

PRESIDENTIAL ADDRESS

Dr. George E. Armstrong

15 October 1920

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to honorary fellow in the College. (Applause).

I will now ask Dr. Charles H. Peck to propose for honorary fellowship in the College, Dr. John Stewart.

DR. PECK: Mr. President, on behalf of the Board of Regents of the American College of Surgeons, I have the honor to present to you for honorary fellowship in the College, the name of Dr. John Stewart of Halifax. Dr. Stewart was born in Canada, graduated in the University of Edinburgh and was associated for some years with Lister, and always an ardent advocate of his teachings. He came back to Canada, to practice his profession and has become one of the most distinguished surgeons in the Dominion. Shortly after the outbreak of the war, he went overseas as an officer of the Dalhousie Unit, served three years in France, was awarded the Order of the Companion of the Order of the British Empire, a man of very personal kindly disposition, and sterling worth one of the most beloved physicians of the Maritime Provinces, a Saul among his fellows.

I ask that fellowship be granted in absentia as he is unable to be present. (Applause).

THE CHAIRMAN: On behalf of the Regents of the American College of Surgeons, I welcome Dr. John Stewart to honorary fellowship in the College. (Applause).

(At this point Dr. Armstrong resigned the chair which was taken by Dr. William Mayo, of Rochester, Minnesota, and the meeting then proceeded under his direction.)

DR. MAYO: We will now have the address of our new President, Dr. George E. Armstrong. (Applause).

DR. ARMSTRONG: Mr. President, honorary Fellows,

First, let me thank you for the distinguished honor of election to the Presidency of the American College of Surgeons. One may be pardoned for feeling a degree of pride in such a distinction, coming from his peers in the science and art of Surgery. I thank you still more, on behalf of the Canadian Fellows for your liberality in selecting one of them for this important office. The line between the two great nations represented here is invisible. We are one people with one language, similar ideals and aspirations. Together we are heart and soul working for the good of the people, and the best interests of surgery, of science, of human welfare. World peace is promoted and guaranteed by our union in a big brotherhood - devoted to the attainment to all that contributes to sympathy and harmony among men. In union there is strength. In greater union there is greater strength,

The Canadian Fellows extend to the American Fellows a Royal Canadian welcome, and I can say without any hesitancy that the profession and the people of Canada extend a welcome and an invitation to come again.

I take it that the prime object of this great association of surgeons is the advancement and perfection of the science and art of surgery, the attainment of higher and still higher ideals, that the people of this continent of North and South America, whether living in a great commercial and educational center, or in the humblest isolated hamlet, may in time of sickness and suffering receive the full benefit of our art.

Associations of Surgeons interested in a common object are not new. The American College of Surgeons is

modelled more or less after the Royal College of Surgeons of England, founded 1843. It in turn was modelled after the Royal College of Surgeons of London 1800 and it after the Royal College of Surgeons of Edinburgh 1505, and it after the College de St. Côme founded in 1279 by Pitard who has accompanied St. Louis to Palestine as his Surgeon. The College was under the protection of St. Cosmas and St.

Damianus, two practitioners of medicine who suffered martyrdom in the reign of Diocletian. The College de St. Côme maintained its independent existence for several centuries, alongside the medical faculty of the university of Paris.

There were earnest constructive men in those day, and they faced the problems of their period as bravely as we face the problems of today.

A little delving into what Carlisle called "dry as dust literature" is good for the soul. It gives us a better perspective. It teaches us to appreciate our inheritance and to respect the men who in all ages have worked for the uplift of our profession. You may remember that Marcus Aurelius, the last of the stoics, gave credit to his forbears for his early training and his distinctive qualities of mind and body, and to "the gods for having good grandfathers, good parents, a good sister, good teachers, good associates, good kinsmen and friends, nearly everything good." Similarly we should give due recognition to those who have preceded us and contributed to the development of our art to the stage at which we found it.

We read that in the age of Pericles there were at least two treatises on fractures and on dislocations respective-

ly that are hardly surpassed in some ways by the writings of the present mechanical age. True, there have been periods during which there was little advancement as between the Hippocratic era and the founding of the school of Alexandria about 300 B. C. Then came the enthusiastic cultivation of human anatomy. This resulted in a movement towards precision in diagnosis not unattended with pedantic minuteness. The surgeons of the Alexandrian school were noted for the nicety, complexity and variety of their dressings and bandages. Herophilus operated on the internal organs, including the liver and spleen which latter organ he thought of little use. Lithotomy was practiced by a few specialists, and Ammonius Lithotomos, 287 B.C. is said to have used an instrument for breaking the stone in the bladder into several pieces when it was too large to remove whole. International rivalry obtained in those days. Jealousy of Greek medicine and surgery was expressed by many of the Romans of the Republic, notably by Cato the Elder 234 to 149 B.C.

In our day the three outstanding discoveries that have placed modern surgery where it is, are the ligature, Antiseptic and Ether. For these we thank and laud three great men, a Frenchman, an Englishman and an American. The world is indebted to these men for the surgery of today, and for what is equally important, the work in preventive and experimental medicine rendered possible by their epoch making achievements.

Organization such as we have in the American College of Surgeons, means uplift and advancement. Two thousand

surgeons, coming from distant and widely separated fields of labor cannot assemble and consider questions of common interest without two results; an increased appreciation of what is good, and a filtering out of errors. The discussion of surgical questions in the meetings and even more in the hotel corridors and smokerooms does for the surgeon, what the boys school does for the boy. It suppresses the foolishness and teaches him to be truthful.

The object of our College is to render more efficient the science and art of Surgery. During the war this question was acute and direct. The men in the firing line, the people at home, the leaders in the Army demanded that wounded men in as large numbers as possible be returned to the ranks with the least possible delay. The nations asked that those permanently unfit for service in the army be made able to return home as self respecting, self supporting citizens. The numbers were counted, and the results were surprisingly good. The work was standardized, and only capable men were permitted to occupy the responsible positions. The needs are the same in civil life, although results are not so graphically estimated and published.

The public in peace times have not the machinery to appraise work day by day as accurately as had the Army. Obviously this fact does not lessen our responsibility.

We can advance the science and art of surgery by greater cooperation, by more perfect team work. Individual effort is being superceded in many walks of life by a combination of several individuals. Concentration of energy is the

watchword. All that is included in surgery is more than any one mind can master. Four important divisions of surgery are now by common consent given over to those devoting their whole time to them, viz: Ophthalmology, Otolaryngology, Orthopedics and Urology. The result has been a better service to the public and the people have been quick to appreciate. We might, I am sure give better service if we followed the example of those engaged in the industrials, in commerce, in transportation and in our sister profession, the law and form closer working associations with one or more colleagues, each devoting his energies in his reading, in his work and in his investigations to some particular field of surgery, leaving his associations free to devote more time and attention to other subjects. The members to meet frequently for consultation and comparison of results and experiences.

In the larger centers, if the greatest possible progress is to be made the association of workers must embrace even wider interests, and include all those engaged in the study of disease, and of the ancillary science. Anatomy comes first. It is more essential for the Surgeon to know the anatomy of the human body than for a chauffeur to know his machine, because he can less easily procure the aid of an anatomist than can a chauffeur a mechanician. A knowledge of anatomy is fundamental. We must enlist the sympathetic cooperation of the embryologist, the physiologist, the biologist, the bacteriologist, the pathologist and the chemist and the physicist. We have worked too long as individuals in what has aptly been called water

tight compartments. We become absorbed in the problems of the bedside as they are presented to us, and fail to rise to those higher altitudes in which by organization we correlate and focus upon difficult problems, all the ancillary sciences and auxiliary sources of information. It would seem that the time is opportune for a closer association of workers in our hospitals. A start has been made. The teaching association between the physician or surgeon and the pathologist is a step in the right direction. Why should we not arrange for ward rounds with the physiologist, the chemist, the biologist, and the pathologist? Why should they not as teachers in a medical faculty, as educators of medical students, be brought into a close and intimate relation with bedside problems. We have heard a good deal in recent years about the clinicians getting nearer to the laboratory. Is it not equally desirable that the Laboratory should cultivate a closer acquaintance and deeper interest in the problems of Medicine and Surgery? Would not such an interest in hospital wards stimulate interest in the laboratory, and make of chemistry, biology and physiology, living subjects? Would not medical students then take a deeper interest in their laboratory work and bring more of the preliminary sciences with them into the wards of the hospital instead of casting them off as an old coat, the moment their examinations are passed?

The Alexandria school gave a great impetus to surgery by their enthusiastic cultivation of human anatomy (about 300 B. C.). If Ptolemy could lay the foundations in that ancient Egyptian city for one of the greatest libraries

the world has ever seen, how much easier for Franklin Martin or Dr. Bowman to found in our newly acquired home in the center of this great continent, the greatest library and the greatest museum that has yet been seen. Pathology has contributed a great deal to the advancement of surgery, and is today our most helpful ally, and the subdivision bacteriology a valuable second. Biology is a field that has contributed enough to raise pleasant anticipations of still greater things. The questions relating to the infections arising in the alimentary tract demand for their solution the biologist, the physiologist, the chemist, the anatomist, and the pathologist - - even the physician might contribute something.

I sometimes think that individualism is one of the easily besetting sins of the medical man. The nature of his work seems to favor and demand self-confidence. His education and training develop it. His professional duties compel him to make important decisions, often unaided and alone. The public foster it. Their confidence and trust inspire him to do his best. How well he does it, and how rarely he betrays his trust is the glory of our profession. This Association extends a helping hand to all and at the same time recognizes that many of the important problems facing progressive Surgery can best be worked out in hospital and laboratory centers where the united effort of all engaged in giving to the nation the greatest freedom from disease, the most efficient manhood and the safest restoration to health with the shortest period of disability, can be secured

by the closer working alliance of all workers in the contributory sciences. Our inheritance has been great; let us do our utmost in our day and generation to increase the sum total of medical knowledge, and give to succeeding generations more than we received. As an Association, we can contribute to standardizing hospitals. Much has already been done by our directors and we can help by encouragement and appreciation.

The time is drawing near, if it has not already arrived for the American College of Surgeons, in association with other associations of medical men, to crystalize their views on medical education. Medical science is not limited by geographical or political boundaries. Is there not reason to think that politicians rather than statesmen have dominated much of the legislation now on our statute books governing admission to study and admission to practice medicine. Every state and province should have the best preventive and curative medicine. Every state and province, for obvious reasons is anxious that every other state and province attain the highest standard in all that relate to the health of the individual. The whole working together as a unit can accomplish more than the parts working separately. I venture to hope that in the great American Republic, and in the Dominion of Canada the day is not far distance when there may be one standard for admission to study and admission to practice.

These are pressing questions relating to the study of medicine. The preparation of the mind is one of them. The curriculum for the undergraduate is another. It is high

time that we recognized the limitations and capacity of the undergraduate, that we put into words and legislation what is conceded by all, that there is a definite limit to the capacity of the human mind. The old saying that an educated man should know some thing of everything and everything about something is of course nonsense. No man can do either. Most men can attain to the standard of a safe and capable practitioner. No man can master the whole of medicine in an ordinary life time. It seems then only natural and reasonable that we should recognize clearly that the teaching of medicine should be divided into undergraduate and graduate or post graduate teaching. The one qualifies for general practice, the other enables a man to still further perfect his knowledge in one of the departments of preventive, scientific or curative medicine. As an undergraduate no man can qualify as a biologist, chemist, physiologist, pathologist or internist, much less as a safe operating or consulting surgeon. The drawing of the line between undergraduate and graduate teaching, in its relation to time and attainment is worthy of careful study.

The methods of teaching undergraduates in medicine have given rise even in our day, to a great deal of discussion and sometimes to heated argument. Our advance has been great in the opinion of some teachers who have expended much time and energy exploiting some hobby. The fundamental principles were settled centuries ago. In 1137 Roger II of Sicily founded a school of medicine in the old city of Salerno. A curriculum was formulated. I give some paragraphs extracted from a paper by Thelwall Thomas.

No one shall be permitted to study medicine until he has given his attention to Logic for three years.

In the study of medicine he must spend five years during which period he must acquire a knowledge of surgery for this forms part of medicine. After this, but not before, permission may be given to practice, provided that he passes the examination prescribed by the authorities, and at the same time produces a certificate that he has studied for the period required by law.

The teachers must during the period of five years expound in their lectures the genuine writings of Hippocrates and Galen in the theory and practice of medicine, but even when the prescribed five years of medical study are passed, the doctor shall not forth-with practice on his own account, but for a full year more he should habitually consult an older, experienced practitioner in the exercise of his profession.

No surgeon shall be allowed to practice until he has submitted certificates in writing from the teacher of the faculty of medicine that he at least has spent one year in the study of that part of Medical Science which gives skill in the practice of surgery, that in the Colleges he has diligently and especially studied the anatomy of the human body, and is thoroughly experienced in the way in which operations are successfully performed, and healing is brought about afterwards.

Thomas may well say "It is a curriculum that must excite our admiration". The foundation of the school of Salerno was on so lavish a scale that at a much later period it was averred that there were as many professors as students.

They appreciated the three great essentials, a preparatory training, a thorough scientific education and a final year in applying the science and becoming efficient in the art. And this was 800 years ago. Today in the 20th century we are fighting for a final year to be devoted solely to work in a teaching hospital, work that carries with it a sense of responsibility.

Many good and highly esteemed medical schools are today graduating medical students, that have never set a fracture or performed an operation on a living person. They are given a degree implying that they are competent to undertake any surgical work. It is not right. Some may reply - well, perhaps so, but it has on the whole worked out rather well. That is quite true, but why - because the graduate himself, and the public know better. Universities and licensing boards should require evidence, that the candidate is master not only of the science, but also of the art of surgery before they authorize him to undertake surgical work that if not properly performed may end in disaster.

In the consideration of any scheme of medical education the question of the training received in the different grades of preparatory schools assumes a position of great importance. The medical profession has never exercised the influence in national affairs that its training, and exceptional opportunities for observation entitle it.

With politics as that word is usually understood we may not, with a few conspicuous exceptions, have proved

ourselves particularly successful.

We would do better to interest ourselves in a department of nation building that we know something about. The classification of recruits for the armies of all the countries involved in the great war, was a startling revelation of the manhood of these countries. The comparatively small percentage of young men who could be put in Class A was a reflection on our system of breeding and raising men. As Lloyd George has aptly remarked, one cannot make an A 1 nation out of C 3 men, and just here the medical profession can render a public service. Indeed the nations may with justice look to our profession for help and direction. Infant mortality, child welfare, adult fitness and the prevention of disease are as important subjects for consideration as the cost of food and railway transportation, and should feature in political platforms. Great advances have been made. Preventible diseases in the army were almost unknown, and they should cease to exist in civil life.

The ordinary census is useful as an enumeration of the inhabitants of a state for taxation and other purposes, but the time has come for a new census that in addition will show the quality of manhood and womanhood growing up under existing conditions. Such a census would give a working basis and indicate weak points in our body politic.

As individuals we can do a great deal, but if we are to accomplish great things we must move as a body. We must discuss questions of primary education and public health in our large gatherings and show the way to better things. I think the American College of Surgeons would make no mistake if

they gave one afternoon or one evening of each annual meeting to the consideration of ways and methods of raising the standard of the manhood and womanhood of our country. In doing so we should certainly raise the standard of our art.

This year we note three remarkable epochs in the history of our College. The addition to our ranks of the flower of the profession from the southern half of this hemisphere, the acquisition of a permanent home and the princely gift of an official Journal.

The Fellows from South America bring with them their high ideals and rich culture. They represent medical schools of high standard and countries alive to the importance of education as the effective means of providing efficient people and a vigorous manhood to develop the resources of their countries.

We thank the citizens and Fellows of Chicago for a handsome, useful and commodious home, capable of extension, itself a monument to the spirit of one of the greatest surgeons America has produced.

What can I say of Franklin Martin and his Journal. We are proud of both. They are both full of great potentialities. We honor and love them, and let us unitedly strive to make the Journal the teacher and expositor of the best in the science and art of surgery.