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Presidential Address

Aesculapius contemplates thoracic surgery

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At this time I wish to express my appreciation to the members of the Association for the privilege of having served as your President during the past year. Of whatever honors I may have received over the years, this is the one I treasure most and for which I am most grateful. I have been a member of this Association for 37 of its 55 years and have served in several capacities, but to be placed in the line of the great surgeons who have preceded me in this office is to receive the ultimate honor.

When I began the private practice of thoracic surgery in Boston in 1935, there were only nineteen surgeons in the country uniting themselves to this specialty—at that time the youngest child of surgery. In those days, a thoracic operation was frequently a race between the surgeon and asphyxia; the technique of intratracheal anesthesia was just being introduced, and the

blood bank had yet to be established. I am, therefore, derived of a primitive era, and I have lived through an exciting developmental period that is still evolving. As of its most recent statistics, The American Board of Thoracic Surgery has certified by examination 2,423 surgeons, most of whom are actively practicing, and the art has progressed from surgery of the chest wall to transplantation of the heart and lungs. Meanwhile, medicine as a whole has experienced dramatic changes that are tending to transform it from an empiric art to a computerized science. With each decade, the tremendous impact of the new advances of science, eagerly absorbed by medicine, radically alters the practice of surgery. To what end and whether for better or worse remains to be seen. As we all know, every advance, every solution to a problem, raises innumerable new problems with which we must grapple. A large number of these developments are already obsolete, and of those that are useful nearly all will be discarded in a few years, so rapid is the inexorable progress of science. The small

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number of new contributions that stand the test of time are, perhaps, fundamental and will merely point the way to other discoveries, so that even the part *they* played may be forgotten.

For his annual address, it is the privilege of the President of this Association to choose his subject. Over the years some incumbents have dealt with scientific matters related to thoracic surgery, some with history, and some, more recently, with socioeconomic problems. Since I cannot speak with great authority on any of these topics, it occurred to me that I might relate to you an unusual—I might even say unique—exchange, a dialogue if you wish, in which I was an inadvertent participant. If you detect a note of levity I trust you will bear with me.

When I left Atlanta after the Association meeting last year the sun shone brightly, the temperature was in the high seventies, the trees were in almost full leaf, and early flowers bloomed in the Georgia countryside. I arrived in Boston late on a cold afternoon. The sky was leaden with a foreboding of rain or, to the experienced Bostonian, even the possibility of a spring snowstorm. The landscape had the all too familiar exhausted look of having been through another long, hard winter. April is not one of the best or worst of Boston's months.

Some years ago the late John P. Marquand wrote:

Climate, perhaps, has done more to manufacture local personality than any other force. At any rate it seems safe to state that Boston has the most variable if not the most difficult climate in the supra-equatorial world. From infancy everyone in Boston has been taught to regard the thermometer with care combined with cynicism. In few other cities can the mercury rise and fall so rapidly, depending on the variability of always-erratic winds.

This sort of thing makes for a very hardy race [survival of the fittest, I suppose] and also explains why no one in Boston cares for small refinements of dress, why everyone wears rubbers and mittens, and why Boston faces have a coldly austere and at the same time a philosophic cast—why Bostonians appreciate small favors and sus-

pect large ones and are unique in their ability to withstand adversity.*

When I awakened at dawn next morning, the weather, reversing form, had cleared, the clouds had dispersed, and it seemed that a fine spring day was in the making. I arose with the objective of estimating the result of the vigorous resuscitative measures that had been instituted on my roses in an attempt to counteract the effects of the severe winter. This is my personal Intensive Care Unit.

The sun was still below the horizon when I was distracted from my study of the rose bed by a movement in the shadow of the yews that encircle the garden. As I watched, a figure detached itself from the shadows and moved slowly toward me over what remained of the winter-killed lawn. It moved with a certain majesty, and then I saw that it was a man dressed in flowing robes. His face exhibited a strange combination of youth and extreme age even though partially hidden by a luxuriant beard.

At first I thought he was one of the hippies or love children who had strayed far from Beacon Hill or from the Cambridge communes near Harvard Square. They are concentrated in those areas but occasionally become migratory. However, this I ruled out as he drew closer. I saw that his robe was clean, and the lack of a malodorous aura about him suggested that he had bathed recently.

Then I was reminded of the story, undoubtedly apocryphal, of the late Cardinal Archbishop of Boston who, upon seeing from his window a similarly white-robed and bearded figure of unmistakable identity on the lawn of the episcopal residence, immediately sought instructions by way of the hot line to Rome. What to do? There was a period of silence and then the dictum came clearly, "Look busy!"

The person, or apparition, was now at my side looking down at the rose bed. "They do

*From Marquand, J. P.: *The New Look Reaches Boston, in Thirty Years, Boston, 1954, Little, Brown & Company.*

much better than these," he said, "on Cos or on the south slope of Olympus."

"Do they?" I said. "And you are a gardener, I suppose."

"I am Aesculapius, son of Apollo," he said with great dignity.

I was about to say, "And I am Richard Milhous Nixon," when I thought better of it since, although I am a staunch Republican, some of my best friends are quite liberal. Furthermore, he carried a staff about which was entwined a snake.

"I have come here from the Olympian Chapter to learn more about the current activities of American thoracic surgeons," he said. "I looked in at Atlanta and, learning that you had assumed the mantle of the High Priest, I thought it best that I come to Boston to talk to you in person. Fortunately, Phoebus was driving this way, although his flight plan had to be changed at the last moment because of turbulence, so we came along to see for ourselves."

"You are not alone?" I asked.

"No, I came with my daughter, Hygeia, and with Panacea. Hygeia stopped off at the National Institutes of Health to try to straighten them out on the new cancer program and the impending Heart and Lung reorganization. Panacea stopped off at the Food and Drug Administration, although we have heard that very few medicines have their approval. Phoebus will be taking us back to Olympus shortly."

Although this was in the nature of a site visit, I was quite calm. I remembered that a former chief of mine* had once had a similar visitation some thirty years before,¹ although that visit had severe repercussions among the faculty of the Harvard Medical School, and I was not alarmed. On the contrary, it seemed, although unusual, a rather congenial meeting.

He continued. "We enjoyed the trance in Atlanta."

"The what?" I said.

"The trance. It reminded me of the rites of Dionysus we celebrated at Eleusis in the

old days. Now I gather you assemble and have a meeting which seemed to be a process of self-induced mass hallucinations called papers. Also I noted groups of members gathering in private chambers to tell one another unbelievable tales of their surgical accomplishments and to partake of a nectar they call Scotch or bourbon. After listening to some of the speakers, let me tell you in confidence that Demosthenes need have no fears regarding his place in history as an orator.

"You know about our meetings?" I asked.

"We have for over fifty years," he said.

"We have quite a group of your alumni now on Olympus. They look forward eagerly to your hallucinatory festivals each spring. Follow it on celestial television, you know. They thought the color slides in Atlanta were particularly psychedelic—I believe that was the term Evarts and John used."

"Evarts?" I asked. "And John?"

"Graham and Alexander," he said. "You know them, of course."

"I knew them," I said. "Although the time may be approaching when I shall renew my acquaintance. They are with you?"

"Indeed they are. They, the Founders, and many others have a very active group. We have a splendid clinic and laboratories half-way up the south slope of Olympus. I have been appointed Vice-President in charge of administration. They take turns as Chief. This seems to keep them happy, but only for their periods on service. Even when they are off service they arrive early and try to take over the house staff nearly every morning. Things are quite cluttered up some mornings."

"That must take a bit of managing," I said.

"It does," he said. "They all tend to be quite irascible at times. However, things quiet down by noon. When the operating list is finished they wander off. Very confusing for the Chief Resident, Hippocrates, who has been on service only for the past millennium. If they were not so unpromising, things would be better, but each one says his way is the only way to do this

*With apologies to the late Dr. Frederick C. Irving.

or that, so naturally there are bound to be conflicts."

"Naturally," I said.

"But it's the new ideas that keep things in a ferment. You would not believe the number of new ideas that occur to everyone every morning and must be discussed. No one ever seems to be wrong. 'Just like the Association meetings in the old days,' they say.

"Not long ago, Norman Bethune and Pol Coryllos (a Greek of the old school) argued for several days over a point of technique. Richard Sweet has made it very clear that the esophagus is his personal property, although Franz Torek insists he has a prior claim."

"I do not envy you your task in administering such a group, Aesculapius. Are there many other problems?"

"Many," he said. "The shepherds on the north slope are constantly complaining that their dogs disappear and are never seen again. They have become so suspicious that it has been necessary to soundproof the laboratories and to install new low-effluent incinerators. Keeps down air pollution, you know. Then there is a new and vociferous group of villagers called antivivisectionists. Only Zeus can control *them*.

"The villagers, too, are making denigratory accusations because so many goats are wandering off. Al Blalock says they are exaggerating, however, because to date he has only four hundred transplants going, not counting the controls, of course."

I was incredulous. "Transplants on Olympus?" I exclaimed, "and open-heart surgery?"

"Why not?" said he. "Even though Hippocrates still believes that all wounds of the heart are mortal, we hear that groups in Texas, California, and even Cleveland, Ohio, have been refuting his dictum. Hippocrates believes they are misguided, so Blalock has set out to prove to him that there are no limits to the art."

"This is worthy of a report to the Association," I said. "I will remember to include it in my address."

"What will you say in your address?" asked Aesculapius.

"I have considered saying many things," I said. "But there are so many things to say in the brief period to which I am determined to limit my address that I find it difficult to choose. I might philosophize on the state in which medicine finds itself at this period of its existence. As you know so well, Aesculapius, medicine has traditions dating back to antiquity, but medicine and its traditions are being challenged in these times as they have never been. As physicians, we are challenged because more and more is expected of us. The public demands that we respond to its needs, but the needs are seen by a variety of people with widely divergent views. Medicine is viewed in a different light nowadays. Turning from the admiration and respect in which we were once held, the public has been indoctrinated by the news media to expect miracles of health care, and they want it delivered now, in short order. The fault lies partly in the fact that the issues of health care and the delivery of it to the public have become favorite topics for the endless rhetoric of politicians, who are frequently badly informed. In addition, certain of our politically aspiring physicians, often doctors who have never faced the realities of the practice of medicine or surgery outside the cloisters, are working assiduously to make the headlines.

"Undoubtedly there are serious defects in many areas of our health system today which, if not resolved properly, have the potential of destroying the ability of a free profession to respond to society's needs.

"Medicine is capable of meeting the nation's demands for change, but our critics, if not called to account for false or misleading criticism, will divert the government and the public from the orderly achievement of a common goal."

"I am by instinct a conservative and, although not by birth a god, Zeus made me one," said Aesculapius. "I believe that the physician and, I learn from your former colleagues who are now on Olympus, the thoracic surgeon are special persons by virtue

of training and, in most instances, a true vocation. Down through the centuries, as you measure time, with the people, in the armies of the world, in catastrophe and plague, the hallmark of the surgeon has been service. Your own Robert Louis Stevenson² once wrote, "There are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarer still, the clergyman; the physician almost as a rule."

"Of course, change is inevitable," he continued. "Phthisis is being conquered with modern medicines, I am told, and techniques and knowledge have advanced beyond my comprehension, so that the practice and the art must change to keep pace with the changes that have transpired in the lives of the people. I believe our profession cannot progress as it should if it is unduly circumscribed by rigid bureaucratic rules and regulations; however, I also believe that, regardless of the stringencies that may be thrust upon us, the hallmark always will be service. A good many of these changes strike me as unfortunate and, while I concede that it is possible that I feel this way because I am growing old and may deplore change ipso facto, I am not convinced that this is entirely the case."

"So many plans are put forth, we can only guess now what the changes will be, Aesculapius, even for the very near future. There is no proved model of a radically changed method of either the practice of medicine or the delivery of health care. There is a danger that an inadequately informed but emotionally aroused public will spur the government into efforts to accomplish too much too soon by pouring in more money, more doctors, more taxation, and more bureaucracy. Although there are urgent needs, experience teaches that immediate action often is not the best approach to the solution of a problem. Rather, there is a need to engage in systematic, well-controlled work and study on several approaches to the various problems of medicine and medical education. Our society has

grown so complex that it is beyond the easy solution to any problem. However, I am confident that solutions can and will be found."

"We must have done something right in my temple-clinics," said Aesculapius. "A little sedation (I used nepenthe), a good night's sleep with some favorable dreams, and the people kept coming back for more of the same for countless generations. I am not proposing a return to this, my original school of medicine (I understand the psychiatrists have pretty much taken over the method anyway), but the idea is not so far out as some that are being tried out today—and with federal grants. It has been my experience since the dawn of history that in every social upheaval there is a fanatic fringe whose idealistic ranks can easily be infiltrated by opportunists."

"Do you believe the stage is set today for this sort of coup?" I asked.

"Yes," said the old man. "When people feel that events are closing in on them, whether by war, civil unrest, or the fluctuations of the marketplace, there arises the bright-eyed, bushy-tailed demigod who assumes the role of the prophet. He could be a Nixon, a Kennedy, a Wallace, or even the American Medical Association (although the gods know that Zeus has thrown a number of thunderbolts in the direction of 535 North Dearborn Street in Chicago). In any case, many tend to follow him because he seems to know, or at least gives the impression that he knows, the answer. Undoubtedly some of them mean well but, like the Sophists, their heads are in the clouds, as Aristophanes put it."

"True," I said. "Charles Mackay³ wrote, 'credulity is always greatest in time of calamity' real or fancied, and Peter Andrews⁴ wrote, 'therein lies the timeless appeal of psychic prophecy.' Nobody really believes that there are people who can sense what the future holds, but it's such a great idea that even the most cynical of us wants to believe it."

"Ah, yes!" said Aesculapius. "We knew it well. In times of stress the oracle at Delphi

always came up with a prophecy that was bound to please. A little sniff of the gaseous vapors, a short trance, and you could have it any way you wished. But I don't mind telling you that no one was the wiser.

"However, we have been talking in generalities. I have come here to gather and bring back to my colleagues on Olympus information regarding the current status of thoracic surgery. Can you elucidate in some degree the answers to some questions?"

"I can try, Aesculapius."

"I have been impressed with the tales of the rigors and length of the training period through which the candidate must pass before he can become a thoracic surgeon. Are these tales true? Is it possible, as they say, that he can grow old on the treadmill while seeking to complete his training?"

"The thinking of many of us on how best to train men to become thoracic surgeons has changed somewhat in recent years, Aesculapius. The conventional seven years after medical school seems unconscionably long, and, with the expansion of cardiac surgery, two years in training in the specialty is proportionately too short. While a thoracic surgeon should be well-grounded in the principles of general surgery, now many believe it is possible to shorten the over-all training period by two or even three years. This can be accomplished by eliminating the internship and having two years of general surgery. However, these must be two good solid years of surgery, avoiding forced divergences into the dog laboratory to work upon projects in which the resident may have little interest. Undoubtedly, these divergences are valuable for some; too often they represent a waste of time and manpower.

"The resident then would enter upon three years of training in thoracic surgery. Depending upon his choice, he may have one year of general thoracic surgery and two years of cardiac surgery or the reverse. The third year is in the nature of an elective and will be chosen as the resident believes it will best fit into his future plans.

"In 1933, Elliott Cutler, in the Shattuck lecture said, 'The cardiac surgeon, should

specialization ever offend with such a monstrosity, will find that his learning must at least include all physiological considerations within the thorax. This will force him to study the disorders of the lungs and this in turn may keep his pedestal sufficiently broad to preserve an equilibrium, which is sometimes a difficult feat in a narrow field unless preliminary training has been broad and diversified.'*

"Several programs have already been initiated on an experimental basis with the approval of The American Board of Thoracic Surgery. However, the essence of these programs must be teaching—close personal teaching—by the program director and his associates. At the early stage of training, even the simplest procedures warrant careful and repetitive personal supervision by the teacher. Of course, as time passes, there must be ample independent experience for the resident as a responsible surgeon.

"However, first of all, and fundamentally, the people who are chosen to enter these programs must be the cream of the crop. They must be gifted, and their progress over the years must be guided assiduously. They must never want for advice and precept. If we are to reduce the length of the training period, the fundamentals of teaching must be emphasized more than ever. Teaching is not a sum of tricks—it is a personal communication. Sometimes it is a bore for the teacher, but it is rewarding nevertheless even if it is only to transmit a few simple facts or ideas.

"The medieval physician limited the number of his apprentices in order to keep his secret knowledge limited. We have long since discarded this concept, but we would do well to re-examine the close relationship of teacher and pupil and adapt it to the hurtling pace of our times. Regardless of the inevitable changes in the character of the training program brought about by automation and the computer, I believe we must always return to the Hippocratic tradition of teaching."

*From Cutler, E. C.: *The Origins of Thoracic Surgery*, N. Engl. J. Med. 208: 1233, 1933.

"All very true," said Aesculapius. "As Plato⁵ has said in the *Dialogues*, 'The most gifted minds, when they are ill-educated, become pre-eminently bad.'

"Now with all this training and projected training, I am told that thoracic surgery has grown and will continue to grow inordinately. But how much thoracic surgery is being done in this country and by whom? You talk of shortening the training period, but are there too few thoracic surgeons, or could there be too many?"

"Strangely enough," I said, "perhaps we are making changes prematurely since we have not had answers to these questions, even in approximate numbers. Recently, however, our Association has become aware of this lack and is participating with the Society of Thoracic Surgeons in a study which, it is hoped, may supply some of these data. Dr. Lyman Brewer and his committee have embarked on this difficult task and even now have gathered some interesting information. They have collected data from approximately 5,500 responding hospitals out of 8,000 in the country. The preliminary data have not yet been completely statistically analyzed. However, they indicate that in 1970 some 2,300 certified thoracic surgeons performed 182,000 thoracic operations in 2,600 hospitals in this country where this type of surgery is done. When completed, the study will be published, and it is hoped we will have some guidelines."

"A task, it seems, to be ranked with the labors of Hercules," the venerable physician mused. "And what use will be made of the study when completed?"

"It remains to be seen," I said. "There is some thought that, as the government takes over more and more of medicine, it may occur to the Secretary of Health, Education, and Welfare in a blinding flash of intuition that he may wish to have this information concerning thoracic surgery. Once he has it, almost certainly it will be marked 'Top Secret' and never again see the light of day."

"Such things are possible?" he asked.

"Yes, Aesculapius," I said, "unless some

very clever man happens along and, after some surreptitious prying, finds that it was not very secret after all."

"Another question," said Aesculapius. "Who proclaims the acolyte to be a fully qualified thoracic surgeon and able to operate safely on the people?"

"The Board," I said.

"The what?" he asked.

"The Board. It's a group of thoracic surgeons who are, to a degree, self-perpetuating. They determine if the candidate has had the proper training, the moral character, and the professional ethics to be a thoracic surgeon."

"They do *all* this?"

"They do."

"They must be gods," he said in a voice hushed with awe.

"Well, not quite," I said, "although at times they appear to be possessed of supernatural powers. I was once a member of the Board. I often said it was the best club I ever belonged to. But the Board works hard putting in countless hours while striving to keep abreast of the changing scene."

"Surely" said Aesculapius, "when the candidate has been initiated into the Eleusinian mysteries, he is an accomplished thoracic surgeon and the scroll he has been awarded proves this."

"No," I said, "he has been certified and granted a certificate, that is true, but how effectively he performs cannot be predicted by the grades he receives in school, the degrees he holds, or the program in which he received his training. For quite a while we were quite deluded by the fallacious thinking that the certificate is the measure of the thoracic surgeon. On the contrary, it often bears no relation to his individual competence. It is to the credit of the present American Board of Thoracic Surgery that it had the vision to undertake a complete revamping of the old format of testing candidates and to replace it with a new and objective examination which should go far to give a better appreciation of individual potential for performance."

"At Cos and at Epidauros," said Aesculapius, "I had a system for training priests

in medicine. The acolytes had a thorough grounding in all of the mysteries of anesthesia, leeching, and the interpretation of dreams before they were allowed contact with patients. Do you have such a system?

"We do," I said, "and some of the programs bear close resemblances to your system, particularly as regards the interpretation of dreams, which are called scientific data in these places.

"It has become increasingly apparent in recent years that there are approved programs whose graduates have a high failure rate in the Board examinations. Among other deficiencies, these programs offered the candidates less independent operating experience than those with lower failure rates. It would seem that the poorer programs not only offer their residents less but, because of this, attract candidates who are fundamentally less well endowed.

"In 1966, the Residency Review Committee for Thoracic Surgery was formed to approve or disapprove programs that undertake to train thoracic surgeons. They perform this function by ascertaining that the programs in question operate under the Special Requirements for Residency Training in Thoracic Surgery.

"Since this is the fundamental responsibility of the Review Committee, it is important that the Board, in formulating these requirements, avoid arbitrary or capricious standards. The question should always be raised, 'Is this requirement essential to accreditation?' Inasmuch as accreditation is being used as an important factor for making appointments, awarding grants, and the like, the public and outside agencies, particularly the government, will be increasingly interested in how accreditation is determined. This may, in some respects, be difficult to define in absolute terms. In bridge design, large factors of safety for live loads and other stresses are prescribed by the government, but the government cannot prescribe the multiple factors involved in a training program because at any given time no one, even those actively engaged in

thoracic surgery training, can always be certain what they should be. Nevertheless, they will demand that in their view all procedures be appropriate and satisfactory. It is hoped that the various Boards will reduce their respective 'Essentials' to what is necessary for education. This will be particularly important with reference to the new programs now being developed for training in thoracic surgery."

"Can all these decisions be made at great distances from the programs? Does the Review Committee have a seer in its retinue?" he asked.

"At times, Aesculapius, the Committee has been accused of making its decisions by means of a cloudy crystal ball, particularly if they are not favorable to a program. All programs are surveyed by a field representative of the Department of Graduate Medical Education, it is true, but this routine information may not always be sufficiently detailed so that a firm adjudication can be made. Ideally, perhaps, a peer review by a team of thoracic surgeons could be made, but such reviews would be difficult and expensive. At the present time, in questionable cases a site visit and survey by a single thoracic surgeon is the means of acquiring additional information. There is room for discussion on this point."

"On Olympus," said Aesculapius, "once a god, always a god, although Zeus has been known to make gods of mere mortals as he did me. This means that forever we may exist without adding to our knowledge while, all unaware, the wisdom of Athena and the cosmic stream pass by. It is said that some young acolytes in various programs are wasting their time eating the lotus."

"Unfortunately, this is known to be true," I said. "Whether it is due to a young man himself or to inferior training programs makes little difference in the end product. On completion of their residencies, about one third of the candidates find they are unable to cope with the Board examination. Furthermore, it is becoming apparent that certain accredited programs contribute more than their share to the failure rate. For this

reason, I believe that in-training examinations given to residents in thoracic surgery would have a salutary and stimulating effect. Such examinations, when reviewed, should serve to alert both the resident and the program director to any deficiencies."

"In my temple at Epidauros," said Aesculapius, "the acolytes were fed from the votive offerings of the cure seekers. They were clothed in simple robes and, since they were celibate, there were no demands of family. But in these long and highly complex training programs that you have evolved, who pays the cost of this elaborate education?"

"A moot and worrisome point," I said. "Certainly education must be maintained as such and not influenced by who finances it or how. Certainly the trainee must not be a hospital employee. It has been suggested that all hospitals must share in the cost of education. The burden of cost could be borne or participated in by the medical staff, the patients, and by taxes. Such an arrangement would keep the government from taking it all over. We must have dedicated money for education. It has been proposed that the government give loans to trainees with forgiveness based on subsequent service in ghettos, deprived areas, and the like. It has also been proposed that stipends be paid to training program directors for the 'completed product.' This provision and a Senate version that capitation payments require medical schools and graduate programs to plan or carry out specific projects are potentially serious, in my view, since it is the first time that certain programs have been specified and must be undertaken. These directives do not take into account quality of care and quality of graduate training."

"How very like an Olympian edict," said Aesculapius.

"It could be more like a ukase," I said. "As Irving Wright has written, '... the result may be a guild of medical technicians dancing to the strings of politicians or public groups who have little insight into the problems of medical care or science.

This is already the plight of physicians in some other countries.'*"

It was now much lighter, and the gray of dawn was giving way to the color of sunrise.

"By the way," said Aesculapius. "We on Olympus have recently been concerned by the extensive publicity concerning the accomplishments of some of your members that has appeared in various 'scientific' publications such as *Time*, *Life*, and the daily newspapers. This distasteful publicity must be a source of great discomfiture to these surgeons."

"I am sure it is, I said, "even though the onus has been conveniently placed on a new breed of Madison Avenue expatriates. They are called Hospital Public Relations Directors. We are told that they are solely responsible for the dissemination of these stories, entirely unbeknown to the surgeons themselves. These whipping boys make the parties concerned feel much better about the whole thing. It even makes the surgeon feel better about appearing on television in connection with his exploits. With the advent of this era of permissiveness, a few have felt that this attitude is proper. However, I am happy to tell you, Aesculapius, that the great majority of our Association strongly believes that the ancient ethics of our profession should not change else we may in time rival the snake-oil medicine man."

"The Olympian chapter will be relieved to learn this when I give my report," said Aesculapius. "But all in all, you fellows haven't done too badly considering the fact that you have had a run at it for only fifty years. Yours is a bold and brave breed, transcending all who have gone before you. I have only one admonition. Remember, once, when I was still a mortal, I raised a man from the dead, which enraged Pluto (a very touchy fellow with a short fuse), and you know what happened to me. Be careful! Don't make the same mistake. The over-all design of the gods is not such a bad one.

*From Wright, I. S.: At What Price? N. Engl. J. Med. 282: 660, 1972.

"I predict that in another 100 years or so you will have come of age."

By this time the sun had risen above the horizon, and I was reminded of the first line of a well-known bawdy poem⁶ that begins, "Now in the East the gleaming wheel of Phoebus' car is turning." The sunlight for a brief second became almost incandescent. The figure of Aesculapius paled and vanished. From somewhere I heard the furious beat of hooves and the harsh breathing of horses straining at the traces.

"Good-bye, Aesculapius," I shouted.

From a great distance, I heard his voice. "Good-bye, Mr. President," he called. "See you in Los Angeles."

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