

PRESIDENTIAL ADDRESS—AMERICAN SOCIETY FOR SURGERY OF THE HAND

Hand surgery—the old order changeth

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"The old order changeth, yielding place to new,
And God fulfils himself in many ways,
Lest one good custom should corrupt the world."
Morte D'Arthur, Tennyson, 1835

For many years, American medical societies have welcomed Canadians into their membership. On occasion you have shown special consideration by asking one of us to become president of a society. I have been given that special honor by my colleagues in this society and it is with appreciation and humility that I hold this office. I only hope that Canadians who benefit so much from the American medical scene will reciprocate by scientific contributions and constructive involvement in the activities of your societies. Perhaps Prime Minister Trudeau said it best in his address to a joint session of the United States congress: "The warmth of your welcome reinforces what I have always known: that a Canadian in the United States is among friends."¹

This society has just completed its thirty-third year of activity. In the early years emphasis was on the development of new techniques and concepts in hand surgery, with particular emphasis on the reconstruction of damaged hands. In time, the surgery of rheumatoid arthritis was developed and members of this society became leaders not only for their work in the hand, but also for their overall interest and leadership in the treatment of rheumatoid arthritis. In recent years there have been significant refinements in the treatment of tendon, nerve, and vessel injury due primarily to the introduction of microsurgery. Even though these new developments are exciting and dramatic, I believe that the greatest contribution that hand surgeons and this

society have made has been to provide better care for acute injuries. In his presidential address of 1965, Dr. Robert McCormack put it so well: "The initial repair of an injured hand by a surgeon trained in surgery of the hand often eliminates the artificial distinction between primary reparative surgery and secondary reconstructive surgery."² Our immediate past president, Dr. Harold Kleinert, has dedicated his career to this concept. He has convinced us that the best way to deal with a hand injury is to repair all of the damage at the time of injury. As a result of his perseverance, the field of replantation surgery has become a practical reality. To continue this trend toward better definitive primary care, more surgeons must be trained in hand surgery.

During the first 25 years of this society, the membership increased from the original 35 founding members to 125. The criteria for membership became stricter, but at the same time activities in hand surgery increased greatly. More and more young surgeons were deciding to spend most, if not all, of their time in surgery of the hand. We faced the paradoxical situation of a small society trying to serve the needs of a rapidly expanding discipline. The obvious move was to admit more surgeons to membership and this was accomplished by establishing an associate membership category. This move has been eminently successful in not only admitting more surgeons to membership but also by enabling us to admit younger surgeons without changing the rather strict criteria for active membership that was established many years ago.

Was this move enough to satisfy the great increase in activity in surgery of the hand? I do not think so. In fact, I do not think we can satisfy the demands of surgeons in this field by any measure which maintains the status quo.

A few years ago another hand organization was formed, the American Association of Hand Surgeons. It is developing, as evidenced by its most recent meeting held last November in San Francisco. I was impressed by the quality of papers presented at that meeting, but especially impressed by the innovative work

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presented by young men in this field. It occurred to me while attending that meeting that those young men have so much to do and to discuss in hand surgery that they cannot wait for a single occasion each year to report their work. The existence of two societies satisfies their need to speak out.

Another society was recently formed and held its inaugural meeting 2 days ago here in Dallas. I refer to the American Society of Hand Therapists. Members of the hand society are pleased that the therapists have chosen to meet in conjunction with our meeting. We not only welcome them to attend and to participate in our meeting, but we wish them the very best for a brilliant future in their society. Many years ago, at this meeting, a distinguished surgeon made the comment that, if a physiotherapist was to be used at all, it would be best to choose a therapist with no hands so the therapist would not harm the patient. Everyone laughed and, I suspect, most agreed. This statement likely delayed the development of the hand therapist for many years. We not only accept the hand therapist now but seek him or her out for preoperative consultation as well as postoperative management. We can expect better results following the treatment of a great variety of hand problems to be reported at this and subsequent meetings, and I know that one of the most significant reasons for better results is improved care provided by our hand therapists. Put another way, we can no longer take all of the credit for a good result.

On the international scene, at least two new hand societies have been formed this year. There are now 19 societies which comprise the International Federation of Societies for Surgery of the Hand, a body which was founded 12 years ago and which recognizes the need for coordination of certain activities in hand surgery. During the past year, this society visited hand societies in Mexico, Guatemala, Scotland, and Austria, and we anticipate other trips in the future. These international meetings are extremely valuable because they are mutually beneficial and are another forum for the exchange of information.

These new societies increase the profile of hand surgery. The question now arises: is hand surgery a specialty deserving of official recognition?

Until recent years, there were only four or five places one could obtain training in hand surgery, and this seemed sufficient. Now many young people are seeking training in hand surgery and they look to this society for guidance. We have an obligation to inform them not only where the training is available, but also that the training is adequate, and that they will learn enough to practice good hand surgery. It follows that if a surgeon

accomplishes all of this, some sort of recognition should be given. We have in the past catalogued all of the hand surgery training programs available in this country and the entire matter is the subject of Dr. Leonard Goldner's³ presidential address of 1970. We have had discussions with members of the boards of surgery, orthopaedic surgery, and plastic surgery concerning the possibility of developing a certificate of special competence in surgery of the hand. It might be said that we were received with less than great enthusiasm. One comment that arises repeatedly in such discussions is that there is no need for certification in hand surgery because membership in the American Society for Surgery of the Hand is sufficient to indicate all the rights and privileges of a "hand surgeon." This may have been true in the past, but it is not so today. A society membership, while deserving, is nevertheless an informal recognition of one's status and therefore of uncertain value today when there is so much intrusion by government into our activities. Hand surgery has outgrown our present system. It is too important to the overall delivery of health care to lack official recognition.

Presently there are several centers that offer training in hand surgery, and most, if not all, are directed by members of this society. But we know very little about these programs. Most of them accept fellows only after completion of their residency in general surgery, orthopaedic surgery, or plastic surgery. Some programs are on a preceptor basis, some on a fellowship basis, and some function similar to the usual residency system. Some programs are weighted toward the treatment of acute injuries and others toward reconstruction. Therefore, at the present time, residents with different training backgrounds are entering hand surgery training programs of varying structure and emphasis. It becomes apparent that there is much to be done before anyone can say what the training requirements for hand surgery should be and what basic knowledge should be measured to indicate competence in this field of surgery.

Recently, we have taken the first positive step toward formal recognition of a hand surgeon. We have circulated among our membership a request of those members who have postresidency training programs in hand surgery to have their program inspected. By examining the hand surgery programs provided by members of this society, we hope to obtain information that will tell us not only how hand surgeons are being trained today, but also how they should be trained in the future.

Lest these remarks be misinterpreted, we are not seeking certification in hand surgery at all costs and in

defiance of organized medicine. On the contrary, we are proceeding in an orderly and legitimate manner, with all interested parties informed. Dr. Robert Chase said, "Where should specialization stop? At no given point in my view, since this represents the development of new and useful knowledge and expertise. However, where certification should stop is another matter."⁴ To date, it is a matter which has yet to be resolved. It is not unlike the long-standing problem of examinations. No one approves of them, but until something better is developed, examinations are necessary. In the same way, what mechanism, short of certification in hand surgery, can satisfy as well as recognize the efforts of young surgeons entering this field of surgery?

With the growth of surgery of the hand, increased activities have developed around this discipline. We

have entered a larger arena with all the attendant responsibilities of greater challenges to face and bigger problems to solve. There is much to be done because the old order has indeed changed.

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