

## 'International Surgical Group: The First Fifty Years'

by Miles Irving

I am indeed honoured to give this highly personalised reflective talk looking back at the first 50 years of the International Surgical Group. This task would, undoubtedly, have been done with more erudition and distinction by some of those who were present at the Group's inception and who loyally attended every meeting until they were no longer able, notably Jonathan Rhoads, Philip Sandblom and Harry Shumacker. How I would have enjoyed listening to their inimitable styles and recollections.

I suppose one of the reasons for being chosen to give this talk is that I was for a time secretary to the Group. Another factor must surely be that Pat and I have attended every meeting since we joined the ISG twenty-five years ago, a record that some of you will doubtless regard more a sign of a psychiatric disorder of the obsessive-compulsive variety than of wise judgement. I hope I shall convince you that the latter explanation is the more appropriate.

In accepting the task of talking in twenty minutes about an organisation that has existed for 50 years I realised that simply to detail its history and list its notable members and meetings would be of little interest, for they are recorded for the first 25 years in the Red Book and thereafter on the website. Additionally, to show pictures would take up valuable time and unless I showed only those who are dead, possibly cause offence to those who did not appear.

So, I decided to try and illustrate, particularly for the newer members, why we are here today by asking three questions about the Group.

1. Why was it started and how were the original members chosen?
2. Has it succeeded in its aims by bringing benefits to those who joined it and thus to our patients?
3. And finally, though not part of my brief, to ask is there ongoing need for such a group, and if so in what form should it continue?

### **Why was it started and how were the original members chosen?**

The Red Book and the website describe the membership as including Nobel Committee members, a signatory of the United Nations Charter, a Governor General of New Zealand, Lords, Professors, Chancellors, heads of universities, a Rector Magnificus or two, Fellows of the Royal Society and a President of the American Philosophical Society, to which we can now add government ministers. Past membership lists reveal a compendium of those in the western world who have driven modern surgery forward over the last 50 years.

Is the Group then simply a self-perpetuating elitist and exclusive organisation? There is much to suggest that this is the case and the gurus of today's diversity and equality industry would, with some justification, look askance at the membership over the years. Similarly, its membership could hardly be called radical in the political sense, although by and large the UK, Canadian and European members would, in general, be ardent supporters of what in the USA is called socialized medicine and therefore considered, by some in that country, subversive.

I well recall a dinner party in Washington soon after I was appointed to the chair in Manchester giving an explanation (not even a defence) of the NHS and being asked "are you a communist?".

However, I believe that there is a generous and altruistic philosophy underpinning the Group revealed by looking at the reasons that lie behind its formation.

In his introduction to the Red Book Claude Welch identified the rise of the ISG out of the ashes of the 2nd World War. The war had undoubtedly had a considerable effect upon many of those who were subsequently to form the core membership. Most had served with distinction in the medical services of the armed forces and many such as Claude Welch, and Charles Rob, (who as Lieutenant Rob was the first UK surgeon ever to parachute into a battle), have written of their experiences

The desire to rebuild bridges across the Atlantic into Europe and the British Isles was understandable and manifested by the resurgence of the International Society of Surgery and the holding by the American College of Surgeons of chapter meetings in the UK.

Many felt the need for closer personal relationships where they could share ideas, successes and failures in a way not possible in the auditoria of large meetings. It was apparent to them that this could only develop within the framework of smaller groups.

The origins of the society arose in discussions between Ian Aird and Erling Dahl-Iverson on board the Queen Elizabeth heading for New York in 1955. They envisaged founding a group from the English-speaking countries bordering the North Atlantic. On reaching the USA they discussed their idea with Alexander Brunshwig of New York who supported them. Together with John Hellstrom of Stockholm and Carl Semb of Oslo they wrote to a selection of academic surgeons in the countries concerned and elicited an enthusiastic response. The original suggestion was for a meeting in alternate years, and for a Journal. Thank heavens this latter suggestion fell through but after the first meeting the quality of the proceedings led immediately to a suggestion that they should meet every year.

Eivin Hasner, secretary of the group for 22 years described the *raison d'être* of the group in the following words:

*The original aim of the founding members was that a circle of distinguished, scientifically active and internationally minded surgeons should meet at regular intervals to exchange experiences and ideas for the preservation of sound ethical principles among surgeons and physicians in general.*

What an interesting statement this is. The stated aim was for more than simply the discussion of the science and practice of surgery. It was for something called ethical principles. Today the word ethics instantly guides us to a very narrow definition related to morals and morality.

However, I think that with the command of the English language, so often exhibited by those educated outside this country, he was possibly referring to a Benthamite definition namely that:

*ethics at large may be defined as the art of directing men's actions to production of the greatest possible quantity of human happiness, added to which may be an OED definition of the science of ethics as being that department of study concerned with principles of human duty.*

If we as surgeons are not ultimately directed towards taking a dutiful approach to the production of human happiness then we have little purpose. Yet despite the aspirations of the founders it appears that the discussions at the early meetings were more clinically than scientifically oriented. However, there were straws in the wind heralding that the ethos of this group was to be different.

Thus, to encourage collegiality it was deemed that members always refer to each other by their first names, irrespective of seniority. After the first meeting wives were encouraged to attend the meetings as equal and essential partners a highly appropriate action when one considers the qualifications, senior posts held, and experience of the spouses.

In the first half of the organisation's existence accommodation for the meetings was relatively simple and the minutes recall one hotel where the second bed for a couple was either a couch or the bedroom floor.

Social activities have always been a major part of the meetings, often highly sophisticated with art and music playing a significant part and with members themselves contributing. Some of Philip Sandblom's memorable contributions remain recorded for posterity in his wonderful book *Creativity and Disease*

Sporting events have included fishing, golf, tennis and mountain walking. In 1961 the wives had a communal swim in the chilly waters of the Irish Sea but it was another two years before Philip Sandblom persuaded members to plunge into a freezing Baltic sea following a sauna.

However, despite their prowess in the above not a single member of the group born outside these islands has, over the years, been able to master the intricacies of Scottish eightsome reels.

Yet, in some ways the group which aspired to such high ideals started off badly for Brunschwig, one of the co-signatories, committed the then unforgivable sin of agreeing to give a paper to the International College of Surgeons, at that time a proscribed organisation in the eyes of the American College of Surgeons. He was told to withdraw his paper or sever his connections with the Group. He chose to do the latter, thereby exposing an aspect of the discord, conflict, and tensions in surgical politics that existed fifty years ago. Harry Platt's papers in the archives of Manchester University's Library reveal the intense debate, that was taking place at that time over relationships between the International Surgical Society, the Federation of Surgical Colleges and The International College of Surgeons. The names of the debaters include Rhoads, Rudowski, Platt, Linder who were all founder members of the ISG, under whose auspices they could apparently meet informally and in harmony.

It all seems so petty now but one has to remember that the war had only recently finished and memories and consequent tensions were slow to subside. What a credit it was that the Group accommodated Rudowski and Linder, who had been adversaries in the 2nd world war.

Of course, the concept of travelling surgical clubs was not new, especially here in the United Kingdom where before the war they had been vigorously promoted by Berkeley Moynihan.

The desire of small groups of distinguished individuals from diversity of backgrounds, but with a common interest in science, regularly to meet at an international level to discuss a wide range of problems needs no explanation. Its foundations lie in the 18th Century in the Lunar Society which brought together individuals such as Erasmus Darwin, Benjamin Franklin, Watt, Small, Priestly and Wedgwood.

The breadth of ISG discussions is more limited as a consequence of the exponential growth of knowledge in general and medicine in particular but the intention is the same with the historical, educational, political and cultural aspects of surgical science all being considered. This reflects the continuing need for fora where influential and informed practitioners can look beyond the increasing narrowness of specialisation and address the profound issues surrounding delivery of medical care which are increasingly important in a world of gross inequalities. The fact that three of our current members are now ministers in their country's governments is an indication of the success of the Group's approach.

## **Has the ISG succeeded in its aims by bringing benefits to those who joined it and thus to our patients?**

The Group was fortunate that when Brunschwig bowed out Jonathan Rhoads took over. Rhoads noted that the original choices for membership were more clinically than research orientated and he was anxious that the group should be an international body of scholars. The Red Book identifies 1963 as the time when the ISG gained maturity. Around this time several books written by ISG members were to have enormous influence on surgery in laying down a scientific approach based on laboratory and clinical research. Examples in this country were Aird's Companion in Surgical Studies, Wells' Scientific Foundations of Surgery and Illingworth's Wound Healing, which together with perhaps the most influential of all such books, Francis Moore's Metabolic Care of the Surgical patient, stimulated the development of clinical academic surgery.

The Group has been an arena in which landmark discoveries have been announced prior to, or simultaneously with, their publication. I have selected a few examples from past members of the society for to try and choose from the similarly notable contributions of current members would be invidious. Thus,

- *Jonathan Rhoads and the demonstration that puppies could develop into normal healthy dogs whilst solely nourished by TPN*
- *Hedley Atkins on his prospective study of tylectomy against mastectomy*
- *Lars Gelin describing bench surgery on kidneys*
- *John Gibbon describing the first use of cardio-pulmonary by pass.*
- *Karl Victor Hall and the development of the tilting cardiac valve including the memorable story of the loss of the final goat with an implanted non-thrombogenic valve to a Mexican Barbecue.*

To the above can be added all the advances in basic laboratory sciences which academic surgeons have undertaken or contributed to. The result is a cornucopia of basic and applied surgical science which it has been a privilege and inspiration to listen to.

During its lifetime of the Group it has also discussed a number of major clinical academic eras with political implications. Some of these are:

- *The development of immunology and organ transplantation*
- *Health services research leading to controlled trials being applied to topics such as delivery of services for the injured*
- *The development of minimal access surgery*
- *Evidence Based Surgery*
- *And most recently discussions on how to respond to a political era which has attacked professionalism by attempting to impose government control of surgical education and training and the using of health as a political weapon*

So, has our consideration of the above had practical significance of benefit to our patients?

The value to any academic at the start of his or her professorial career of contact with the surgical greats and ones' contemporaries is obvious. When it comes to describing how patients have benefited from the proceedings of this group I can only speak with authority for myself but I should imagine that others will have similar stories to tell.

One clear example as far as I am concerned is the landmark report on the management of major injuries published by the Royal College of Surgeons which had its origins in this group from the

discussions about Trauma Centres. The establishment of ATLS, now compulsory for all UK trainee surgeons, germinated in this group. I have no doubt that others could describe similar examples picked up from individual papers or from the discussions we have had on surgical training, evidence based surgery, health service funding etc.

**The future: Is there an ongoing need for such a group and if so in what form should it continue?**

I want to go back to Eiven Hasner the first secretary who towards the end of his time in office stated:

*This purpose of the Group has been realised in full measure in the past and there is every reason to believe that the group consisting of newer and younger members will continue to play an equally important role in the future.*

The ISG came into existence fifty years ago to bring together especially those on both sides of the Atlantic who had been divided by war. Fifty years later the former antagonists are at peace, yet conflict still reigns in our time, not in the shape of classic war but as terrorism arising from a clash of ideologies and tensions between rich and poor countries.

In such an environment, the role of governments and large political groupings in bringing peace and harmony is limited. Non-governmental organisations such as Medecin Sans Frontieres, Mercy Ships and the charitable activities of Colleges have an equally important role in bringing harmony by working at the grass roots. It is conceivable that bodies like the ISG can also have a beneficial influence.

To remain vibrant the Group has to have a renewed purpose. I believe there is a continuing need for such a society and that the scientific and cultural purposes of the past remain a suitable basis for the future. The challenge of bringing together influential decision makers and leaders, who also happen to be surgeons, from across the north south divide and to the east, is one that has to be faced.

Now, then is the time the reach out to our colleagues in these areas. It may mean a return to a simpler form of meeting, and the giving of financial aid, similar to the grants made by the James IV Association of Surgeons, to enable some to attend the meetings. Only the younger members from a wider range of countries and surgical specialties can now decide whether this is desirable and feasible.

The founders of the Group realised from the start that huge congresses, especially international ones, had their limitations and indeed it may well be that the days of such gatherings are numbered. The combined consequences of electronic communication and digital publishing, the current assessments of the cost effectiveness of such meetings, and the pressure for energy conservation may be instrumental in their demise.

However, tomorrow's academic surgeons will still need the opportunity for intimate interaction with their peers as well the cultural dimension especially in an environment where nobody has to spend time proving themselves and where one can give and listen to papers, such as that being given by Michael Trede at this meeting entitled "are cultured surgeons better surgeons".

So, in conclusion, I hope that I have given you an indication, admittedly idealised, of why Pat and I have enjoyed the stimulus, companionship and entertainment of this small but infinitely admirable group which has undoubtedly positively contributed to the quality of our professional and personal lives and has allowed us to visit cities throughout the western world. It is a pleasure to have been associated with the group. We hope that there will be sufficient support for our view to guarantee it another fifty years.