Dr. Clarence Dennis
Kryssarvagen 10
Nasby Park
Sweden

Dear Dr. Dennis:

In talking with young men struggling to make up their minds concerning a proper course to take in the shaping of their surgical careers, I often encounter attitudes of puzzlement and seeming confusion. These seem to be rather difficult decisions for all young surgical aspirants to make. Motivations and deliberations, which assist them in deciding upon a course of action, I find, are not always readily articulated into words.

It occurred to me that an inquiry directed at a mature group of men, who had made these same decisions, would supply answers which could prove helpful in understanding these perplexing problems of the young man.

It would please me very much, therefore, if you would be good enough to try to supply answers to the following questions. This inquiry is being directed to all surgeons trained here who qualified for an academic degree in Surgery from this Clinic and who have spent a number of years in an academic post. It would please me very much indeed, if you would consent to supply answers to the queries posed herein.

With many thanks and sincere good wishes,

Sincerely,

OHW/co

Enclosure
I. Decision to study medicine

1. How old were you when you first decided to become a doctor?

2. Was it a firm decision, readily made, or did you debate it with yourself for days, weeks, months or years?
   "I had been debating 6 years. I wanted to go into engineering."

3. What were the important determinants that influenced your decision?
   "Partly my mother's hope that I would follow my father in surgery. He died in 1923, when I was 14."

II. Decision to become a surgeon

1. When did you first decide to become a surgeon?
   "Age 26, 2nd year college at Harvard."

2. Was this decision more readily or easily arrived at than deciding to study medicine?  "More easily."

3. What were the factors that influenced your decision?
   "The possibility of more direct action than in other fields of medicine - greater influence."
   "Later, the decision to return to surgery from pathology was not easy, but was made because it appeared more feasible to contribute more in both areas as a surgeon than as a physiologist."

III. What suggestions have you for the improvement of the educational process in the training of surgeons?

   Eliminate the arduous items from the medical school curriculum - e.g., many details of anatomy, Latin, prescriptive writing, etc., to permit him to finish sooner.
   Blend the humanities & the medical course into a single 5-7 year course out of high school.
   Give a good 4th year clerkship & omit the internship for the promising men.

IV. What are the essentials of an "ideal" arrangement for the surgical academician in a university atmosphere?

   a) Remove the limitations of interests & activities imposed by the specialty boards. Remove many of the barriers.
   b) Permit time for research personally, at all levels, including the chairman. A professional administrator under the direct wanted chairman helps.
   c) Permit private earnings of the faculty man will "die on the vine" from loss of personal patient care.

V. Additional comment

   Take away the arbitrary time requirements of the specialty boards, & let each man progress as a convincing teacher thinks he can.
   Provide research experience throughout.

Signature
Of total income, otherwise they too often
pull a man away from the productive
academic work for which he is presumably
best equipped. Such an arrangement facilitates
also the taking of real teaching leave,
3. The excessive earnings which a surgeon
may accidentally earn should not be a
palm in the hands of the administration.
The surgeon almost must be expected to
support the school, as he acquires a
financial prop instead of an academic promise.
4. The enterprising academic surgeon should
be entitled to channel his own resources
earnings into his research undertakings.
Probably the chairman of the department should
be entitled to judge the merit of such funds
wisely.
5. The total economic return of academic
full-time surgeons should be adequate to
permit them to participate in local material professional societies and activities
without embarrassment. It is unacceptable
that it should be substantially more than
that of the basic science people, for more
selection is made in the first place, more
years of training are needed in the second
and more continuously grading responsibility
as for individual patient safety rests upon them
in the third.
6. The above considerations are meant to an
end. The atmosphere must be cordial to
students and faculty alike, must foster an
imaginative attitude in all, and must be intellectually
nurturing.
7. The training program should be in the hands
of a group, if possible, of the more knowledgeable.
They must be able to help their fellows in
problem situations and at times change of its
atmosphere so as to
administration and other departments.

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