

# The surgeon's career

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This is the Presidential Address delivered by Dr. Mahorner after his Inauguration as fifty-first President of the American College of Surgeons during Convocation ceremonies in Chicago on October 15, 1970.

Dr. Mahorner is clinical professor of surgery, Louisiana State University School of Medicine, and director of the Mahorner Clinic, New Orleans. A Fellow since 1935, he was president of the Louisiana Chapter, 1950-53, and chairman of the Board of Governors, 1963-66. He was elected to the Board of Regents in 1965.

The new President was a founding member of the American Board of Surgery. In 1957 he served as president of the Southeastern Surgical Congress, receiving, in 1969, the Congress' highest award.

He has been president of the American Thyroid Association, the New Orleans Chapter of the American Cancer Society, and the Alumni Association of the Mayo Clinic.

Dr. Mahorner has co-authored two texts on subjects related to vascular surgery, and has written extensively in scientific journals and other publications about surgery of the vascular system, the biliary tract, and the thyroid gland.

I AM AWARE OF THE MAGNITUDE of honor in the Presidency; and of the many distinguished predecessors who have occupied this position. For this great honor I express my deep appreciation to the Fellows.

As President I welcome the new Fellows to our ranks and congratulate them. You now take a place among your peers with full recognition as a surgeon. This is not the beginning of your career. It is the end of the beginning. You have already accomplished something outstanding. It has been my privilege to observe young men training and molding themselves into surgeons by discipline and work. The transition is not easy. It means sacrifice and striving and determination and study, and insistence and constancy to convert the primordial qualities of a timid little boy; to mold them and strengthen them and pour into them knowledge and experience, and make oneself different from the average human being; into one with the abilities and capacities, and above all, the absolute integrity necessary to be a surgeon. What I have seen among young surgeons is good. There is no doubt nor question that you will adequately replace those who have taught you and helped you to educate yourselves. You will be the future leaders of American surgery; the great teachers; the brilliant clinical surgeons; the discoverers of new methods, some of which will actually replace the necessity for surgery, and for this you will receive acclaim and just applause for your gift to humanity.

The College has in many ways contributed to the demands of austerity which have been placed upon you to achieve the expertness to which the present acknowledgment attests. For each one of you, hundreds were interested initially, but many waned and became delinquent in the quest for this accomplishment. This is no ordinary graduation exercise. It is an acclamation on the part of your colleagues and peers that you, too, have reached the stage in your career when you are experts in a specific field of a lofty endeavor of mankind, with qualifications necessary for this difficult work.

Many of our leaders in speaking from this position, among them J. M. T. Finney in 1918, W. J. Mayo in 1920, Harvey Cushing in 1922, expressed advanced ideas for training surgeons at a time when this was not a recognized

effort in the medical profession. They pointed out ways which seem very modern today. They realized the difficulties and time necessary for attaining perfection. Their ideals have been pursued and continued and enhanced by generous and unselfish leaders in surgical education over the intervening years. Now we have a most complex and powerful influence. The American College of Surgeons affects the careers of all surgeons on this continent, and to a certain extent, throughout the world. This influence begins in the medical schools, and extends through the years of graduate training, and continues with re-education over the years of our careers.

#### **Better surgery for the people**

Had I the ability and the time to tell you in a way as interesting as the knowledge and observation of it actually is, of the innumerable ramifications of the College into all aspects of surgery—the schools, the curricula, the hospitals, the training period, the relationship to other organizations, government, progress, health care delivery—you, too, would be amazed and entertained. There are men whom you appoint, Regents, who are devoted to correlating all of this. Projects and aims are constantly studied and pursued to accomplishment. When accomplished, like hospital accreditation which the College started, the Regents are not afraid to let other influences help, and to turn the College's energies and capacities in other directions, always with the pure objective and without ulterior motive—only for better surgery for the people. The Regents are now giving attention to assisting in delivery of uniform and constantly better surgical care to all people. They are also beginning to extend this great ideal to other regions of the world, by sponsoring international Sectional Meetings in other countries, as joint efforts with foreign surgical societies or international federations of surgeons.

The American College of Surgeons is essentially the pursuit of an ideal, "better surgery for the people." How powerful are our ideals! One of the admirable qualities of human beings is their lofty aspirations to do what is considered to be good; something above mere existence through life. Such an ideal is the motivation in a turbulent world which carries direct to man-

kind the ability to restore health and to reverse at times the impending imminence of death. Great IDEAS are different from IDEALS. Ideas initiate scientific advances; the discovery of the wheel; of logarithms; of nuclear physics; of numerous other advances in knowledge. IDEALS, on the other hand, drive us to lofty aspirations and to personal efforts for achievement. These efforts should begin in youth by pursuing knowledge which mankind has acquired throughout the ages. They must be nurtured throughout the rest of our lifetime. You must constantly look for something to justify sublime and transcendent thoughts. It is the drama and the incessant intensity of interest in the career of surgery that sets one on fire with determination to excel. This is so in all phases of the career; the acquisition of knowledge, diagnosis, judgment, teaching those who follow us, and particularly in technical performance of difficult surgery for the patients.

#### **Beginnings of surgery**

Disease and certain death have been an inevitable sequence in the life of man. But now life expectancy has been so lengthened it is natural to expect a child's life to extend beyond the legendary three score and ten years, and without much doubt that it will be achieved. This is attributable to the expansion of knowledge, science, and to great technical advances. Only part of this extension may be attributable to surgery, but it is the most dramatic part. The knowledge and the science and technology necessary to perform difficult surgical operations are of very recent development. How recent? How long has surgery been going on? Since the time of Hippocrates, 450 B.C.? No! Only obvious, superficial problems were taken care of under the guise of surgery then. There were wounds and surface problems of the body; also the fractures, but something that could be seen on the outside. Has surgery been going on since the time of Antyllus, whose writings, strangely enough, have completely disappeared? He was quoted by other authors who knew or saw his writings. He ligated an aneurysm proximally and distally in the second century in Byzantium. Such boldness was very infrequent, so much so that the idea of the ligature for control of bleeding was abandoned until Paré revived its use in the sixteenth cen-

tury and established control of bleeding by ligatures as a basis for modern surgery. Was the emergence of surgery at Bagdad at the time of Razes and the great Avicenna, whose lives touch the ninth, tenth and eleventh centuries? Then, there were only minor sporadic advances, but with much theory and little science. Surgery all this time was knowledgeably concerned with the obvious defects on the surface, and with little variation from those about which Hippocrates wrote. Over many centuries with miniscule increments of experience, knowledge was gradually accumulated to initiate a brave entry within the human body which led to the development of modern surgery.

#### Modern surgery emerges

If it can be referred to any single period and any particular man, abdominal surgery began about 160 years ago in the little town of Danville, Kentucky. It emerged almost abruptly. Ephraim McDowell in 1809 operated upon Jane Todd Crawford and removed a huge ovarian cyst. Dr. McDowell wrote a letter in 1829 that he had performed such an operation upon twelve patients and had lost one. In a period before anesthesia and antisepsis, these were remarkable results. He reported the early cases (five) in a Philadelphia medical journal (*Eclectic Repertory and Analytic Review*). A copy of the paper was sent to Dr. John Bell of Edinburgh, where McDowell had been at school. This copy was quoted in the text of a paper by John Lizars, in the *Edinburgh Medical Journal* in 1824. Thus the impetus for abdominal surgery was born. This led to further expansion of intra-abdominal surgery, ultimately comprising all the organs. After discovery of anesthesia in 1842, and after the discovery of antisepsis by the great Lister, and the subsequent evolution of this principle into aseptic surgery, the power and beneficence of surgery developed enormously. This is within the last one hundred years.

There is an interesting record of what surgery comprised less than ninety years ago. A committee of physicians in 1886 reported at the Texas State Medical Association Convention on 4,293 surgical procedures. These were performed by 138 doctors. Almost all of the operations were for lesions on the surface of



PRESIDENT MAHORNER

the body. There was not a single appendectomy, no operation on the gallbladder, and only two on the thyroid. Of 119 laparotomies with 49 deaths, only 23 were for conditions other than gynecologic disorders. There were two splenectomies, and both patients died. There were 104 amputations of the breast, many of which may not have been malignantly diseased. The majority of urologic operations were lateral vesical lithotomies or for urethral stricture. Two doctors had performed over 200 operations each in their lives; none of the others had done more than 30 operations. This seems to be a true representation of the active field of surgery in the 1880s. The early diagnosis and surgical treatment of appendicitis had not yet been described. Biliary tract surgery was later developed in the 1890s.

The records of Charity Hospital in New Orleans show that in 1888, the year Rudolph Matas did the first endoaneurysmorrhaphy, 5,389 patients were admitted, and there were 870 deaths. Two hundred and fifteen surgical procedures were listed as "more important," and the type of operation was designated. There were 30 amputations of the extremities; eight hernia repairs (two died); two hysterectomies; three ovariectomies; four repairs of

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vesico vaginal fistulas; five breast resections. Only three abdominal operations other than gynecologic were recorded, and all three were for penetrating wounds of the abdomen. There were six ligations of arteries, no gallbladder operation, no appendectomy, no colon nor gastric operation. On the other hand, the diagnoses on five thousand patients admitted included 931 cases of venereal disease.

How primitive all this seems when we consider surgery today. Since that time, what a tremendous change! Now surgery is in the realm of science and sophisticated modern technology, and its beneficent range is still advancing.

#### Evolution and spirit

It should humble us to look back 150 years to the emergence of modern surgery, then on a very limited and modest scale, when we reflect that mankind has been here a million years. How much more is there to be learned and to be accomplished!

Charles Lyell, in his classic *Principles of Geology* (1830), indicated the evidences of the remarkable antiquity of life on earth. Many others contributed to this knowledge. Knowledge of the antiquity of man was enhanced and remarkably documented by the great Charles Darwin, culminating in *The Origin of the Species* (1859). There seems to be incontrovertible evidence that a type of man has been on this earth a million years. In a negative way this attests to the great power of the written word, which, since its discovery and development into books, carries all knowledge previously acquired down through the ages, added to, but never to be lost. Back beyond seven thousand years, however, written evidence is nil. Only the rocks and

the soil tell the story prior to that. How much more powerful and helpful it would be if those men had had the ability to put their knowledge and experiences into books!

Natural selection and adaptation does not insure development into something better or more likely to improve and to persist. Evolution is not always necessarily progressive in the right direction. Consider saurians: the lizards became bigger and bigger until the end result was dinosaurs and brontosauri; they bogged down and disappeared. We regard mankind as superior rational beings. We look with amazement at what one species of animal has accomplished, with ingenuity, work, discovery, production and high ideals. But could it go backwards? Could the law of survival of the fittest be tampered with by philosophies and by political machinations so that the incentives to be superior are penalized and deterred with resultant retrogressive atavism to a lower level? The dinosaurs disappeared, and man as we know him today may not necessarily evolve further in the most desirable direction.

Evolution and work are two spheres about which the surgeon has intimate knowledge. The surgeon early in his career develops a great appreciation for the power of work. He also finds there are continued improvements and refinements, a sort of evolution going on with the increase of knowledge, so that cures are accomplished more easily and more certainly.

No surgeon becomes a surgeon unless he is a tremendous worker and so devoted to his career that it finally becomes evident that the ability to do the work and the work itself is one of the greatest rewards of all.

Always and certainly, there is much to be done in our world; there always will be. And each human being should contribute his part in the work of humanity. There should be among humans a definite effort to give everyone a chance to work. This should be a predominant philosophy, and it should make a better world for mankind. The path of idleness and the pitiful, boring, desolate life of vagrancy is no boon to anyone; it is deadly for the individual, and a burden to society. How much happier each man would be if he had interest in contributing his share of the work in the way he is capable of contributing.

**Fascinating careers**

You will be practicing in times when the delivery of health care is undergoing many changes. Do not be fearful. We must not fight change. However, we must help to guide it and to improve surgical care. We want to continue our careers in a profession. If what has gone before is an example, the changes which will take place will not only be good for the patients, but also for better quality and delivery of surgical care. If everyone has insurance and can pick a doctor of his choice, the people will be better off. This has been successfully developed for one segment of the people. It probably will be developed for others. Certainly we must strive to make available to all people who need it the highest quality of surgical care.

Through effort and determination the surgeon brings the beneficence of difficult and dangerous technical work to the people in the best and most scientific way it can be done. Those who pursue this dream and turn it into reality will have a glimpse of the finest objectives of life, and will know that this job is among the most beautiful and the most interesting of all the efforts of man. Man is born with an unquenchable thirst for knowledge and goodness and accomplishment with perfection. He has sought these from the beginning of time.

In making the effort and doing his duty, the surgeon feels the vibration and excitement of life and the beauty of accomplishment and the thrill of an ability to do something for the pitiful plight of mankind. Many of you will strive unbelievably hard to enhance your knowledge and use it dramatically to alleviate suffering and prolong life. You will know what suffering is. You will have the powerful crescendo surge of reaching beyond the attainable for the stars of idealism and for discovery. Your lives will touch the whole tremendous realm of human emotions, from the pinnacle of joys and achievements to the depths of disappointments and sorrows; and they will be enriched and broadened by the collateral fields: music, art, science, anthropology, geology, great literature and sports. But the major theme is surgery: surgery, with its fears and dangers, its brilliant results, and its bitter, burning, and sometimes crushing failures.

You will have fascinating careers. Here we

are on a spaceship, annually making the immense journey around the sun, peering back through archaeological evidences one hundred thousand years to our modern emergence, wondering, believing, hoping with immeasurable hopes and aspirations, feeling the sacredness of life, and the desire to save man, but everywhere encountering the struggle for survival which Darwin contemplated on Galapagos, and also perceiving man's innate tendency to fight and to destroy. The instinctive effort for perfection and attainment is real. You will naturally respect and follow the GREAT IDEAL: "BETTER SURGERY FOR THE PEOPLE!" And while you are doing this, help redevelop in man the quest for the beautiful and lost art of recognition that there is such a thing as honor, the glory of the mere striving to achieve, and the accomplishment of one man more than another. In the age of romanticism this was acknowledged; now in a pragmatic world it may seem unrealistic to consider it; but transcendent ideals do make the world of mankind surge to greater heights. Yours is a quest for the best service to all mankind and for perfection. The insistence on the purity of the objective and the intensity of your work and efforts to advance scientific surgery will make you great, and carry your generation well above and far beyond what already has been achieved.