

JAMES EWING SOCIETY, 1940–1969

PRESIDENTIAL ADDRESS

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I WISH TO EXPRESS MY DEEP GRATITUDE TO THE Society for the honor and privilege of serving as its president during this past year. Holding this office represents the culmination of one of the most meaningful and happy associations of my life, spanning more than 30 years, with friends at Memorial Hospital and in this Society. As a senior at Cornell I was privileged to meet Dr. Ewing in his later years when he still spent time with Cornell students taking electives at Memorial. Over the subsequent years I have become increasingly aware of his profound influence on the struggle against cancer. This influence and that of Memorial Hospital, which was "largely the shadow of James Ewing," as Dr. Fred Stewart expressed it, have continued to work through this Society.

It is interesting to note, once again according to Dr. Stewart, that it was Dean Polk of Cornell who first advised James Ewing some 50 years ago to devote his time to the development of Memorial Hospital for the Treatment of Cancer and Allied Diseases as a "novel project in the field of cancer." His treatise, *Neoplastic Diseases*, and the approach of Memorial Hospital to the cancer problem stimulated the foundation and development of other similar institutions for the concentration of patients with cancer to bring together both laboratory and clinical facilities for learning and teaching. While many in academic medicine have somewhat grudgingly accepted the cancer hospital and specialists in the field, none can really deny the proven value of special attention in this as in other fields. Appropriately, our Society bearing the name of James Ewing has accepted the implicit mandate to foster the fight against cancer.

In Pasadena in 1968 we held our twenty-first annual scientific program and adopted a new Constitution and Bylaws. Having at-

tained our numerical majority and having agreed upon a Constitution with broad limiting requirements and stipulations, we might well at this juncture take stock of ourselves, reminisce a bit, try to see where we stand, and plan for discharging our obligations in the years to come.

If we have to pinpoint a birthday, it is probably June 10, 1940, when 19 graduates of the Memorial Hospital fellowship program and five undergraduates held an organizational meeting at the Hotel Lexington in New York City. But there had been at least one previous attempt to organize an alumni society and considerable discussion concerning an association of men who had completed the regular three-year training fellowships at Memorial Hospital.

Dr. Hayes Martin writes interestingly and in his familiar good humor of an attempt in 1927 or 1928 to form a Memorial Hospital Alumni Society. At the behest of Mr. George Holmes, Superintendent of Memorial Hospital from 1914–1946, an alumni dinner underwritten by the Hospital was held at the Commodore Hotel. We are told that the evening was highly convivial, to say the least. Dr. Martin was selected to act as chairman pro tempore. His election viva voce as president constituted the only formal action of the group as best can be recalled, but records are not available. In the ensuing years, no further advancement of this project took place.

The information on discussions among the fellows in the late 1930's concerned not so much the establishment of an alumni society as such, but an association of those who had completed the Rockefeller Fellowships in Cancer Research, first established in 1927 due to the influence of Dr. Ewing. There was justifiable pride on the part of those who had finished the entire fellowship program for it was the first of its kind. Understandably, many had in mind an association of fellows. Thus, even before our initial organization, the problem of qualifications for membership was present and was to continue a thorny one for many years.

At the June 10, 1940 meeting, the Memorial Hospital Fellowship Alumni Association was organized and named The James Ewing

Presented at the twenty-second annual scientific session of the James Ewing Society, New York, N.Y., April 24–26, 1969.

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Received for publication August 14, 1969.

Society. On June 11, Dr. William S. MacComb, the first president, wrote the following to Dr. Ewing:

"Dear Dr. Ewing: The Graduate Fellows of Memorial Hospital met at luncheon yesterday and organized a Society. Twenty-three members were present. The purpose of this Society is to promote good fellowship and to perpetuate the ideals and ideas of the Hospital and the Fellowship as you envisaged it. We have named this organization The James Ewing Society as a tribute to your leadership and we hope that the efforts of the Alumni thus united may bring honor to you."

The following day, June 12, Dr. Ewing responded:

"My Dear Dr. MacComb: I feel greatly honored that the Graduate Fellows of the Memorial Hospital should name their association after me. I will try to accustom myself to this curious situation of one who still pretends to be active, but carries honors usually regarded as posthumous. I feel very sure that this Society will have a noble future and will be of great help to both its members and to the Memorial Hospital. You have my very best wishes."

In the original Constitution of The James Ewing Society the purposes were stated: 1. To perpetuate the original ideas of Dr. James Ewing upon which the Fellowship system at Memorial Hospital was founded, namely, "training in the diagnosis and treatment of cancer"; 2. To seek to gain recognition of "cancer as a specialty" by the medical profession; and 3. To strengthen the bonds of friendship among the members.

Regarding membership, the Constitution stated: "Candidates for 'voting membership' in the Society shall be limited to the regularly selected clinical fellows of Memorial Hospital who successfully served and completed a three-year fellowship, which included the routine clinical activities of the hospital, diagnosis, radiology, pathology and surgery. 'The surgical residency must have been completed.'"

Thus, at the very beginning, purposes were limited and membership sharply classified.

Because of the derangements due to World War II, meetings of the Society were curtailed and Dr. Ewing, who passed away in 1943, never met with the Society as had been hoped.

After the war, interest was rekindled and,

in 1947, when the first business meeting in five years was held, plans for the first scientific meeting were laid. The annual cancer symposium was begun January 16-17, 1948, and has continued without interruption and with steady improvement in quality to this date (with the likely exception of the addition of presidential addresses).

Revision of the Constitution drew attention shortly after the resumption of activities in 1947. The minutes indicate that many felt that membership should not be limited to Memorial alumni and that the Society should be of national scope. This feeling prevailed and consequently the purpose of the Society was restated simply "to further the knowledge of cancer."

Qualifications for membership remained an annually recurring problem despite the elimination of Memorial Hospital alumni status as a requirement. Numerical limitations on membership endured as a check on wide expansion, which was of great concern to many Memorial alumni, more loyal than understanding of what the Society might accomplish on a national scale. I must confess that I shared this feeling for a considerable time. With the new Constitution in 1968 the ceiling on membership was lifted.

Members of the Council can attest to the hours spent each year discussing vague qualifications when considering new applicants. Our new Constitution states simply that "active membership in this Society is limited to physicians and other scientists who are under the age of 65 and have a principal interest in cancer and whose training and professional activity are in this field." By including "other scientists" we have provided as broad a base as possible for membership in our Society, dedicated as it is to the furtherance of the knowledge of cancer, which remains undoubtedly the most multifaceted medical problem facing us today.

While the Constitution never required that the Society meet in New York City, custom and an unwritten and understandable attachment to Memorial Hospital kept us coming back here each year. As early as 1954 the minutes show discussion of going elsewhere but it was 1962 before we met for the first time outside of New York. That year we met in Washington, D.C. Aside from giving relief to our perennial hosts, our New York members, we made the initial break from Memorial Hospital, at least stretching if not loosening the apron strings. So popular and, I believe, wise has been the decision that we now have no

scheduled meeting in New York through 1973.

This look backward, perhaps repetitious for our older members, has been sketchy but I hope sufficient and worthwhile to acquaint our new members with our history. I would urge all of you to read the *History of The James Ewing Society, 1936-1962*, and Dr. Fred Stewart's obituary of James Ewing, MD, 1866-1943. His James Ewing Lecture delivered in 1950 concerned Memorial's heritage and referred in detail to the contributions made by James Douglas and James Ewing. Unfortunately, no copy of this lecture is now available.

Now, let us look at ourselves today. We are a Society of national and international stature but still lacking the preeminence for which we have the potential. Our Constitution provides as broad a base for membership as possible, probably the broadest of any society of scientists interested in cancer, and unlimited as to number. Quality is the only limiting factor. We have no legal ties as such to Memorial Hospital but we have loyalty to it and equally to all institutions of like purpose. In candor, we must admit to being still a bit provincial in a sense, but we have made a good start in the right direction.

Now for the future. Those who are concerned about separation from Memorial Hospital I can assure that all of us who are alumni shall always feel a sense of loyalty. Every institution automatically has or should have an alumni society to which all alumni belong. But I believe all of us think that the Ewing Society should be more than this. Fortunately, Memorial's approach and attack on cancer have been joined by ever increasing numbers. And our Society must belong to all those "physicians and other scientists who . . . have a primary interest in cancer and whose training and professional activities are in this field." I believe we have a responsibility to influence strongly how the attack on the cancer problem is continued.

I see ours as a unique opportunity. Many organizations have an interest in cancer, but the interest is limited to, or concentrated upon, a single modality or to the disease in an anatomical area. Our approach is broad, bringing together all segments of the scientific community, each of which can benefit from the interchange of information and the mutual influence of the others.

Some have voiced the opinion that our Society can never reach its greatest potential bearing the name of a single man. A few organizations so named have flourished to a degree but not attained preeminence. While

the impact of James Ewing on the attack on cancer was uniquely dominant, even his name is less than a byword for cancer. Although it may be unfortunate, I do not doubt that there are members of this Society only lightly informed as to the significance of his role. If any man's name should connote the search for knowledge of cancer, it should be that of James Ewing. While I am not yet prepared to recommend changing the name of the Society, I do feel the matter should be given serious consideration as to what it might mean to the future of the Society and what it might accomplish if its name were less personal and more connotative of our purpose and scope.

There are numerous possibilities as to what might be accomplished by the establishment of a national cancer society or association. I do not believe that so long as we retain a man's name can we hope to interest other related societies in coming together, although there would be many advantages from union. In such a society or association of societies, many or most of the present organizations concerned with limited interest in the field of cancer could become sections of the organization. Men whose names are now honored by the various groups could continue to be honored in numerous ways. From a purely practical point of view, such an organization would be a solution to the problem many members have in attending the meetings of the several societies to which they belong.

A step possibly and probably in the right direction is being taken in 1972, when we meet jointly with the American Radium Society and the Society of Head and Neck Surgeons at Boca Raton, Fla. It will be interesting to see if all the things we have in common are not stronger than those which hold us apart.

I believe there is a place for a national cancer society for scientists whose purpose and activity would parallel and complement that of the American Cancer Society, in which the efforts of laymen and scientists are joined in the single purpose of fighting cancer. Tribute to this private group for its tremendous accomplishments is highly deserved.

The James Ewing Society should in deed and in truth be a national cancer society in the fullest sense, regardless of name. I believe we have a unique opportunity, a great challenge, and a serious responsibility to develop into such an organization. Our future can be as noble as we have the vision and energy to make it.

But whatever our future be, may we preserve our warm friendship and fellowship!