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The Central Surgical Association Turns Forty†

Some highlights of the first twenty years

Conrad R. Lam, MD*

The Central Surgical Association assembled for the first time in Detroit and Ann Arbor, Michigan in February, 1941. On the 40th anniversary of this meeting, the Association met again in the same geographical region, in Dearborn. Selected papers from the first twenty years have been chosen as highlights. Criteria for choosing a few from many significant papers were the originality of the material, its time-proven value, and the subsequent impressive careers of the authors. Appropriate credit is given to Dr. Roy D. McClure for his concept of an organization of surgeons in the central geographical area and for his efficient and effective activity in organizing the Association in 1940.

The 25th meeting of the Central Surgical Association, which was held in Cleveland in February, 1968, has been called the “silver anniversary meeting,” but the Association was actually then 28 years old, since no meeting had been held during the war years of 1943-1945. At the Cleveland meeting, the late E. Lee Strohl, who served as president two years later, gave an excellent review of the early history of the Association (1). He gave appropriate credit to Roy D. McClure (Fig. 1) whose foresight and efforts resulted in the formation of the present organization.

Origin of the Association

In 1940, a map of the United States could have been drawn to indicate the approximate territories of the established regional surgical associations; these included the New England, Southern, Western, and Pacific regions. There was an obvious void in the central area, which included the populous states of Illinois, Michigan, Ohio, Indiana, and Wisconsin.

With a conviction that something should be done about this void, McClure, in February, 1940, sent out letters to about 25 of the prominent surgeons in the central states and the province of Ontario. All were his personal friends and members of the American Surgical Association. Here is the first paragraph of the letter: “It has occurred to me on more than one occasion that in our section of the United States the more promising younger surgeons do not have the opportunity for self-expression and stimulation of friendly and intimate contacts with each other that are open to men of similar abilities and aspirations in other parts of the country.” The letter concluded with an invitation to serve as a member of the founders group of a Central Surgical Association that would be “of a very high order.” (This letter and other records were left by McClure in the care of Emerick Szilagyi.)

Fig. 1

Roy D. McClure, founder and first president of the Central Surgical Association.

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A month later, McClure had received 22 replies: 18 were favorable, three were “lukewarm,” and one was opposed to such an association. He now proposed to hold two original meetings, the first one in Detroit during the Sectional Meeting of the American College of Surgeons and the second one in St. Louis at the time of the American Surgical Association. A provisional constitution and bylaws would be available for discussion at the St. Louis meeting.

The organizational meeting in St. Louis on May 1, 1940 was attended by 22 members of the founders’ group. With McClure as Acting Chairman, the group adopted a provisional constitution and appointed a nominating committee with Roscoe Graham of Toronto as Chairman. The following officers were nominated for the first year: President, Roy D. McClure; President-Elect, Grover Penberthy; Secretary, George Curtis; Treasurer, Max Zinninger; and Recorder, Henry Ransom. It was decided that the first regular meeting would be in Ann Arbor, at the invitation of Drs. Coller, Peet, and Ransom.

The founders’ group then submitted the names of young surgeons whom they considered eligible to join the Association, and their names were added to the list of founder-members. As a result, the program booklet for the 1941 meeting listed 120 members. Most participated in the first meeting, and many are recognizable in the group picture (Fig. 2). Forty years later, 33 of these surgeons are still alive, including three of the original founders’ group (Loyal Davis, who is Nancy Reagan’s stepfather, Henry Ransom, and Waltman Walters).

Scientific Highlights of the First Twenty Years

At the centennial meeting of the American Surgical Association in April, 1980, Mark Ravitch, who had been working on the history of the Association, presented what he called “The Peaks of Excitement” (2). This presentation of some highlights of the first twenty years of the Central Surgical Association is a frank attempt to imitate Ravitch’s interesting contribution. The papers and discussions which will be mentioned were selected arbitrarily. It would be easy for me to defend my choice of these papers, but it would be hopeless to try to explain why other, obviously good papers were not chosen. Some qualities which impressed me were the originality of the material, its time-proven value, and the subsequent impressive careers of the authors. I have picked my highlights from the first twenty years only of the Association. That is the period when I was a more active member and attended all the meetings.

1941

In February, 1941, the formal meeting in Ann Arbor was preceded by an “Invitation Clinic Day” at Henry Ford Hospital in Detroit. An operative clinic was followed by presentations by members of the staff of Wayne State University. After lunch, informal papers and exhibits were presented by the staff of Henry Ford Hospital. This type of informal program by the host institution has remained a permanent feature of Association meetings.

Three papers in the formal program of that year deserve special mention. William A. Altemeier, who had recently returned to the University of Cincinnati, spoke of his investigations in surgical bacteriology, part of which had been done at Henry Ford Hospital. This paper, the first of hundreds by him in surgical bacteriology, was entitled “The Pathogenicity of Appendicitis Peritonitis.” McClure
inquired if sulfanilamide was of any value in combating infection with the organisms encountered; Altemeier replied that the drug was ineffective unless it was injected into the experimental animals simultaneously with the virulent organisms. The Canadian surgeon Gordon Murray reported his early, extensive “Clinical Use of Heparin in Surgery of the Blood Vessels,” and his paper was followed by a report from the present author on the results of heparin administration in 25 cases of suspected phlebothrombosis and pulmonary infarction. The third paper in this group was by Willis J. Potts, who reported a series of 728 patients with major surgical procedures who had cooperated with a postoperative regimen of leg exercises and deep breathing. There was no instance of thrombophlebitis or pulmonary embolism. Potts cared for these patients before he was a pediatric surgeon. Much more was heard from him after he returned from service during World War II and moved to The Children’s Memorial Hospital of Chicago.

1942

The 1942 meeting of the Association was held at the Drake Hotel in Chicago, as were about half of the subsequent meetings. At this meeting, an important paper was presented by Cameron Haight of the University of Michigan: “Congenital Atresia of Esophagus with Tracheoesophageal Fistula.” During the preceding year, for the first time in surgical history, he had been successful in performing an end-to-end anastomosis of the esophagus in a newborn infant. For this feat, he was honored with the presidency of the American Association for Thoracic Surgery.

1946

With the United States by now at war, there was no meeting of the Association during the next three years. The next meeting was held after the war in 1946 in Chicago. The host institutions for the Clinic Day for this meeting were the University of Chicago Clinics and the Northwestern University Medical School. The president for this meeting was Roscoe Graham of Toronto, whose presidential address was entitled “The Surgeon - An Individualist.” Great interest at the operative clinic centered around the Billings Memorial Hospital where Lester Dragstedt was doing a vagotomy! His paper on the formal program was entitled “The Effect of Section of the Vagus Nerves to the Stomach on Gastric Secretion and Motility in Ulcer Patients.” His experience had consisted of 57 operations since January, 1943. The place of vagotomy in the management of peptic ulcer was to be discussed vehemently wherever surgeons assembled during the ensuing years.

1947

In 1947, the Association heard again from Willis Potts, now a pediatric surgeon, whose paper was called “Aortic-Pulmonary Anastomosis for Congenital Pulmonary Stenosis.” Several members “played hookey” from the scheduled operative clinic at the Illinois Research and Educational Hospital and watched Potts do his tenth “Potts” operation with great dexterity. There was now an alternative to the subclavian-pulmonary anastomosis of Blalock, an operation which is very difficult if not impossible to perform in small infants. Incidentally, Alfred Blalock had been a member of the original founders’ group, being eligible because in 1940 he had not yet moved from Nashville to Baltimore.

Gordon Murray was on the platform again in 1947, this time with a paper entitled “Development of an Artificial Kidney: Experimental and Clinical Experiences.” His experience with heparin as an anticoagulant and his “moderate success” in kidney transplantation gave him the impetus to investigate the potentialities of an artificial kidney or dialyzing apparatus. A postpartum patient who was in a coma with nitrogen retention was dialyzed and made a complete recovery. He stated, “Many other workers have embarked on similar investigations... on this continent, but to our knowledge the work has not been developed to a point where it was a proved effective clinical method of treatment. The one exception is the work of Kolff in Holland. We were not aware of his work, and only after the war did information on his work arrive... .Our efforts have been going on apparently simultaneously and independently.” What was then pioneering work is now established medical practice, and all important medical centers have dialysis units.

1950

At the 1950 meeting in Chicago, Henry Swan read a paper entitled “Arterial Homografts: II. Resection of Thoracic Aortic Aneurysm with a Stored Human Arterial Transplant.” Six months before, he had found an aneurysm distal to a tight coarctation in a 16-year-old boy. The segment of the aorta was replaced by a homograft which had been in storage for 52 days. Homografts had been used to bridge gaps in smaller arteries, but this was the first time one had been used for the aorta. Gordon Murray discussed the paper and mentioned that he had had success with venous grafts to the femoral artery. One graft was patent after 15 years!

The next paper was by Egbert Fell and Carl Davis, Jr, on “Surgical Problems Associated with Treatment of Patent Ductus Arteriosus.” They had closed the ductus in 23
patients without a death, but after having coped with a cardiac arrest in a 22-year-old woman, they recommended the application of 1% procaine hydrochloride to the region of the ductus as prophylaxis before starting the dissection. The next sentence in the published paper most certainly gives sounder advice: "Most important, however, is a cooperative, well-trained anesthesiologist who will at all times be aware of the necessity of maintaining an open airway." The discussion of this paper was concerned only with the method of closure of the ductus. Fell and Davis had used triple ligation in four patients and had had one recurrence; the others had been divided and sutured. Willis Potts said he had safely divided the ductus in 90 patients, and credited his slip-proof clamp with the multiple teeth, 40 to the inch. Gordon Murray had ligated the ductus in 80 patients: he thought it was a simpler procedure, and he was not aware of a recurrence. This difference of opinion still exists.

1951

The first paper on closed intracardiac surgery was read at the 1951 meeting of the Central Surgical Association more than a year after the reports of Bailey, Harken, and Brock. The present author reported on commissurotomies in 19 patients with five deaths. There was only one discussant of the paper: Egbert Fell of Chicago showed pictures of valves removed at autopsy on nonsurgical patients. A year later, reports at the annual meeting indicated that surgery of the mitral valve was being done frequently in the central states and provinces.

1954

At the 1954 meeting, a group from Henry Ford Hospital (Trafas, et al) presented experimental work that demonstrated the feasibility of the chemical sterilization of arterial grafts removed under nonsterile conditions at autopsies. The chemical agent was beta-propiolactone. At the meeting the next year (1955), Emerick Szilagyi and Roger Smith reported that they had treated 25 aortic lesions by resection and grafting with homografts so sterilized. Two years later, it was evident that the trend was definitely toward plastic prostheses rather than homografts. Harris B. Shumacker’s paper was entitled "Plastic Grafts to the Aorta." He had had successful experience with 80 cases, the first in 1953. He had used a nylon graft, fabricated on a sewing machine, in a patient with a ruptured abdominal aneurysm. This was the second recorded instance of replacement of a segment of the aorta with a plastic prosthesis, the first having been done in New York by Arthur Blakemore. After Shumacker’s paper, Szilagyi and Smith reported on "The Fate of Human Arterial Homografts: A Clinico-pathological Evaluation in 200 Cases after Four Years of Experience." They had observed degenerative changes in about 20% of the grafts, and their abstract concluded, "This finding raises important questions regarding the factors involved in the acceptance of arterial homografts, the future usefulness of such grafts, and the relative value of homografts and plastic prostheses." Obviously, homografts had had their day.

1958

In 1958, William Neville and George Clowes presented a paper entitled "Reconstruction of Upper Gastrointestinal Tract with Colon Segments after Esophagogastrectomy." Dissatisfied with methods of reestablishing intestinal continuity after esophagogastrectomy or total gastrectomy, they investigated the use of colon to replace the stomach. They used the transverse colon to establish esophagoduodenal continuity in 12 patients whose stomachs had to be resected because of carcinoma. James S. Battersby of Indianapolis, one of the discussants, reported his satisfaction with colon interposition in 27 operations, most of which were for lesions of the esophagus, including five cases of congenital atresia. Claude Hunt of Kansas City, another discussant, also reported his experience with nine cases of resection of the stomach and replacement by a double parallel loop of jejunum. In closing the discussion, Neville gave Battersby credit for early experience in colon interposition and mentioned that he had done an additional 34 colon transplants for the esophagus. He agreed that success had been obtained with jejunal transplants but indicated that colon interposition had important advantages. In the years that followed, most surgeons agreed with him.

This review of some highlights of what might be called the "adolescent" years of the Central Surgical Association is obviously slanted toward cardiovascular and thoracic subjects. This bias could be explained by my personal specialty interest, but it could also be due to the coincident explosion of activity and innovations in those fields. A review of papers presented during the third and fourth decades of the life of the Association would reveal many of lasting significance in new areas of surgery. In the future, it is likely that they too will be discussed in the forums of the Central Surgical Association. I leave these for a younger member to review when the Association turns fifty.

References