

1960

Whither Goeth the American Surgeon?

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"WHAT if we are not playing on the center stage?" asks Loren Eiseley in *The Firmament of Time (How Human Is Man)*. "What if we are not playing on the center stage? What if the great spectacle has no terminus and no meaning? What if there is no audience beyond the footlights, and the play, in spite of bold villains and posturing heroes, is a shabby repeat performance in an echoing vacuity? Man is a perceptive animal. He hates above all else to appear ridiculous,—he plays his part uncertainly and fumbles for the proper lines to speak. It will do no harm then, if in this moment of hesitation we survey the history of our dilemma."

Within ten years of the founding of the American College of Surgeons, young men who were looking for more formal training than was provided by a preceptorship were being told by a very few Fellows of this College that residency training afforded a broad background of training. Such training made men more than operators. It was more apt to turn out a surgeon who had a greater concern for his patients, and one who realized that the operation was but a part of surgical therapeutics.

No single individual is responsible for what the American surgeon or the American College of Surgeons has achieved in the nearly half century since this College was founded. The American surgeon is in part the heritage of the barber surgeons of Europe. The development of the individualism of the American surgeon began with World War I, and from that time on, more and more American surgeons received their training, in whole or in large part, in this country.

At the time the College was founded, surgeons were becoming more and more concerned with the abnormalities of function imposed by a wide variety of what were then considered surgical disorders. The rapid development of new knowledge made possible a constantly expanding creative activity by what were then considered "young surgeons." One by one a wide variety of disorders which had previously been treated by nonsurgical means, or really not treated at all, began to be treated by the surgeon, with benefit to the individual and to mankind.

William Halsted was teaching his residents that wounds healed more promptly if tissues were handled gently and that shock often did not make its appearance even after prolonged operations if hemostasis was carefully controlled. Halsted, when

asked by a friend what made the Johns Hopkins Hospital a great institution, said, "Here we are not afraid to try things." It was Halsted who brought the experimental method to American surgery. It was he who first brought dignity and respect to our profession in this country.

No one can possibly deny that any surgical training under competent preceptors which added to the trainee's experience was better than no training. The men so trained, however, had little time to think for themselves. From early morning until late at night, the training was designed to provide a replica of the man who was training him. He had little opportunity to evaluate the ever-increasing operative procedures designed to cure patients suffering from a wide variety of surgical disorders, and, as the result of this, he was slow in accepting new ideas and rejecting old ones.

By 1935, when the American Board of Surgery was founded, a whole procession of distinguished American surgeons had received all or the major part of their training in this country. The American surgeon, as a result of his medical training, had a firmer background in the basic medical sciences. The beginning and end of surgery were no longer connected solely with the technical aspects of an operation. American surgeons did visit for short periods a number of the great British and European clinics, but this was in part associated with the fact that these individuals were traveling to the spiritual sources of American culture. There still existed a tendency to exaggerate the extent and the importance of the European clinics.

The greater emphasis which was placed upon an ever increasing knowledge of the basic medical sciences in this country naturally led many of the

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The President's Address

DR. I. S. RAVDIN, Philadelphia, is professor of surgery, University of Pennsylvania School of Medicine, and vice president for medical affairs. A member of the American College of Surgeons' Board of Regents since 1951, he has been its chairman from 1954 until the Convocation held October 14, 1960, when he became president and on that occasion made the accompanying address.

KEY TO NUMBERS FOLLOWING NAMES OF GOVERNORS LISTED ON PAGES 24 AND 25

SURGICAL ASSOCIATIONS AND SOCIETIES, AND FEDERAL SERVICES, listed hereafter are privileged to nominate candidates for membership on the Board of Governors. The number preceding the name of each organization corresponds with reference number following names of Governors in the foregoing list. Organizations numbered one through 20 are entitled to three Governors at one time; those numbered 21 through 34 to one Governor at a time.

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| 1. American Academy of Ophthalmology and Otolaryngology | 17. American Urological Association |
| 2. American Academy of Orthopaedic Surgeons | 18. Royal College of Physicians and Surgeons of Canada |
| 3. American Association for the Surgery of Trauma | 19. Society of Neurological Surgeons |
| 4. American Association of Genito-Urinary Surgeons | 20. Southern Surgical Association |
| 5. American Association of Obstetricians and Gynecologists | 21. American College of Obstetricians and Gynecologists |
| 6. American Association for Thoracic Surgery | 22. American Proctologic Society |
| 7. American Gynecological Society | 23. Central Surgical Association |
| 8. American Laryngological Association | 24. New England Surgical Society |
| 9. American Medical Association, Section on Laryngology, Otology and Rhinology | 25. Pacific Coast Surgical Association |
| 10. American Medical Association, Section on Obstetrics and Gynecology | 26. Society of Head and Neck Surgeons* |
| 11. American Medical Association, Section on Ophthalmology | 27. Society of University Surgeons |
| 12. American Medical Association, Section on Surgery | 28. Southeastern Surgical Congress* |
| 13. American Ophthalmological Society | 29. U. S. Air Force Medical Corps |
| 14. American Orthopaedic Association | 30. U. S. Army Medical Corps |
| 15. American Otological Society | 31. U. S. Navy Medical Corps |
| 16. American Surgical Association | 32. U. S. Public Health Service |
| | 33. U. S. Veterans Administration |
| | 34. Western Surgical Association |

*1961 is the first year to nominate, for 1961-64 terms.

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newly trained surgeons to participate in research into those areas of disease which were in the main the surgeon's province. This made the young surgeons' efforts more and more interesting and attractive, and it inspired further achievement.

The rapid increase in the number of men who received residency training in surgery subsequent to the termination of World War II is a matter of great achievement. In spite of the deficiencies of the program as a whole, we were still turning out at the time of certification a capable product. Adequately trained in the basic medical sciences, the young surgeon became more competent than ever before to prepare the patient for operation, to perform the operation, and to provide the best type of aftercare. He is, indeed, the complete surgeon, for good pre- and postoperative care is as much a part of what the patient should expect as is the operation itself.

Yet, in spite of all these advances, the largest part of American surgery is still being done by men who have not been adequately trained to do it. More than 60 per cent of the surgery being done in this country is being done by men who are es-

entially general practitioners rather than by trained surgeons.

Few of the men who were doing surgery at the time this College was founded were in reality specialists in one particular facet of surgery or another. The major exception to this was the otolaryngologist and the ophthalmologist, but in these fields the men were being trained for the surgical specialty without having had previous training in general surgery. Graduates, in fact, soon began specialist training in surgery without knowledge of the principles upon which all surgery depends for its safeguards.

The College over the years has remained the only organization in which surgeons representing the many facets of surgery now practiced in this country have a common meeting ground.

It is of fundamental importance that the American College of Surgeons through wise and generous actions and with full knowledge of the fundamental needs constantly continues to expand the activities and responsibilities of this College. The Regents and the Governors must not just concern themselves with the activities of the College a few times

a year. They must as a part of their individual responsibilities see clearly the fundamental needs of society in relation to surgical illness. Those responsible for the future efforts of the American College of Surgeons must realize that they cannot live on the achievements of those who guided the destinies of this College in the past. They must constantly ask themselves, "Where are we going from here?"

I venture to say that very few of us really have a clear picture of where we are going. If those now responsible for the direction of surgical effort do not give serious thought to the matter, if they lack the inspiration to carry us wisely into the future, their places should be taken by those who are competent to be entrusted with these responsibilities.

We have been hearing a good deal these last few years about what the American College of Surgeons should strive to achieve in the next decade or two. By 1975, we shall, we are told, have a population in this country of 235,000,000. We will need more than 11,000 new graduates in medicine a year to meet the needs of our rapidly growing population. We shall need even more trained surgeons than are now available each year. This poses new responsibilities. Our present perspective must be broadened if we are to remain members of a dedicated profession. The sharp decline in ward material which had taken place during the past ten years threatens to destroy the basis upon which the best of our residency training programs in surgery or its specialties has been created.

In most of our states, men who have completed the internship and have passed the examination of the state board of medical licensure receive a certificate qualifying them for the practice of medicine and surgery. Such a practice provides the means by which large numbers of men without adequate training attempt to do surgery, while at the same time practicing medicine. Can this College do other than to continue to assail this practice which is not in the best interest of patients?

I have often wondered during the time that I have been chairman of the Board of Regents whether or not many practitioners have abandoned the ethical concepts which are so important to our practice. Is it possible that the age old concern of the doctor for his patient is any less than it was in the days of Hippocrates and Hammurabi? Are the love and affection of the patient for his surgeon growing threadbare?

The responsibilities which the surgeon accepts when he agrees to take care of a patient are enormous. He must assure himself that as far as possible a reasonably accurate diagnosis has been

made and that an operation is indicated. Once having decided this, the surgeon must assure himself that the patient is in the best possible state to withstand the assault of anesthesia and operation. He must surround himself with assistants who are the best that he can obtain. He must anticipate complications and if possible prevent them. He must by every possible means speed the recovery of the patient, and he must to the best of his knowledge be sure that he has chosen wisely the operation calculated to cure the patient, or to provide the longest survival. If he is to do these things, he must constantly be a student. If he does not throughout his professional life remain a student, he will find himself in the position of being competent for doing surgery during one period of his professional life and incompetent in another.

The Fellows of this College own one of the finest, if not the finest, surgical journals in the world, *Surgery, Gynecology, and Obstetrics*. Founded by Franklin H. Martin, who also was responsible for founding the American College of Surgeons, it has constantly maintained the highest standards of educational leadership. The articles found in it each month vary from truly experimental approaches to new problems in surgery, to enlarging the technical aspects of the operation itself, and to a large variety of pre- and postoperative problems concerned with the patient's care. To keep abreast of surgical achievements, you must read it.

You young men being taken into the Fellowship of the College must realize that yours is an unique opportunity and a heavy responsibility. The direction of surgical effort in the future is clear. You must not permit yourselves to shirk from your duty, to accept the path of least resistance, to participate in activities which are not in the best interests of yourself and of this College, and above all the best interests of your patients. There will always be a place for you to play a major role in solving life's endless mysteries. Certain disorders which today are surgical will become medical, and certain disorders which today are essentially medical will become surgical. The well-trained surgeon will go where he can give of his best. If he for a time must do general practice in order to support a growing family, he should give general practice up as soon as possible. In our present day society, we must not permit the sense of impermanence to become a way of life.

Each of you must believe, as I do, that our great College does exert a powerful discipline and

rightly should do so. Its Fellows should not make a fetish of the past and attempt to preserve the status quo as an end in itself. This is your College; you must support it. Newly formed organizations, often founded upon the selfish interests of a few men, will not lead the way to the future. The future of American surgery will in large part depend upon the future of this College.

As I look back over the 42 years since I graduated from medical school, I am reminded of my

distinguished colleague, the provost of the University of Pennsylvania, when in his little volume on *The Immense Journey* he said, "We cannot know all that has happened in the past or the reason for all these events any more than we can with surety discern what lies ahead. He who fights the future has a dangerous enemy . . . Perhaps there may come to us then, in some such moment, a ghostly sense that an invisible doorway has been opened—a doorway which, widening out, will take man beyond the nature that he knows." I wish for you at such a moment the satisfaction of a life spent for your fellow men.

On January 17 Is First Meeting of Chicago Trauma Committee in 1961

SEVEN MEETINGS of the Chicago Regional Committee on Trauma are announced by Dr. J. D. Farrington, secretary. The first of three devoted especially to general surgery will be held on January 17 at the Chicago Wesley Memorial Hospital. This includes the staffs of Passavant Memorial Hospital and the Veterans Administration Research Hospital.

The other two on general surgery will meet February 21 at the John B. Murphy Memorial Auditorium, 50 East Erie Street, Chicago, and on March 21 at the Little Company of Mary Hospital.

Musculoskeletal surgery will receive attention on February 14 at the University of Illinois Research and Educational Hospital; March 14, Evanston Hospital, in Evanston; April 21, Murphy Auditorium; and on May 9, Mt. Sinai Hospital.

Eight o'clock in the evening is starting time for each meeting, which terminates promptly at 10 "so everyone can get home at a reasonable hour," says Dr. Farrington.

The April 21 session in the Murphy Auditorium

will be part of the Fifth Postgraduate Course to be conducted at that time. Those interested in this four-day course conducted by the Chicago Trauma Committee may obtain further information from John J. Fahey, M.D., F.A.C.S., 1791 West Howard Street, Chicago 26, Illinois.

Fee for four-day course is \$75.00, but residents who present letter from chief of staff at given hospital will be registered free of charge.

Fertility Association to Meet January 28 in Acapulco, Mexico

THE INTERNATIONAL FERTILITY ASSOCIATION will have a sectional meeting on January 28 through 31 at Acapulco, Mexico. Further information is available from Maxwell Roland, M.D., F.A.C.S., treasurer, I.F.A., 109-23 Seventy-first Road, Forest Hills, New York.

Fertility and sterility in North, Central and South America will be the over-all subject.

Dr. Roland points out that the meeting in Acapulco immediately follows that of the American College of Surgeons in Mexico City, January 23 to 26 (page 13).

Who Receives the "Bulletin"?

THE BULLETIN is sent free to all Fellows of the American College of Surgeons, members of the Candidate Group, hospitals accredited by the Joint Commission on Accreditation of Hospitals and by the Canadian Council on Hospital Accreditation. Distributed only by the College, this bimonthly is not available on a subscription basis either from the College or through magazine agencies, government bureaus or other groups. Inquiries are to be addressed to Editor, BULLETIN, American College of Surgeons, 40 East Erie Street, Chicago 11, Illinois.