PRESIDENTIAL ADDRESS

Fatti Maschii Parole Femine

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The current role of the Society of Surgical Oncology has demonstrated leadership in the field of surgical oncology in both word and deed, as exemplified by the motto of the State of Maryland, adopted from the 1632 family seal of Lord Baltimore, "*Fatti Maschii Parole Femine.*" The current emphasis on the need for clinical research on human cancers, and the education of surgeons in all aspects of various cancers is well founded in the writings and the addresses of Dr. James Ewing, the Society's founder. Our goals as a society for the next decade have been precisely defined and, as in all important national programs, made current and interfaced with corresponding priorities of the American Cancer Society and the National Cancer Institute. The Society, in three project areas, is: (1) assessing current progress in surgical oncology, as well as future manpower needs; (2) studying on a comprehensive basis the surgical practices in cancer patient management; and (3) surveying academic centers concerning the nature of current education and training of academic surgeons in clinical research. The Training Committee currently reviews and recognizes 2-year postresidency multidisciplinary training at several institutions, and the James Ewing Foundation has expanded its fiscal support of educational activities. This annual meeting marks an historic first signified by the conjoint sessions being held with other international surgical oncology societies.

Cancer **53:1231–1234, 1984.**

THIS IS AN OCCASION for me, as your President, to outline the current role of the Society of Surgical Oncology. The record of the Society's members, committees, and projects demonstrates clearly its leadership in the field of surgical oncology in both word and deed. The Society successfully has initiated and completed projects that illustrate its ability to carry out programs that effectively promote the practice of surgical oncology. The Society also has articulated well the interests and objectives of its constituency in the numerous forums that shape the conduct of medicine and research in the world.

The title of this address is "*Fatti Maschii Parole Femine.*" This phrase is not a profound principle of a classical philosopher. It is Italian and not Latin: "Manly Deeds . . . Womanly Words." One would not choose this theme to initiate a chauvinistic battle of the sexes. This is not the case or the purpose. "*Fatti Maschii Parole Femine*" is the motto of the State of Maryland. This American colony adopted the motto of Lord Baltimore (Fig. 1). In 1632, the King of England granted the colony of Maryland to Cecil Calvert, the first Lord Baltimore, who subsequently developed this family seal where the motto first appears on the scroll.

Mottoes, of course, can carry a wide range of connotations from insipid platitudes to stirring rallying cries. Interestingly, this motto addresses the subject of mottoes itself, *i.e.*, they should be wise and just, and accompanied by actions that bravely fulfill the profound sentiments expressed. Actually, mottoes on the subject of mottoes are not unusual, and, by comparison, one might feel that this one fares well.

It is important in this context to state that the Society of Surgical Oncology has demonstrated its abilities in the last year by its members' leadership in both word and deed, and one hopes this report will illustrate that the words have been just and the deeds spirited and determined.

Reference to this theme of bold actions and just words as it applies to surgical oncology can be found in the writings of our Society's founder, Dr. James Ewing. He expressed his view on the role for clinical oncology in stating that:

> . . . fundamental studies of the nature of the cancer process have failed entirely to explain the origin of the malignant quality of cancer growth, and it seems

Presented at the Annual Meeting of The Society of Surgical Oncology, Denver, Colorado, May 1–4, 1983.

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Accepted for publication June 7, 1983.

> unlikely that they will ever succeed in accomplishing this object. The final explanation of the origin of cancer must be sought in clinical investigation and pathological research into the conditions under which cancer arises.[1]

Dr. Ewing went on to apply the concept of bold deeds directly to the role of the surgeon in cancer treatment:

> As the tumors become inaccessible, more malignant, and more extensive, simple removal becomes less and less satisfactory, but surgery has met these difficulties with great courage and skill, enlarging the field of operation, increasing the skill and delicacy of the technique and controlling mortality by a great number of ingenious improvements in anaesthesia, antisepsis, hemostasis, nerve blocking, and effective preoperative and postoperative measures.[1]

Dr. Ewing's commitment to the coupling of reasoned thought with bold action was noted by Dr. F. W. Stewart in his eulogy for Dr. Ewing.

> Many surgeons came to feel that Ewing was opposed to surgery, that he disliked surgeons as a class and disapproved of their methods. The fact is that Ewing never discouraged surgical intervention once he became convinced that it offered the best possibility of cure or relief from suffering. He was most antagonistic to surgery for surgery's sake, to extensive surgical work in the face of incurable disease, and to surgical intervention by surgeons who lacked understanding of the natural history of cancer and the total inefficacy of their ill-planned procedures for interrupting this natural course.[2]

A personal reason for choosing the theme of leadership in both words and deeds is that the paths of Dr. Ewing and the Roswell Park Memorial Institute in Buffalo crossed in 1913 on an occasion when words and deeds might have been expected to merge. On November 1, 1913, Dr. Ewing delivered the dedication address which sought to capture in words the significance of the action by the State of New York to open newer cancer research hospital facilities. On that occasion, Dr. Ewing reiterated some of the concepts already cited in his work. He noted the need for clinical investigation, stating that: "There is a growing conviction that to know cancer in man one must study the disease more carefully in the human subject."[3]

Dr. Ewing also addressed the question whether the impetus for a commitment to cancer research arose from compassionate public pleas or professional actions. He did not on that occasion cry "Manly Deeds and Womanly Words," but he did put that conclusion in his own terms: "The impetus for this movement must have come from some specially enlightened and aggressive source . . . , both from the humanitarian and from the scientific sides."[3] And it did in Buffalo: New York State's commitment to a cancer research institute resulted from the joint efforts of Dr. Roswell Park, a renowned surgeon, and the Edward H. Butler family, prominent city benefactors.[4] This model has been replicated again and again elsewhere in the United States.

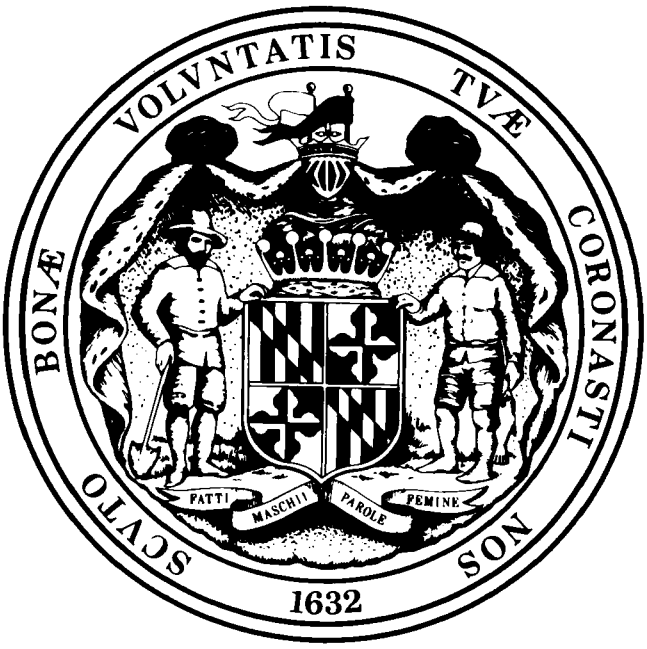

FIG. 1. Great seal of the State of Maryland, based on the family seal of Cecil Calvert, the first Lord Baltimore and recipient in 1632 of a land grant for the colony of Maryland.

On the shortest path to cancer control, Ewing observed: "Through the steady growth of our knowledge of every phase of neoplastic disease, and not by a single grand denouement by some inspired medical genius, will the problems of cancer meet their solution in due time."[3]

Dr. Roswell Park was honored in 1913 to host a man of such perception and vision.

Based on the tradition of Dr. Ewing for leadership in both word and deed, the Society of Surgical Oncology today faces major responsibilities in both speaking and acting on behalf of the field of surgical oncology. Members of the Society should take pride in their efforts to date and should anticipate an active role in the future promotion of the goals and objectives of the Society. Appropriately, in the references cited to this point from Dr. Ewing's work, three particular areas of activity are specified. He noted the role of education, stating: "that the knowledge of the early symptoms, diagnosis, cause, and treatment of cancer is very inadequately taught, even in the best medical schools."[3]

Also, in his treatise, Dr. Ewing cited the need for initiatives in both academic research centers, and major hospital facilities:

> Every large community, like the City of Detroit, with its 1,500,000 inhabitants, great wealth, and high medical intelligence will probably require some form of a cancer institute . . . Yet the majority of cancer patients will probably long be required to apply to general hospitals. I strongly recommend also the organization of cancer services in large general hospitals in addition to the more deliberate establishment of cancer institutes.[1]

One can state unequivocally that the Society of Surgical Oncology is leading efforts in these and other relevant areas that define and promote the surgeon's role in oncology. A fundamental measure of quality leadership is the size and commitment of the constituents. The Society in its latest newsletter reported that the ranks of membership have grown to a record number of over 900 members.

The Society's Long Range Planning Committee recently has defined formally seven goals which can assure better care for cancer patients in the next decade; these goals include: (1) fostering clinical and laboratory research in surgical oncology; (2) developing guidelines for training in surgical oncology; (3) fostering education, fellowships, and continuing medical education; (4) promoting interactions with other cancer organizations; (5) defining standards of care and promoting their attainment; (6) developing appropriate leadership; and (7) relating to the general surgical community.

In the last year, the Long Range Planning Committee has re-examined these goals and given highest priority to immediate actions aimed at utilizing a newsletter to disseminate information on relevant funding and programs, gaining visibility on National Cancer Institute forums related to surgical oncology, improving the administrative and grant skills of the membership, assessing academic programs and manpower to ascertain needs, increasing National Cancer Institute research and training funding in surgical oncology, and delineating the Society's mission.

Examples of the Society's growing recognition as a genuine and eloquent advocate for surgical oncology are the deeds that have arisen out of the Surgical Oncology Manpower & Government Relations Committee, first established in 1978 by Dr. LaSalle Leffall to promote the representation of surgical oncology in federally funded programs. The National Cancer Institute responded in 1978 and 1979 with the establishment of a Division of Cancer Research Resources and Centers Workshop in surgical oncology, with a Request for Applications in surgical oncology, and with the appointment of senior members of the Society to the Surgical Oncology Research Development Subcommittee (SORDS) of the Board of Scientific Counselors of the Division of Cancer Treatment. This latter group proved instrumental in the commitment of National Cancer Institute and American Cancer Society funding to the March 1980 Surgical Oncology Planning Workshop chaired by Dr. Donald Morton.[5] This report spoke effectively for the designation of a Surgical Section within the Division of Cancer Treatment's Clinical Investigations Branch, which was effected shortly thereafter. The Division of Cancer Treatment also has augmented its commitment to workshops in surgical oncology, as exemplified by the September 1981 workshop on "The Operation,"[6] with melanoma, breast, colon, and sarcoma as prototypes. A subsequent December 1981 workshop was held on melanoma,[7] as well as a June 1982 workshop on the "Mechanism of Metastasis and Surgeon's Role."[8] More recently, a National Cancer Institute Surgical Training Program has been announced which will support a 3-year intensive, supervised laboratory research experience for young surgeons. One may anticipate that the Society's Government Relations Committee, in conjunction with SORDS, will continue to speak effectively for increased representation of surgical oncology on the boards of the National Institutes of Health, for a study section committed through leadership and membership to surgical oncology, and for funding announcements addressing specifically a priority for surgical oncology training and research.

With regard to securing funding for surgical oncology, we are all pleased to note the leadership of the Society in three actions this year. The first was to convene leaders in the field to review progress in surgical oncology and to define short-term (2–3 year) tasks where further efforts are needed and can be realistically achieved. The Society subsequently secured National Cancer Institute and American Cancer Society funding to conduct this workshop in September 1983. The second task was to study prospectively patterns of surgical cancer management to identify needs for training, research, and management guidelines. Under the leadership of Dr. Jerome DeCosse, a program for the "Study of Surgical Practices in Cancer Patient Management" has been prepared. The third task was to survey academic centers concerning the nature of current education and training of surgeons in cancer, and particularly the training of academic surgeons in clinical research. Building on previous Society leadership in surveys of chairpersons of academic departments of surgery,[9] of members of the Society,[10] of the cancer control and research activities of the general membership,[11] and of postgraduate programs in surgical oncology[12], in the near future we anticipate a comprehensive assessment of academic programs in surgical oncology.

The Committee on Training has undertaken the dif-

ficult and laudable task of surveying and acknowledging the quality of surgical oncology training. Dr. Schweitzer has reported that 16 institutions in the United States have designated 2-year postresidency training explicitly in surgical oncology, and an additional 14 institutions have provided surgical oncology training integrated into a general surgery residency. The Committee on Training already has reviewed and awarded 3-year recognition to the 2-year postresidency multidisciplinary training programs at Memorial-Sloan Kettering, Ohio State, and Roswell Park. Seven additional institutional reviews are pending at this time. More are anticipated.

At the individual level, the Society's programs to promote training were augmented significantly in 1982 through the formal establishment of the James Ewing Foundation. Eventually, the proceeds from an endowment will provide assistance to deserving individuals entering advanced studies. Currently, generous contributions received to date to the fund permit the Society to both complement its annual Resident–Fellow awards, given since 1962 for recognition of outstanding clinical and research papers, with travel awards by the James Ewing Foundation to support recognition of meritorious abstracts by surgical fellows.

The record of the Society of Surgical Oncology, demonstrating clearly promotion of the field of surgical oncology through leadership in both resolute deeds and just and compassionate articulation of interests, is of course gratifying to all. Our Society seeks to serve all its members, and by nature the majority of its efforts will address concerns of a broad, national implication. The Society stands ready to respond to those members who take the initiative to articulate conscientious and wise proposals, to undertake resolutely venturesome and determined action, and to promote the field of surgical oncology. It is in conclusion appropriate to note that this meeting is an historic occasion in that our Society has held concurrent sessions for the first time with distinguished colleagues of the British Society of Surgical Oncology and the European Surgical Oncology Society.

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