Prehospital Care from Napoleon to Mars: The Surgeon's Role

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Trauma is a surgical disease from beginning to end.

Today I'm honored to present the 71st Oration on Trauma and the 31st Scudder Oration. This is the oldest such oration of the American College of Surgeons (ACS), established in 1922. I feel humbled, proud, and lucky. Thank you for this distinction.

Today we honor our recently departed trauma surgeon, educator, advocate for the prehospital provider, and friend, Scott B Frame, MD, FACS (1952–2000).

Charles L Scudder (Fig. 1) was born on August 7, 1860 in Kent, CT. He died in 1949. Among his many accomplishments was being one of the founders of the ACS and the first chairman of its Committee on Trauma (COT). Dr Scudder[1] himself gave the first Oration on Fractures 74 years ago last week, on October 16. No oration was presented during the war years, 1942 to 1945. In 1952, the title changed from the Oration on Fractures to the Oration on Trauma. Sumner L Koch[2] delivered this lecture, but the subject was still fractures.

We usually think of the COT as dating from 1922 because this was the year that the first Committee on Fractures was appointed at a meeting of the Board of Regents in Washington, DC. At the 1912 meeting of the American Surgical Association in Montreal, 1 year before the formal founding of the ACS, interest in the care of the injured was very low. Too few beds were available for those who had sustained injuries to the skeletal system and work with such patients was considered an outpatient endeavor. A visit to the United States and Canada by Arbuthnot Lane, in 1909, helped focus on the problem. In 1911, the Presidential Address of the American Surgical Association provided the stimulus for better trauma care. So in Montreal on May 31, 1912, the following resolution was prepared: "Resolve that the President of the American Surgical Association appoint a committee ad hoc of five to prepare a statement to the relative value of operative versus nonoperative treatment of fractures of the long bones to which shall be added an opinion as to the value of radiography and its determination of the method of treatment."

The chairman of this committee from 1912 through 1914 was John B Roberts, the chairman from 1915 through 1918 was William L Estes Sr. Dr Scudder became a fellow of the American Surgical Association in 1909, but was not on the original committee of five. He became an associate member in 1914, and established the first fracture service in the country at Massachusetts General Hospital in 1917. The fracture committee was organized in Boston in 1923 by Ashurst, Blake, Cotton, Darrach,[3] Scudder, Sherman, and others. Leadership in the care of the injured patient, both in the hospital and before, truly began with the surgeon whom we honor with this oration each year, Charles Lock Scudder, MD, FACS.

The title of this Scudder Oration,"Prehospital Care from Napoleon to Mars: The Surgeon's Role," has a double meaning: the role that the surgeon has played throughout history and the role and responsibility of the surgeon to direct and control the prehospital care of the trauma patient. The theme of this, the 71st Oration on Trauma and the 41st Scudder Oration is that, as surgeons, we started this fight in the prehospital care of the trauma patient more than 300 years ago, when Baron Larrey, a surgeon in France, developed for Napoleon a system of emergency response to trauma that we still use today. We have continued it through a large part of its history until this point, but now we seem to be losing interest. It is my goal to emphasize to you, the current leaders in trauma, that this trend must be turned around and that we must assume our rightful responsibility in the total care of the trauma patient.

To achieve this goal, we will review some of this surgical history and the Scudder Orations that have addressed prehospital care, point out some of the impor-

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Abbreviations and Acronyms

ACS = American College of Surgeons
ATLS = Advanced Trauma Life Support
COT = Committee on Trauma
EMS = emergency medical service
EMT = emergency medical technician
EMT-P = emergency medical technician-paramedic
GCS = Glasgow Coma Scale
NREMT = National Registry of Emergency Medical Technicians
PHTLS = Prehospital Trauma Life Support

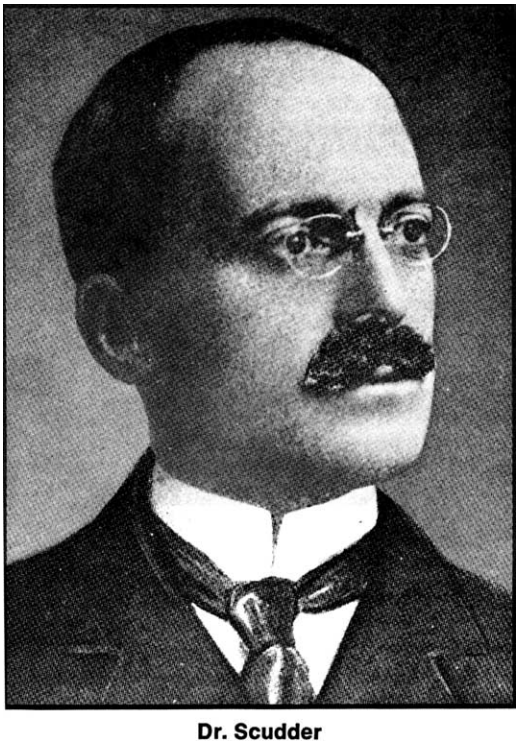
tant contributions that surgeons have made, and emphasize what we, as surgeons, must continue to do for the benefit our patients. The importance that prehospital care has played over the years in the care of the trauma patient is underlined by the fact that one-third of the Scudder Orators have taken a portion of the Oration to indicate their concern about the treatment of the patient before arrival at a hospital.

Trauma is a surgical disease from beginning to end. Trauma begins when the incident occurs. Trauma care begins when the first emergency medical technician (EMT) or first responder arrives on the scene, *not* when the patient arrives in the hospital.

In the first "Oration on Fractures," Dr Scudder[1] discussed unsolved problems of that day. Substituting the term *prehospital care* for *fractures*, they still apply today: clinical observations for dependable conclusions; relationship of emergency medical services (EMS) to the industry; and new methods and treatments.

Fraser B Gurd, MD, FACS,[4] in his Scudder Oration in 1939, discussed the importance of training individuals in the management of trauma (Fig. 2). At least half the care provided in the golden hour is in the hands of the EMTs. This should be in ours hands as well. We should be involved in the education and ongoing care provided to the injured patient. Trauma is a team effort; EMS is part of that team. Surgeons should be the captains and coaches of these teams.

We must regain control of the care in that first 30 minutes of management of the trauma patient, that we have given away. I said *control* because I meant it. The EMTs are the eyes, ears, and hands of the surgeons. That control must assure proper care for our patients. We must not abandon our patients at the time of their greatest need. Surgeons understand the totality of trauma



Dr. Scudder

Figure 1. Charles L Scudder, MD. (Reprinted courtesy of the American College of Surgeons.)

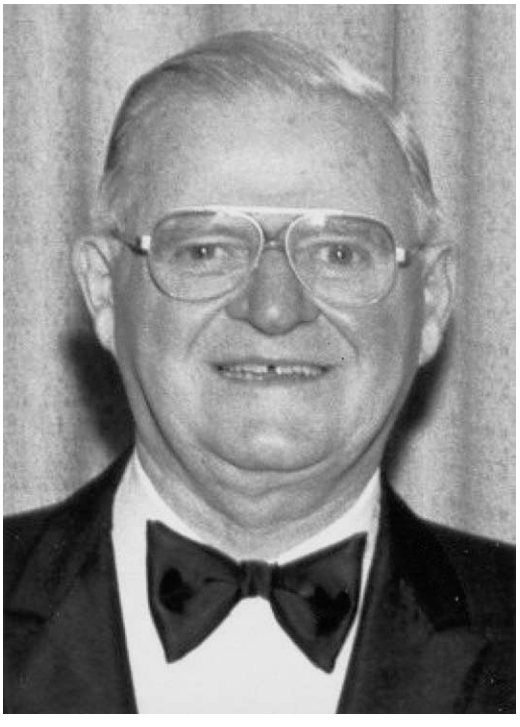


Figure 2. Fraser B Gurd, MD, FACS. (Reprinted courtesy of the American College of Surgeons.)