



The
American
College
of
Surgeons
at
90

by
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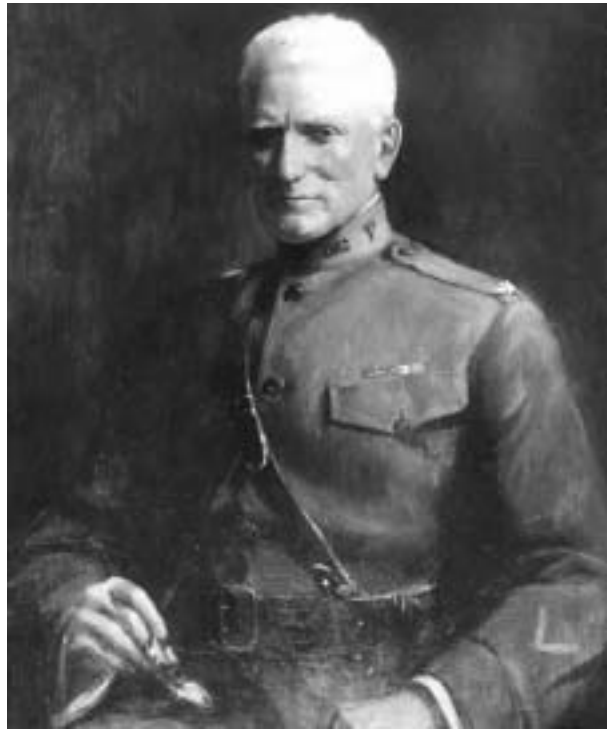
In May 8, 2003, the American College of Surgeons was 90 years old. The story of its first 75 years is well covered in two books, *Fellowship of Surgeons* by Loyal Davis, MD, FACS,¹ and *American College of Surgeons at 75* by George W. Stephenson, MD, FACS.²

At an informal 90th birthday staff luncheon in May 2003, a few vignettes of early College history were presented. These served to jog the memory of older employees and to introduce newer staff members to some of the events and personalities that defined the early days of the organization. At the suggestion of the *Bulletin* Editor, parts of that presentation are reproduced here.

Organizational beginnings in the field of medicine show a customary pattern, starting with common interests such as lesions of the skin or diseases of the eye. Individuals with such shared interests may establish a formal group to meet regularly for discussion of common problems. It is usual to memorialize their proceedings in published transactions or in specialty journals.

With the American College of Surgeons the process was reversed. First, in 1905 came the scientific journal, *Surgery, Gynecology and Obstetrics* (*SG&O*), which implemented Franklin Martin's (see photo, above right) cherished desire for an independent professional journal, written and managed by practicing surgeons, rather than one directed by commercial interests. Following the success of *SG&O*, Martin and his associates invited a group of journal subscribers to come to Chicago in 1910 for lectures and operating room demonstrations by leading Chicago surgeons. Prominent among them was the flamboyant John B. Murphy, MD, FACS, close friend and adviser of Martin, whose story is recounted in another Loyal Davis book, *J.B. Murphy, Stormy Petrel of Surgery*.

The 1910 assembly of surgeons, known as the Clinical Congress of Surgeons of North America, was the second successfully realized part of Martin's educational dream. At the time of the annual Clinical Congress in 1912, Martin proposed his third venture for a "college" modeled after the ancient colleges of the British Isles, whose advice and paternal blessings helped launch the Ameri-



Right: Dr. Franklin Martin and Isabelle Hollister (Martin).



Maj. Gen. Gorgas



Executive Committee of the General Medical Board. Seated, left to right: R. Adm. William C. Braisted, Maj. Gen. Gorgas, Surgeon General Rupert Blue, U.S.P.H.S, and Dr. Martin. Standing, left to right: Dr. Frank F. Simpson; Dr. Victor C. Vaughan, Dr. William H. Welch. Insets, upper right: R. Adm. Cary T. Grayson, and Dr. William J. Mayo. Lower left: Dr. Charles H. Mayo, and Brig. Gen. Jefferson R. Kean.

can College of Surgeons in May 1913. After some bitter resistance, the new College in 1917 absorbed the Clinical Congress, maintaining it as the College's premier annual educational meeting, a relationship that persists to the present.

Dr. Martin's early origin as a Wisconsin farm boy might seem an unlikely source for a successful performer on the national and international medical stage. But his inherent talent was buttressed by remarkable associates.

In addition to enlisting a group of professional colleagues who furthered his plans, he successfully wooed a cultured, discriminating, and vigorous woman, Isabelle Hollister (see photo, p. 20). Isabelle was the daughter of one of Martin's medical school professors, the domineering John H. Hollister. Hollister and his wife stubbornly and rather contemptuously resisted the idea of Martin as a suitable husband for their only daughter, and Martin never forgot the humiliation of his in-

terview with the older physician. Hollister's own failed venture into surgical publishing was a strong factor in Isabelle's early, ineffectual opposition to the founding of *SG&O*. Thereafter her unwavering support and uncommon discernment were vital factors in Martin's later enterprises, including his 1916 organization of the Committee of American Physicians for Medical Preparedness.

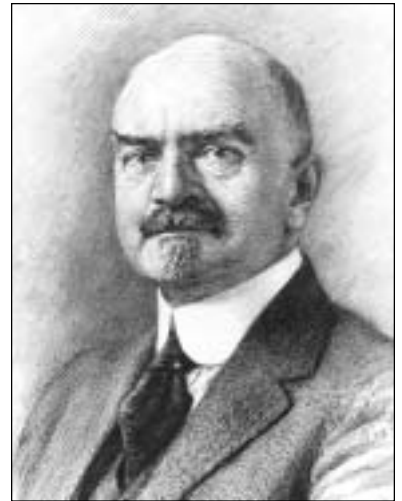
This 38-person committee included 10 ex-officio members drawn from the Surgeons General of the armed forces, the Red Cross, the American Surgical Association, and the American College of Surgeons. It was a remarkable organization, conceived and birthed by Martin at the suggestion of another distinguished gynecologist, Frank F. Simpson, MD, of Pittsburgh. Simpson was a tornado of activity and his behind-the-scenes recommendations resulted in Martin's rapid rise to the highest levels of influence in the preparation of resources for our entry into the Great War. Af-



Dr. Codman



Dr. Scudder



Dr. Cullen

ter Martin's visit to U.S. Army Surgeon General William C. Gorgas, MD (see photo, p. 21), and the enthusiastic approval of President Woodrow Wilson, the medical preparedness committee was launched as a governmentally sponsored entity. It secured the enlistment of 2,000 Medical Reserve officers from a list provided to General Gorgas. Moreover, the committee surveyed the capacities of some 1,700 medical institutions for possible involvement in the coming war effort.

When a Council of National Defense was established by law in August of 1916, the Committee of American Physicians was placed under an Advisory Commission of the Council composed of seven civilian Presidential appointees drawn from academe, industry, finance, labor, and medicine, with Martin as a startled member of this redoubtable group. He describes these variegated activities in Chapter 33 of his autobiography, *Fifty Years of Medicine and Surgery*.³

The interlocking work of all these bodies with practicing surgeons, nurses, medical school deans, and other parts of the health care enterprise was instrumental in coordinating the civilian and military resources of the nation. Eventually there

came into being a General Medical Board of 87 active and four honorary members with Martin as Chairman (see photo, p. 21). His prominence as a specialist in this overarching effort so troubled the AMA president that he vigorously solicited President Wilson to remove Martin from the chairmanship but without avail.

Following the Allied victory in 1918, Martin was once more able to devote his full energies to building up the multiple projects of the College. In this work he relied heavily on many individuals whose enthusiasm and expertise he guided into productive channels. There was Ernest A. Codman, MD, FACS (see photo, above left), who originated the Bone Sarcoma Registry and pioneered the concept of end-result reporting, which he espoused so vigorously and undiplomatically that he was rejected by organized medicine in his home state of Massachusetts. Not until long after his death was he properly appreciated as the stimulus for the Commission on Professional and Hospital Activities (CPHA). This autonomous body, with multiple sponsors, was established in 1956 to collect hospital case records for machine analysis to determine the incidence of diseases in hospitals, the fre-



HAROLD GUTHMAN

Dr. Davis



Dr. Stephenson



Ms. Grimm

quency of surgical procedures, and other valuable data to allow comparison of individual performance with national norms.

Codman had also proposed at the 1912 Clinical Congress the concept of hospital standardization, which became a functioning program in 1918. Ultimately in 1952 this led to the Joint Commission on Accreditation of Hospitals (JCAH, later modified as the Joint Commission on Accreditation of Healthcare Organizations, JCAHO). At that same Clinical Congress, Martin had proposed his plan for the “standardization of surgeons,” which led to the formation of the American College of Surgeons in 1913. Codman’s story was featured in the *ACS Bulletin* in 1999⁴ and is exhaustively covered in the JCAHO publication that reproduces Codman’s 1917 book on results of care in his private hospital.⁵

Then there was Charles L. Scudder, MD, FACS (see photo, p. 22), whose 1923 ACS committee on “Treatment of Fractures” evolved into a nationwide program with area chairmen and hundreds of participating Fellows. Concern over poor care for industrial injuries led to College-sponsored standards for clinics in industry and to a Board of

Traumatic Surgery. Ultimately the treatment of fractures and other traumas blended into the Trauma Committee, which went on to become a vast program. One aspect of the College’s work in trauma is the internationally renowned Advanced Trauma Life Support® (ATLS®) program, which has been adopted and copied worldwide.

Thomas S. Cullen, MD, FACS (pictured on page 22 in a sketch by the famous medical artist Max Brödel), a professor of gynecology at Johns Hopkins, stimulated the formation in the College of an interest in gynecologic cancer, leading to the American Society for the Control of Cancer. This became the American Cancer Society, working closely with the College on cancer initiatives under various organizational entities. The correlation of work by thousands of physicians and support personnel is managed by the College’s Commission on Cancer, supervising education, standard setting, guidelines for management and follow-up, as well as many other aspects in the wide realm of malignancy. (Cf. Web site at <http://www.facs.org/dept/cancer/coc/cocar.html>.)

Franklin Martin’s genius was complemented by the host of individuals described by Loyal Davis



Dr. and Mrs. Martin (center) and the staff of the American College of Surgeons and *Surgery, Gynecology & Obstetrics*.

(see photo, p. 23) as a group “...brought together and stimulated by a man with imagination, a dreamer, an enthusiast, a driver whose mark on American surgery has been made by the organization which he conceived.” We have presented a brief glance at several individuals who worked with Martin on projects not directly related to the College structure. We omit discussion of Allen B. Kanavel, MD, FACS, unassuming workhorse of the early *SG&O*, or of Nicholas Senn, MD, FACS, the more famous initial editor of Martin’s journal. Nor is there specific note of the vital role of the Mayo brothers, or the reluctant, magisterial John M.T. Finney, MD, FACS, as first President, and the even more reluctant sixth President, Harvey Cushing, MD, FACS. George Crile, MD, FACS, of Cleveland, OH, is not mentioned; he functioned as chair of the Board of Regents for years before the office was officially established. The Canadian surgeons, such as George E. Armstrong, MD, FACS, of Montreal, QC, played a vital role in the initiation and continuing functioning of the College as a body looking beyond the borders of the U.S. to its ultimate worldwide character, especially in Latin America.

In the preface to his book George Stephenson (see photo, p. 23) notes that all activities of the College depend on the thousands of Fellows who serve on committees, commissions, and councils throughout the world. Truly, he says, *they are*

“the College.” But there is another aspect of the organization, less prominent and at times unappreciated. This consists of the College staff, some of whom serve individually for many decades to preserve the organizational goals and to adapt them to changing circumstances.

Emblematic of such individuals was Miss Eleanor K. Grimm (see photo, p. 23), who rose from secretarial status to Secretary of the Board of Regents and Editor of both the *Bulletin* and the *Yearbook*. She served as well on the Administrative Board that managed the College from the time of Franklin Martin’s death in 1935 to the coming of Paul R. Hawley, MD, FACS(Hon), as the Director in 1950. Her complete, meticulous notes, assembled before her 1952 retirement, constituted the background for *Fellowship of Surgeons* by Loyal Davis, as he graciously acknowledged.


The ninetieth birthday luncheon saluted the invaluable services of the headquarters staff, now increased by a factor of four from the group pictured above with Dr. and Mrs. Martin some seven decades ago. *SG&O* has developed enormously, changed its name to *Journal of the American College of Surgeons*, and sharply reduced the number of its in-house staff by virtue of outsourcing many publishing functions.

The three Erie Street properties, pictured on page 25 in the second decade after the founding of the College, have also been profoundly altered



The College's Erie St. properties in the late 1920s.

in form and function as the main College headquarters have been moved to more modern facilities. The internally upgraded and reconfigured Murphy Memorial Building will serve as a center for renewed activities in patient safety, together with proper preservation and management of our records and artifacts under supervision of a professional archivist.

Other initiatives proceeding under the recently established four divisions of the reorganized College structure promise to confront effectively the new external and internal challenges posed by an evolving health care situation. But the loyalty and effectiveness of the staff, as shown by nine decades of "serving all with skill and fidelity," will continue as the College moves confidently forward in its centennial decade. 

References

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