

THE AMERICAN COLLEGE OF SURGEONS IN RETROSPECT AND PROSPECT ON ITS TWENTY-FIFTH ANNIVERSARY

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THIS, the twenty-fifth anniversary of the founding of the American College of Surgeons, is a milestone in its progress. Let us review the accomplishments of its first quarter of a century. Have the years of planning and of laboring to uplift the standards of surgery produced results? In what directions has the influence of the College been strongly and courageously wielded? In what other directions could that influence have been more powerful, more beneficial, more significant, had our vision been clearer and our convictions stronger?

This is a time for critical self-analysis by the Fellows of the College. We are starting on a new stretch of our journey. We have an opportunity to re-define our objectives and to re-intensify our efforts in the directions in which we appear to be pursuing the right course. Today is the future of which some of us had a vision 25 years ago. The realities around us now are the fulfillment of those dreams of yesterday. In all respects they do not meet our expectations, but not one of us will question that without the dreams the realities would have been far less satisfying. Therefore, we must focus our eyes today on the next quarter of a century. We must dream and plan anew so that the record of the next 25 years' accomplishment, upon which the new generation of surgeons will look back in the year 1963, shall be equally as inspiring, and equally as substantial and impressive as the one we now review.

We have important advantages today over the dreamers of 1913. These are the results of their great foresight. We are solidly organized for smooth functioning. We have

accumulated experience in co-operative effort which gives us confidence. We have acquired a background, a sense of stability, and a feeling of permanence that equip us for accomplishing much more in the future than we have in the past. We have won in the eyes of the profession and of the public a position of unquestioned leadership in our field. This last achievement compels us, as trusted guardians of the sick and injured, to insist that surgeons be guided by the highest professional and ethical considerations. Upon us devolve responsibilities not for our own fellowship alone, but for all members of the profession. Looking to the future, we see no lessening of responsibilities. Rather, as our ideals and our purposes become more widely understood, we see increasing dependence upon the College, by both the profession and the laity.

Our founder and organizer, Franklin H. Martin, set us an example of courage and of persistence that is a wellspring of inspiration. Consider the obstacles he faced in trying to weld a profession, composed of individualists, into a guild organized to curb unethical practices by individuals, and to encourage a co-operative ideal that would necessarily destroy individualism of the old, self-sufficient type. The College stands as a living monument to his success in overcoming these obstacles. He took the spirit of democracy and the spirit of co-operation as ingredients, and mixed a potion strange to the taste of the average surgeon of his day. Many of them drank reluctantly. But time and circumstances, and his own gifts of diplomacy and persuasiveness, were on the side of Dr. Martin, and those surgeons learned to like the potion as they felt its stimulating effects.

In organizing the College Dr. Martin and his associates followed the principles of demo-

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cratic rule, distributing the executive power among many individuals through a representative Board of Governors and a Board of Regents who would be free from any direct self interest or monetary gain. Thus they assured adaptability and the constant influx of new ideas. The basic principles involved in the welfare of the patient will not change, but the modes of applying these principles are changing constantly with new conditions.

As an illustration, there has arisen of late the important question of graduate training in general surgery and its allied specialties. The College has always been actively interested in the formal education and early training of the surgeon. But lately surgery has been tremendously complicated theoretically and practically by new discoveries, new methods, and modern developments in technique. To obtain the desirable command of knowledge and the necessary skill for precision and safety, the student of surgery today must add a more supervised training to his clinical preparation. Not enough qualified hospitals, however, are providing opportunities for him to gain such practice. Therefore, the College is assuming the responsibility, which rightly belongs to it, to determine the extent of the need and to encourage hospitals to inaugurate a graduate training program in surgery, or to enlarge and improve the one they may have at present. The Board of Regents of the College, by raising the requirements for admission to fellowship for this and succeeding years' graduates, obligated our organization to aid in providing opportunities for the extended training that these higher standards demand.

The established departmental activities of the College, since they were carefully based on pressing needs for reform or for research, have produced actual, tangible improvements in surgical and hospital methods and environment. Perhaps we should consider whether any of these departments have accomplished the purposes for which they were founded to such a degree that their task is finished. Must the College ever be seeking new avenues of service, or does the future hold boundless opportunities for some of these established departments?

The Department of Hospital Standardization—one of our strongest divisions of endeavor, the achievements of which are so well known that they need no reiteration before this audience—what will be its future? Hospitals, like the human beings who work in them, betray no signs of reaching a state of perfection, despite our energetic efforts to improve them. This is an admission we must make at the outset. It means that the work of the hospital department of the College will never be finished. Changing times will bring only new problems. The department must co-operate with the Committee on Graduate Training by continuing to survey, analyze, and plan for the developing of graduate training opportunities in acceptable hospitals. In assuming this responsibility the department is insuring its own happy destiny by multiplying its opportunities for present and future service to the patient in the hospital.

The Department of Clinical Research has likewise made rapid progress and insured its permanent usefulness by seeking and making the most of opportunities for service. Great educational and practical benefits have resulted from the promotion and surveys of cancer clinics, the registry of bone sarcoma, the collection of records on 5 year cancer cures, the surveys and standardizations of medical departments in industry, and the efforts to improve the management of fractures. The Fellows of the College are essentially practical, realistic, clinically-minded surgeons, and in the future they will be guided more and more by the evaluations of advances made in clinical surgery as presented by the Department of Clinical Research. In the past 4 decades much of the advance in surgical therapy has been in the technique of operating, and it may be predicted that in the future increasing study and research will be devoted to the cause, pathology, and progress of those diseases which are now and will later be found to be amenable to surgical treatment. The Department has before it an ever-widening horizon of usefulness and influence in contributing to the advance of scientific surgery.

The field representatives of the College deserve special acknowledgment for the surpassing value of their services. These expe-

rienced, highly trained men have worked diligently to secure first-hand, accurate information of many kinds from many sources. Their findings have influenced the determination of policies by the Board of Regents, and the execution of these policies by the administrative executives. The proficiency of these investigators is increasing. In the future it will doubtless be necessary to increase their number as the scope of the College activities broadens to include new avenues of service. It can be stated with some degree of finality that this branch of the College work will grow and become more vital.

Another activity that has bright prospects for continued growth is the Library and Department of Literary Research. A valuable service, constantly improving, is being rendered. The usefulness of the package library service cannot be overstated. In the future the service of the library will be utilized and appreciated even more. By co-operating in securing additions to its collections, the individual Fellow can help to increase the department's ability to serve the fellowship.

The College has used the congress and conference method extensively for educating the profession and the layman. While this work is not handled in a specific department but is participated in by all departments, it is an established activity that, for our purposes today, needs separate consideration. It is an activity that has reached astonishing proportions. The Clinical Congress of the American College of Surgeons is one of the great educational events of the year on this continent. Few regular occurrences of any nature are accorded more attention by the press. This shows that the College has been able, with the co-operation of the press, to arouse a demand for news of advances in surgery. When to this public educational value is added the instructional value to the surgeon himself, it is safe to prophesy that the annual Clinical Congress will have a brilliant future to correspond with its brilliant past.

The miniature clinical congresses, or Sectional Meetings, the idea of which was conceived 20 years ago, have performed in their lesser spheres the same service as the larger congress and have the same outlook for con-

tinued success. The first was held in Butte, Montana, the beginning of a series of meetings which have introduced the College and its work to the American people in their home communities. In the smaller group more discussion and freer expression are possible, and the scientific sessions and operative clinics held in the smaller cities have been valuable supplements to the Clinical Congresses held in the larger cities. The community health meetings, for obvious reasons, have been particularly well attended in the smaller communities, and have unquestionably stimulated confidence in the doctor. Confidence, so engendered, will help the public to seek medical advice more frequently and follow it more intelligently. The public should not be expected to accept medical practices on faith. There is nothing occult or mysterious about modern medicine; its scientific basis should be made more clear to the layman to help him to distinguish between impostors and competent doctors, and between haphazard and correct procedures.

This introduces the subject of public education which cannot be too strongly emphasized as a field which must be cultivated more systematically by the medical profession. The College has already prepared the ground in a more or less incidental fashion through Clinical Congresses, Sectional Meetings, and the publicity arising naturally as a result of its various activities, especially Hospital Standardization. The community health meetings have provided an excellent impetus. However, more of a direct nature must be done. The practice of medicine has never been so prominent in the day's news as it is now. Back of it is a gradual awareness by the public that great things have been occurring in the field of medical science, an awareness that we ourselves have tried to develop; and people want to know more about the new discoveries, the new theories, and the new procedures. They also want to know why they are not all benefiting from these discoveries as they should.

Capitalizing upon this interest, authors and publishers are turning out books and articles that are being read avidly. And what is in them? Much sensation and distortion of facts, merely to enhance their readability and

increase their selling power. Some of the current, popularized, medical literature is good and is truly educational, but much of it exaggerates the flaws which we all know exist, while it fails to convey the impression it should of the sound features of modern medical practice. As is always the case in such a situation, the attack is read by 10 persons and only 1 will read the answering defense, if the profession is sufficiently aroused to prepare one for publication. The result is that we may expect a weakening of public confidence unless direct measures are taken to interpret the doctor aright. When the profession is misrepresented as being more interested in its economic security than in healing the sick, the remedy is to let people know in a more systematic way than we have heretofore attempted, that we are surgeons first and earners afterward; for this is true of the great majority of members of the profession.

This brings us to a consideration of the unfortunate practice of fee splitting, which furnishes the public with one reason for the accusation of commercialism. Fee splitting is diminishing, we believe, but it is still quite prevalent. The College has fought it from the beginning. Candidates must sign a pledge not to indulge in it; hospitals in which it is countenanced are not approved; and other professional groups have likewise acted against it. In some instances the agitation has only degraded an open practice to a surreptitious one, so more stringent measures are needed to abolish it completely. The competent physician should have a high enough estimate of his own worth to convince his patient of the value of his services and should not expect what amounts to commission on a sale deducted from the surgical fee. Such a practice endangers the patient because it fosters bargaining, and the only way in which it can be completely eradicated is to educate the public to its evils. The Board of Regents of the College have done much to decrease the practice of fee splitting. It is their clear and pressing duty to eliminate it altogether.

The doctor is handicapped because he cannot advertise his honesty, his philanthropy, or his spirit of service the way a man who operates a business can, and so the critics are

unanswered when they point to a practice such as fee splitting, which is really indulged in by only a small minority. Consequently, the medical profession has to use extraordinary measures to regulate the unethical minority, in order that aspersions may not be cast through them upon the entire membership. Through its own organizations such as the American College of Surgeons it has provided for self-policing, as well as for the developing of programs for broader and constantly improving service to the patient. To acquaint the public with the work the College is doing is to enlighten it concerning the scientific, humanitarian, and public-service attitude that characterizes the typical surgeon who through his fellowship and support decides the scope of its activities.

It is true that the great advance shown by medicine, scientifically speaking, has not been quite equalled by medical practice as applied to the needs of all classes of society. This problem, however, is not by any means peculiar to the medical field. It exists in government, in industry, and in education. The progress that has been made in improving the lot of the individual is generally obscured by the far greater progress in theoretical and factual knowledge in almost any field. A parallel can be drawn between this state of affairs and the noticeable lag between almost any man's actions and his professed principles and ideals. We think that the medical profession is trying as hard as any other, and perhaps harder than most, to solve the problems arising out of uneven distribution of income which makes its services easily available to a few people, but not obtainable by the great majority in the lower income brackets. It is unquestionably a fact that physicians and surgeons give more service for which they receive no money compensation than any other class of people in modern life, and they give it gladly because of the humanitarian motives that govern them.

The American College of Surgeons has always recognized the advantage of united effort by all groups acting to improve the care of the sick and injured and to promote preventive medicine. This again might be considered a special activity in which all depart-

ments participate. Its program has been actuated by a desire to enable the surgeon to play in this joint effort the important part for which his background and services qualify him so that the effort as a whole may be more effective. All plans of the College for the future are being made in this same co-operative spirit.

As for the science of surgery, the College has an ambitious project which typifies its zeal to spread knowledge. This refers to the Hall of the Art and Science of Surgery. As yet there is no distinct building in which to house it, but a site has been acquired on which to build some day; and we dreamers of 1938 see upon it, not the old structure that now stands there, but a fitting monument to the inspiration and zeal of those who have led in the research work of the College. Nor is the project wholly dependent upon imagination for sustenance. An impressive nucleus for the collection of exhibits already exists. It is well arranged for display and bids fair in the not too distant future to outgrow the accommodations for its exhibition in the Administrative Building. The Hall of the Art and Science of Surgery will some day need a building of its own, and many of us, we hope, will live to see it rise.

Chiefly, it is as a moral rather than a material force that we see the College of the future. Our ambition for it is that the quality in which it shall most excel will be that of worthy leadership. It needs no artful phraseology or extensive logic to point out that there is grave need for medical statesmen in the ranks of organized medicine. Men who have a broad vision, and the diplomatic and judicial qualifications which make for leadership, are required to cope with the difficult problems confronting them, which cannot be regarded with indifference and equanimity. It is the

duty of the American College of Surgeons to discover and to develop leaders who will make the influence of the profession felt in improving the whole environment of human life. A large part of that responsibility is distinctly medical, for a high average of health is essential to progress. We in the medical profession are compelled today, for our own good and for the good of society, to pool our problems with those of other social agencies, to the end that the fundamental factor of adequate medical care be a strong impetus to their constructive efforts. We must maintain a flexible mentality. Good health fosters economic self sufficiency, good citizenship, everything that makes a happy life. Therefore, it is our duty to welcome and not to resent the interest being shown in high places in the conduct of medical affairs; it shows appreciation of the importance of the work we are doing and can do. As an organization of surgeons we have before us a great opportunity to throw our experience and our intimate knowledge of the problems back of any effort to provide better care for the patient, with the insistence that the direction of the effort be placed in the hands of a competent medical personnel.

If we make the most of our present opportunities, we face a busy, eventful, new quarter of a century. That is what we want—is it not?—strenuous working programs ahead to call forth our best efforts, to develop us individually and as a strong fellowship striving to serve our generation. The College was erected on an ideal for service; so far we think we have lived up to that ideal to the best of our collective abilities. The prospect is that we shall continue to go forward by holding to that ideal. Hopefully and optimistically we set forth on our new quarter of a century for “it is better to journey hopefully than to arrive.”