

# ANNUAL MEETING, 1925

## PRESIDENTIAL ADDRESS

### THE MISSION AND IDEALS OF THE AMERICAN COLLEGE OF SURGEONS

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THIS day is one of remembrance. It is to be remembered by those of the elect who in the enjoyment of the privileges and advantages that the American College of Surgeons offers to its Fellows, have been able to profit by the instruction afforded by its exercises and the relaxation procured by its amenities. First and foremost of these privileges is the mental stimulus and inspiration derived from proximity and contact with the great minds from abroad and at home, who have come to share with us the fruitage of their labor, and by the opportunity given us by the generous surgeons of this great city who have so widely opened the doors of their superb hospitals that we might witness and learn by their expert performances. The Fellows have also had occasion to attest their interest in, and loyalty to, the College in contributing by their presence to the dignity of this celebration and, again, by giving encouragement and support to the incoming candidates who are to follow their example.

To the newly elected Fellows who have earned their right to the investiture of the College by fulfilling the conditions for admission, this occasion should be suggestive of many thoughts and reflections which should tend to strengthen their convictions in joining an organization which, while serving the common interests of the public, also promotes the welfare of its members.

To all these, in the name of the College, I extend congratulations and a hearty welcome with the glad hand of Fellowship.

As I look around this hall, my admiration is moved not only by the number of the men who have rightfully won the recognition of the College as practitioners of surgery, but by the significance of such a gathering of intelligent and trained minds for the upbuilding and progress of medicine through the instrumentality of surgery, a force which, radiating from its source in the North American Continent, is possessed of potentialities for the spread of its benevolent influence to all the civilized quarters of the globe.

Need I refer to our union with Canada, where the identity of professional interests, social and institutional organization, as well as the affinities of race, language and historical tradition, have found expression in an intimate alliance which is now exhibited in an equal representation of the Canadian profession in our Fellowship, and in the fusion of its governing policies with those of our directorate?

Need I speak of the affectionate ties that bind us to our British brethren and to that monumental institution, the Royal College of Surgeons of England, and to those of Scotland and Ireland, which have been a perennial source of inspiration in the modeling of this College; and need I speak to our friends in France, Italy and other countries of the continent of Europe, so admirably represented here today, to remind us of the international character of our organization?

Even now as we are assembled, we have proof that the basic principles upon which we have built our faith have found a sympathetic reception in the countries lying south of us,—in the Spanish American republics of Mexico, Middle and

South America, where, in spite of differences in race, language, social and political organization, the unity and purity of our purpose has been fully recognized. And it is the altruistic character of this organization which has made it easy to convey the mission of this College to these countries, where we now count with the allegiance and cooperation of their most distinguished representatives, many of whom honor us with their Fellowship.

In view of this expansion and continued increase in our activities, again let us ask, in what way may the great forces represented by the Fellowship of this College be utilized to improve and perfect the conditions in which surgery is practiced in this country, and in what way may it be directed in the still further pursuit of its ideals? And what are these ideals? But first let us briefly consider the conditions which it is the function and mission of this College to improve. The mere fact that the College was organized barely fourteen years ago to cope with existing evils, is sufficient proof that these conditions were not only far from ideal, but actually injurious to our calling; that the practice of surgery in this country has been and is beset with evils that even now obstruct its progress and cloud the splendor of its achievements.

It would be a long story to tell how these undesirable conditions had their origin, but as much of it has been told so often and so well that it is now threadbare by repetition, it would be a superfluous labor to reiterate it. But we must remember that the American College of Surgeons is essentially an ethical and educational organization with its main features cast for a moral and humanitarian purpose. Its entire structure is built on the principle that individual or private interests must be subordinated to the public welfare and that any deviation from this principle is destructive of its very existence as an organized agency for the public good. The public, most concerned in the efficiency of this service, is not as fully informed as it might be of the reasons that have brought this College into existence, and often fails to recognize that its altruistic purpose is not only inseparable from its educational mission, but that the principles of right-doing and square-dealing are its supreme consideration.

To the student of the evolution of medicine in America, a story that is as unique as it is colorful with human interest,—the origin of the evils referred to is not difficult to trace or to explain.

These evils let it be known are not all peculiar to our country, or to our profession. Some of these, and the gravest, are inherent to human frailty and human credulity and have prevailed in some form or other since the birth of mankind. The others are largely the outcroppings of the over luxuriant growth of a Nation which since its birth has, in the course of a century and a half, multiplied its population from less than four millions to over one hundred and fourteen millions composed of the most heterogenous elements which it has had to assimilate and transmute into a citizenry capable of adapting itself to the requirements of its political, social and economic organization; a Nation which has expanded during the same period from a little over nine hundred thousand to over four and a half millions of square miles, the greater part of which was a vast wilderness and only fit for the habitation of the savage a little over one century ago. If educational errors and ethical evils have sprung out of this fabulous bee hive of human activity, they are like the rank weeds which, if allowed to grow in a well cultivated garden, would smother the fine flowers and spoil the view. The analogy bears more closely to the defects of a precocious development in which our professional body may be compared to that of an overgrown child who has rapidly attained gigantic proportions without giving time to the brain to adjust itself to its full government and control.

These are the evils that arise from an inadequate and variegated system of state medical jurisdiction or governmental control, in matters affecting the public health, and to the lack of restraint in the practice of surgery or any of the recognized specialties of medicine.

The *moral* ills, if we may so describe them, may be classified into innumerable varieties, some of which are peculiar to our own profession and others that are common to all countries and all civilizations. Many are so inherent to the race that they are probably coeval with the cave men of the geologic ages, and in their present form are merely atavistic returns of the past. To these are attached the inherent yearnings of man for the perpetuity of his existence and of the human heart for the romantic, mystic, the occult and of the religious, and the sexual instincts, so deeply rooted in human nature that neither time nor education can eradicate them. This is a wonderful age, but it is also an age of credulity in which the preposterous claims of charlatans are received and believed as verily as those of true medicine which are founded on scientific facts. The wonderful things that science has really discovered in modern times have prepared the public mind to go a step further and believe nothing impossible, even the most absurd claims of quacks and unbalanced minds.

But most of the disrepute that has come to surgery, (not only here in America, but elsewhere) at the present time, has not come through the ordinary gross, vulgar, ignorant and grotesque quack who was so familiar in past generations; not he, for he is too coarse to suit a more esthetic and more sophisticated civilization. He is a new and more subtle type of quack,—a real crook,—the product, paradoxical as it may seem,—of the modern advances of surgery or rather of the opportunities that it offers for evil doing. These are the treacherous knaves who, under the mantle of an honorable profession, are in reality only wolves in sheep's clothes, at bottom the most dangerous impostors, because they live in the fold and are not easy to recognize as they are disguised in our own garb. They are the men who, having been trained in the safe methods of modern surgery and who having learned enough of surgical technics to steer clear from the perils of shock, hæmorrhage and infection and thereby avoid an immediate mortality,—sometimes, and I am pained to say it, too often—and with growing frequency,—are willing to desecrate their ministry and their art for purely sordid, sinister motives. These are the men who knowing better, see an operation in every complaint made by the unfortunate victim of their cupidity and soulessness. They resort to all sorts of subterfuges to lure the patient to the operating room and do not hesitate to perform any operation whether indicated or not, provided it will bring them the coveted fee.

But while tainted money is the most frequent motive for the prostitution of surgery, there are other considerations that lead a man of the art to sell his birth-right for a mess of pottage. These are usually the young men who, insanely ambitious for reputation and prestige as marvelous operators, allow their vanity and their reason to out-strip their morals. Some men of this type, possessed of a veritable *furor operatorius*, do not hesitate to remove normal and inoffensive organs. They more often justify their diagnoses of the patient's fancied lesions through the vagaries of obliging roentgenologists, or, after the organ has been removed, by the findings of a subservient laboratory man in their private employ. They endanger the lives of their fellows solely to be quoted as wonderfully successful operators. How easy for a man armed with a diploma and a license and with some appearance, suavity and plausibility to insinuate himself into the graces of a gullible and impressionable public, if he is the least bit intelligent and unscrupulous. How easy to multiply one's successes, with even an humble surgical training, by removing healthy organs or operating upon them in relatively normal individuals,

when the danger of complications and fatal consequences are reduced to a minimum by the perfect conditions of resistance that obtain in healthy patients. How easy to swell one's statistics as a wonderfully successful operator by shearing the wool of a lot of unsuspecting lambs while they sleep!

Then there are others, not solitary knaves who hide their nefarious practices in the secrecy of their private sanitariums, but who enter into combinations and private partnerships with equally rapacious and unscrupulous crooks, who, working in collusion, are ever ready to exploit the unsuspecting victims who have been skillfully steered to their operating rooms. In these combinations, the crook disguised as the family physician plays the rôle of confidence man who makes the diagnosis, creates the alarm which leads to an operation, and then extolls and lifts to the skies his secret partner, more often an obscure and unknown recruit from the ranks, but occasionally, a colonel or a general in our army.

Then there is the young graduate or older general practitioner, who, without adequate preparation or knowledge, undertakes to perform operations for which he is not fitted, chiefly to add to his revenues and incidentally, to learn and gain experience.

These are only a few samples of the 57 varieties of bogus surgeons and fee splitters who, under the cloak of an honorable profession, are nothing but a band of looters and outlawed camp followers.

To go further into this phase of professional delinquencies and moral obliquities would take us too far from our purpose which is chiefly to show that this College as the representative of the surgical profession, is fully conscious of their existence and is now busy eradicating them by the most approved methods of disinfection. The College in its endeavor to protect the public from the abuses of the unqualified has had to establish definite standards of proficiency and of conduct based upon the proofs of capability, experience and honesty. In order that the public may be able to discriminate between the fit and the unfit, it has created a title which distinguishes the qualified, professional surgeon from the amateur and fake. That is what the title, *Fellow of the American College of Surgeons*, means to the medical profession and is intended to convey to the public mind. In its efforts to elevate the standards of surgery, the College has had to concentrate upon the surgeon's environment,—the hospital, as well as upon himself, and that is why the great propaganda for hospital standardization and reform which embraces so large a part of the activities of this College, was primarily undertaken. The *purification* of the surgical body, so intimately linked with its environment for the proper exercise of its functions, can never be accomplished without the thorough cleansing of both. But while discharging this primary obligation the College has not lost sight of other great correlated problems that are waiting impatiently, in the background, for solution. Let us bear in mind that we are living in a transition period in the history of medical organization which has no parallel in past epochs. The system of organization under which the medical profession of this country has lived in fair comfort until the last quarter century is rapidly disintegrating and yielding to the pressure of unforeseen conditions for which it is scarcely prepared and which are creating new methods of medical service. The old time honored general practitioner who, up to the present, has represented the unit of service in this country, is no longer able to carry single-handed the great load of responsibility that is being heaped upon him by the new and rapidly accumulating discoveries of modern medical science and its collateral branches. No one brain can carry all the knowledge that is now required to adequately discharge the duties of a general medical practice that amply sufficed, even 30 years ago. Now, the work that was once performed by one man requires three, five or more to do it well. At present, the gen-

eral practitioner cannot move without calling to his assistance the radiologist, the clinical laboratory man, the biochemist, the bacteriologist, the surgeon, the pathologist, the gastro-enterologist, the urologist, and so many other collaborators, without counting the old established specialties, dentistry, the eye, ear, nose, and throat, so that he is gradually becoming a sort of broker or commission agent for his patients, in search for medical utilities and commodities. Granting freely and fully that the old and sound clinical methods of investigation still remain the foundation for our methods of diagnosis, the fact cannot be denied that the public in general has learned to appreciate the value of the supplementary agencies and resources that give greater precision and clarity to the diagnosis. At any rate, the public no longer waits for the practitioner to apply them, but actually demands them. This means that the economic and professional status of the general practitioner has suffered grievously. It means that the division of labor in general practice has begun, and that the general practitioner is rapidly losing his identity as the pivotal unit of medical organization and of medical education. The general practitioner himself, finding that he can no longer practice without calling a number of collaborators to his assistance, is rapidly abandoning his old functions and drifting into surgery, or aligning himself with the specialties and with other composite groups in clinics and hospitals, in order to maintain an existence.

On the other hand, the public, aware that the best service procurable can be obtained in hospitals where all the modern resources for the investigation and treatment of disease are available, and, where this service can be procured far more economically than by calling on the family physician and his retinue of collaborators and consultants, is independently drifting from the family or home practice to the hospitals and group clinics. The enormous swing of the pendulum from medical to surgical therapeutics is also a powerful factor in this new movement. Medicine and surgery, though divorced many centuries ago, have again reunited in a tighter and closer embrace, but in the fusion of their common purpose, the study and cure of disease, both are growing so fast under the fertilizing stimulus of modern scientific discoveries, that neither is recognizable as the old branch of the tree that was so familiar to our predecessors. Now, each is throwing out so many offshoots, all so laden with fruit, that no single harvester can pluck them and carry them away. And so, in the same way, we have come to the age of the specialties, which like the branches of a fruit-bearing tree, are yielding more fruit and adding yearly to the value of the parent trunk. And if this wondrous growth has outstripped all our forecastings and expectations, why should we complain? We may straighten the out-croppings that touch to the ground, but what folly it would be to cut them off. Why complain that the yield is too plentiful, since it proves that there is plenty of sap at the parent source.

Now what has this to do with the College of Surgeons? Simply this: that in standardizing the hospital and the hospital staff, the College is adding steadily to the value of the hospital and to the importance of the specialties that are housed within it, for the better care of the sick. Standardizing hospitals is increasing the confidence of the public in these institutions as the proper place for the patient, and is encouraging the rapidly growing tendency towards their utilization, that we see today. With the increasing methods of investigation, the greater nursing advantages and the highly specialized modes of medical and surgical treatment that hospitals provide at the present time, the home will become less and less suitable to the sick and the custom will grow of the patient going to the doctor instead of the doctor going to the patient.

“After all,” as Lord Dawson once said, “if you want to be educated, you go to school or college; if you want to see a show, you go to the theatre; why then,

if you want to be restored to health, should you not go to a hospital? Why is a room in a dwelling made to suffice? Why not the best?" The more we improve the hospitals, the more the people will seek them, and hospitals will become the centers for the care of the sick and for the investigation of disease. These centers are now multiplying at a rapid rate all over the country and the time will come when all the requirements of private practice will be met in this way. Good roads, the telephone, the auto-car, the radio, the auto-ambulance and probably the aeroplane, will do the rest; in this way the problem of the medical depopulation of the rural districts which is now so painfully apparent in our country will be met in a manner far more satisfying to the modern practitioner and to the community.

With the central communal hospital, staffed by a competent group of qualified clinical and laboratory specialists, will come a safe resort for whoever may be in need of medical help and the family physician will be able to exercise his functions in a manner far more satisfying and becoming to his scientific tastes and training. A new type of doctor will then develop who, in continuing his personal relations with the patient and, in this way, retaining the best and most honored of his privileges, will be able to care for them in surroundings that will permit him to investigate and treat their ailments with all the resources that modern cooperative methods of diagnosis and therapeutics place at his command. The young graduate, fresh from the schools, will be happier and better satisfied to live in the rural districts than at present, as he will find in such communal hospital centers all the facilities and requirements for the practice of medicine that have been taught him by modern scientific teachers. In addition, he will have all the opportunities for the mental culture that is so necessary to all young, ambitious and aspiring minds, through his association with his numerous specially trained colleagues and collaborators.

The surgeon, again, working in the best surroundings and in collaboration with his associates in all the departments of medicine, will be stimulated to do his best and safest work. The opportunities for sinister speculations and mercenary transactions will then be reduced to a minimum.

This outlook for the future may be disputed, but coming events cast their shadows before them, and there can be no doubt that this is the meaning of the shadow that we now see.

This College, when relieved of its present and most difficult tasks, will be able to direct itself more freely to the building of a superstructure of new enterprises which are at present only beginning to appear above its well secured foundation. What the functions of the College will be in the near future, in addition to those which it is now exercising, it would be too venturesome to suggest, but one thing is certain, that in the fastcoming reorganization of the medical profession as a collectivity, entrusted with the care of the public health, the College of Surgeons will put all the intelligence and power at its command in adjusting the service of surgery to the best interests of all concerned.

I have already suggested that in the movement for the standardization of the surgeon and of the hospital, the College has still a long road to travel before it can reach the goal of its ambitions. Both of these movements are speeding along and steadily gaining in momentum, and the day is fast approaching when the standards of the surgeon and of the hospital, based upon a scale of minimum requirements, may have to be changed to still higher and more searching tests in order that we may attain our ideals.

And now as to our ideals, how manifold and multiform they are! Even as they are now held before us they are not mere airy fancies, will o' the wisps, or "the stuff of which dreams are made,"—but practical, tangible and reasonable expecta-

tions. In our endeavor to standardize the surgeon and the hospital we are marching onward with a clear and definite objective. We want the public to know that only men who have given proof of their competency by fulfilling the requirements of the College, should be entitled to public recognition and trust, as surgeons. We also want the public to know that only hospitals that have submitted to the test of standardization are entitled to their confidence. We know that this is a big bill to fill, but we are not sparing ourselves in the effort to meet it. We may never completely eradicate all the evils that we suffer from, but we can at least minimize them so that the unworthy shall stand isolated and exposed in all their ugly nakedness before the public eye. But after all, is not our life one long campaign in behalf of other people against ignorance and dirt, falsehood and disease? The task of the reformer is hard; the frailty of human nature and the fallibility of human judgment are proverbial, but if all the moral and intellectual forces represented by this College are united in the accomplishment of the task that we have set before us, are our ideals unattainable?

But these are only two of the many ideals that we are striving for. There is our home, with all its present and prospective utilities, and with it that gem of architectural beauty—the Murphy Memorial; our library, and the department of literary research, our museum, our several departments of research—where all the great surgical problems of today and tomorrow will be threshed out. All this work, all these enterprises, have been well begun and when fully under way we will surely be within reach of our ideals; but even beyond these, there are still other activities and utilities awaiting our further study and action, and from these, with further progress and the everlasting change that is ceaselessly going on in the world of medical science, new ideals will arise to replace the vanished concepts of the Past and of the Present.

And now, a last word to the *Junior Candidate Group* who are aspiring to surgery and who have signified their intention to apply for Fellowship in the College. To these young men, I would say that the College is trying to build up men fitted to carry on the flaming torch of progress handed to them by their predecessors.

To this end, it is endeavoring to stimulate the cultivation of a *surgical conscience*. By this we mean not merely a consciousness of what is wrong with our technics, but with the morals that guide them. The surgical conscience is the fruit of knowledge, training and culture in the science and art of surgery, and, in the purely technical sense, can be developed and highly cultivated. But the moral conscience is that intangible something, "the still, small voice" that rising from the depths of our innermost selves whispers its warnings when we are going wrong. It is the spirit of ancestral generations which, whether good or bad, is housed in us while in transit to our successors. Conscience is therefore an inheritance; and the seed of good or evil is implanted in us with our birth. Like other seeds, it will thrive when well cultivated, or it may atrophy or perish when planted in sterile soil. It is therefore influenced, for better or for worse, by the conditions and laws of its environment. The majority of those born of normal, healthy, honest and decent parents have the right seed sown in them when they are born. But conscience is erratic. Some people, it misses altogether. They are born without the spark that brings it into existence. In others it is so small and atrophied that it becomes, like the appendix, a useless and dangerous nuisance which might as well be cut out altogether. Some people who have it listen to it, others are deaf to it, and still others, if they do have it, continue to sleep and let it ring itself out,—as they would an annoying alarm clock. Others are awakened and promptly get up, and set to work making things right with themselves. When a man wakens to the ring of his conscience, gets to work and starts to put his house in order, we say he has

*character.* Now character is the will to put into action what the voice of conscience has roused in him. Conscience without will to act upon its biddings, is powerless and might as well be dead. But the harmonious combination of the two makes the right minded man. When a man has neither conscience nor character he cannot be a good man, and if he is not a good man he cannot be a good surgeon. And no matter how skillfully he may take out appendices, gall bladders, resect stomachs, do hernias, and other fine jobs in surgery, *we don't want him*, and he need not apply for Fellowship in the American College of Surgeons.

“Now, my friends, take these thoughts with you for the year; go down into the valley with your brothers, and work them out in life.”