

Canadian contribution to the ACS

One hundred years ago, a group of surgeons from the United States and Canada founded the American College of Surgeons (ACS). Its origin lies in its journal, which was started 8 years earlier. Annual clinical congresses designed to promote the journal attracted so many surgeons from North America that the need for a permanent organization to promote the practice of surgery was apparent. Franklin H. Martin, the pioneer of all these initiatives, should be remembered on this centenary as the hero of continuing medical education (CME) and advocacy in surgery. The ACS has remained true to his vision. It is the premier advocate of surgery and surgical patients in the United States and is the world's principal source of CME materials. Martin's clinical congress, which continues as the annual scientific meeting of the ACS, remains the most important meeting of surgeons.

For Canada, the founding of the ACS was a milestone. Instead of turning to Britain for advanced surgical education, Canada would collaborate with its neighbour to develop all aspects of surgery at home. Anesthesia and sepsis had permitted the growth of surgery so that almost every operation performed today was attempted, if not perfected, by the end of the 19th century. Surgeons, however, were only distinguished from the general medical community by a presumed ability and a willingness to restrict their practices. Wealthy surgeons sought additional education in Europe, and a few came home with fellowships from a Royal College of Surgeons in Britain or Ireland. Canadian surgeons, often working in competitive solo practices, were hungry for CME and collegial support. When Martin solicited the attendees of the first 2 clinical congresses to join a new college of surgeons, 68 Canadians agreed and became founding members of the ACS (Table 1, available at cma.ca/cjs).

In 1929, Canadian surgeons joined with physician specialist colleagues in the unique Royal College of Physicians and Surgeons of Canada (RCPSC), but this did not diminish the Canadian appetite for participation in the ACS, which has had 6 Canadian presidents, including Edward Gallie who served 3 terms during the Second World War (Table 2, available at cma.ca/cjs). His presidency of the ACS was prolonged because clinical congresses were suspended for the duration of the war. When Gallie offered to step down in favour of an American citizen, vice-president Irvin Abell replied "I think we all take

exception to your reference to us as Americans, for you are also American."

Initially there was a shared advocacy in the United States and Canada to improve hospital standards. The ACS hired Vancouver surgeon Malcolm MacEachern as associate director to oversee its Hospital Standardization Program. In 1925, he developed the revocable certificate for an approved hospital's lobby that remains familiar today. By 1928, organizations such as the American Automobile Association were circulating lists of approved hospitals in the United States and Canada. The standardization program eventually gave way to the Joint Commission on Accreditation of Hospitals, which continues as the responsible body in the United States. It included representatives from Canada until 1958, when the Canadian Council on Hospital Accreditation was formed. The influence of surgeons on hospital standardization has diminished since MacEachern's time, probably to the loss of all.

Over time ACS advocacy became more relevant to surgeons and patients living in the United States than Canada. Currently the advocacy role is played in Canada by specialty societies, including one of this journal's sponsors, the Canadian Association of General Surgeons (CAGS) and its publisher, the Canadian Medical Association. Each of the organizations supporting Canadian surgeons has developed particular strengths: the RCPSC for residency training and CME administration, specialty societies for advocacy and the ACS for scientific development. Collaboration has been very fruitful, an example of which is the CAGS-ACS Evidence-Based Reviews in Surgery (EBRS). Robin McLeod, a Regent of ACS, has been the inspiration for EBRS in the manner of Franklin Martin, so that it is now the primary tool for journal clubs around the world. The *Canadian Journal of Surgery* is proud to publish EBRS not only because we make it freely available, but also because it is an expression of Canadian participation in the ACS.

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