

JAMES EWING SOCIETY, 1940-1966

Presidential Address

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IT IS WITH A GREAT DEAL OF PLEASURE THAT I welcome you back to New York for the nineteenth annual scientific session of the James Ewing Society. It will be very difficult for our hospitality to match that which we received in Houston last year but we will certainly try. For the first time in New York we are attempting to have a program and hospitality room for our ladies and I hope they enjoy it to the utmost. I want to thank all the fine ladies of the local arrangements committee for all their work and ideas to make this meeting an exceptional one.

At a meeting of the Executive Council in January of this year, it was voted that an annual "message" should be received by the members of this society from the president. The vote, needless to say, was not unanimous. There were 2 nay votes cast—one by the president, the second by the president-elect, who is already worrying about what he is going to say next year.

Since it befalls my lot to be the first to deliver an annual message, I will try not to set precedent for those who must follow. Perhaps the most innocuous thing I could do would be to give a brief history of these sessions, all of which I have had the privilege of attending.

The first annual Cancer Symposium sponsored by the James Ewing Society was held in this room on January 16 and 17, 1948. Today, for me, the most interesting feature of that meeting is to look at the fly-leaf of that program. It contains the following statements:

The James Ewing Society was organized in New York City in June 1940 for the following purposes:

1. To further the knowledge about cancer;

2. To associate in membership all those who received their training in cancer at Memorial Hospital.

Today, 18 years later, I do not feel that there is any question that the first purpose, of furthering the knowledge of cancer, still holds true. In talking to my colleagues in this society, I believe we have expanded this purpose to include quality-care of the cancer patient in the United States and abroad through our foreign corresponding members. The society has remained unique in that members of multiple disciplines (surgeons, radiologists and therapists, internists, pathologists, scientists), all join together with all their varied skills to attack the second great killer of our time.

Since that first meeting 18 years ago, the over-all death rate of most cancers has not been appreciably altered. One could then ask, "Have our combined efforts been in vain?" I suggest not. For if one thinks about it, progress has been made, slowly ground out to be sure, but progress nevertheless.

PROGRESS IN RESEARCH

On our first program several papers were given on the use of hormones in cancer but none on surgery of the endocrine glands. Since then we have learned that many patients can live useful and comfortable lives by ablation of some of these organs. The radical surgical attack on recurrent and metastatic cancer was discussed but hemicorporectomy for uncontrolled localized pelvic cancer was unthinkable. Today it is under investigation with all its inherent problems of rehabilitation. The isolation and perfusion of organs and extremities was not mentioned in our 1948 meeting but since that time many papers have been given here showing excellent palliative results in selected cases of melanoma by this procedure. May I be so bold as to hazard a prediction that when the life of our society has doubled, at our 38th annual meeting, organ replacement and transplantation of

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healthy for diseased organs will be a common topic of discussion.

In 1948 the latest chemotherapeutic drugs were presented for our use. These were SK 136, 137 and 437. Since that humble beginning, think of the number and variety of compounds that have been made available to us. We have certainly seen life prolonged more comfortably in leukemia and other cancers by the judicious use of these compounds. And as we blithely went along teaching that cancer could be cured only by surgery and x-ray and that no cancers were cured by chemotherapy, one of our own members, whom we will honor this week, discovered that methotrexate could permanently cure most choriocarcinomas. A major breakthrough for the future—progress.

In January 1948 a paper was delivered on radioactive isotopes and cancer and I would like to quote from the abstract:

When it was found possible to make radioactive isotopes of common elements, hope was aroused that new and efficacious methods of cancer therapy would immediately be developed. This hope has not been realized.

Since then a guest of this society to be honored suggested that ^{60}Co , ^{198}Au and ^{51}Cr be used in cancer therapy. He was the first to suggest that ^{60}Co could be used as a radioactive source to replace radium and high voltage ionizing radiation. He also was instrumental in the use of ^{60}Co in nylon tubes as interstitial therapy.

Photoscanning (now in technicolor) and telecesium are now diagnostic and excellent therapeutic tools which were unavailable in 1948. Super voltage ionizing radiation with so-called radical therapy has added days of palliation and comfort and in a few cases cures. It is also interesting to note that pre-operative radiation, used by some 18 years ago, then discarded, is now again commonly used.

Some of the greatest progress of the last 18 years has been in the field of preventive medicine. Because of time, I will cite only 3 major examples:

1. The Papanicolaou smear and its utilization—unknown at the founding of this society. Though it certainly cannot prevent cancer, its use has reduced the mortality rate of uterine cancer by detect-

ing it in a curable state. It is readily conceivable that, if it is properly done on all women, the death rate from cervical cancer could approach zero per cent.

2. The studies and conclusions by members of this society that cigarette smoking is a major factor in the production of lung cancer. Here is truly preventive medicine, unfortunately not generally heeded, as evidenced by the increase in sales of cigarettes. The mere abstinence from cigarettes could theoretically reduce the incidence of lung cancer by about 90%.

3. Finally, recent evidence to show that the early detection of asymptomatic cancers yields the highest 5-year cure rates. Today, there are 1,400,000 Americans cured of cancer. When this society began, we were curing one out of 8. Through these 18 years we have seen this rate rise to one in 3, with the knowledge that it could be one in 2 without any further tools in our armamentarium.

So through our past 18 sessions we have seen progress in surgery, radiation, chemotherapy and cancer prevention. We have also seen progress in combining these modalities by which we have given comfort and palliation to many. We may not have added time to life, but we certainly have added life to time.

I would now like to turn to the second reason for the organization of the James Ewing Society, "to associate in membership all those who received their training in cancer at Memorial Hospital." Today, of course, this is a dead issue but I remember well when it was a vital one. And, I must confess, I was one of those who tried to keep it so. Fortunately, wiser minds prevailed and some of us learned that cancer was treated quite well in many places west of First Avenue. Our aim then changed to unite in membership those people primarily interested in cancer and whose major endeavors were in the field and/or related fields. We thus are united in a common bond, attempting to learn the cause, to seek the cure and in the meantime to render the best of quality-care to the victims of this disease.

Whether comprising graduates of Memorial or of any other institution, this society can

point with pride to so many of its members being prominent as public servants. Many give unstintingly of their time and effort in various ways but all aim at cancer control.

SERVICE OF SOCIETY MEMBERS

1. In the teaching profession many of our colleagues are the cancer coordinators of the medical schools. This program (which incidentally started at about the time of our first scientific session) was primarily aimed at increasing and improving cancer teaching at an undergraduate level. Starting this summer, it is to be expanded to the education on a post-graduate level, for both housestaff and those in practice. One of the finest features of this program has been the undergraduate summer fellowships for cancer training.

2. Others in this society have given hundreds of thousands of volunteer hours to the American Cancer Society to promote its programs of education, service and research. Many of our members have been presidents of their local units, state divisions and a few have had the distinction of being national president. To illustrate the scope of this position, one of our distinguished members traveled 86,000 miles last year as its volunteer president.

3. Recently, some of our members, again as volunteers, have joined forces with the College of Surgeons to implement the college's regionalization program. This should result in better quality-care for the cancer patient at a local community level by improving the local tumor clinic and tumor registry. When this is effected, professional education is implemented at the local level.

4. Countless hours are given by our members to cancer committees and commissions of state and local medical societies and to the Cancer Commission of the American College of Surgeons.

5. Several of our distinguished members have carried the fight against cancer on an international basis. They have done this through the World Health Organization and committees in the world-wide fight against cancer.

6. Many have rendered public service by testifying in Congress on the labeling of cigarette packages to show the contents as being injurious to health; on the need for regional complexes to the deBakey Commission and on many other aspects of the cancer problem which required legislation.

7. I know a few and I dare say more are now rendering public service on local committees attempting to implement the recent legislation on heart, cancer and stroke. It would seem to me that members of this society could compose the framework on which this program is implemented.

I would suggest that we be the compelling force to see that federal funds are not contained in the "ivory towers" but that they be channeled to rural hospitals and communities for better diagnosis, detection and quality-care at a local level. This is a program where the practicing physicians can be and are urged to be the positive force in developing this public service program, disseminating information regarding cancer and for the development of much needed manpower in the health field. The failure of us to come up with a positive structure will take away any planning functions of the practicing physicians. Those of us heavily involved in the regionalization program implore you to speak and to act now. The time is short.

8. And finally each member who is actively engaged in the struggle against the common enemy is performing a great public service—making his community a better place in which to live.

CONCLUSIONS

In conclusion, although the James Ewing Society is still very young, we can all be proud of the distinguished name it bears, its organization and its dramatic growth to what it is today. I doubt whether a president 50 years from now will ever bother to read these words. I feel they will mean so little and he will think that we lived in a peculiar age and knew very little about cancer. I hope, however, that he is as dedicated to the control of cancer and to the care of the cancer patient as those sitting here today. I hope he has not been mired in Medicare, that he has not been socialized

into a full-time 8-hour day, that he and his colleagues have not been trapped in more and bigger ivory towers which even scare us today, that he no longer has to worry about quality-care for the cancer patient in the small community because the Federal money given to the regional complex has already been used by planning grants, grantsmanship and the largest institutions in the metropolitan areas.

And finally, I hope and pray that 50 years from now, or sooner, there will be no president of the James Ewing Society and no need for the society because one of its members will have discovered the cause and another the cure of cancer.

Until then, if I could suggest a motto for the society I would borrow it from the Latin—"Optima Futura"—"the best is yet to be!"