

History of the Founding of the Society of Surgical Chairmen

JONATHAN E. RHOADS

AT the 1981 meeting of The Society of Surgical Chairmen, which was held on November 2, 1981, the President, Dr. David B. Skinner, asked Dr. Jonathan E. Rhoads as the first President of the organization to describe the background of the formation of the Society and the objectives of the Society as they were perceived at that time. Since the meeting at which it was decided to organize such a society was convened in Philadelphia at the time of the Bicentennial of the Medical School of the University of Pennsylvania, it was thought that portions of this paper might be suitable for publication in the *Transactions & Studies of the College of Physicians of Philadelphia*. In response to President Skinner's request, various papers saved from 1965 to 1967 were looked up and certain excerpts seemed to provide the flavor of those meetings.

Perhaps this period is best summed up in the letter I wrote to Cheves Smythe on June 13th, 1967. At this time Dr. Smythe, who later became Dean of the Medical School at the University of Texas in Houston, was Associate Director of the Association of American Medical Colleges. The Society of Surgical Chairmen was an early participant in the Council of Academic Societies and Dr. Smythe had written, under date of May 24th, 1967, for a more complete statement about the Society of Surgical Chairmen. My reply reads in part:

The Society of Surgical Chairmen grew out of informal meetings of the surgical chairmen, the first of which was held in Philadelphia in May, 1965. This was followed by another meeting in Atlantic City at the time of the Clinical Congress of the American College of Surgeons in the fall of 1965 and by a third meeting in March, 1966 at Boca Raton at the time of the American Surgical Association meeting. On this occasion a simple constitution and bylaws were adopted, a copy of which is enclosed. Officers were elected with the result that I am now serving as President, C. Gardner Child as Vice President and Clarence Dennis as Secretary/Treasurer. Under the constitution and bylaws, the officers serve for a period of two years and then move up. Thus, in May 1968 Child will become President and Dennis President-elect, and a new Secretary/Treasurer will be chosen who will serve in successive offices for a period of six years. At the meeting which was held in May, 1966 the invitation of the A.A.M.C. to become a member of the Council of Academic Societies was accepted. Dr. Child and I were elected to serve as representatives during the coming year. The criterion for membership which I have stated presently consists in holding a Chairmanship in one of our medical schools in the United States or Canada. The activities and fields of interest include all

of those which concern departmental chairmen in surgery. The primary emphasis has been on undergraduate teaching but we are also concerned with training programs at the intern and resident level, with staffing patterns, with the recruitment at all levels including staff, with interdepartmental relationships and relationships between departments of surgery and the schools in which they exist and the relationships between both and the parent university. We have an obvious concern with all types of departmental financing, with hospital affiliations, with the interrelationships between staff and the governing boards of hospitals and broadly with anything affecting the conduct of patient care, teaching, research or administration in departments of surgery. In this connection we have had discussions and reports quite regularly on animal care legislation and its implications for departments of surgery.

The Society had, as a matter of fact, been approved for membership by the Executive Council of the A.A.M.C. January 25, 1967 and voted into institutional membership of the A.A.M.C. February 11, 1967.

We might go back now to the first meeting in May of 1965, since I have rather complete notes concerning it. The idea of such an organization first came to me in a letter from Dr. Howard Bradshaw, then Chairman of Surgery at the Bowman Gray School of Medicine, Wake Forest University.

The meeting of the American Surgical Association in Philadelphia in the spring of 1965 seemed to present an opportunity for many surgical chairmen to come together to talk about it without incurring additional travel expense. It was, therefore, decided to ask the chairmen to stay over a day and have a meeting on Saturday morning, May 15th after the A.S.A. Unfortunately, Dr. Howard Bradshaw could not come — I believe because he was receiving a foreign visiting professor — but he encouraged us to proceed.

Mr. Philip Allison, Professor of Surgery at Oxford, was attending the A.S.A. meeting and agreed to come and tell us about his experience with such an organization in Great Britain. This was during Lyndon Johnson's presidency and Michael DeBakey had presided over the committee which formulated the heart, cancer and stroke legislation. Indeed, he was in full cry lobbying for its passage by the Congress. He accepted an invitation to tell us about it and describe its implications.

My secretary has unearthed the formal letter of invitation sent on April 14, 1965 to all the surgical chairmen in the U.S. of whom we had a record. It read in part:

There is evidence that the chairmen of departments of surgery in the medical schools of this country have a number of difficulties and it would

seem that some of these are problems which are widely shared. It was suggested to me a number of months ago that it might be a good idea if each person serving as a chairman could get together with other chairmen for a discussion of mutual problems.

My purpose in writing is to ask if you would be interested in staying over a day following the American Surgical Association meeting in Philadelphia. This would be Saturday, May 15th. I have reserved the Surgical Seminar Room at the Hospital of the University of Pennsylvania for a morning meeting, to begin at 9:00 A.M. While perhaps not ideal, I think this room will be adequate.

I think it would be well if someone would fill us in a bit on probable legislation in the health field. Among other important topics which might be discussed are: the place of surgery in the medical school curriculum, are university hospitals over-regulated by agencies outside the university, trends in the recruitment of surgical residents — viewed both quantitatively and qualitatively, the surgical mind and research, and the American image of a general surgeon.

If it would be possible for you to stay over, would you let me know? If a sufficient number are interested, we will hold a meeting.

Of those listed, only David Sabiston, Edward Woodward, George Zuidema, Isidore Cohn, James Hardy, Henry Bahnson and John Kirklin are still in the offices they held then, though a few have moved to other chairmanships and many are active in other ways.

Fifty-one accepted and forty-seven signed the roll. A photograph of the latter is reproduced herewith; the signatures may arouse recollections.

I believe I opened the meeting with the following statement, which indicates some of the concerns current in 1965.

The thought of having a meeting of department chairmen was first expressed to me in writing by Howard Bradshaw more than a year ago. Unfortunately, he could not be here. The pressure of events seemed to make this more and more urgent.

I have spent much time with [J.] Garrott Allen, Henry Harkins and Carl Moyer because of our joint interest in a textbook. At one time we were all department heads but by a hair. Harkins had already locked horns with one dean in ways that would have probably led to a denouement for him if it had not been a denouement for the dean. Allen then had his troubles in Palo Alto and I was rather close to that. In Allen's case the dean rolled out the department head but since then the dean has had to resign. Harkins retired voluntarily.

If Carl Moyer adheres to his present decision by July, I will be the only one of the four of us who is still in office — if I am in office.

However, I don't believe the instability of departmental chairmanships is sufficient reason to hold a meeting of this kind. There will always be

May 15, 1965. Meeting of Department of Otorhinolaryngology
in Surgery
3400 Spruce St Philadelphia

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|-------------------------|------------------------|
| Florence Haulen | George H. Humphreys |
| John Coffey | W. Martin |
| Walter L. Orskheimer | Harold Wilson |
| Grant Smith | John Paul |
| Lucretia Stone | David C. Habington Jr. |
| Nancy V. Johnson | Clara L. Jones |
| Sam Shiner | Edith M. Miller |
| Bob Blockewitz | Paul A. Chase |
| Barney Zimmerman | W.D. Woodward |
| George A. Hallenbeck | William R. Waddell |
| Robert T. Tidwell | Frank F. Anspitzer |
| Charles Egert | Mr. H. Muschman |
| John R. Paine | Charles F. Kelly |
| Dorset R. Cropper | George Rosemond |
| C. B. Meloy | Jack T. Cole |
| R. W. Buxton | Keith A. Stetler |
| Miss H. Wright | Jonathan E. Rhoads |
| John R. Kelley | William R. Waddell |
| B. G. Mackay | W. H. Kirby |
| Robert H. Allinger | |
| William D. Hansen | |
| J. R. Allison | |
| John W. S. Elliott | |
| Warren Cole | |
| Samuel D. Wilson | |
| George H. A. Clowes Jr. | |
| Frederic W. Smith | |
| Clarence Lyman | |

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Those signing the register at the meeting of May 15, 1965 in Philadelphia.

Frank F. Allbritten, Jr., The University of Kansas	William D. Holden, Western Reserve University
Philip Allison, Oxford, England	George H. Humphreys, Columbia University
Henry T. Bahnson, The University of Pittsburgh	John R. Keecey, Stritch School of Medicine of Loyola University
John M. Beal, Northwestern University	Champ Lyons, Medical College of Alabama
Clarence J. Berne, The University of Southern California	Albert G. Mackay, The University of Vermont
Truman G. Blocker, Jr., The University of Texas	John D. Martin, Jr., Emory University
R.W. Buxton, The University of Maryland	C.B. McVay, The State University of South Dakota
Robert A. Chase, Stanford University	Walter L. Mersheimer, New York Medical College
Charles G. Child III, The University of Michigan	William H. Moretz, Medical College of Georgia
George H.A. Clowes, Jr., The Medical College of South Carolina	C. Barber Mueller, State University of New York
Robert J. Coffey, Georgetown University	M.M. Musselman, The University of Nebraska
Jack W. Cole, Hahnemann Medical College	John R. Paine, State University of New York at Buffalo
Warren H. Cole, The University of Illinois	Jonathan E. Rhoads, University of Pennsylvania
Donald R. Cooper, Woman's Medical College	George P. Rosemond, Temple University School of Medicine
Michael E. DeBakey, Baylor University	David C. Sabiston, Jr., Duke University
Clarence Dennis, State University of New York Downstate Medical Center	H. William Scott, Jr., Vanderbilt University
Ralph A. Deterling, Jr., Tufts University	G.T. Shires, The University of Texas
Charles Eckert, Albany Medical College of Union University	David State, Albert Einstein College of Medicine of Yeshiva University
Edwin H. Ellison, Marquette University	Robert T. Tidrick, State University of Iowa
Fraser N. Gurd, Montreal General Hospital	William R. Waddell, The University of Colorado
George A. Hallenbeck, Scripps Clinic, La Jolla	Harwell Wilson, The University of Tennessee
John H. Gibbon, Jr., The Jefferson Medical College of Philadelphia	Edward R. Woodward, University of Florida
C. Hanlon Rollins, St. Louis University	Bernard Zimmermann, West Virginia University
	Robert M. Zollinger, The Ohio State University

local difficulties, always people who will resign rather than compromise the things they consider important, always a supply of younger men who will make a fresh try.

The more disturbing developments are an accentuation of the old spirit of separation between the disciplines reflected in the European tradition of separation of surgeons from the physicians. There are rumors that surgery should be taken out of the undergraduate curriculum or relegated to an elective and left to the post-M.D. years when it would be studied by those who intended to become surgeons only. Objections to this plan are first that many people, including myself, would never have found out that they would like to be surgeons. Still more serious is the fact that physicians generally would be less well informed and many would have a lack of knowledge especially in such fields as the acute abdomen, trauma, sepsis, supportive care and cancer, to mention only a few — a lack of knowledge critical for their patients.

Accentuating our problems are a decreasing belief in the dignity of labor typified by the title of a recent Benjamin Franklin lecture which was entitled, "The Exegesis of the Doctrine of Work," a withdrawal of the pure scientist from the applied scientist implied in constant reference to "basic" research, attempts to redefine research so as to leave out observations made outside a laboratory. Surgeons have often been a party to or at least an accessory to this last attempt.

General surgeons have made the mistake of pulling away on their part from the behavioral sciences including psychiatry which I think we should not have done. We are in the same boat with them so far as having to deal with biologic variability is concerned.

The surgical specialties have grown at the expense of much fissioning of surgery as a whole and this is a further source of weakness as contrasted with medicine which by and large has remained a cohesive discipline despite its 10 or 15 sections.

Part of our difficulties have stemmed from jealousy over remuneration or supposed remuneration.

The extreme positions are the unrestrained exploitation of an academic position to make money, which none of us would condone, and the unrestrained exploitation of the surgeon to carry a large load of private patient care to make money for the school and hospital which few of us would be interested in doing.

Between the two are many more tenable positions. Within limits, the poorer you are the more likely you are to be loved by your colleagues and the less likely you are to be respected in the community.

Another disquieting rumor is a proposal to give everybody a straight medical internship following which those who wanted to be surgeons could begin their training.

All of this drama is being played before a tremendous background of social change. Basic to this is the rapid increase in population which forces us to live close together, to depend more on the organization of our lives, in short to accept more government regulation and intervention. To this end we are offered the carrots labeled salaries, grants, and contracts if we do what is ordained by majority rule, or the stick of loss of salaries, loss of grants or even jail sentences if we do otherwise.

While Medicare is one phase of this, the more important items of pending legislation stem from the report of a presidential commission on heart disease, cancer and stroke which has become a best seller.

Perhaps we could do no better than call on Mike DeBakey to sketch for us these proposals which he did so much to develop that the best seller is widely referred to as the DeBakey Report.

After Mike's talk, which I hope will include other aspects of the legislative program of Congress also, I thought we might go around the room for each person's views on what he considers important for this group to concentrate on.

Perhaps our minimum objectives for today would be to decide 1) whether we should meet again, 2) when, and 3) what to place on the agenda.

Beyond this, we may want to consider a statement on the role of surgery in undergraduate education, or perhaps better, to address a proposal to the Association of American Medical Colleges asking for an institute before their annual meeting in 1966 which we could devote to a study of "the elements in surgical teaching which are of universal or general value to physicians and how best to teach them."

The agenda for such a session would be greatly influenced by the studies of Oliver Cope's committee of the American Surgical Association and those interested from the Society of University Surgeons.

The declared intention to hold it might stall off some of the hasty decisions which we hear rumored and give us time to assemble our forces and to regroup them where indicated.

A taped record of the morning's proceedings was kept and when transcribed, ran to 70 pages. Most of the first 25 were devoted to Dr. DeBakey's presentation and a detailed discussion of it.

Then Mr. Philip Allison was called upon to tell the group of his experience in Great Britain as a member of a surgical chairmen's organization and he spoke approximately as follows:

I'm afraid, gentlemen, that anything I might have to say might be rather old hat, as far as you're concerned. It might have been better if I'd listened to some of the problems that you're facing before mentioning some of our own, but I would like to set this stage — that the development of professorial units in medicine and surgery in the medical schools in our country have of course come up against the same sort of barriers and obstructions that I'd heard voiced in regard to medical schools here, and I imagine you've probably all had this experience, too. I find that there is a conflict between the status and security of an institution and the status and security and prestige of the individuals in the institution, because when it boils down to brass tacks, you find they most often take the concern of their own prestige rather than that of the hospital as a whole. This has certainly happened in individual hospitals with us and I imagine that this is the sort of thing that might happen

between your community hospitals and your medical schools and the problems that we've just been discussing where the Board of Trustees may be anxious to join up with the center but where the individual units of that hospital may feel their security so threatened that they don't want to subscribe to it. Well, I think I would like to say at this moment that some of the problems that the professors have had to face up to have — as it were — been done in the hospitals which have been running previously in a completely different way and, therefore, they came in as strangers; they came in, in a way, as competitors both for money and prestige and so on, and they came up against obstructions which, in human nature, one expects to come up against, more vicious in some cases than in others. What I do want to say is these problems have been felt so much by the people up and down the country to a variable degree that John Bruce and I got together and decided to have a conference of professors of surgery exactly as what you've organized here today, Dr. Rhoads, and we're supposed to meet once a year, and with particular problems we can meet more often. We meet to discuss academic problems — a scientific meeting in a sense — and the idea is that men just made professors of surgery in new institutions, and who are coming up against problems, don't have to fight their way through for 10 or 15 years in the same way that other people have had to do in the past, but that they may in fact get some moral support from the professors of surgery in the country as a whole, so that we have convened this meeting as we call it, "The Conference of the Professors of Surgery." It includes England, Scotland, Wales, Northern Ireland, and we just recently had a request from Southern Ireland to take part in this; and we hope in this way to bring our common problems to a forum where they can be discussed and from which we can issue memoranda of a general sort embodying what we think should be the position of a professional unit in a teaching hospital and so help one another. Now, many of these things of course you have already achieved. For example, your professor of surgery is head of the surgical department in the hospital. Now, in our hospital, the professor of surgery is head of his own little department, and he runs in parallel with the other surgical units of the hospital. He has no more or no less say than the others, and when he wants something for surgery in general or for the department in particular, he goes to the staff meeting, and he doesn't carry any more weight than a newly appointed demonstrator in biochemistry. This is the certain thing which we're up against now.

I think perhaps that's all I want to say about that situation for the moment, because I think you're discussing much more advanced problems, but it may be of interest to you that we formed this conference, that we meet regularly to try and influence Vice-chancellors and Heads of the Board of Trustees, etc. Thank you very much.

Later in the discussion Mr. Allison asked for a regular exchange of our conclusions with the Conference of Professors of Surgery in Great Britain.

If I recall correctly, John Gibbon was chairman of the committee which drafted the bylaws. There was one point in which I was never quite satisfied. As the bylaws were drawn and adopted, membership in the Society terminated the moment one's surgical chairmanship terminated. It seemed to me that this gave the administrative officers who appoint such chairmen the power to remove them from the Society of Surgical Chairmen. Presumably, this would never be the motive for firing the chairman of a department of surgery, but it does remove from the Society at once all of those who may have had the most bitter experiences with their central administrations.

I have wondered if it might not be wise to provide that members of the Society serve for a period of perhaps two years after the termination of their departmental chairmanships, so that their experience would remain available to the group as long as it was relatively fresh. As a matter of fact, I would seriously suggest that the bylaws might be amended along this line. I say this because some of our greatest problems have been with the abrupt removal of chairmen of surgical departments from office. Certainly, most successful chairmen have managed to keep good working relationships with the deans and vice-presidents and presidents under whom they work, but there have been times when these officers have been changed with devastating effects. Just as it has been reported that the deans keep tabs on surgical chairmen who have been successful in unseating other deans, it may be that the surgical chairmen should keep tabs on the administrators who have dealt negatively with other surgical chairmen. Not infrequently we are put in the position of serving on a search committee and supporting the nomination of an administrator who proves very difficult if not unreasonable subsequently. Furthermore, it is very difficult to obtain the kind of information one needs in advance so as to perceive the danger and perhaps to use one's influence in another direction.

In 1965 we asked the chairmen present to indicate the subjects which to them were of the greatest interest and we made a rough tabulation of the results. Unfortunately, there was a very wide spread in the areas of interest. In that year undergraduate teaching seemed to be dominant; about twenty persons listed this as important for the Society to explore. Six were concerned about total education in medicine, especially the process of shortening the required courses, six were concerned with problems concerning professional earnings, five with problems in postgraduate education at the residency level, four with difficulties associated with the multiplicity of affiliated hospitals, and four with an increased effort to upgrade our image, and smaller

numbers with a large variety of other subjects such as internships, town-and-gown problems, administrative loads, financing fulltime personnel, etc.

Accordingly the fall 1965 meeting was focused on undergraduate teaching in surgery and Dr. Berson, then head of the staff of the Association of American Medical Colleges, was invited to participate.

Among those present at the initial meeting there was a total consensus that we needed an organization of the chairmen. Fortunately, most of our subsequent meetings have emphasized constructive steps rather than what might be termed the common defense, and I think the Society has an increased opportunity to move in this direction as the result of the decision of the Whipple Society to turn over its functions in surgical education to the Society of Surgical Chairmen. I am sure it is good for the surgical chairmen to know each other and while you meet in many times and places there may be a certain advantage in meeting as chairmen.

Having reviewed this history, is there anything to conclude? First, I think there has to be a felt need to justify an extra organization and meeting. We did feel a need in 1965 and 1966. You have to ask yourselves if you still have any problems common to a considerable number of departments and whether they are problems in which an exchange of information or the formulation of a common position can be helpful.

Second, if the Society of Surgical Chairmen is going to assume some of the functions of the Allen Whipple Society in providing a forum for discussions of surgical education, it might well enlarge its membership or at least the number of its participants.

I have already pointed to certain advantages of continuing the membership of past chairmen for a couple of years.

One might also consider allowing the chairman to nominate one or two exceptional members of his department whom he considers to be ready to assume a chairmanship, for associate membership — probably passing the nominations through a membership committee. In this way, a group of associate members would come into being who could learn a great deal at the meetings of the group and who might contribute substantially to sessions on surgical education. Further, membership in this group might gradually gain recognition so that search committees for new surgical chairmen would come to give weight to such membership as an important credential. This might reduce to some extent the frequency of the surprise appointment of less qualified candidates.

It is not clear when the best time for meetings is. There is economy in tacking the meetings onto other national meetings. This does fairly

well for short meetings — perhaps up to half a day. On the other hand, it would seem worthwhile to try an occasional longer meeting independent of other commitments. Furthermore, a modest expansion of the number invited might prove to make a more critical mass, particularly if the younger group felt it to be something of an honor to be included, as I think they should.

I appreciate very much this opportunity to review the beginning of the Society and to do a little musing about future possibilities. As I have had the privilege of attending as a guest several meetings of the officers of the Society, I am tremendously impressed with the wide knowledge of the current problems which the president, Dr. David Skinner, his recent predecessors and his fellow officers possess, and the sophisticated way in which they are approaching them.

As more and more members retire as chairmen, it might be appropriate to consider the formation of a past chairmen's association parallel to that in medicine. Such a group, it is hoped, could meet concurrently with this Society but separately from it. This may be a better way of keeping past experience available to those who make the current decisions and may be better than extending the membership of retiring chairmen.

Finally I would say that with all its agonies, there is perhaps no academic post so rewarding as that of surgical chairman. I felt this so strongly in my early fifties that I resigned the Provostship of the University to become one, and I have never regretted it. I congratulate all those who have attained membership in the Society, and have full confidence that the future of academic surgery in America is in excellent hands.

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