The opportunity to give the Address of the President is a great honor. But it also entails a great responsibility. There is always the price to pay! I thank you for this honor even though I am face to face with the inevitable obligation. I recall to mind the many distinguished surgeons who have been honored in this way, and I thank you on my behalf. Aside from my personal pride, may I extend the gratitude of those in the specialty which I represent—obstetrics and gynecology. And I should be remiss if I, as a Britisher, did not extend thanks and salutation from my country—Canada.

We Canadians are proud of being an integral part of the British Commonwealth. And, at the same time, we cherish the partnership that exists between the United States and Canada, the countries which are separated only—and I quote from a leading geography text—"by an imaginary line."

Especially in these troublesome times our hearts are warmed by the close ties which exist between our countries. To emphasize this fact, may I direct your attention to the great mace* which is so proudly displayed** It has a history!

During our eighth year, in 1920, this College was presented with the great mace which is carried before us at all Convocations. Though far removed from its belligerent use as a weapon of defense, it still remains a significant emblem of authority. Very happily, it always seems to me, the mace was presented to us at our Congress in the City of Montreal one year after the termination of the First World War. It is designed to tell, in a symbolic way, of the close union that exists between British and American surgery.

In his graceful presentation of this mace, Sir Berkeley Moynihan said: "We pray God may regard it as a symbol of our union in the harsh days of trial, as a pledge of unaltering and unchanging hope, that the members of our profession in these two lands shall be joined in brotherhood forever in the service of mankind."

The present Convocation is our forty-fourth. So we are no longer young! In reading previous addresses I turned with personal interest to that delivered in 1924 by Dr. Walter W. Chipman, of Montreal. The title was "The Years Between," and I quote:

"History has shown us long ago that collective life, the life of any nation or of any polity, large or small, even as that of the individual himself, passes of necessity through the stages of childhood, of youth, of full vigor, and of senescence. So the days of our years have been numbered for ourselves as for any society, the daytime of our achievement. . . . The American College of Surgeons stands at the Gateway of Youth with the years of its childhood behind it. . . ."

UNBELIEVABLE OPPORTUNITY IS OURS

We have long since passed through this Gateway of Youth and we have reached the Meadow of Maturity, the period of full vigor. Our surroundings display a multitude of achievements and within our vision lie horizons of unbelievable opportunity. This College has attained its proper position as a power, world-wide in its sphere of operation. Each year, on viewing the vast sea of earnest faces which represents the incoming Fellows, I admire and marvel. Their struggle has been worth while.

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**In Convocation procession great mace is borne by an officer of one of the military services of United States or Canada; and is placed in front of rostrum during program.

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Address of the President

This address was presented at the Convocation held on October 10, 1948, at the Clinical Congress in Chicago, when Dr. Newell W. Philpott, upon becoming president of the American College of Surgeons, directed his remarks especially to the new Fellows. He is emeritus professor of obstetrics and gynecology, McGill University Faculty of Medicine; and honorary consultant for the Royal Victoria, Montreal General and Jewish General Hospitals, all in Montreal, and the Physicians' Hospital, Plattsburgh, New York. From 1948 to 1957 he was a member of the Board of Regents, being vice chairman for 1956-57.
and they have received a just reward. They have an enviable position in the community, and it is their duty to insure the future.

In the long exodus of the human race from out of the night of ignorance and superstition we know that the first leader or prophet was the priest; then followed the philosopher; and, finally, came the physician. The one was the natural progenitor of the other. And the last of these, however modern, if he be a good doctor, must inherit abundantly from his forebears.

If this art and science of medicine is combined in proper proportion, our position in the community should remain unchallenged. But some doubting Thomas may ask, What is this preferred position? Robert Louis Stevenson writes:

"ABOVE THE COMMON HERD"

"There are men and classes of men that stand above the common herd; the soldier, the sailor and the shepherd not infrequently; the artist rarely; rarelier still the clergyman; the doctor almost as a rule."

But today there is a challenge! We do not have the universal popularity which was enjoyed by our predecessors. Deficiencies in personal relations, some adverse publicity, and changing economies all tend toward lowering the doctor’s position in the community.

In addition to these regrettable trends, criticism is justifiable for those individuals and institutions who do not keep pace with proper progress or who travel too fast for their own good. Sometimes adequate facilities are lacking. And, frequently, medical personnel do not effect a good result for a variety of reasons—insufficient training; they become neglectful; and, too frequently, consciously or subconsciously, they have strayed from the straight path of ethical practice.

So the incoming Fellows and their College must be on guard! There are many important functions for which the College is responsible. These are too numerous to mention. Suffice it to say that the prime purpose of the College is education: the education of ourselves, the laity, and the profession. It is, and always has been, a great postgraduate school. If any proof were wanting, just study the program of this Clinical Congress in Chicago. Everything is here, clinical, technical, and scientific. The sorrow is that one cannot be in many places at once, for with this embarrassment of riches, the great difficulty is to choose.

During the life of our College we have lived in the very midst of an American renaissance. And— with truth it may be said that this College has borne a share in the great reform. For, in this time, what a change has been wrought in our medical education! Several of our universities have encountered almost a modern revolution and the general professorial peace, the academic slumber, has been grievously broken.

But probably our chief concern in the College is with the young graduate, the embryo surgeon. How is he to secure the requisite training, both in theory and in practice? How is he to spend the years between his graduation and his Fellowship? These are the long, lean years of his so-called graduate training, the most critical and the most important of his whole surgical life.

Samuel Butler enunciated a great educational truth when he said, “Don’t learn to do but learn in doing.” And this mandate so expressed could well be chosen the motto of our College.

Many on the board or the administrative staff of this College have concerned themselves with these problems of postgraduate training, presenting observations and recommendations with reference to many major problems such as the residency training in nonuniversity centers; obtaining adequate operative material and responsibility; the necessity for more prolonged training to develop proper productive surgical research as well as competent teachers in surgery; the requirements for training in the specialties; and finally, study of the interwoven problems concerning the various surgical boards, the American Medical Association, and our College of Surgeons.

FIRST: SOUND THINKING, SANE JUDGMENT

Though most of us realize that older methods of training are in urgent need of review, may I offer one word of caution? There should be no sudden, no thoughtless surrender of the old merely because it is old, or a hurried and reckless seizure of the new simply because it is new. Sound thinking and sane judgment should be in evidence before any change is made.

These problems are the concern of the new Fellows and, hence, the concern of every Fellow in this College. In defining Fellowship should I be so bold as to borrow a catchword from Disney’s

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on any matter presented to the Board of Regents.

Section 4. Inspection of Records. The Board of Regents may from time to time require any Fellow to submit his professional and financial records to an inspection by independent certified public accountants employed for such purpose by or at the direction of the Board. It shall be a condition of such inspection that the results thereof shall be kept confidential by such accountants, whose report thereon to the director or to the Board of Regents shall be confined to evidence of income received or payments made, directly or indirectly, in violation of the principles of the College with respect to financial relations. The failure or refusal of a Fellow to allow an inspection of his records as set forth in this Section 4, shall be deemed to be conduct injurious to the best interest of the College and inconsistent with its purposes.

Section 5. Discontinuance of Practice or Non-payment of Dues. Anything in this Article IX to the contrary notwithstanding, the Board of Regents may terminate the membership of any Fellow:

(a) If such Fellow has, for any reason other than retirement, discontinued the practice of surgery or the surgical specialty under which he is qualified for Fellowship, provided that such Fellow shall be given adequate opportunity to present to the Board of Regents such facts as he may consider sufficient to justify the continuance of his membership; or

(b) Upon a written report of the director that such Fellow is delinquent in Fellowship dues three (3) years or more and has, upon notice, failed to present a satisfactory and acceptable explanation for such delinquency to the Finance Committee.

Section 6. Termination of Fellowship. A Fellow whose membership in the College has been terminated, shall forthwith return to the College the certificate of Fellowship and all other indicia of Fellowship previously issued to him by the College, and shall not hold himself out as or pretend to be a Fellow of the American College of Surgeons.

Our College in a Changing World
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motion picture Peri? That is, "togetherness." A fellowship is a companionship of good companions drawn together, bound together, and sharing to-