

Practicing What it Preaches

Practicing what it has preached, the College in 1953 boycotted the entire state of Iowa because of widespread fee-splitting. It voted to defer serious consideration of all Iowa candidates for Fellowship until a credentials committee could be established in the state.

This public airing of the existence and evils of fee-splitting has brought the College under sharp attack by many physicians and has caused some disagreement with the American Medical Association.

In many other areas of medical practice in the United States, the American College of Surgeons has pioneered the way.

In 1934, the College publicly advocated prepaid medical insurance for patients in accredited hospitals. For 34 years, from 1918 to 1952, ACS carried on the only national hospital standardization program, and not until 1952 did the AMA, the American College of Physicians, the American Hospital Association and the Canadian Medical Association join the ACS to form the Joint Commission on Accreditation of Hospitals. By then, the College had spent upwards of \$2 million on the project.

In 1937, the ACS started an organized program for approving surgical residencies; 13 years later the AMA's Council on Medical Education and Hospitals officially undertook the approval of residencies.

From its inception, the College has worked to educate the public about cancer. In 1913, it was one of the main forces behind the founding of the American Society for the Control of Cancer—later shortened to the American Cancer Society. The two organizations have worked side by side ever since.

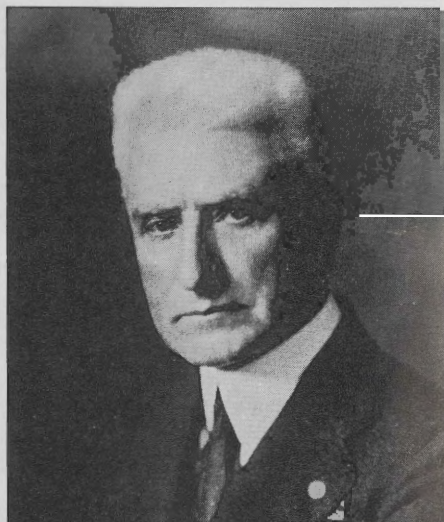
On many fronts the American College of Surgeons has reflected the personality of the typical American surgeon. In the medical world the surgeon is often pictured as the "doer"—the practitioner who must be skillful and bright, keenly appreciate timing and make quick but



PRESIDENT-ELECT Dunphy will receive College's presidential gavel in October.



PRESIDENT Loyal Davis is chairman of surgery department at Northwestern U.



FOUNDER of College Franklin H. Martin was also first editor of its famed journal.

Although the broad areas of agreement between the College and the AMA heavily outweigh the small area of disagreement, a critical attitude towards the AMA dates back to 1913, just before the College was founded.

"Why can't the American Medical Association carry on the service you propose?" Dr. Franklin Martin, founder of the College, was asked from the floor of a medical meeting before the ACS was formed.

Never a man to be put on the defense, Dr. Martin shot back with, "I would like to ask the same question. Why shouldn't they do it? But are they doing it?"

good decisions. As the organizational counterpart of the surgeon, the College has also been a "doer," reflecting the strong personalities who have guided it. The first, its founder and guide, was a straight-backed, red-headed Chicago gynecologist, Franklin H. Martin.

In the summer of 1876, while working in the hot sun of a Wisconsin field, Martin saw what he described as "a scene from paradise"—a white-lined family doctor in a spotless buggy, riding to a call. He decided then and there he wanted to be a doctor.

By working summers, borrowing from an uncle,

spending grudgingly, Martin struggled through Chicago Medical College and received his M.D. in 1880. In 1905, he founded and became editor of *Surgery, Gynecology & Obstetrics*, published by R. R. Donnelly and Sons. One of the Donnelly sons, Thomas, was Martin's close friend, and from that friendship has come the legendary motto: "Life can be late, but *SG&O* must come out the first of the month!"

In those early days of surgery, new procedures were learned through visits to colleagues' operating rooms. By contrast, Dr. Martin envisioned an assemblage of hundreds of surgeons in one big metropolitan center to watch the originator of a new surgical procedure.

Out of his idea came the Clinical Congress of Surgeons. The first, held in Chicago in 1910, was underwritten by *SG&O*. Two hundred visitors were expected, but 1,300 flooded the registration desk. The second Congress was held in Philadelphia, the third in New York.

On his way to New York, Dr. Martin began to think about a college of surgeons, "a new organization through which definite qualifications for membership would be established." Martin presented his plan to Dr. John B. Murphy, one of the greatest, yet most controversial surgeons of the time.

With Murphy's backing, a business meeting of the Clinical Congress approved Martin's plan for an American College of Surgeons, patterned after Britain's Royal College of Surgeons. Martin then proceeded to "stump" the country, enlisting the support of top U.S. and Canadian surgeons for the founding of the new organization. In May 1913, the American College of Surgeons became a reality.

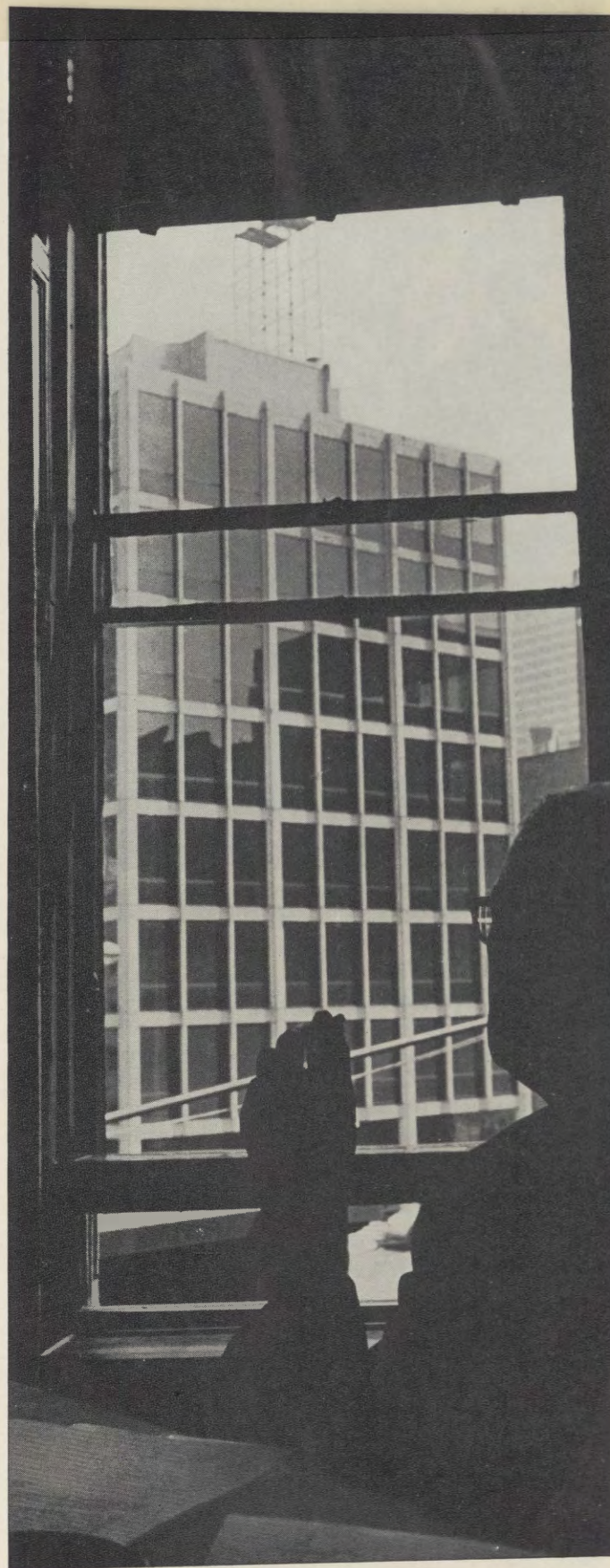
A Dynasty of Strong Leaders

Among the founders of the College were some immortals of American surgery: neurosurgeon Harvey Cushing, the Mayo Brothers, Albert J. Ochsner, Cleveland Clinic founder George Crile, Edward Martin, George Brewer, Frederic J. Cotton and Rudolph Matas.

From its first president, Dr. John M. T. Finney of Johns Hopkins, to its current leader, Dr. Loyal Davis of Northwestern, the College has had a tradition of strong leadership. Among its presidents have been Crile, William J. Mayo, Cushing, Albert Ochsner, Charles Mayo, Allen Kanavel, Dallas Phemister, Alton Ochsner, Warren Cole, Owen Wangenstein, and I. S. Ravdin.

After a stormy youth, the American College of Surgeons faces a more tranquil maturity. The College, Dr. Davis feels, "is well-established. It needn't depend on any strong individual. There will be strong personalities, to be sure, but the College will no longer be identified solely with a Martin or a Cushing or a Ravdin."

The College's future, according to its full-time head, Dr. John Paul North, will see strengthened local cancer and local trauma programs, as well as increased activity in projects which involve foreign Fellows. From his office in the resplendent Victorian mansion that serves as College headquarters, Director North can see the construction of the clean-lined modern building that will soon be the College's new headquarters, perhaps symbolic of



NEW HEADQUARTERS is seen through window of old building.



DIRECTOR John Paul North, full-time executive of College, discusses expanded future plans, including foreign Fellowships.

GOLDEN ANNIVERSARY *Continued*

the College's future course through a new surgical era.

One of the College's recurrent themes has been and will continue to be: "There is no minor surgery, only minor surgeons." To keep surgical standards high it has often had to fight old battles with new foes. Thirteen years ago, in spite of legal threats, the College caused the International College of Surgeons to discontinue qualification examinations for an International Board of Surgery. At the 1961 annual Clinical Congress in Atlantic City, College president Davis declared that "lack of legal restrictions upon the practice of surgery creates potential legalized mayhem."

Pointing an accusing finger at the American Society of Abdominal Surgery, Dr. Davis denounced their attempt to install an abdominal surgery board whose "grandfather clause" would gather thousands of GPs and other once-in-a-while surgeons under its protective cloak without benefit of standardized surgical residency.

"No operation is ordinary or minor," he charged. "All the more is this true when the doctor is the patient. When he is to be treated surgically, he meticulously and agonizingly chooses from among the best. It is not my belief that one can do *just a little surgery*, a phrase of

matchless elasticity. To perform surgical operations, one cannot be half-trained or have a smattering of knowledge of surgical therapy."

And in one of its official publications, the College has borrowed a 14th century text to make clear what it expects of the surgeon today:

"The conditions necessary for the surgeon are four: First, he should be learned; second, he should be expert; third, he must be ingenious, and fourth, he should be able to adapt himself.

"Let the surgeon be bold in all sure things, and fearful in dangerous things; let him avoid all faulty treatments and practices. He ought to be gracious to the sick, considerate to his associates, cautious in his prognostications. Let him be modest, dignified, gentle, pitiful and merciful; not covetous nor an extortionist of money; but rather let his reward be according to his work, to the means of the patient, to the quality of the issue, and to his own dignity."

Traditional View on Minor Surgery

Dr. John Englebert Dunphy of the University of Oregon, incoming president of the College, holds the traditional view on "minor surgeons." He believes that the family doctor needs to be proficient at "setting simple fractures, sewing up lacerations, and office-type surgery."

The greatest need in this country, ACS president Dunphy maintains, is for more thoroughly founded and competent family doctors. In his opinion, physicians who wish to be family doctors should take the minimum three-year residency that qualifies them for the general surgical boards. "These doctors who do general practice and surgery in smaller communities face some of the most acute surgical emergencies. If well trained, their contribution is enormous."

If their education matches their training, such "family surgeons" could qualify for membership in the American College of Surgeons. As President Davis explained, "all we ask of applicants is that they meet our standards of excellence."

The American College of Surgeons, at this semicentennial, is settling for nothing less. ■

OTHER MAJOR ANNIVERSARIES

In addition to the American College of Surgeons, the following groups are among the many organizations which are celebrating anniversaries this spring.

Peter Bent Brigham Hospital of Boston—50th year (see page 65)

Marquette University School of Medicine—50th year

Carnegie Institute of Washington Embryology Dept.—50th year

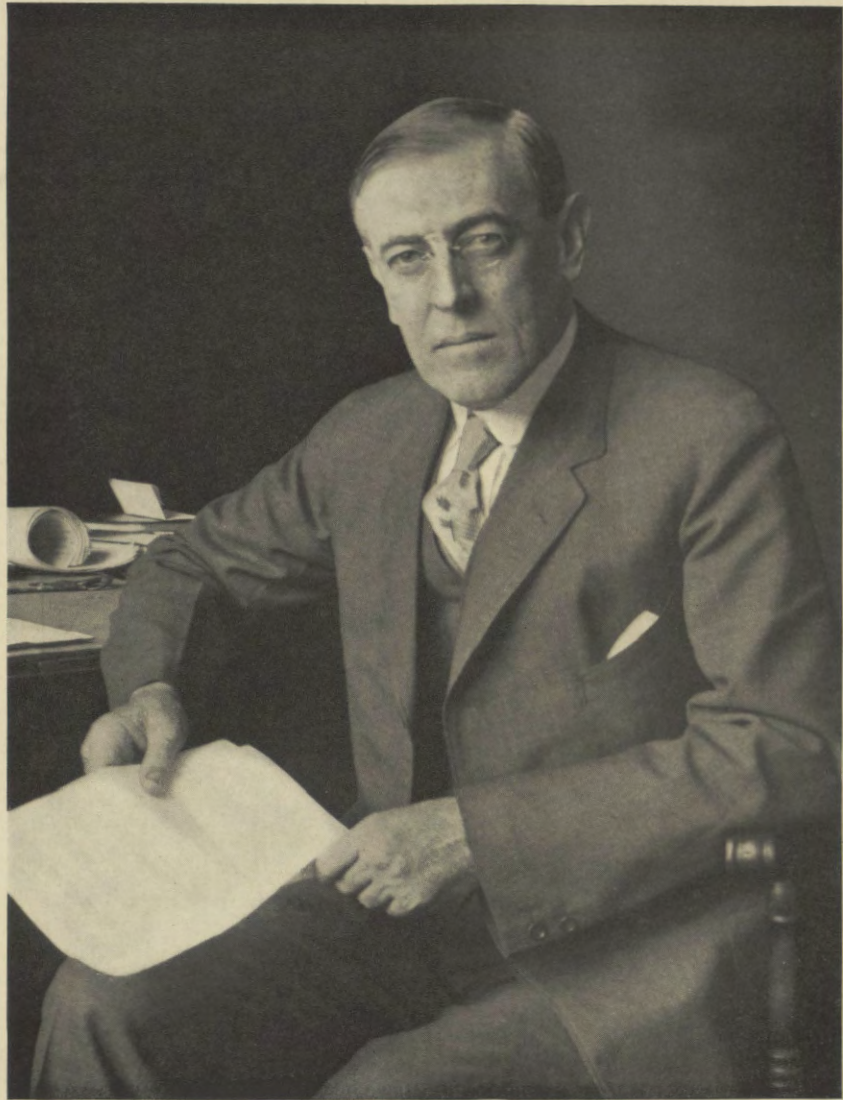
Babies Hospital, Columbia University—75th year

National Academy of Sciences—100th year

Hospital for Special Surgery, New York—100th year

American Veterinary Medical Association—100th year

New York Obstetrical Society—100th year

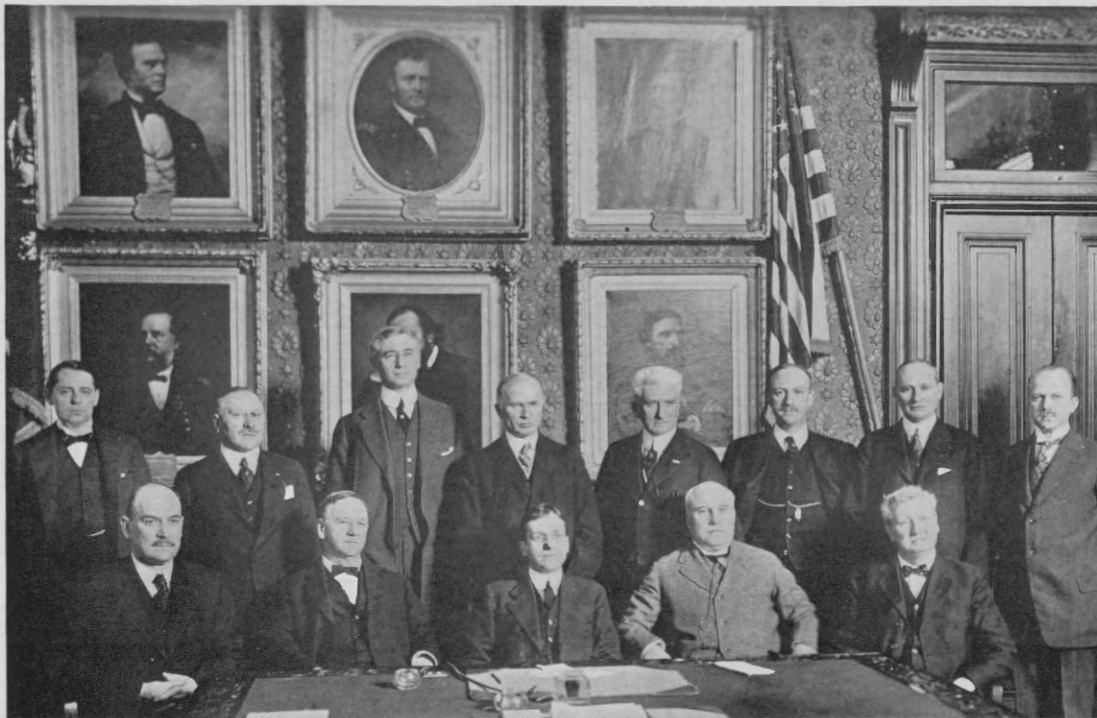


Underwood

WOODROW WILSON—OUR COMMANDER-IN-CHIEF



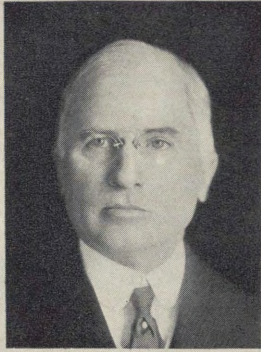
COUNCIL OF NATIONAL DEFENSE BUILDING



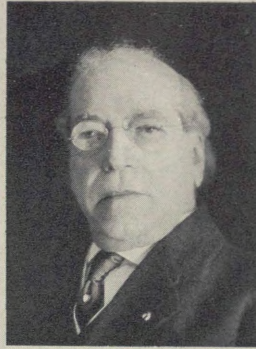
MEMBERS OF THE COUNCIL OF NATIONAL DEFENSE AND THE ADVISORY COMMISSION
Seated, left to right: David F. Houston, Josephus Daniels, Newton D. Baker, Chairman of the Council; Franklin K. Lane, William B. Wilson. Standing, left to right: Grosvenor B. Clarkson (Secretary), Julius Rosenwald, Bernard M. Baruch, Daniel Willard, Dr. Franklin H. Martin, Hollis Godfrey, Howard E. Coffin, Walter S. Gifford (Director)



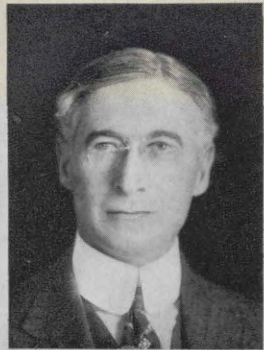
JULIUS ROSENWALD



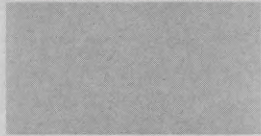
DANIEL WILLARD
CHAIRMAN



SAMUEL GOMPERS



BERNARD M. BARUCH



HOWARD COFFIN



HOLLIS GODFREY



WALTER S. GIFFORD
DIRECTOR



DR. FRANKLIN MARTIN

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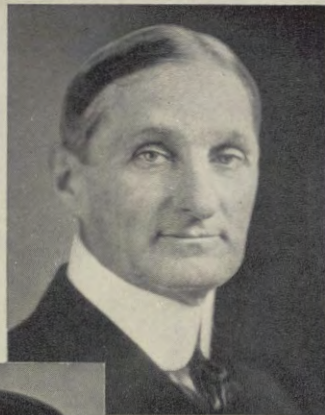
MEMBERS OF THE ADVISORY COMMISSION, COUNCIL OF
NATIONAL DEFENSE

Bernard Baruch -

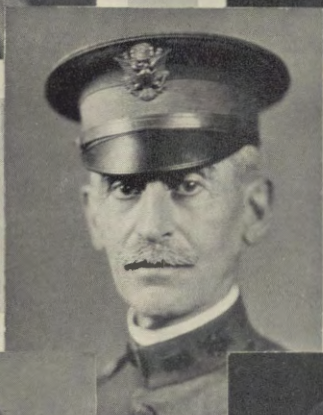
On May 24, 1944, EKG, by appointment, had a conference with Mr. Bernard Baruch in an effort to enlist his active interest and support in the work of the ACS. (Mr. Baruch had been a member of the Adv. Commission of the Council of National Defense during WW I, serving with Dr. Martin who represented Medicine on the Adv. Com. As an aid to Dr. Martin in Washington at that time, EKG had almost daily contact with Mr. Baruch, who had offices close to those of Dr. Martin. The Grad. Train. program, and the Med. Mot. Picture program were those presented by EKG. The interview, at Mr. Baruch's home, 1055 5th Avenue, N.Y., lasted about an hour. Mr. Baruch wore his hearing aid, and was suffering from gout. He was greatly interested, but not able to help, as just at this time he established in memory of his Father, Simon Baruch, a Doctor, a foundation which bore on rehabilitation and physical therapy. Dr. Baruch was one of the first to interest himself in these subjects. And physical therapy was at that time on a low plane. c



UNDERWOOD



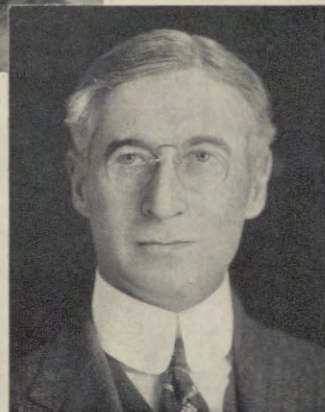
UNDERWOOD



KEYSTONE

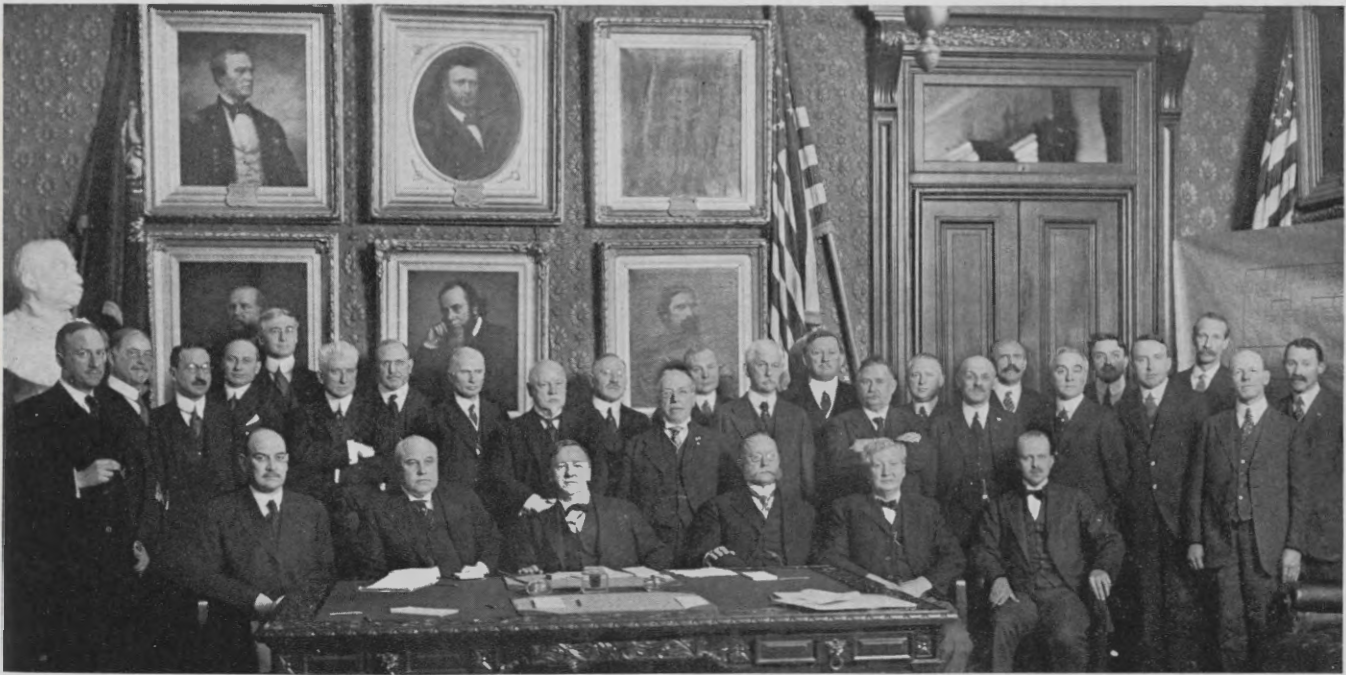


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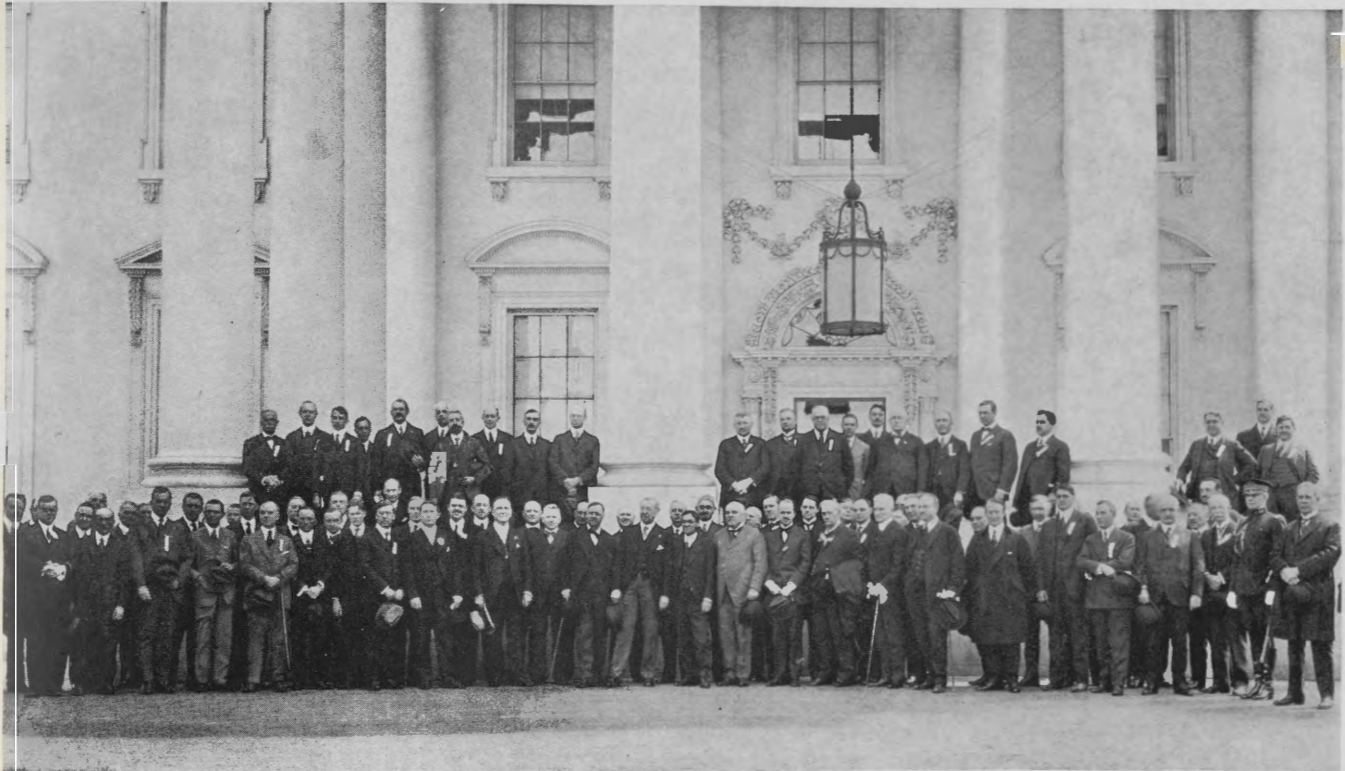
CLINEDINST

HERBERT HOOVER, Food Commissioner. WILLIAM GIBBS McADOO, Railroad Administrator. PROVOST MARSHAL GENERAL ENOCH H. CROWDER. FRANK A. SCOTT, Chairman, General Munitions Board and later War Industries Board. BERNARD M. BARUCH, Chairman, War Industries Board



ORGANIZATION OF THE FOSDICK COMMISSION

Seated, left to right: David F. Houston, Franklin K. Lane, Josephus Daniels, William C. Redfield, William B. Wilson, Walter S. Gifford.
Standing, left to right: Hollis Godfrey, Dr. Irving Fisher, Dr. M. J. Rosenau, Howard Coffin, Bernard M. Baruch, Dr. Franklin H. Martin,
Dr. William A. Evans, Daniel Willard, Dr. William H. Welch, Julius Rosenwald, Samuel Gompers, Rear Admiral William C. Braisted,
Major General William C. Gorgas, Surgeon General Rupert Blue, U.S.P.H.S., Dr. Victor C. Vaughan, Dr. Frank F. Simpson, Dr. Abraham
Flexner, Brigadier General Jefferson R. Kean, Dr. Frederic A. Besley, Dr. Alonzo E. Taylor, Raymond B. Fosdick, Dr. Haven Emerson,
Dr. William F. Snow, Dr. Theodore Janeway



PRESIDENT WILSON, MEMBERS OF THE COUNCIL OF NATIONAL DEFENSE AND THE ADVISORY COMMISSION,
AND STATE GOVERNORS AT ORGANIZATION OF STATE COUNCILS OF NATIONAL DEFENSE



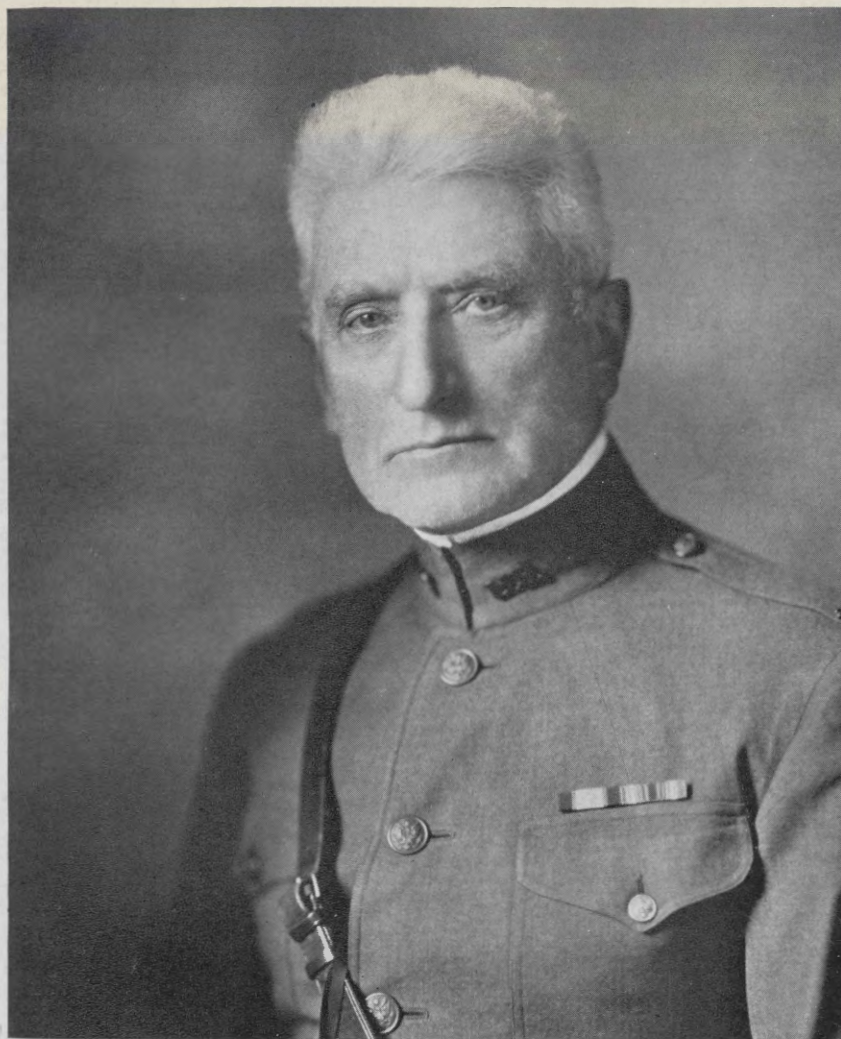
MEMBERS OF THE BALFOUR MISSION



ARRIVAL OF MEMBERS OF THE BRITISH LABOR COMMISSION
Left to right: F. Morrison, H. W. Garrod, Unidentified, Joseph Davies, C. W.
Bowerman, J. H. Thomas, H. Gibson, William B. Wilson, Samuel Gompers



ALLIED COMMANDERS—GENERAL HENRI PHILIPPE PÉTAIN,
GENERAL SIR DOUGLAS HAIG, GENERAL FERDINAND FOCH,
GENERAL JOHN J. PERSHING



COLONEL FRANKLIN H. MARTIN

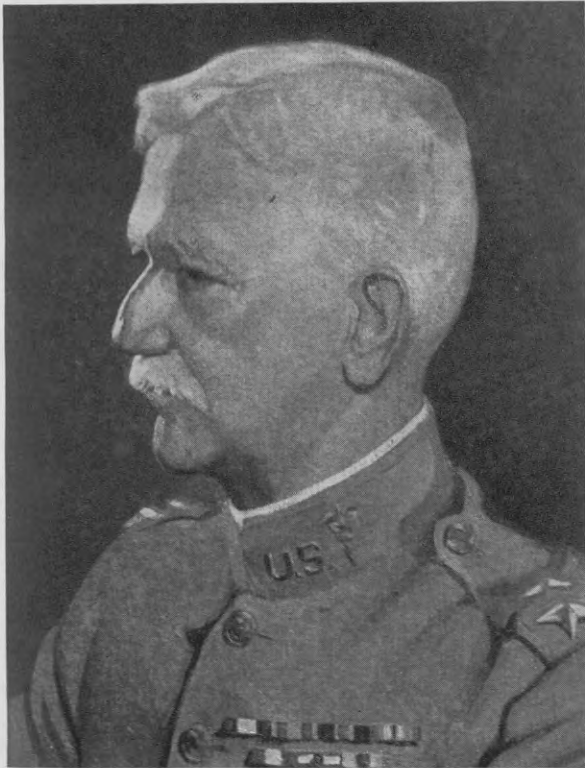


EXECUTIVE COMMITTEE OF THE GENERAL MEDICAL BOARD

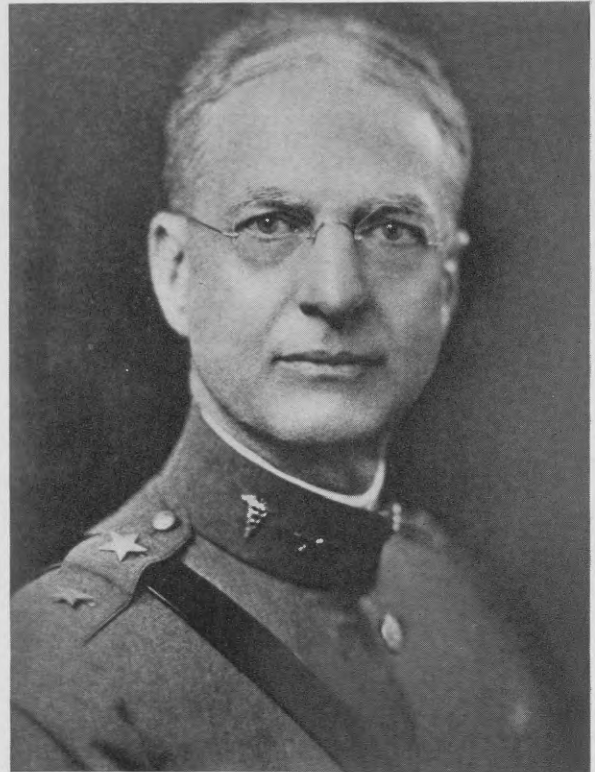
Seated, left to right: Rear Admiral William C. Braisted, Major General William C. Gorgas, Surgeon General Rupert Blue, U.S.P.H.S., Dr. Franklin H. Martin. Standing, left to right: Dr. Frank F. Simpson, Dr. Victor C. Vaughan, Dr. William H. Welch. Inserts, upper right: Rear Admiral Cary T. Grayson, Dr. William J. Mayo. Lower left: Dr. Charles H. Mayo, Brigadier General Jefferson R. Kean



GENERAL MEDICAL BOARD OF THE COUNCIL OF NATIONAL DEFENSE



MAJOR GENERAL WILLIAM CRAWFORD GORGAS



MAJOR GENERAL MERRITTE W. IRELAND

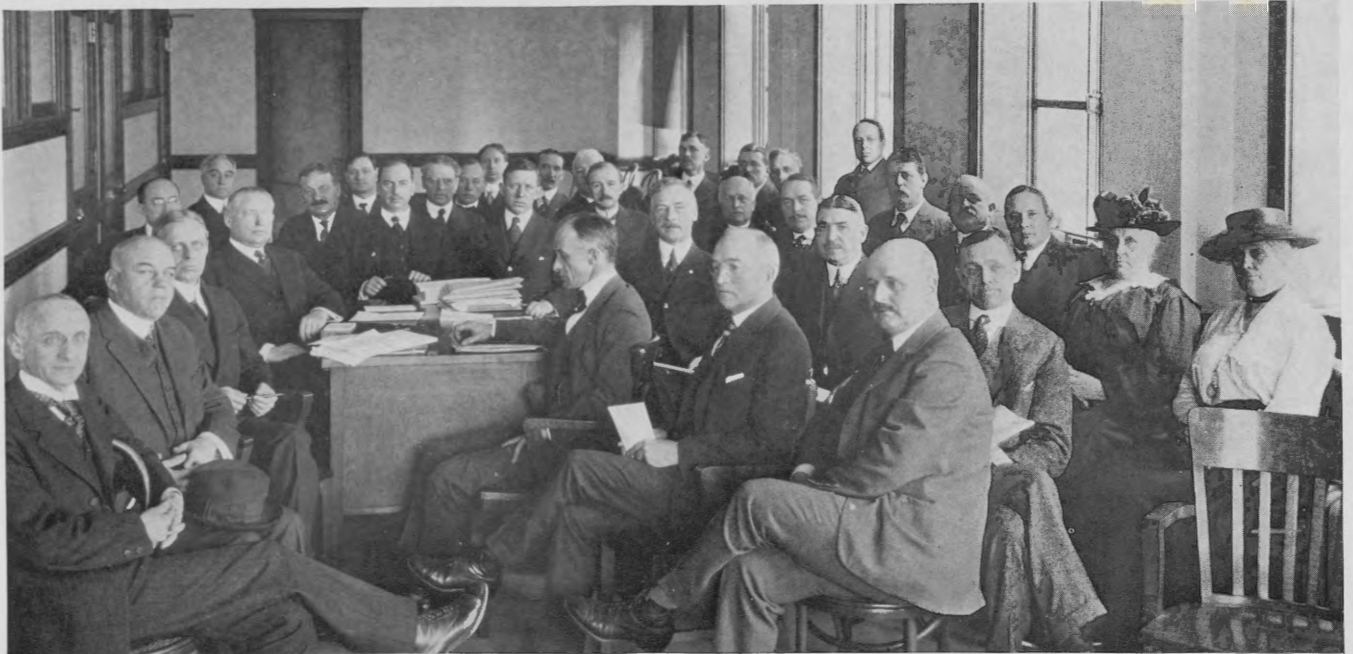


ASSOCIATES IN MEDICAL SECTION, COUNCIL OF NATIONAL DEFENSE

Dr. Edward Martin, Chairman, Editorial Committee and Committee on States Activities. Dr. Edward P. Davis, President, Central Governing Board of Volunteer Medical Service Corps; Dr. Henry H. Sherk, Vice-President; Dr. John D. McLean, Acting Secretary. Dr. William F. Snow, Secretary, General Medical Board and Chairman, Committee on Venereal Diseases. Dr. Henry D. Jump, Member of General Medical Board. Dr. W. H. G. Logan, Chairman, Committee on Dentistry. Dr. Robert L. Dickinson, Member of General Medical Board. Dr. S. S. Goldwater, Chairman, Committee on Hospitals



STATE AND COUNTY COMMITTEES, MEDICAL SECTION, COUNCIL OF NATIONAL DEFENSE



COMMITTEE ON STANDARDIZATION OF MEDICAL AND SURGICAL SUPPLIES AND EQUIPMENT



MEMBERS OF COMMITTEE ON NURSING AND GENERAL MEDICAL BOARD
Front row, left to right: Miss Lillian Clayton, Miss Annie W. Goodrich, Miss Mary Beard, Miss M. Adelaide Nutting (Chairman), Mrs. John H. Higbee, U.S.N., Miss Dora L. Thompson, U.S.A. Middle row, left to right: Miss Jane A. Delano, Miss Clara D. Noyes, Miss Ella Phillips Crandall (Secretary), Miss Hannah J. Patterson, Miss P. H. Braithwaite. Rear row, left to right: Dr. J. M. T. Finney, Dr. William H. Welch, Dr. William J. Mayo, Brigadier General Robert E. Noble, Dr. Robert L. Dickinson, Dr. Franklin H. Martin



VISITING DOCTORS FROM ABROAD

Seated, left to right: Dr. George E. Brewer, Sir Thomas Myles, Dr. Franklin H. Martin, Dr. Raffaele Bastianelli, Dr. Pierre Duval.
Standing, left to right: Mr. George Grey Turner, Dr. Joseph A. Pettit, Dr. Loewy, Mr. George E. Gask, Dr. Henri Beclere, Dr. Frank F. Simpson, Mr. John G. Bowman, Dr. Charles U. Dercle, Dr. Adrian Piolet