

Retrospect and Prospect

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ABRAHAM LINCOLN, in an address to the 166th Ohio Regiment, toward the end of the Civil War, spoke as follows: "I happen temporarily to occupy this White House. I am a living witness that your children may look to come here as my Father's child has." My coming before you now in a spirit of humility and with gratitude for your confidence in naming me president of this great organization, is a symbol that this high honor may come to any one of you, who takes a sincere interest in the life and fortunes of the American College of Surgeons. The favorable judgment of contemporaries is one of the great rewards in life's adventure.

My first privileged contact with this College came 30 years ago, when I became a member. It was a glorious moment for me as it is now for all initiates. Most of you, like me, undoubtedly joined the College to improve

It is fitting that at a Convocation, when new Fellows are received, we pause to consider what the American College of Surgeons has come to mean for American surgery—yes, for the surgery of the world. And as we meditate upon the vision and important labors of our surgical forebears, let us commit ourselves for a moment to the piety of memory in recalling the names of some of our illustrious founders. As a man grows older and contemplates the contributions of his predecessors and how their work, in turn, often has been superseded by newer developments, he is inclined to view the accomplishments of his predecessors with less awe, but with a warm sense of appreciation that kindles reverence. Among the originators of this society, there are many names which stir our memories to happy recollections and impel us to want to stand on tiptoe as they cross our lips—our greatly beloved living dead.

Address of the President

THE ACCOMPANYING ADDRESS WAS MADE AT THE Convocation held on October 2, 1959, at the Clinical Congress in Atlantic City, when Dr. Owen H. Wangensteen, upon becoming president of the American College of Surgeons, directed his observations especially to the new Fellows. Dr. Wangensteen is professor and chairman of the Department of Surgery of the University of Minnesota School of Medicine, and chief of staff of the University of Minnesota Hospitals.

yourself. Possibly a few have undertaken the responsibilities of membership with a Samaritan view of improving the College. The Regents, as well as the administrative officers, will be the first to agree, I am certain, there is room here for betterment. But whatever the motivation, like many presidents of the College who have preceded me, I give testimony and bear evidence that the College has done far more for me than I ever imagined in my dreamiest reveries. And so it can be with you too. The College demands only one thing: A spirit of interested participation in its activities. In doing this, many of you will find that while striving to improve yourself, opportunities will be created for you to serve the College. Service, you will remember, was the Great Master's advice of how to gain recognition among one's associates.

Each of us must be measured against the background of our own times. Fellows of this College admitted to membership 30 years ago will acknowledge freely, I am certain, that surgery has flowered within our time far beyond our dreams of that day. Yet, it is no exaggeration to suggest that the spirit of research which has come to occupy so ascendant and dominant a role in medicine today will bring with it accomplishments and developments that will dwarf what has occurred in our time.

Looking back is often very much like revisiting the scenes of one's childhood. All the things one once knew seem to have grown smaller. The steep and challenging hills on which one skied as a boy look incredibly lower 20 years later. Certainly, some erosive process must have altered the slope! Yet there are the same trees, grown larger, giving mute but convincing evidence that the greater change has occurred in the observer. And so one day our successors, too, will view the achievements of the present era.

In 1929, the Clinical Congress was held in Chicago, and operative clinics were the order of the day. On observing one of the local celebrities resect a patient's stomach in the presence of a tremendously large gathering of visitors, many of whom were competing with the surgeon for a look at the site of the operation, I left the scene with a vow that if the opportunity ever came to me, I would raise my small voice to express disapproval of the large operative clinic as a transgression upon the very special and sacred relationship between patient and surgeon. As we meet again, in 1959, in

Atlantic City, I recall saying to some of my surgical friends in the College of that earlier day, "If we could only meet in Atlantic City," where opportunities for operative clinics were not so readily available, "perhaps this feature of our programs could be done away with, and greater emphasis could be lent other phases of the educational pattern of the College." The change came in time, and quite independently of that 1929 suggestion, for which, even at that time, a warm spirit of acquiescence was encountered now and then. The growing complexity of the program of the Clinical Congress, together with the coming of television and the acquisition by the College of a large number of representative cinema films of operations—these items collaborated, praise be, to push the large operative clinic so popular in its day off the scene.

Yet, you and I know that today intracardiac surgery has brought the opera glass back into use by surgeons, who come from the far corners of the earth and are quite content to sit hours upon end watching all the intricate details having to do with pump-oxygenator techniques in the repair of intracardiac defects. However, our intrepid cardiac surgeons cannot be elbowed out of the operative field by curious and interested spectators, who now sit comfortably above the operative field, from which they are safely screened off by large glass windows.

Today, the Clinical Congress program is perhaps unrivaled anywhere in the world as a source of information and instruction for the surgeon. There is everything here: An opportunity for old friends, pupils, and teachers to meet, converse and discuss problems of mutual interest; to hear erudite papers; to observe motion pictures of operations performed by leaders in the field, or operations in progress, on television; to sit in on panel discussions and postgraduate courses; to inspect instruments and newer developments in the armamentarium of the surgeon; to visit exhibits and see and observe a host of other things. In fact, College meetings have come to have for surgeons the attraction and fascination that a circus has for children. Moreover, these sessions seem to generate the spirited enthusiasm of incurable adolescence, which could do a large number of us great good.

Attendance at the Forum on Fundamental Sur-

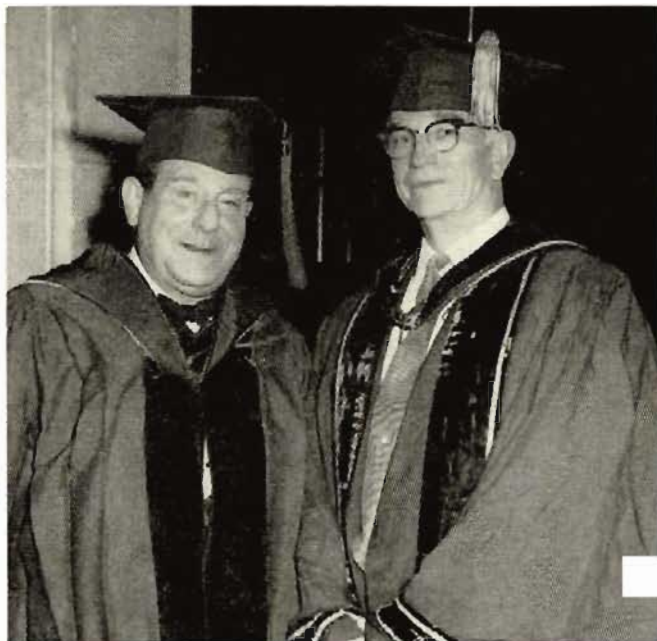
gical Problems has come to be an exciting and thrilling experience for the best informed of surgeons. Those who came into the College 30 years ago will have no difficulty recalling that, among surgical teachers in our country of that day, there were many who eschewed all suggestion of interest in the College, feeling it had nothing to offer them. But the Forum on Surgical Problems has compelled the most ardent scoffers among the professors to join the College's ranks. It is a great privilege also to have the presentations of the Forum published. In my opinion, this storehouse of new-found information constitutes the only real *Arabian Nights* reader for modern-day surgeons. It will be a source of great concern and distress for many of you to learn, as it was for me, that the Regents of the College have come to the conclusion that it is impractical to continue publication of the proceedings because of the expense involved. Some way must and can be found, I feel, to insure continuance* of this important College venture which contains perhaps the most important fruit of the annual meetings.

GIFT TO PROGRESSIVE SURGERY

Serious students of surgery everywhere, who watch the surgical horizon for new developments, must feel a desire to bless the American College of Surgeons for this important gift placed annually on the altar of progressive surgery. When a small group of the faculty of the University of Minnesota met with a group of physicians and surgeons 75 years ago to discuss the formation of a university medical school, a member of the faculty suggested it would be proper to start the meeting with prayer, a practice also observed at each Convocation of the College. Let me suggest that the new Fellows join me in the prayer that the Regents of this College will not desist in their efforts to find some way to continue publication of the *Surgical Forum*, the brightest beacon light in the vast ocean of surgical literature. There are a thousand roads to failure, but lamentably few to success. Let us find the way.

The *Surgical Forum* in years to come, I feel, will become a collector's item. This publication should constitute the nucleus of every young surgeon's library. If one wants to know what is new in surgery, he must read the papers given at the Forum. We are living in the most exciting period of surgery since the beginnings of anesthesia and anti-

*Editor's Note—The College plans to continue publication of the *Forum* Volume. See Pages 52 and 72.



The President and The Chairman

Dr. Owen H. Wangensteen, Minneapolis (right) president of the College, whose address "Retrospect and Prospect" made at the 1959 Congress is published here, is photographed at the Convocation with Dr. I. S. Ravdin, Philadelphia, chairman of the Board of Regents, and president elect.

sepsis in the middle of the nineteenth century. These are the "Great Books" of this surgical era. They are documenting the advances in our time. It does not matter that one is not an experimenter. The point of view is what counts. A generation of young surgeons in America nurtured on the life-giving sustenance of the *Surgical Forum* will elevate the tone and strengthen the fabric of American surgery. Yes, such a group of readers can give renewed life to the College of Surgeons. By becoming a subscriber you and I can insure the success of this important venture. Even your investment counsellor would approve of this suggestion.

COLLEGE'S CHIEF CONCERN

Providing an opportunity for a continuing process of education has been and always will be the chief concern of the American College of Surgeons. As we review the programs of our sessions and effect comparisons between those of yesteryear and today, it is evident that research has come into much sharper focus in our programs. We concern ourselves far less today with the purely technical features of surgery and more with the background, philosophy, general outlook and the why and wherefore of things. And this is as it should be. The transmittal of techniques from teacher to apprentice is as old as man himself, but by this method alone the learning process can advance at only a snail-like pace.

As one reflects upon the effect of these altered programs upon the surgeons who participate in them, it is evident that a keener appreciation of the true value of scholarship is blossoming within the constituency of this College. The College serves as a means of helping us to lift ourselves to a higher level professionally. That a hunger and need for a well planned scientific program exists within the membership of the College is evident in the circumstance that almost ten thousand persons are in attendance at these sessions.

The surgeon today is perhaps the most highly educated of men, measured in length of years spent in the pursuit and acquisition of his training. Beyond the high school years, a minimum of 12 years of continuous training is necessary before he can qualify as a surgeon, and an additional three years of experience are mandatory before he is eligible for membership in this College. Yet we shall probably have to agree that there are few learned men among us. As a group, we are deficient in the cultural aspects of life. The only manner in which this defect can be repaired is through long years of patient study after our formal years of training have been completed. All of us acquire the larger share of our education from our professional lives. We all know too that even the semblance of an acquaintance with the literature of the past is a task of a lifetime. In our universities, the general humanist tends to mature profession-

ally at a later period in life than do our scientists. It is not unusual to see a brilliant young chemist or physicist make his most important discovery during his late twenties; from there on through life, even though his work fails to match the brilliance of his early discovery, he continues to receive the plaudits and accolades of his profession. On the contrary, the humanist remains but a novice until he has been immersed sufficiently long in the cultural aspects of his special interests to come to reflect a first-hand acquaintance with the broad interphases of his work.

The acquisition of a cultural training and the encouragement of broad scholarship have not been primary concerns of professional colleges. Yet, acknowledging the fact that professional as well as cultural training is a life-long study, it behooves professional colleges to lend some heed to this need of their constituents. If the curtains of the future could be lifted for a moment, it would not surprise me to observe a decade hence that serious notice was being given matters of this kind within our College.

Time was when the physician was looked to as one of the most erudite of men. Meeting the many intricate calls upon his time, the modern surgeon, and the physician too, have become essentially practical men. Their many college degrees are completely devoid of any suggestion of identification with the role of classical scholarship which such degrees once connoted. Surgeons, and medical men, generally, need to cultivate a sense of leisure and detachment for the life-long pursuit of a better cultural training, which will make less evident some of the residual traces of our barber-surgeon origins. Solomon said: "The wisdom of a learned man cometh by opportunity of leisure, and he that hath little business shall become wise. How can he get wisdom that holdeth the plough, . . ."

Why not exposure to cultural studies for interested persons within the scope of activities of professional colleges? Certainly, there need to come about a tightening and quickening of the educational process in our elementary schools. Professional colleges, like our own, I believe, have some responsibility in these important matters.

We need Oslers, Cushings and Fultons in our organization to encourage the reading of books, not alone for the pleasure they give the reader, but also for the usurious dividends which repay the

effort richly in many ways. The influence of good books works silently upon the mind, often as though a stirring urge of the Divine were at work within the reader.

It must be freely admitted, however, that our educational objectives are rather in sharp conflict with one another; while we lend encouragement to the pursuit of the love of learning and the acquisition of a broad cultural training, it is necessary to review in a realistic manner the virtually impossible task of keeping abreast with developments and advances in our own fields of special interest. Many of you probably peruse, as I do, the pages of a medical digest journal called *Current Contents*. To list only the titles of papers published in the medical literature of the world requires almost 100 pages in each weekly issue! And we have not reached the apogee of the growth curve yet.

SUPERMEN NEEDED

How sad that a student who has declared his intention to study medicine does not receive from the dean's office on notification of his acceptance a magic packet, making him at the time of matriculation the possessor and master of all the hard-earned knowledge of the past! If medical students had only to concern themselves with new-found knowledge, the learning process would not present such an insurmountable task. It is no exaggeration to say that the acquisition of the old and gaining an acquaintance with the new, as it develops, creates the need for "supermen."

Thirty-five and more years ago, as a young surgical aspirant, spending three hours each Saturday afternoon in the library, I found it not too difficult to encompass most of the current surgical literature of the world. Today, if one were to read during all his waking hours, it would be difficult, if not impossible, to digest the literature of surgery, let alone be able to gain some acquaintance with the parasurgical fields, in which tremendous developments of great interest and concern to surgeons are occurring.

When one is away for a few weeks, and the journals have piled up in one's study, it takes an inordinate amount of time to catch up again. This must be a baffling problem for the active practitioner of surgery, whose hours cannot be so well ordered as are those of men in professorial positions, who have alter egos to take over some of the daily routine.

An excursion that Mrs. Wangenstein and I made now almost two years ago into the great and

beautiful countries of New Zealand and Australia in the far southwest, will give some information on this point. On the conclusion of a delightful dinner in a distinguished New Zealand surgeon's home one evening, as we were about to leave, our host wanted us to see his study. As we completed an examination of the nice shelves of books which lined its walls, one of his surgeon friends, who undoubtedly had been there before, said, pulling out a door: "What have you here?" Thereupon a veritable avalanche of unopened journals came out, much to the consternation of our escort. Embarrassed, he explained that the overseas journals arrived in large consignments by ship and it was rather discouraging to have them come all at once. Not being able to get at them directly, he found it convenient to put them out of sight. And as you and I know, out of sight is out of mind. And so it is, much too often, I am certain, with our own reading.

A few weeks later in recounting this story at a small dinner one evening in Australia, a learned professor at one of the medical schools remarked that he had found good use for the deluge of journals which descended upon him periodically. He said for those journals which came rolled in a wrapper, if after a time he had found it impossible to get to them, he took them to his place in the country; that when the wrapper was removed, he found it the best technique he had been able to devise to protect his apple trees from marauding rabbits!

Where is the end of all this medical writing? Within the recent past, articles have been written by men in high places suggesting placement of an embargo on scientific experimentation. At the turn of the century, the discovery of bacteriology, with its reverberating impact upon various areas of the medical field, brought a similar development, which now, in turn, has been outstripped by the many changes and advances of our own time.

HOW ARE THEY TO BE TRAINED?

How is the future physician to be trained? How can he learn all that should be taught? How can one teach all that should be learned? As I view the enormity of the student's task, it strikes me that teachers would be well advised to direct the student's attention to historical aspects of medicine; that teachers in all the various areas in medicine including anatomy, physiology, biochemistry, bacteriology, medicine, surgery and all the others would do well to list 12 to 15 epoch-

making papers in the field, accompanied by a short biographical sketch of the author and a few pictures. Such required reading would serve the important purpose of orienting the student in the story of the development of our knowledge. The reading of a few such papers in each area of medicine, would, I believe, have far greater maturing value than endless perusal of texts. Mere scrutiny of successive editions of books suffices to show how often new information and shifts in emphasis creep into almost every page, suggesting, too, how much is unsound that was believed to be true yesterday. We need to lend more emphasis in the learning process to reflection upon the great discoveries of medicine, to the eternal truths which outlive the shock of empires and the rise and fall of nations.

The Australian incident tells still another thing concerning the general reader's impression of papers that appear in our journals. He feels much of it is rubbish and might as well have been left unsaid.

The post-World War II period in the United States has witnessed an unprecedented intensification of research in all scientific lines. Universities, medical schools, and research institutes have responded to the challenge enabling medicine to participate in this extraordinary development. Our surgical clinics throughout North America too have captured the spirit of research as reflected in the scientific programs of this organization, the meetings of the university surgeons and other surgical groups.

In 1940, the total national expenditure for medical research in this country was \$45,000,000. The eighty-sixth Congress alone has appropriated \$400,000,000. Additionally, industry, private philanthropy, voluntary health agencies, and endowment funds continue to contribute increasing amounts, emphasizing the great importance of research for advances in medicine. On every hand, citizens see how the benefits of research redound directly to themselves.

There is such a thing as fertility of aggregates. It would be good indeed if each year at the Clinical Congress we were privileged to hear a major address from a productive scientist working in an interphase which borders on the advance of surgery. The world stands in great need of trans-pollination and synthesis of ideas between the sci-

ences. The occasional appearance here of persons of the stamp and catalytic influence of a Thomas Huxley, of an earlier generation, could do a great deal to instill a desire in young surgeons to learn something of the techniques and methods of zoologists, botanists, chemists, biophysicists, geneticists, physiologists, biochemists, and others.

Two years before my initiation into this College, I was privileged to spend a *Wanderjahr* abroad, visiting the surgical clinics of western Europe and the British Isles. I was tremendously impressed by what I saw and by the great learning of many of the professors whom I met in this interesting trek. However, only in two places did I find an existing experimental surgical laboratory, in which personnel of the department of surgery were actively working every day: They were in Heidelberg under Eugene Enderlen and in Edinburgh under David Wilkie. In most German surgical clinics, space for the purpose was made available only if someone came up with a problem upon which he wished to work. Otherwise, the laboratory, often only a small room, remained vacant, or space was mobilized for the purpose when needed. This apparently was true even in Billroth's day in Vienna.

Halsted gave the experimental laboratory its first useful impetus in the training of surgeons almost 70 years ago. Throughout his long professional experience, he and his associates worked there almost continuously, and it is quite proper to say that Halsted's best work was done in the laboratory, even in the period when surgeons credited research as having little or no bearing upon the training of the surgeon. At the University of Minnesota, four decades ago, when I was a medical student, some of our clinical teachers had little sympathy with attitudes of research in the training of surgeons. One did not need to strain his ear to detect very audible reverberations suggesting that anyone teetering on the brink of irresolution, who capitulated to such a device, was merely trying to work his way up the academic ladder with the help of a typewriter and a few white rats!

We have seen, I believe, only the beginnings of recognition of the importance of research in the training of surgeons. In fact, I have no misgivings over saying here in the presence of this distinguished audience that some of our most illustrious

surgeons in America today developed their skills and talent and had their visual fields enlarged and their vision sharpened by contact with problems in experimental laboratories. Surgical accreditation boards, I am certain, more and more must come to recognize the great potential of this important facet of training in the making of surgeons.

It is easy to understand why this movement has come about slowly. In the first instance, a laboratory has to be built and support for it has to be found. On the contrary, large hospitals came into being very directly attending the growth of large population centers in this and other countries. Bed occupancy of our hospitals derives support from existing agencies, which support, of necessity, must be found for experimental laboratories.

EXPERIENCE IN SURGICAL RESEARCH LABORATORY

Even for the surgeon, whose thoughts are directed largely toward practice, I have the definite feeling that, if he could come to spend six months to a year of his training in an active experimental surgical research laboratory, he would be a better surgeon for the experience. In fact, there are certain types of surgery which our trainee would not be competent to perform without experience in the laboratory.

Moreover, this development is catching on in a world-wide fashion. Today, when one visits England, Scotland, Scandinavia and Germany, he will find there, too, overt evidence of increasing acceptance of the great importance of the laboratory in the training of surgeons.

In most European countries, as well as in Great Britain, virtually all surgery is done by trained and qualified surgeons. In this country, on the contrary, studies made by Dr. Frederick A. Collier, eminent member of our College, have shown that, approximately one-half of all surgery is done by persons not qualified primarily as surgeons. Ours, of course, has been essentially a pioneer country and up until the time of transcontinental airplane travel, even some of our friends on the Atlantic seaboard were wont to believe that we were still fighting Indians in the mid- and far West.

The causes which preserved the tradition in our country that anyone licensed to practice medicine is also competent to perform operations no longer exist. The American surgeon at the turn of the century, of course, did general practice and culled his surgery from it. This situation came to an end many years ago. If local and national accreditation groups, working together, fail to curb the practice

of practitioners, untrained and unqualified in surgery, of performing major operations, steps will need to be taken with licensing boards to establish better controls in the public interest.

On the one hand, we hear there are too few surgeons to perform the surgery that needs to be done today; on the other, we hear that in some areas young well-trained and qualified surgeons have an extremely difficult time getting a foothold in practice. On this score, I believe it is not out of place to record that the surgeon of the future will probably perform a lesser number of operations than some few surgeons do today or many surgeons did 30 or more years ago in this country, at which time it was not unusual to see a surgeon with five to eight major cases listed for himself to do, each day he operated. In areas where goiter was prevalent, more than a dozen cases not infrequently would be scheduled for operation on one surgeon's list. In speaking of the dexterity and celerity of surgeons of an earlier day, one of my professors was wont to recall how one of his surgical teachers, in a high thigh amputation, had succeeded in snipping off two fingers of his assistant, both testes of the patient, as well as the thigh, all in the space of 50 seconds!

Now, every surgeon knows that it is manifestly impossible to perform a large number of difficult operations within the space of a few hours with the same degree of excellence. There is such a thing as fatigue of the body, but perhaps even more important in the surgeon's work is fatigue of the spirit, attending the frustrations of difficult procedures. In fact, for surgeons affecting an attitude of interest in cancer surgery, I would venture to say that in future years one or two such operations as gastrectomy or esophageal excision is all that a surgeon will do in one day—that is, if he is to do them well.

MORE TRAINING FACILITIES

Who then will do all the surgery that needs to be done? Obviously, the only answer is this: More places for the formal training of surgeons need to be developed. In metropolitan areas where medical schools exist, there is an opportunity for affiliation of voluntary hospitals with university surgical clinics. Such a scheme has been in existence in several areas for years and is catching on broadly throughout our country. When the importance of the laboratory in the training of surgeons becomes more keenly and generally appreciated, not only in university centers but in voluntary hospitals too,

there will be a tremendous impact upon augmenting and providing adequate training facilities for the development of future surgeons. The laboratory trains the surgeon's hand while it schools him in the disciplines of observation, thinking and reasoning. When this type of program is started in a voluntary hospital, an acceleration of interest becomes evident in all of its activities. Mention too must be made of the great contribution of our veterans' hospitals in the training of surgeons in this country. Their efforts continue to have important percussions upon the training of American surgeons of which our profession can be very proud. Our armed forces, too, in many areas have created excellent opportunities for continued training for surgeons and other medical specialists.

When we consider the increase in specialization which has occurred in our own time, it is not difficult to believe that, 30 years from now, we will see a flowering of the clinic idea. If voluntary hospitals can come to participate and co-operate in the broad training area for medical and surgical specialists, such a development might well bring within the reach of every community a clinic staffed by well-trained and competent specialists. We shall always have need of a large complement of general practitioners. However, when the time comes that specialists are available to do all the work which needs to be done, the area of activity of the general practitioner will be somewhat more limited. Moreover, then too I believe that the evil of fee-splitting so rampant still among surgeons in certain areas of our country will disappear.

Where will we find the personnel to take care of the multiplying problems of hospital care? The answer, I feel, is obvious: We need to train many more hospital aides.

Those in this audience, of my vintage, who became medical students 40 years or more ago, will remember that the clerkship in many of our curricula was just then beginning to come on the scene. The need for the internship, particularly for the specialist, is far less necessary now than then. Our medical schools cannot begin to supply the number of interns necessary to staff our hospitals. Moreover, in hospitals where interns are needed most, they are least in evidence. Long before the novice of 30 years hence comes forward to receive his diploma from the College, I believe that the slave labor of the intern will have come to an end!

A large share of his present duties will have been taken over by hospital aides, high school graduates who have been given a two-year period of special medical and hospital training.

It seems to me that this is an important field for both young men and women. The persons most skilled in getting into the veins of prospective blood donors in our Red Cross centers during World War II were nurses trained for the purpose. Much of the routine ward work of the surgical intern of today, very important in itself, can and should be done, I believe, by such hospital aides. The hospitals of America can, I am very certain, absorb over a period of the next decade a quarter of a million or more such people. We need to give thoughtful and serious attention to the training of operating room technicians, medical, surgical, urologic, orthopedic, neurosurgical and other types

of hospital aides. The program of the Army during the recent war with hospital corpsmen demonstrates very well what can be done on this score. The time has come to cease haggling over trivial matters of protocol and to develop in our existing hospitals throughout our land, under the combined auspices of hospital administration and nursing personnel, areas in which young persons anxious for the tasks can be trained for this important work, which now too frequently goes neglected, to the anguish and heartache of our patients, their relatives, and the medical profession.

There is a good deal of heavy as well as routine work to be performed on the wards and an increasing number of young male hospital personnel will be welcomed there, I believe—even by the nursing profession. Ever since the orderly's task included polishing the general's shoes and holding his horse, that word has had an unpleasant connotation for most of us. Since Florence Nightingale

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Directors of Martin Memorial Foundation Meet



SURGERY, GYNECOLOGY AND OBSTETRICS, official scientific journal of the American College of Surgeons, is published by the Franklin H. Martin Memorial Foundation. Seen here at their Congress-time meeting in 1959 are the members of its Board of Directors, who are (seated, left to right) Drs. Louis T. Byars, St. Louis, Newell W. Philpott, Montreal, I. S. Ravidin, Philadel-

phia, Mr. James S. Shannon, Chicago, general manager of the Foundation, and Dr. Joel W. Baker, Seattle. Standing (left to right) are Mr. Edward G. Sandrok, Chicago, assistant director and comptroller of the College, Drs. Frank B. Berry, Washington, Loyal Davis, Chicago, editor of S.G.&O., and James T. Priestley, Rochester, Minnesota.

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converted almshouses into hospitals, we have come to associate in our minds the hospital and pretty young women in white. The male hospital patient may yearn for the young miss with the pretty face when his tray comes, or his back is to be rubbed, but there will be the competent station nurse and her entourage making their occasional round who can deal quite adequately with the situation, including supervision of young ward-aides. Mindful, too, of the migratory disposition of the young nurse of today and the interruptions in her work occasioned by the responsibilities of motherhood, it is time that we begin to examine the suitability of fitting young men for some of these tasks.

What I am saying is that our medical curricula are good enough today to permit the young specialist to step direct from medical school into his field of training, without the internship period. He should become a fellow or a resident of whatever discipline he intends to follow. And as time goes on, the training within these disciplines will be broadened and improved to the end that our specialist on the completion of his indenture will be better trained than he is now with an added internship. General practitioners of the future will probably need two years of hospital experience to equip them for the demands of their duties before they engage in practice.

Will the time ever come when segments of our medical profession will receive less than the amount of training required by our medical school today? It is a good question. On that score, let us recall that universities which give courses in hospital administration provide a degree following one year of instruction and an additional year of hospital experience. Obviously, hospital administrators are allowed to mature and season on the job. In a few years, one finds them dictating to the hospital staff. That knowledgeable have they become in the meantime! Yet, you and I know that professors, presidents and other persons in high office are extended the courtesy of maturing and growing under responsibility. There is no substitute for experience. Prospective physicians and surgeons cannot learn or absorb all that their teachers expect them to know, no matter how long the curriculum; yet, presently, the earnest student surpasses

in accomplishment those who taught him.

Will Mayo, one of the wisest heads of the medical profession in his day, once said to me that he believed in some future day it would be feasible to consider some fragmentation in the training program for certain segments of our profession. In the same vein, Will Mayo continued with that disarming and winsome twinkle in his eye: "The general practitioner will need the longest training as an undergraduate, and the highly specialized otolaryngologist the shortest." Certainly medical educators need to lend serious thought to techniques which will shorten and accelerate the medical school curriculum. Its present great length is discouraging to many young men and women who contemplate medicine as a career. Some experimentation with the curriculum with these objectives in mind, in my opinion, will serve many useful purposes crying for attention. Moreover, such departures, I believe, will improve rather than impair the training of future physicians.

Ian Aird, distinguished English surgeon and educator, and honorary Fellow of the College, remarked to me recently that the activities of the Royal College of Surgeons of England often reminded him of a university. This is as it should be. What activity of a professional college is more important than providing adequate opportunities for a continuing education for its membership? In fact, advisory committees within the American College of Surgeons in future years, I believe, will come into being to advise with the Regents and groups outside the College on matters bearing upon our future growth and development. Isolation in the broadest meaning of the word is gone forever. The future life, fortunes, and fate of this College are indelibly intertwined with that of universities, medical schools, government, licensing boards and other professional groups like our own. It is perhaps of more than passing interest to us now that the Board of Regents of the University of Minnesota in 1914 on the advice of Will Mayo, of which Board he was a distinguished member for 32 years, indicated that the Regents "would welcome any proposition from the American College of Surgeons looking toward the establishment of a permanent home on the University of Minnesota Campus." The minutes of the Board of Regents of the American College, I believe, carry no suggestion that the matter ever came before them.

For many of the members of the College it represents the major continuing tie through active professional life with an institution or corporate

body whose professed primary interest is an opportunity for continued professional education. Our diplomates who join our ranks should expect to discover here an intellectual atmosphere, friendly and stimulating to self improvement and the acquisition of knowledge. It would be hoped that you would encounter here the challenge to strive to excel in your profession to the end that your mission in life will be heightened and enriched by becoming identified with this College. If you cannot find this incentive here, the College has failed in its most important errand, or you have come to us, not completely alive to the possibilities or appreciation of the opportunities which are open to you here.

This College has done a great deal to elevate minimal acceptable standards in many areas of the surgeon's activity. We now need to devote more serious thought to elevating our sights to the end that every segment of surgery will experience an upward surge.

Perhaps the most important function of leadership is to establish goals and design ways by which those ends may be met. Hospitality to new ideas is one of the most important qualities of superior leadership. The leadership of this College has the acuity of vision, I know, not to see too many lions in the way.

Napoleon's soldiers referred to him as "*Cent Mille*."* "Napoleon," said the Duke of Wellington, "is the moral equivalent of 40,000 men on the field of battle." In our own time, we have seen what the moral courage of one man accomplished when the Nazi hordes had ridden over most of western Europe within a few months of the declaration of war by Hitler and his gang of mobsters. Only the courage of that man stood between the fate of Europe and defeat. When the fall of

*One hundred thousand.

Dr. Philpott Becomes Honorary Fellow at Edinburgh



Dr. Newell W. Philpott (center) of Montreal, receives honorary fellowship from Professor John Bruce as Professor Robert James Kellar, member of the council of the Royal College of Surgeons of Edinburgh, stands looking on.

HONORARY FELLOWSHIP in the Royal College of Surgeons of Edinburgh was conferred on Dr. Newell W. Philpott, Montreal, on July 23, 1959. He is emeritus professor of obstetrics and gynecology,

McGill University Faculty of Medicine; was president of the American College of Surgeons in 1958-59, and a former Regent. He was presented by Professor Robert James Kellar.

France was imminent in June, 1940, it was the voice of Sir Winston Churchill, ringing out in clarion tones that heartened, rallied, and stiffened British resistance. To the end of time, Churchill's spirited words of undaunted courage will re-echo from the lips of school children and persons in high places. Said Churchill: "We shall defend our island, whatever the cost may be, we shall fight on the beaches, we shall fight on the landing grounds, we shall fight in the fields and in the streets, we shall fight in the hills, we shall never surrender." The fate of the world hung suspended upon those stirring words and the courage of that man.

From a succession of chairmen of the Board of Regents and strong administrative officers, this College has had wise counsel, skilled and resolute leadership. The inspiration which this organization has received from men like George Crile, Irvin Abell, Arthur Allen, Evarts Graham, and Dr. Ravdin at the helm, vouchsafes the continuing growth of its influence in elevating surgical standards in every activity of the surgeon throughout our land.

Having come fresh into office, without a first-hand acquaintance with the nature of the current problems confronting the College, the president has through this happy arrangement the privileged opportunity of allowing his imagination to roam unrestrained by the opinions of directive forces within the College. It is unnecessary for me to remind you therefore that any observations made by me here have not yet had the benefit and advantage of scrutiny by the collective wisdom of the College's governing boards.

At this juncture, I would like to address a brief comment to our honored diplomates. As you have particularly good reasons to know, there lies in the future of this College an untapped source of great potential strength. I refer to the women of this College—your wives. The Creator brought Eve into the world as an afterthought, the Good Book tells us—yes, after all the animals had been brought into being. It was believed that Adam would be lonesome without a companion, and what a wonderful idea it was! Most of man's happiness traces back to this second thought—and of course some of his troubles, too.

Among your class of a thousand or more diplomates whom our College is honoring at this Convocation, I venture the suggestion that no one

has made so large a contribution to your training as have your wives. Probably more than 50 per cent of your group was married while in medical school. For some of you, the labors of your wives made it possible for you to complete your medical course as well as to pursue specialty training. May I leave the suggestion with you fortunate diplomates who have been the beneficiaries of this loving charity that you take steps to initiate a plan in this College whereby recognition of this important contribution of your wives will be made?

The College's scholarship program is growing and will some day make its impact felt on American surgery. Who could appreciate the meaning of scholarships more than a group like yours? If each entering class of diplomates were to follow the practice on admission to this College of providing a scholarship to be known as the "Wives Recognition Scholarship," given in a spirit of grateful thanksgiving for help received when needed most, a dual function would be served in repaying a long-standing debt and in the continued support of an important need and venture of this College.

The period just before World War II witnessed the last group of diplomates admitted to membership who received their instruction in our medical schools at the hands of teachers who, in turn, had received part of their training abroad. America, long dependent upon European influences for the maturation of its own teachers, finally has come of age and long since started "to roll its own." America is today repaying its great debt to European sources and masters for the training of our teachers of medicine and surgery by offering graduate research opportunities in our own laboratories to students from foreign lands for the acquisition of skills and techniques which are essentially American in origin.

RESEARCH IS EXPORTABLE

Medical research is exportable. At the present moment, in the scales of international exchange, our balance is a little on the export credit side. Only a continuing interest in research can keep it that way. Medical research, like bread, is an international commodity and is probably the only article of commerce that is tax free to all people of the world.

The question uppermost in the minds of all thoughtful men today is: Can we avoid war? The experience of the past two World Wars has taught us that international amity is not to be achieved by vanquishing our enemies; it is not that easy. We

must strive to learn to see eye to eye with those who differ from us. Understanding and friendship among nations can be promoted and nurtured only by the same conditions under which personal friendships flourish.

In June, 1918, during the first World War, Mr. Henry Morris, erstwhile photographer of the University of Minnesota Hospitals, then sergeant major in Base Hospital 26, was commissioned by our surgeon general's office to go to Oxford to get a photograph of Sir William Osler. Mr. Morris arrived at 13 Norham Gardens, but the genial Sir William informed the photographer that he must wait until Sir William was in a mood to have his photograph taken. One morning many days later, Osler came down to breakfast, his face wreathed in smiles, and my friend knew that Sir William was ready to sit for his picture. The author of *Acquaintance*, whose head had been bowed in sorrow and grief by the death of his son, Revere, knew only too well the importance of the temper of the mind. Only when his countenance could reflect the inner composure of his spirit was Osler ready for the recording of his likeness. What a revealing story of the problem posed over composing our difficulties with ourselves and with our neighbors!

WHAT DOETH THE LORD REQUIRE OF THEE

When the world about us has become so good that we could not wish it better, Utopia will have arrived. Mindful of the great contrast and the lag between improvement in our moral conduct and our intellectual development, it is quite obvious that our successors, like our predecessors, will have to wait a long time until the millennium arrives. The moral guides or codes of all religions of the world are essentially the same and are well expressed in the commentary of Micah, which inscription stands over the statue of religion in the Library of Congress. It reads: "What doeth the Lord require of thee but to do justly, to love mercy and to walk humbly with thy God."—a beautiful rule of life re-echoed essentially in the preachments of the Sermon on the Mount. But if to do good "were as easy as to know what were good to do," as said in the *Merchant of Venice*, we would see far less evidence of struggle between men and nations about us. We are not in need of a new world, but we need better men in it. Man's capacity for happiness lies largely within himself. He must learn to cultivate the spirit of gladness, made easier by experiencing the pleasure and satisfaction of serving

his fellow man. Only he who strives to bring happiness to others will find it for himself. This is one of the most important lessons which life has to teach us. Was not this too the vision of Sir Launfal?*

We surgeons despite our troubled lives should have an important advantage in our search for the road to happiness. It is the surgeon's privilege to witness how people are disciplined by physical illness. Nature bestows bountifully on each of us untold blessings. Many a man in the school of affliction, finding it necessary to accept the sacrifice of a portion of his anatomy in order to lengthen life or make it more endurable, has learned from his tribulations more philosophy than is taught in our universities and has acquired greater peace of mind than can reach him from the best pulpits in our land.

The late Carl Eggers, a distinguished member of this organization, born in Germany, and trained in one of Germany's medical schools, returned to his native village a few years before he died. There he was handed the keys to the city by the mayor. When asked to write a comment in the guest book, he meditated for a moment and then wrote: "It is so easy to do good and it makes one so happy." The world could take note, to its profit, of this wise observation. It is the great privilege of every member of the medical profession to work for causes and things higher than himself.

Are the techniques of binding up and healing the physical wounds and ills of man far different from those that need to be invoked in overcoming difficulties which separate men? In the final analysis, discovery of the proper design when applied with sympathy and understanding will often yield a result, unknown to brusque, less thoughtful and unsympathetic methods. Sympathy is the universal solvent, which is most likely to resolve and dispel the perplexing anxieties of the world. I once heard a small child say concerning her nurse: "She has kind hands." What a perceptive observation! Kindness cannot be feigned; it is something that the blind can see and the deaf can hear. We all

*As expressed in James Russell Lowell's poem "The Vision of Sir Launfal." In his vision the knight sees the leper, who speaks: "The Holy Supper is kept, indeed/In whatso we share with another's need;/Not what we give, but what we share,/For the gift without the giver is bare;/Who gives himself with his alms feeds three,/Himself, his hungering neighbor, and me."

need to employ this essential ingredient of the good life far more liberally in our relationships with our associates. Abraham Lincoln, severely rebuked by a critic for a spirit of leniency, replied, "Do I not destroy enemies by making them my friends?"

There are still a number of diseases of men which our profession regards as hopeless or incurable. Yet, as advances are made this list grows smaller. And so too on the international scene, there are undoubtedly difficult and unresolvable situations seemingly without hope, but, yet, effective and continued efforts at communication can remove the hard shell of misunderstanding. Let us hope that the steps that President Eisenhower has initiated to resolve some of the differences which separate men on the international scene today can be continued to the end that lasting peace may come in our time. Professional organizations like our own can assume roles of helping to achieve the important objective of international amity by promoting friendly relations with members of our respective professions throughout the world. One of the important goals of the American College of Surgeons should be to enlist the help of physicians everywhere in making our dreams and hopes for abiding peace a reality.

Responsibilities of Chapters

(Continued from page 51)

The College now recommends that each chapter have its council elect a three-man executive committee. Its functions are to confer with state and provincial counseling committees regarding nomination of Governors from the area, and with the director of the College about judiciary or other problems requiring attention. This procedure gives chapters a definite voice in the nomination of Governors, who, in turn, elect the Regents.

In closing, Dr. Saunders points out that chapters are organized under the guidance and approval of local Governors and they operate under a charter authorized by the Board of Regents. Approved chapter bylaws provide that Governors in a chapter area be members of its council.

Presidents of chapters are urged to attend the annual meetings of the Board of Governors at Clinical Congresses, and the meetings of local Governors held in connection with Sectional Meetings.

The officers, Regents and Governors of the College, says the communication, "are impressed with the successful experience with local chapters during the nine-year period in which they have been encouraged."

Grover C. Penberthy 1886-1959

DR. GROVER C. PENBERTHY, Detroit, died on September 2, 1959. A 1918 Fellow, he was a member of the Board of Governors from 1937 to 1953, and became a Regent in 1950, serving until 1958. Dr. Penberthy was clinical professor of surgery at Wayne State University College of Medicine; chief of surgery emeritus, Children's Hospital of Michigan; and senior consultant, Harper Hospital. He was consultant to Herman Kiefer Receiving, Jennings Memorial, and Sinai hospitals, and to the Detroit Orthopedic Clinic.



Dr. Penberthy

A member of several medical and surgical associations, including the International Society of Surgery at Brussels, Dr. Penberthy was at one time president of the American Association for the Surgery of Trauma, and of the Central Surgical Association.

Holder of the Legion of Merit, Dr. Penberthy served in World Wars I and II, attaining the rank of colonel, Medical Corps, Army of the United States. His service in World War II extended from 1942 to 1946.

Pre- and Postoperative Care Book

THE OUTLINE used for the Postgraduate Course on Pre- and Postoperative Care held at the 1959 Congress in Atlantic City is available for one dollar per copy while the supply lasts. Under the chairmanship of Dr. Champ Lyons, Birmingham, this four-session course included extracorporeal perfusion problems, post-traumatic renal and hepatic insufficiency, blood transfusions and allied problems.