The Future of Thoracic Surgery

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Our country, at present, is forging ahead in the rapid evolution of thoracic surgery, which, truly, is the last child of operative surgery. There is now no nook or corner in the body that is not open to the knife, and safely so. That is one of the sources of the great satisfaction we derive from working in thoracic surgery.

To look into the future is not an easy matter. I believe, and I am sure you agree with me, that thoracic surgery will have its evolution in the same way that abdominal surgery has had, only it will have this evolution still faster, because we are standing on the experience we have had in general surgery, particularly in abdominal surgery.

I have been thinking of what Dr. Butler put before us in his usual plain and modest way. The proposition he has made, namely, that thoracic surgery should be added to the education of the student in our universities and colleges, seems to me to be a splendid one. The student should be taught this, not so much to become a thoracic surgeon, but that he will be able to choose the correct treatment in cases of emergency. Just think of the many serious automobile accidents that occur daily. The patient with an injury to the chest is carried to the nearest hospital. There is no time for temporizing or calling in a specialist. On the spot, the decision has often to be made how best to try to save life. The doctors way down in Arizona should know the method as well as the one living here; and he ought to learn this in the medical college. For, unfortunately, not every student that has passed his examination can become a hospital intern. Therefore, sufficient thoracic surgery should be taught at the medical colleges to prepare the future doctor to steer rightly, if life depends on his immediate decision. I believe, that many, thus taught, working in smaller hospitals, will find the subject so fascinating, so conducive to continuous personal thought, that they will stick to it and gladly add it to their daily routine operative work.

You have heard from our chairman what has been done so far in thoracic surgery here and abroad. In many of its chapters, we have a clear conception today and know the proper and best advance. In others, we are still in the stage of evolution. Let us as surgeons always remember that there is no other region in our body in which more specialties join hands than within the thorax. Let us gladly ask for counsel whenever a thoracic case in any of its aspects puzzles us.

One chapter, in which I have been especially interested for many years, I should like to mention. It is the surgical treatment of cancer of the esophagus.

I shall never forget what Dr. Meltzer, our first president, said in one of the meetings of the New York Society for Thoracic Surgery, when the question came up whether these patients should be operated on or be turned over to the men who use radium. The late Dr. Henry H. Janeway of the General Memorial Hospital had just told us, when asked about his experience with radium in this class of cases, that so far he had thirty-five patients thus treated, but not one had recovered. Dr. Meltzer then said, "More of these patients should be referred to the surgeons for operation. How will the surgeons ever make progress if you deny them the material on which and with which to gain experience?" That is perfectly true. In a discussion at this meeting, it was stated that the pendulum is now swinging back to surgery. At the present moment, it seems to me, we have to try to influence the profession at large to appeal immediately to the surgeon in these cases, now that the specialists in radiotherapy have openly expressed their opinion that they cannot cure these patients.

It is also our duty to educate the public, which means principally the patient's relatives, to have the patient submit to an operation rather than to ray treatment, now that the outlook for real help by means of operation has brightened. If operative exploration proves the impossibility of a radical cure, then ray treatment (radium) is indicated. I believe the Association for the Control of Cancer can help surgeons immensely in this crusade by directing unfortunate persons afflicted with the disease properly and early.

And cancer of the cardia! Every surgeon is ready to operate for cancer of the pylorus, but the majority of patients afflicted with cardiac malignancy are left to die. Yet, the patients have the same right to hope for medical help as if the tumor had grown within another portion of the esophagus or at the pylorus. Here, too, surgery must become more aggressive, since we have learned how to avoid the dangers and how to proceed technically.

So, looking ahead, I believe the future of thoracic surgery is bright. I believe that every surgeon should add at least so much of it to his daily work that he can give proper and intelligent help to the thoracic patient in emergency.