If Charles L Scudder Could See Us Now

J Wayne Meredith, MD, FACS

Right after I was asked to give this year's address, I learned that we lost Frank Mitchell. Shortly after that I found out that we lost Erwin Thal, and it was just a kick in the gut to me. I had lost a close family friend in the same month and I could not reconcile these losses. It was hard to figure out what we were going to do without these people. They had been there for so long, providing us with wisdom, leadership, and advice.

And then we lost Norm McSwain. So I thought a lot about the topics that I wanted to put together for this presentation. I almost made this a eulogy to those 3 and I will, in a way, but I wanted to really take advice that LD Britt gave me, which is, "Someone needs to talk about the contributions of the Committee on Trauma (COT) over the last 20 years." Because I have been associated with the COT for that long, I thought that would be a good topic and a way to commemorate, recognize, and thank these previous giants in surgery (Fig. 1), who helped us get where we are today.

The Premise

I propose that we are on a platform better prepared than any other specialty or any other disease to face the challenges of the payor system in the future and to face the challenges that our patients are going to bring to us. We have, by vision, by lots of determination, by the hard work of people all over the US, and by some visionary leadership, not including me but others, placed ourselves in the position to deliver value to society when it comes to treating the injured patient. The premise is, if we ensure the right infrastructure—provide people, equipment, and hospitals, as we do through verification; if we provide the tools—in Advanced Trauma Life Support (ATLS) and other courses; if we set high standards for ourselves; if we use the right risk-adjusted and valid data, in which we can believe as deliverers of care and designers of systems; if we obtain external validation of those data by objective people who know what they are doing, then I would argue that we are positioning ourselves to better manage patients in the future than any other existing disease managing group. Foundations of this premise are shown in Table 1.

Formation of the Committee on Trauma by Regents

I will quickly give you some background, and want to review the major contributions of the COT. In 1909, Sir Arbuthnot Lane came from England to the American Surgical Association and started pushing the idea that we ought to be fixing fractures early. Dr Scudder heard this and gathered together about 20 people at Massachusetts General Hospital to study the concept and see if it could be done. They began to work on those patients in that way, recorded the results, showed those results were right, and took those data to the Regents of the American College of Surgeons (ACS).

These are the minutes of that meeting of Regents:

"After general discussion of the report (May 1922) the following resolution was unanimously carried and the following committee appointed:

BE IT RESOLVED that a committee be appointed to formulate a plan of action to present to the Board of Regents in according with the report presented by Dr. Scudder.

BE IT FURTHER RESOLVED, that this committee shall be comprised of the following:

Dr. Charles L. Scudder
Dr. Joseph A. Blake
Dr. William Darrach
Dr. William O'Neill Sherman
Dr. Robert B. Osgood
Dr. Kellogg Speed
Dr. Astley F.C. Ashhurst
Dr. William L. Estes
Dr. George W. Hawley"

And that was all there was to it. That created the Committee on Fractures. It subsequently merged with the Committee on Industrial Injures to become the COT. This is the origin of what we do.

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From the Department of General Surgery, Wake Forest School of Medicine, Winston-Salem, NC.

Correspondence address: J Wayne Meredith, MD, FACS, Department of General Surgery, Wake Forest School of Medicine, Medical Center Blvd, Winston-Salem, NC 27157. email: merediw@wakehealth.edu

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Abbreviations and Acronyms

ACS = American College of Surgeons
ATLS = Advanced Trauma Life Support
COT = Committee on Trauma
NTDB = National Trauma Data Bank
TQIP = Trauma Quality Improvement Program
VRC = Verification Review Committee

History of the Committee on Trauma

George Stephenson wrote a classic article, "The Committee on Trauma: Its men and its mission," describing the history of the COT[1] in the October 1978 *Bulletin of the American College of Surgeons* (ACS). According to Stephenson, Dr Scudder organized the Committee on Fractures by appointing 12 members as area chairmen, with 66 local chairmen. So the beginning of the COT was organized at the grass roots level by Fellows of the College. They then had those folks go and try fixing fractures, try dealing with that! They came together annually, sometimes semiannually, to write up their findings. These results became the recipes and syllabi for the treatment of the injured patient with fractures. As stated by Stephenson, "It is not possible to judge the relative value of the various programs of the COT over the years, but the production of manuals, posters, and other publications may well be its greatest legacy." There are 50 drawers or more filled with snake bite posters, burn management posters, and original treatises on how to manage injuries—it is a huge body of work. One might argue that the scholarly works were the most important part of the COT up to that time. They also had tremendous contributions: defining what ambulances should be like, training prehospital people, and defining what hospitals should have in order to properly treat fractures. This was the state before the modern era.

The modern era

I define 1979 as the beginning of the modern era, because this is the year that a proposal was presented to the Board of Regents of the ACS to institute a course called Advanced Trauma Life Support (ATLS). The Board of Regents approved the proposal and the first edition of the ATLS manual was developed. As you all know, the course was motivated by the crash of a plane by Dr Styner in Nebraska (Fig. 2). He worked with his partner and colleague, Skip Collicott, who was connected to the ACS, to create the prototype course. This first edition provider's manual was the result of the collaborative efforts of Dr Collicott, Irvene Hughes, Brent Krantz, and others. The College invested about $80,000 to publish the manual and organize courses to take around the country—and what a return on that investment! The inaugural course was in 1980. Now, you can download the 9th edition of this book, which has many user-friendly features. It has been disseminated throughout the US and the world. It is a truly international course, with approximately 75,000 downloads in 176 countries. It is the transformative product of the COT and a result of their intellect, commitment, and foresight. For this, we owe a special thanks to Skip Collicott and Ms Irvene Hughes. It was a challenge to find a picture of Ms Hughes and I wish she were here so that we could applaud her efforts. She was a driving force behind this effort and ran the program for decades. Figure 3 shows Irvene Hughes and Erwin Thal; the picture was taken during the introduction of the course in Israel.

We also owe a special thanks to the previous chairs of the ATLS Committee (Table 2). Our chair since 2013, Sharon M Henry, has evolved the ATLS course to become a true multimedia learning experience that provides flexible, on demand, and dynamic pathways to educating a new generation of providers. This one data-driven and validated educational tool, which teaches and provides a safe way to take care of a trauma patient, has been an essential pillar of the infrastructure of the ACS trauma programs.

Other American College of Surgeons Trauma Programs and courses

Since this first effort, the ACS has adapted this approach for medical students: the Advanced Trauma Operative Management (ATOM) course, for which we owe a huge debt to Len Jacobs, and the Advanced Surgical Skills for Exposure in Trauma (ASSET) course, which, to my recollection, was started by Demetrios Demetriades and Juan Asensio. Other trauma education courses include the Disaster Management and Emergency Preparedness course, started by Rick Frykberg, and the Rural Trauma Team Development Course, which, to my recollection, Tom Foley brought to us on scraps of paper that he had typed up himself! Bridget Blackwood pulled it together and created something that is a major contribution to public health. These are other foundations of the ACS trauma infrastructure (Fig. 4).

And I must not omit Norman McSwain, whose slogan, "What have you done for the good of mankind lately?" was how he lived his life. I had the honor of introducing him for his Scudder Oration,[2] and the part that I remember most is a quote from the Emergency Medical Services in New Orleans, which is apparently recorded and can be listened to, "This is McSwain. I'm bringing you a 22-year-old man who has been shot." The receiving hospital replies, "Where has he been shot?" McSwain