

# AMERICAN COLLEGE OF SURGEONS

## ADDRESS OF THE PRESIDENT<sup>1</sup>

By CHARLES H. MAYO, M.D., F.A.C.S., ROCHESTER, MINNESOTA

**A**FTER a wonderful week of clinics, and the discussion of questions pertaining to hospitals, we have now come regretfully to the closing night of our Congress. As we look back we must feel very grateful to the local committee and the members of the various hospital staffs of New York and Brooklyn for the teamwork that has made such a week possible.

Under the administration of Dr. Ochsner, the College has had a most successful year. Our treasurer's report shows that we have added \$30,000 to our endowment, which now approximates \$637,000. This sum, added to the value of our buildings, brings our assets to more than a million and a half. Ours is a big and growing concern, and the problem not only of raising the money, but of spending it in the wisest way, is one that demands our careful consideration. At present we are spending a large sum in attempting to improve not only the standards of surgeons and hospitals, but the surgeons and hospitals themselves. We have not had to exceed our income, but the work within our scope demands that we should increase our endowment to \$1,000,000 as rapidly as possible, and then strive to double that amount. We should then have enough to guarantee for all time the running expenses of the College. A large endowment would only encourage extravagance, and additional money could always be raised for special purposes.

The Murphy Memorial Building, in which we take so much pride, will be completed during the coming year. In this there will be a library open to all Fellows, personally or by mail; and the skilled staff will have the material and the references so well arranged that we shall be able to get what we want conveniently and without delay. The building also contains museum rooms which are now ready and waiting to be stocked with your best material. As a nucleus, interesting specimens of bone sarcoma are being collected through our committee, Doctors Ewing, Wood, and Bloodgood, with Dr. Codman as chairman.

Our sectional meetings, held throughout this country and Canada, have carried the work of the

College to many Fellows who could not otherwise keep in touch with it. The meetings are always both scientific and clinical, and include a hospital conference. There is always a certain amount of lay interest, even without the public meeting which is invariably a feature. We do reach the general public, and the general public is beginning to reach us, for it ignores the value we may set on ourselves, and is inclined to the belief that the bigger the plate the smaller the doctor.

The sale and purchase of patients, through division of fees, are carried on by but a few of the profession, but one of the aims of the College is to smoke these offenders out into the open. Dr. J. W. Long believed that it was more difficult to reform an adult crook than it was to begin in the formative age when ideals, hopes, and professional aims still wield a strong influence. The Board of Regents have started a junior candidate group which gives information concerning the College to young medical men. To many at this period, striving to get a foothold, and beyond shelter for the first time in their lives, necessity often appears in the form of a temptation to dishonest and unethical practice. The junior candidate group hopes to steer them past the rocks. It may seem like taking the mote out of our brother's eye, when all of us know that there are men in the College who ought not to be in. We may not be thinking of the same men at that. Much as we would like to oust them, we cannot get sufficient evidence and we can only await their death. Some of these were charter members, whom we thought would help the College.

Doctors who work alone, as most do, are unfortunately individualists. Few of them develop that respect for the other fellow's opinion which teamwork and group medicine engender. They are apt to become emotional and intense. In their attitude toward this College they do not envisage its grand future.

Of the 6,582 members of the College, all but 2 were recommended by the state committees. In two states, the Board of Regents made it possible for the committees to accept certain

<sup>1</sup>Delivered at Convocation of American College of Surgeons, New York, October 24, 1924.

members under the early rules. These were the cases of men of importance who felt humiliated at the prospect of taking examinations at their age and in their position. Ultimately, however, all fellowships will be by examination.

Being a democracy, our college is only as good as the average of its fellows. In the beginning the best groups of surgeons were chosen, men who were already members of national, district, or special surgical organizations. The initial average was high, and we hoped that an ideal of ability, education, and integrity was being set for the growing surgeon. If that average is to be bettered, the new Fellows must take Roosevelt's advice and join for the purpose of putting something into its ideals and not just for what they can get out of it. The destructive critic with his turbulent ways has no place in the College. Too often he criticizes with insufficient knowledge; and the Fellows do show a lamentable ignorance of the work the College is doing.

Indeed, the College now has so many activities that it is entitled to a bulletin to record them, to contain general and international news relative to surgery. The deaths of Fellows, now amounting to about 150 each year, should be included.

Hospital standardization was a national development from the fellowship of the College. It was undertaken primarily to protect our Fellows against dishonest competition in a general hospital. It has worked out to the best interests of the profession and the general public. Indeed, the scheme is already before the laity and receives sympathetic attention from them. We do not ask that members of hospital staffs shall be Fellows. We do ask for safeguards against division of fees so that the necessity for operation may be guaranteed, so far as it may be, and the patient saved from sale by his doctor and purchase by his surgeon. Certain standards of keeping records are set for the hospital, which are not only of great value in themselves, but tend to be reflected in accuracy of judgment and precision of technique.

I feel that we owe a few words of appreciation to our Director-General, Dr. Franklin Martin, to whom the credit is due, not only for the idea of a college, but for the accomplished fact of the American College of Surgeons. We have all more or less helped, but he has been the leader. Enriched by his plan, his work and his ideals, the College will stand a credit to him while he lives, and a monument to him when he is gone.