Celebrating 50 years of publishing

Quill on Scalpel Plume et scalpel

Fifty years with Aesculapius

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There was a somewhat pungent, stuffy and irritating smell that greeted a small group of 56 students who met in the anatomy lab classroom to start their medical training — the future class of '61. Some were nervous about this new venture, some guarded, and others were eager with anticipation. A couple of us who appeared with full beards from a summer's work in the north of Canada were told to be clean shaven before returning the following day. And so we began our many hours of anatomy dissections, biochemistry labs, histology and physiology lectures, and so on, delving into the many basic and clinical studies that would change and shape the rest of our years, our work, our associations — indeed, our professional, social and domestic lives. We had committed ourselves to the lofty ambition of becoming physicians.

Coincidently, at about the same time, in October 1957, the first edition of the *Canadian Journal of Surgery* was born as a new organ of communication to the Canadian surgical profession. Since then, what both the journal and the profession have experienced has been enormous. Fifty years is a long time, but the change experienced by this group of medical students, more men than women, exceeded perhaps any period of change in the history of medicine. The journal also changed and matured in this time.

In Greek mythology, Asclepius was born the son of the Greek god Apollo and of Coronis, his mortal mother. Coronis was unfaithful to Apollo and so was burned on a funeral pyre, but Apollo was sorrowful for the child Coronis was carrying. So, Asclepius was delivered and raised by Charion, who taught him the art of healing. Asclepius offended the great god Zeus by taking payment for raising the dead and was therefore banished and killed. Asclepius had in his life been very good to people and had performed many cures, which resulted in healing cults that grew up with his reputation, so Zeus deigned that he be made the god of healing, and he transformed him into the constellation, Ophiuchus (the serpent bearer). Cult centres of Asclepius became very popular, with priests curing the sick and the feeble, performing incantations, incubations and dream interpretations and using baths and gymnasiums as centres for healing and schools of medicine. It is said that Hippocrates was a descendant of Asclepius. Change was familiar to the life of Asclepius. Even the Romans adopted his cult of healing, but they changed his name to the Latin, Aesculapius.

In these past 50 years, so much has changed in the medical world

since 1957; in retrospect, it almost seems as though we were being taught incantations and auscultations and were practising cures and cults when we began our careers. The very methods of teaching have changed, mainly from classroom instruction to a comprehensive correlation of basic science and clinical information. The basic science of medicine has progressed so far that our lectures and labs of yesteryear would be rudimentary and hardly introductory to today's studies, although the basic stages of change still remain: We must all pass through the stage of formative learning. We then expand our knowledge through experience and continue building on the basic foundations of information we acquired in the first instance. This leads to sorting out our interests with more attention to detail and depth of knowledge and understanding with specific, if not more focused, learning and assimilation. Finally, the stage of contemplation and philosophical interest arrives, when questions of why we do certain things and the ethics of what we do begin to occupy our thinking and guide our activities. Shakespeare enunciated these stages in greater detail in his famous prose of "all the world's a stage ... " - a process we all fit into in the development of our progressive lives.

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Imagine what this medical class of 1957 has experienced, witnessed and 1957 has experienced, witnessed and participated in since the years of grad-uation, when we took our place on the carousel of medical involvement, going off in all directions of medical practice, research, education and spe-cialty training and passing through the many stages of experience. Every medical scientific study and clinical experience has changed and evolved in unthinkable dimensions in the last 50 years. Medical science research, clinical studies and technological advancement since 1957 have fostered open heart surgery; transplantation; joint replacement; immunological understanding; medical diagnosis and management of chronic illnesses of the lungs, kidneys, heart and intestines; parenteral nutrition; pharmaceuticals; genetic engineering; imaging advances in ultrasound; magnetic resonance induction and positron emission technology; coronary artery stenting; minimal invasive diagnostics and surgical access; robotics and so on and so forth, to barely scratch the surface of medical advancements. Also, imagine for a moment the shifts in health care administration, hospital and resource management, funding, utilization and distribution - the political issues of health care delivery.

Current issues also focus on the ethics of what we can do, the decision making processes of who should get what care by whom. Think for a moment of the issues surrounding human reproduction and gender issues. The very Hippocratic oath that we took at medical convocation has been challenged and violated on the basis of modern scientific and social thinking around the management and care of the ill, the feeble and even the well.

If necessity is the mother of invention, communication must be the facilitator of change. Hippocrates knew that change was inevitable and that learning was continual. In the writings of his oath, he declared the following:

I will keep this Oath and this stipulation ... to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction. I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others.1

Communication science and its industry are partly responsible for the explosion of information and dissemination of the advances that the last 50 years have demonstrated in the field of medicine. The Canadian Journal of Surgery has played an important role in the knowledge distribution of these advances and developments to its professional readership. Aesculapius and Hippocrates did not have that advantage but knew of its importance.

The class of medical students commencing their studies in the fall of 1957 without beards, unlike today, (and now, more women than men) hadn't the slightest idea of the changes that would occur during their professional lives. Now, half a century later, as most of us retire from our medical careers and merrygo-round lives, we can read our Canadian Journal of Surgery and contemplate our medical pins, imprinted with the sword and serpent of Aesculapius; we can celebrate all of the advances we have contributed to and marvel at greater changes to come.

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Reference

1. Hippocrates: The oath and law of hippocrates. The Harvard Classics, Vol 38. New York: P.F. Collier and Son (1909 - 1914).