

ADDRESS OF THE PRESIDENT*
THE GENERAL SURGEON IN THE CHANGING ERA

HENRY W. CAVE, M.D., F.A.C.S., New York, New York
President, American College of Surgeons

ON a Saturday afternoon, forty years ago, Doctor George Emerson Brewer, one of New York's foremost surgeons, and a Founder-Regent of this College, presented one of his regular operating clinics before the crowded benches of the Syms Amphitheatre at The Roosevelt Hospital. The program for the day consisted of a cholecystectomy, a nephrectomy, and a Gasserian ganglionectomy. Today, three different specialists would perform these three operations, but Brewer was a general surgeon, as were most of his contemporaries. Now George Brewer is dead, and the old Syms Amphitheatre has been torn out as obsolete. Is the general surgeon also obsolete?

It is well that the American College of Surgeons, which has assumed the guidance of surgical education and sets its standards, should consider very seriously the status of the general surgeon in this changing era. This is particularly so, since 59 per cent of our membership of over 17,000 have been recorded consistently as general surgeons over the past 15 years, and our hospitals are training more every day.

Certainly the status of the general surgeon has changed greatly in recent years and is still changing. His field of activity has been greatly narrowed by the development of the specialties. Will this trend continue, and to what extent is it desirable that it should do so? What is the proper function of the general surgeon today? What part, if any, will he play in the medical world of tomorrow?

For the past quarter of a century, specialization in surgery has been a frequent topic. The role of the general surgeon has been scantily discussed, and the time has come to review in some detail the general surgeon as he is today and what will be expected of him in the future.

It should be made clear and emphasized that no one should decry the trend toward expertness in any line of endeavor in the care and treatment of disease.

For the sake of clarity, it might be well to classify the general surgeon: (a) Older men trained under the intern or preceptorship, who never embraced a specialty. In the past and even at present, many of these men do

abdominal surgery, gynecology, the surgery of trauma. Some even do obstetrics, and some perform Cesarean sections without being obstetricians. (b) Younger men trained under the resident system, who could not complete specialist training. (c) An ever-enlarging group of young men who have received partial or basic surgical training, and, due to the pyramidal structure of the resident system, have terminated their formal training without the experience of a full residency.

The older general surgeon still has his place in large communities, but the need for him is less because of the many specialists to be found in metropolitan centers. For younger men, however, the large teaching centers offer opportunity for further study and experience. In small towns and suburban areas—with their improved facilities—there are increasing opportunities for general surgeons of both the older and younger groups.

In a suburban area on the Atlantic Seaboard, for example, in a radius of twenty-four miles, there are six hospitals with a total capacity of 1,342 beds and 300 bassinets. In the past four years, approximately \$15,000,000 have been raised in various communities for the rebuilding of these hospitals and for the installation of adequate laboratory facilities and newer instruments of precision for diagnosis and therapy. The people of suburban towns are anxious to have adequate medical care at their front door. Suburban and smalltown hospitals welcome an opportunity to have University Medical Schools advise and supervise them, and to take active part in their direction. Likewise, medical schools and universities think it expedient that these smaller community hospitals come under their guidance. They believe that this will give a higher quality of service to the people of these particular towns. Certainly, with the supervision of these medical schools, the qualifications will be raised for the men who occupy positions of importance in these hospitals. It seems only reasonable to assume that the people themselves, after they have contributed so bountifully to these institutions, will demand that better trained general surgeons be appointed.

Recently a director of one of the suburban hos-

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pitals informed me that ten years ago it was a common practice to transfer patients from his hospital into a larger, better equipped institution in the city, but that this rarely happens at the present time.

This is but one of the factors that affect the general surgeon in this changing era. The increased trend toward specialization is another. In the early days of the Egyptians, all the physicians were specialists to an amazing degree. Herodotus held in high regard the civilization of the early Egyptians; he felt that they were the best informed of all human beings. He writes of certain practices of the time: "The art of medicine is thus divided among them. Each physician applies himself to one disease only, and not more. All places abound in physicians; some physicians are for the eyes; others for the head; others for the teeth; others for the parts about the belly, and others for internal disorders."

From there the pendulum swung toward a more sensible level, and physicians took on more responsibility as is shown in the historical narrations of Hippocrates and Galen. Today the trend toward specialization is again in the ascendant.

At the turn of the century Halsted inaugurated the residency system in this country, an epoch-making venture, and this plan of education and training was carried out vigorously and enthusiastically by George Heuer. He was an ardent exponent of the Halstedian teaching and the natural result was that under this system the general surgeon should progress to specialist training. The financial rewards of specialization have furnished added incentive.

Also affecting the general surgeon is the present War in Korea. It has complicated the lives of numerous young general surgeons, for many have been drafted into the armed service. The American College of Surgeons took cognizance of this, and one year ago offered its help to the Government in the mobilization of surgeons. In offering assistance, the College asked that the armed forces not be extravagant in commissioning too many doctors unless actual need arose. It urgently requested that the postgraduate training of surgeons not be interfered with unless it be of necessity. The College suggested three specific recommendations:

1. Effective unification of the medical services of the armed forces.
2. When possible the use of part-time civilian doctors in some manner similar to that successfully employed by the Veterans Administration.
3. Prompt utilization of the Veterans Administration facilities for the care of those patients whose condition is such as to preclude eventual return to military duty.

These measures should do much to ease the impact of the war on the general surgeon.

The College must be concerned not only with the protection of its ranks from unnecessary depletion; it must also concern itself with the training and qualifications of the new men entering the general surgical field. In some circles it may be said that five years is too long a period of time to train the general surgeon. It is my own belief that five years are needed to train a surgeon well. Certainly men thus trained have more post-graduate experience than is furnished in many University Clinics.

What of the future of the young general surgeons in the large metropolitan hospitals? With resident systems now so firmly entrenched, it is difficult to give these men adequate surgical experience. It is true that the younger men on the Attending Staff supervise and actually assist the Residents with the more difficult cases. In the University Hospitals with vast laboratory facilities these newly graduated residents should have ample opportunities to do investigative work, while at the same time they are gradually building their own private practices. At this state of their career they should be encouraged and given every opportunity to write. Even in hospitals without investigative laboratory facilities, clinical research can be carried out to a high degree of productivity.

It is almost necessary that the teachers should have ample opportunity for research work. Let these men who have the opportunity of working in well-equipped laboratories make the great discoveries which are carried out into the field by the general surgeon. Almost all of the great advancements in surgery have been immediately utilized and practiced by the intelligent surgeons in the country as well as in the great cities.

The future of the general surgeon in small towns and suburbs appears increasingly bright. Doctor Thomas G. Orr, in his timely Presidential Address before the American Surgical Association two years ago, felt that with present improved training a larger number of surgeons will be well qualified to practice and look after people who are living in small communities. He believes that these general surgeons should be so well trained that it will be only on rare occasion that any citizen of the outlying communities will have to go to the larger cities and to specialists. It is my own belief that a general surgical resident's training should include some fundamentals of gynecology, urology, orthopedics, and even thoracic surgery.

There is today a definite trend on the part of people who have lived in large cities to "move to

the country." Particularly since the last World War has this been true—not only of men in business and in other endeavors, but it has been especially true of physicians and surgeons. Many of the younger surgeons coming out of the last World War have expressed a decided desire to move into the suburbs or into rural communities, for the reason that there they have a more complete life with less tension, usually excellent schools for their children, and an opportunity of living economically. Here, also, they may join with others to enjoy the efficiency and benefits of group practice.

At the present time in the earlier stages of the careers of general surgeons, there is little to be gained in the indiscriminate joining of societies. It is essential and important that they join the County Medical Society or form into small groups where they can exchange ideas. It is well to warn these younger men against joining societies with false standards and with false credentials. Some organizations are certifying poorly qualified surgeons.

The move to a smaller community does not entail a cessation of education for the surgeon. Although the distances from the rural sections of our country to the Medical Centers are long in some instances, still the general surgeon has availed himself of the opportunity to learn newer methods stimulated by lectures, and has taken refresher courses and in certain instances has been allowed to do investigative work in laboratories of these centers. Many men in the suburban districts attend clinics and spend one day a week in the hospitals of the metropolitan areas. It is well that these young men are ambitious to learn something which will improve their work.

A further stimulus to this endeavor which the College should by all means encourage is the reward of Fellowship in the College, and recognition by the American Board of Surgery.

In the past decade there has been an intensified desire on the part of the younger surgeons to qualify for the Boards. The majority of these men have the feeling that application for Fellowship in the College may wait. This is due to the fact, no doubt, that in order to qualify for the College one must be in practice for a seven-year period. Many of the general surgeons in an older age group are finding it difficult to become Fellows of the College on account of the limitations of their previous training. They have awakened to the fact that in many hospitals it is now required that an Attending Surgeon be a Fellow of the College.

As it is today the men who pass the American Board of Surgery or the Specialty Boards and are

Fellows of the American College of Surgeons are presumably qualified to practice their profession in any community. There is a vast number of men who have not passed their Boards and who are not members of the College, who are doing splendid work in surgery. Hundreds of these men are never heard of. They are too busy with their own practices, or are disinclined to write or to attend surgical gatherings. This is deplorable; and yet they are necessary to the communities in which they live. They should be encouraged to seek our Fellowship.

It does seem that in the last two or three years the College and the Boards are coming to a clearer understanding of their influence on the professional lives of these general surgeons. In this changing era something should be done to co-ordinate these two bodies so that automatically these surgeons can become members of the College and the Boards at the same time.

To further their training and experience and prepare them for effective Fellowship in the College, the younger men who, after resident training, are appointed to the hospital visiting staff, should be supervised as to their ability, judgment, and ethics, and guided by the older members of the staff—particularly those who are Fellows. It is regrettable that in too many instances competent younger men have been held back too long and been "frozen out" by the older surgeons. To such an extent has this occurred, in some instances, that these well trained surgeons have been obliged to accept medical cases in order to earn a livelihood.

The College, too, bears a definite responsibility in the continuing education of the general surgeon and in maintaining high surgical standards. A recent development in the affairs of the College has been the reorganization of the Board of Governors. They are now electing their own Officers and have been given broader powers. They have been instrumental in the organization of the various Local Chapters, of which there are now thirty-two. This innovation has proven stimulating and helpful to the general surgeon and specialists in all communities. Meetings of the Chapters are held, and these scientific meetings augment the splendid educational program which the Sectional Meetings (nine in number this year) will attempt to carry out. This country of ours is so vast that for the benefit of the Fellows, active and prospective, it has been recognized that more meetings should be held in the local areas. Surgeons are traveling more today than at any time in the past. There has been an earnest effort on the part of the surgeon to increase his

knowledge so that he can more intelligently treat his patients, and this applies not only to cities but to suburban and rural districts as well. It is encouraging to note that the Clinical Congresses have been so eminently successful and so well attended that there are only four or five cities that can house the Fellows and their guests.

The general surgeon has performed an invaluable service in the past. Until time ceases, it is inevitable that there will be surgeons, and some will perform various kinds of operations and others will be specialists. The general surgeon will continue to be a useful and necessary part of our medical system; his value to society can and should increase. It is the duty of our College to recognize his worth and augment his future value by adopting as our policy every means for his betterment. The general surgeon is not dead. If he were, no better epitaph could he have than:

"In this Tomb Hasell Craddock lies,
Surgeon Senior was of Guy's—
Hopes with the Just one Day to rise.
Agreed, he had a skilful Hand,
Which all Times did Applause command
Add to this, Great Humanity,
Not the least tinged with Vanity.
Has oftentimes been heard to say,
'Mong his Acquaintances, 'Friends, I pray,
You'll send to me the Maim'd that's poor, --
In Truth you can't oblige me more.'
And thus continued he—for sure,
No Pleasure can exceed such Cure.
'Tis granted, that he had some Pride,
But 'twas, that Objects Ne'er deny'd,
And Malice always quite defied.
His memory ever will be dear
To every one who knew him here;
Even strangers will vouchsafe one Tear,
Of Hasell Craddock there's an End—
Good Christian, Surgeon, and Good Friend."

SURGICAL FORUM

THE 1951 VOLUME

THE Surgical Forum papers were made available in book form for the first time, following the 1950 Clinical Congress. The second volume in this series, composed of the papers which were presented recently in the Forum programs of the 1951 Clinical Congress in San Francisco, is also being published by the W. B. Saunders Company.

The Surgical Forum volume is published each year, soon after the Clinical Congress. The Forum papers are concise reports of recent investigative work which the Forum Committee has selected as the most important research contributions of the year. All papers included in the volume are listed in *Quarterly Cumulative Index Medicus*. The Surgical Forum volume thus provides a valuable and convenient reference-volume which gives easy access to the results of the latest investigative work in the field of surgery and other fields of medical science related to the practice of surgery.