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THE AMERICAN COLLEGE OF SURGEONS—TWENTY YEARS OF AMBITIOUS EFFORT¹

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IT has become almost a ritual of the Convocations of the American College of Surgeons for its president to direct his remarks to the incoming Fellows, telling them of the work and aspirations of the institution into which they are being inducted.

If tonight, I am able to leave one enduring thought in your inner consciousness, I hope the thought may be that the College stands more for increasing in the minds of surgeons a keener appreciation of their moral responsibilities than for the development of unusual technical skill, I will feel that my words have not been in vain.

Twenty years is but a moment in the life of an institution destined to perpetuity, but even now, viewing those years in retrospect, I believe that adherence of the College to this concept has been the most determining factor in its progress. In the last quarter of the 19th century, leaders in the American medical profession became cognizant that if American medicine were ever to occupy a place in the sun of world approval, superhuman efforts must be forthcoming to elevate the standards of medical education.

In Europe medical education was under the domination of the Universities, while in America it was dominated by a few strong personalities and University control was lacking. Innumerable medical schools had sprung into existence with an inverted standard between numbers and excellence. A comparative few of our medical students could afford to spend the time or money to visit and study in the clinics of the old world.

It was a period, however, when the people of the United States were forging ahead in the acquisition of wealth and with it, came the desire for the best. This they were determined to obtain if they could but be shown the way. Those who had amassed fortunes were eager to use their wealth for the furthering of educational and humanitarian enterprises.

Great changes in medical thought have been influenced by the progressing intelligence of the people of the time, and the latter years of the 19th century brought great changes in medical thought, inspired largely by the changing attitude of the public toward medicine.

The public was demanding better medicine and it was for the profession to supply it. This demand of the public seems to be an expression of

the idea in a great democracy, that one is entitled to a chance at the hands of the society into which he has been born—an opportunity to develop his own native talents and abilities in whatsoever direction he is best fitted; the duty of society being to make such an opportunity available.

The idea of the right to a chance started with the first settlers in this country. They had already broken from the church and from thirteenth century forms of government, and the spirit of self-determination had been awakened. When they came to this side they tried to carry on with great idealistic hope, and out of the struggle developed this ideal of the right to a chance. An ideal which will outlive any form of government now in existence.

Society considers itself to be on a humanitarian basis, but underlying this must be the consciousness that as no individual can predetermine his birth, once born, ways and means should be provided to allow him to become a useful member of society. This does not imply that the world owes him a living, but it does imply that he should have an equal chance with others for making one. Therefore, theoretically, those born into society should have their origin insured by healthy parentage, their birth safe-guarded against accident, their bodies kept free from disease, or if disease intervenes, then the best medical care at their disposal to restore them to a life of usefulness. This throws tremendous responsibility on the medical profession for it becomes the backbone of society.

It was during the eighteen-fifties, sixties, and seventies that the discoveries of the Germans, French, and English were making a science of the art of medicine. It was not, however, until the eighties and nineties that the American medical profession began to exert an influence on medical advance.

The personalities of men like Osler, Welch, Kelly, and Halstead had excited the profession to an era of scientific enthusiasm and small groups of physicians were visiting a few hospitals and clinics to observe at close range one another's work. Some of them made pilgrimages to foreign lands to witness the methods of famous medical and surgical teachers.

At the beginning of the present century the foremost group was the Society of Clinical Surgery. While a guest of this society at one of its

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meetings, Dr. Franklin Martin became so impressed by the type of clinical teaching which was being given that it awakened in him a desire to place such teaching before all American surgeons. It was the right of a chance for the many to have opportunity comparable to that of the favored few. His creation of The Clinical Congress of Surgeons of North America was the first step toward the consummation of this desire. This society had its first meeting in 1910 and received the support of many noted surgeons and teachers of surgery.

However, after the second meeting, Dr. Martin realized that the scope of this society was much too limited to encompass his more ambitious plans for improving American surgery. Such, doubtless, was his frame of mind when, on a November day in 1912, he boarded the 20th Century train at Chicago. He was on his way to direct the third meeting of the Congress to be held in New York. As the train rushed on, with the passing of each milestone, new ideas presented themselves and his ambitious plans assumed concrete form.

Calling the train stenographer, he then and there dictated the ideals, the goals of ambition, and the plan or organization for a society more comprehensive in its aims—The American College of Surgeons. When the train pulled into New York, to him the College was already a living thing.

Abraham Lincoln, while on a train to Gettysburg to honor its hallowed ground, wrote a short appeal for renewed consecration of the people's lives to the cause of freedom. His inspired words ever remain a clarion call for devotion to democracy.

Franklin Martin, while on a train, in five short paragraphs had written a clarion call to American surgeons to consecrate their lives for devotion to surgical idealism.

On the last day of the Congress, November 15, 1912, Dr. Martin presented his resolutions for the foundation of the American College of Surgeons to over two thousand men who were attending the Clinical Congress. These resolutions read—there was silence—the audience pondered—could so small a group of surgeons influence and enlist a sufficient number of other surgeons to carry to successful conclusion such an ambitious undertaking?

Dr. John B. Murphy seconded Dr. Martin's plan, and then Dr. Edward Martin, of Philadelphia, the president of the Congress, made one of his eloquent incisive appeals for the establishment of the College, but warned against any action which might give the impression to others

that the contemplated project was of vain-glorious conception.

The resolution was passed by overwhelming endorsement.

A Committee of Organization of twelve was appointed, and the names of those men insured success for the College from its very beginning. Their lives had been devoted to furthering surgical idealism, and their integrity of character had won the full confidence of the profession as well as of the laity.

Those appointed to the Committee of Organization were:

Edward Martin	Emmett Rixford
John B. Murphy	Rudolph Matas
Albert J. Ochsner	Charles H. Mayo
Frederick J. Cotton	George Emerson Brewer
John M. T. Finney	Walter W. Chipman
George W. Crile and	Franklin H. Martin

These names should be graven deep in the hearts of all Fellows of the College, as they are graven deep in the hearts of those who have been so fortunate as to enjoy their friendships.

This committee in its work of organization was not hampered by tradition. Tradition was in the making. Ten days following ratification of the proposal for the establishment of the College, the Secretary of the State of Illinois, on November 25, 1912, certified that the College was a legally organized corporation under the laws of that state. The first Convocation took place on the evening of November 13, 1913, at the Congress Hotel in Chicago. Dr. John M. T. Finney was elected the first president of the College.

It was an encouraging incident at this first meeting to receive greeting and wishes for success from the Royal College of Surgeons of England. These were extended by its president, Sir Rickman J. Godlee.

Honorary Fellowship in our College having been conferred upon him, he then delivered the Fellowship address. In relating the motives which actuated the formation of the Royal College of Surgeons, Sir Rickman stressed that it was an attempt by British surgeons of over one hundred years ago finally to rid themselves of any remaining taint of the Barber's Guild of the Dark Ages or of the Company of Barber-Surgeons of the sixteenth and seventeenth centuries.

The academic atmosphere of the Royal College was of later development, and eventually it became the determining body for licensing British surgeons. The precise motives which initiated the formation of the Royal College of Surgeons

were quite dissimilar to those of the American College, but the great desire to improve surgery was the ambition of both.

Nineteen years have passed since that first convocation. They have been years full of effort and mounting activities until now, it is difficult to decide which have been most productive of result. The results obtained by the Committee on Hospital Standardization will perhaps always rank among its great achievements. The circumstance which brought about the formation of this committee, and the decision to make a survey of the hospitals of the country, are full of interest and I will devote a few remarks to their consideration.

The Founders of the College had not been subjected to examination as to their surgical capacity, but by the time of the second convocation over two thousand applications for Fellowship had been received and the Regents appreciated that examination for admission to Fellowship must be instituted.

It was obvious that before admission, each applicant for Fellowship should possess an adequate background of surgical experience. Equally important, however, was for him to have strength of character to withstand absolutely every temptation to commercialize his calling. It was decided that a fair estimate of an applicant's surgical experience could be made by a careful examination of submitted case records of his personal work.

The estimation of his character must be left to his intimate associates, and for this the College would have to rely upon the judgment of his local confrères. A Central Committee on Credentials was appointed to pass upon the excellence of submitted records, with a local committee to pass upon the character and general fitness of any applicant. The examination of the submitted records, in many instances revealed a woeful lack of understanding of what really constituted a good case record, and many candidates reported that in the hospitals with which they were connected, no case records were even kept.

If this was the situation in many hospitals, what also were their surgical standards, what measures were being taken toward proper education of their internes, and divers other questions must be answered. To obtain this information an intimate survey of the hospitals of the country became imperative.

The Regents, however, believed that such an investigation should be undertaken by the American Medical Association as it represented the medical profession as a whole.

Since 1910, the American Medical Association had been interested in classifying medical schools

and analyzing the results of examination of their graduates before state medical boards, and possibly on this account, were not interested in taking up another investigation at this time. Nevertheless, the College determined to undertake the survey, even though such an investigation presented many obstacles.

By what measures could the lay and medical boards of the hospitals of the country be induced to permit their institutions being investigated, classified, and standardized by the American College of Surgeons?

What presumption of a very young organization to consider that it was qualified to pass judgment on the efficiency of institutions possessing traditions of excellence which many of them held! To combat this opposition, the hospital authorities were informed that the contemplated investigations were instigated by a desire on the part of the College to be of valuable service to them; to demonstrate how to make their hospitals of better service to the patients, to the community, and a more advantageous workshop for their professional staff. To outline the standard of service they should demand of their medical staff, how to evaluate such service and the standard of ethics their staff should possess.

As this work progressed, those in charge were continually being consulted by heads of hospitals from all over the world as how to increase the efficiency of their institutions.

Today there is scarcely a hospital in our country whose personnel fails to be filled with pride to have their institution included in the ranking group of those which have been investigated. The initiation of this work required all the tact, patience, and perseverance that the College could muster. The carrying on of the work to a successful issue took years of painstaking labor on the part of the officers of the College and those associated with them in this special undertaking.

If the American College of Surgeons in the twenty years since its incorporation had accomplished nothing else than the improvement which it has produced in raising the standard of American hospitals, this work alone would have more than justified its birth.

Standardization of hospitals was commenced during the period when Dr. John G. Bowman was one of its officers. It was at this time that the Regents drafted the first tentative outline of the minimum standard for hospitals. Our Director General in commenting upon this outline in his report delivered at the annual meeting in 1924 said: "This document has now achieved international fame and has become to hospital better-

ment what the Sermon on the Mount is to a great religion."

Dr. Bowman had exerted a unique influence on the College, for having had a scholastic and not a medical training, he viewed our problems in a more detached manner than could a man of medical mind. An idealist himself, he appreciated idealism in others and was able to expound the doctrine of surgical idealism with inspiring conviction. Dr. Bowman was called to become Chancellor of the University of Pittsburgh.

The standardization of hospitals was a project which required considerable expenditure of money, the raising of the endowment fund to meet this, and the other increasing expenses of the College was a most creditable accomplishment in these early years. The Fellows at once responded to the call for funds, and by the time of the third convocation the sum of over two hundred and fifty thousand dollars had been pledged.

The fund has grown year by year until now it is well over one million dollars. It has been well invested and the income derived from it judiciously expended. The financial sagacity of those Fellows who have guarded this and all other funds of the College deserves commendation. An examination of the securities held by the College at this period of financial deflation, produces admiration for the judgment of these men.

This spirit of the Fellows to give of their own, without waiting for aid from philanthropical sources was the strongest demonstration of their belief in this institution. A similar spirit was exhibited, when it became expedient to determine which city—in the United States—should be chosen as the permanent home for the College. There was much discussion and the pros and cons make a long story. Finally it was decided, as such questions usually are, by the financial equation.

The Fellows of the College residing in Chicago and their friends raised the money, purchased a site in Chicago, and gave it to the College. A few years later, Chicago again made the College its debtor by presenting a building, a monument to one of America's greatest surgeons, Dr. John B. Murphy. There is a peculiarly significant sentiment in the principal College building being a memorial to him, for you will recall that it was Dr. Murphy who seconded Dr. Martin's resolution for the foundation of the American College of Surgeons. It was to him, Dr. Martin had first confided his ambitious project, and it was from him that Dr. Martin had received the most sympathetic encouragement.

Next year the College will meet in Chicago, and you Fellows will have opportunity to view its

home. If you start from Wabash Avenue and walk East on the north side of Erie street, you will pass first, the Administration Building of the College (a gift from Chicago Fellows), then the Murphy Memorial Hall (a gift from the family and admirers of Dr. Murphy), and last, what is to be the greatest gift of all—54 East Erie Street and its contents—the journal of SURGERY, GYNECOLOGY AND OBSTETRICS (to be a gift from Dr. and Mrs. Franklin H. Martin). Pause a moment on the corner of Rush Street and consider how greatly the Journal has aided the College. Before the College was ever contemplated, this journal was already a publication of international importance. Later carrying our propaganda it helped us to win respect of the surgical world for the ideals of the American College of Surgeons.

The journal will become the most determining gift for success. The north side of Erie Street represents fulfillment. With this thought in mind, cross to the south side and walk back. The first half of the block was bought by the College in 1928—and imagination visualizes a future building to house the library and museum; the second half of the block is now under consideration for developments in the future. The south side of Erie Street represents hopes deferred, but long before another twenty years have elapsed these too will be fulfilled.

In 1916, the College activities became subservient to medical preparedness as war clouds were gathering and all efforts were extended to be in readiness if war was declared. The Secretary General of the College was appointed by our government to be the chairman of the Medical Board of the Council of National Defense. This appointment brought grave responsibilities to him and the manner in which he met them will ever be a source of great pride to this organization.

The Fellows responded nobly to the call for enlistment in the Reserve Corps of the Army and Navy. Dr. Crile, who was then president of the College, had his Lakeside Hospital Unit mobilized in Philadelphia where the College met that year. It was an object lesson. When war was declared over 90 per cent of the Fellows were in uniform and those not in uniform were in some governmental service. However, what was true of the Fellows of the College was equally true of the whole medical profession of the United States. Never in history has the medical profession ever failed to respond to the call of duty. The World War brought our surgeons and medical men in close contact with those of our Allies. Working shoulder to shoulder with them under tragic circumstances produced mutual respect and regard.

Two episodes in the history of the College may bear retelling, even though many of you may be familiar with them.

The year following Sir Rickman Godlee's visit to the first Convocation, the College received a gift of a gavel from him, and upon it was inscribed: "This mallet was devised and used by Lord Lister, and is presented to the American College of Surgeons by Sir Rickman J. Godlee, then president Royal College of Surgeons England, in memory of his visit to Chicago, November 1913."

This, indeed, was a gracious gesture. Lord Lister was an uncle of Sir Rickman and with this gift a priceless family heirloom came into the possession of the College.

The second episode occurred after the war, when the surgeons of the British armies presented the Great Mace with the following inscription: "From the Consulting Surgeons of the British Armies to the American College of Surgeons, in memory of mutual work and good fellowship in the Great War 1914-1918."

The war over, the activities of the College grew apace. The acquiring of the College library and the establishment of a Department of Literary Research and the service which that department has rendered to the Fellows of the College is an engrossing tale.

In an attempt to extend clinical teaching, the College in 1919 arranged for sectional meetings so that smaller groups of the Fellows could discuss questions and receive instructions from well known leaders in surgery.

These sectional meetings included one evening set apart when the laity were invited to attend. They would be addressed by local professional men and officers of the College. The subjects presented were medical ones of popular interest. The lay public were to be admitted to professional confidence. Opposition to this innovation by more conservative Fellows was acute; however, as it has ever been the policy of the College properly to instruct the public in medical matters, the innovation succeeded. Today these sectional meetings are among the most favored of the College activities. We have taken the public into our confidence and by so doing have gained theirs. This we must never lose. The belief of the College that the public should be kept informed concerning medical advances is only a reflection of the present world point of view. Medicine has long since ceased to be a mystery in the minds of educated people. It is our duty to them to help make medical truths understandable, to keep them from being duped by false statements of impossi-

ble cures and in every way indicate that the College was formed for their interest as well as for the profession.

The Department of Clinical Research has expanded its work until now it requires two Boards and five Committees to take care of it.

The Board on Industrial Medicine and Traumatic Surgery has already accomplished much. Industrial medicine is passing through deep waters, with the problem of compensation practice.

If this Board can exert its influence toward a solution, the College will have performed another great public service. Compensation practice is inherently different from regular practice. The relation of the physician to the patient is not a natural one. I shall not go into the many disagreeable features. Compensation practice in many localities has fallen into such bad favor that many physicians do not, as a general rule, desire to undertake it, thus producing a tendency for concentration into the hands of the unscrupulous. One way in which the situation might be corrected, would be to take this type of practice out of the hands of individuals and place it in the clinics of the reputable hospitals of the country. I am aware, that there are objections to this, but the point requiring most emphasis, in advocating the establishment of industrial clinics in our reputable hospitals, is that such a step could in no wise be interpreted as furthering State medicine. Those clinics would have to be especially organized to handle industrial accidents. Their expenses would be paid for by insurance companies. Being paid clinics they would provide part time positions for a great number of young surgeons. In this way, compensation practice would be widely distributed among young medical men of high caliber. In addition, these clinics would provide a tremendous amount of material for statistical and research purposes. Comparative methods of treatment could be followed intelligently and results statistically analyzed, so that much might be learned as to how to obtain the best results at the lowest cost in the shortest possible time. This is a particularly good moment to interest hospitals in this project. Many are financially embarrassed, and industrial clinics would be a sure source of considerable revenue. I have talked at some length about this subject because in many of the larger cities the abuses have approached a racketeering stage.

I would, time permitted, acquaint you men who tonight are being admitted to Fellowship, with all the interests which the College has undertaken, but the few I have mentioned may give you some idea of the scope of its many activities.

I would, time permitted, pay personal tribute to each one of the officers and regents, who in the years gone by have sacrificed their time and given of themselves to further the interest of the College.

Often while reflecting on the College, the thought has come to me, that with Finney of Baltimore, Crile of Cleveland, the Mayos of Rochester, Armstrong and Chipman of Montreal, Martin and Deaver of Philadelphia, Cushing of Boston, Ochsner and Kanavel of Chicago, Matas and Miller of New Orleans, Brewer and Stewart of New York, and Ireland of Washington to help him, maybe Dr. Martin did not have so difficult a task in directing the College to its present enviable position.

It has been nevertheless an unselfish service on the part of each and when his term of office expired has continued working even more assiduously for the good of the College. When I say good of the College it presupposes good for humanity and good for each Fellow of the College.

During its short life the scientific contributions of many of the Fellows of the American College of

Surgeons have helped to bring world recognition to American surgery.

It has been a wonderful experience to have lived and worked during this Renaissance of Surgery, but scientific advance is an endless adventure. It is not for us to be satisfied with what has been accomplished but to look beyond.

The College with many of its ambitions already realized has as yet but indented the surface of opportunity.

This child of Franklin Martin's imagination and foresight will be of age in another year. The child has had many watching its growth and many guiding its youthful steps and you, new Fellows, will have to assume the guardianship of its advancing years. You bring new faces, new ideas, and new energy to us, and to you—we give our faith.

Remember always, that the American College of Surgeons has never an axe to grind save one, and that must ever be kept, ground to a Toledo edge, to blaze the trail through the dark wilderness of sophistry into the sunlight of scientific truth.