

COMING OF AGE: 1992 PRESIDENTIAL ADDRESS, WESTERN TRAUMA ASSOCIATION

Peter Mucha, Jr., MD

IT TRULY HAS BEEN a cherished honor and most gratifying experience to serve as President of the Western Trauma Association during the last year and to join the ranks of those who preceded me over the past 22 years (Fig. 1).

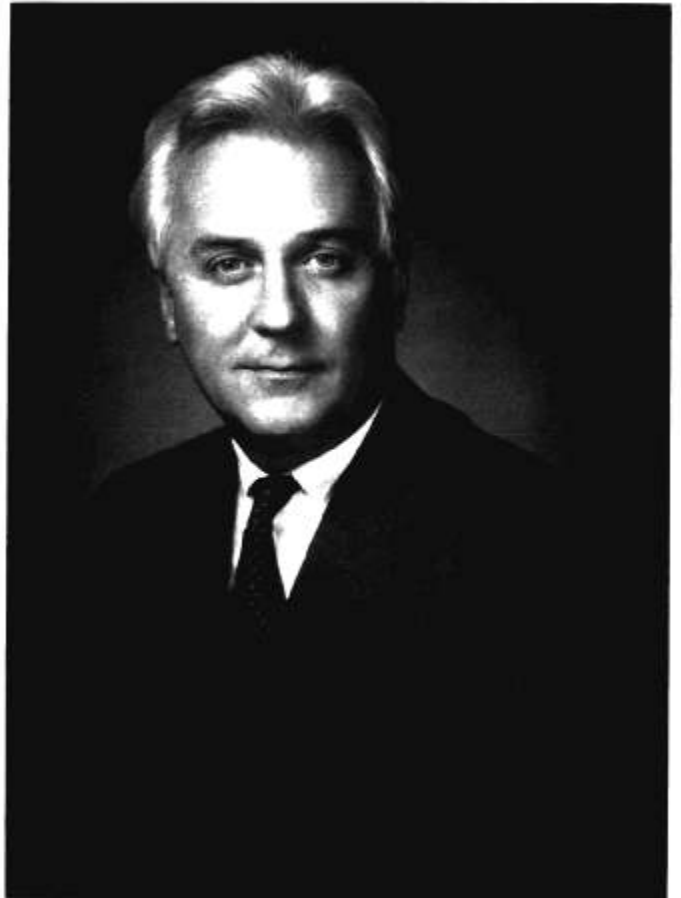
This is the fourth time that Western Trauma has convened in Steamboat Springs, and I think you can readily appreciate why: the casual and family atmosphere, along with plenty of great snow and challenging ski runs with varying degrees of difficulty for everyone to enjoy. I hope that this year's meeting has fulfilled everyone's expectations.

I express my appreciation to everyone who submitted abstracts and presented papers, especially the residents who participated in the Earl Young Paper/Presentation competition. I also formally acknowledge the hard work and effort of this year's Scientific Program Committee, which was chaired by John Morris, and included Peggy Knudson, Steve Ross, David Kappel, David Lewallen, Dwight Webster, and Tom Scalea. Steve Shackford also served on the Program Committee in an ex-officio capacity because of his position as Chairman of the Publications Committee.

Many of you may recall Gene Moore's WTA Presidential Address in 1989,¹ when he eloquently reviewed the then 19-year history of our organization, dividing it into its early formative or infancy years (1970-1979), middle or adolescent years (1980-1989), and what was considered then to be the beginning of its future or adulthood as a recognized trauma organization. In keeping with that tradition and responding to a number of the challenges and goals that Gene set forth, I am pleased to provide you with a positive update on many of these issues.

MULTICENTER STUDIES

The organization remains extremely indebted to Dr. Tom Cogbill, our present Secretary, for his initiative and persistence in expanding the number of high-quality multicenter studies for which the Western Trauma As-



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sociation has gained a national reputation. Tom first authored multicenter studies in consecutive years on "Severe Hepatic Trauma,"² "Nonoperative Management of Blunt Splenic Trauma,"³ and "Conservative Management of Duodenal Trauma."⁴ In 1991, Tom again headed up a multicenter study dealing with "Distal Pancreatectomy for Trauma"⁵ and was joined in the leadership role that year by John Morris with a study on "Acute Post-traumatic Renal Failure."⁶

This year we are privileged to have two more multicenter studies. One is headed by Steve Ross on "Blunt Colonic Injury,"⁷ and the other is the "Clinical Utility of CT Scanning and Neurological Examination in Predicting Outpatient Management of Patients With Minor Head Injuries"⁸ with Steve Shackford as the principal

From the Hershey Medical Center, Hershey, Pennsylvania.
Presented at the Twenty-second Annual Meeting of the Western Trauma Association, February 29-March 7, 1992, Steamboat Springs, Colorado.

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author. There is no question that these cooperative efforts on the part of the membership have enhanced the image and prestige of our Association. I thank all of the 14 institutions (Fig. 2) and the members of the Western Trauma Association who have participated in these multicenter studies. It is hoped that additional studies will

be forthcoming with a broader representation and greater membership participation.

Western Trauma Association

PAST PRESIDENTS

1971/72	Robert G. Volz, M.D.	Vail
1973	Peter V. Teal, M.D.	Vail
1974	William R. Hamsa, M.D.	Aspen
1975	Arthur M. McGuire, M.D.	Sun Valley
1976	Lynn Ketchum, M.D.	Snowmass
1977	Fred C. Chang, M.D.	Park City
1978	Glen D. Nelson, M.D.	Steamboat
1979	Gerald D. Nelson, M.D.	Snowmass
1980	Kevin G. Ryan, M.D.	Snowbird
1981	David S. Bradford, M.D.	Jackson Hole
1982	Erick R. Ratzer, M.D.	Vail
1983	William R. Olsen, M.D.	Jackson Hole
1984	Earl G. Young, M.D.	Steamboat
1985	Robert B. Rutherford, M.D.	Snowbird
1986	Rudolph A. Klassen, M.D.	Sun Valley
1987	Robert J. Neviasser, M.D.	Jackson Hole
1988	Robert C. Edmondson, M.D.	Steamboat
1989	Ernest E. Moore, M.D.	Snowbird
1990	Stephen W. Carveth, M.D.	Crested Butte
1991	George E. Pierce, M.D.	Jackson Hole

Figure 1. Former Presidents of and locations of previous meetings of the Western Trauma Association.

Western Trauma Association Multicenter Studies Participating Institutions

Bellevue Hospital, New York University
Ben Taub Hospital, Baylor College of Medicine
Cooper Hospital, University of Medicine and Dentistry of New Jersey
Denver General Hospital, University of Colorado
Gunderson Clinic, Lutheran Medical Center, La Crosse, Wisconsin
Harborview Medical Center, University of Washington
Lehigh Valley Hospital Center, Hahnemann University
Mayo Clinic, Mayo Medical School, Rochester, Minnesota
Medical College of Virginia
University of California, San Diego
University of Rochester Medical School
University of South Alabama College of Medicine
University of Vermont Medical Center
Vanderbilt University

Figure 2. Participating institutions in Western Trauma Association multicenter studies.

EARL G. YOUNG AWARD

In response to Gene Moore's observation that "the successful future of any organization is dependent upon the youthful enthusiasm of those that follow," it was only appropriate that the Earl G. Young Award for the Outstanding Resident Paper and Presentation at the Annual Scientific Meeting be established in his memory. The unfortunate and untimely loss of our close friend and colleague, Dr. Earl Young, during the 1989 Western Trauma Association meeting in Snowbird was devastating. Earl had served as President of the Western Trauma Association in 1984 and remained an ardent participant and supporter of all of its activities. It was through the Western Trauma Association that many of us came to appreciate Earl as an individual. His entire professional character could be best, if not simply, described by his "kind and unselfish" demeanor. Earl always had comforting words of support and optimism for his younger colleagues.

The first winner of the Earl G. Young Award was Tony Sussman in 1990. I had the pleasure of sponsoring his paper on "Multipiece Tire Rim Injuries,"⁹ which was written in collaboration with Carl Boyd from Savannah. His presentation was replete with outstanding slides including a dramatic video demonstration in which he called our attention to the lethal nature of this relatively unappreciated injury. Last year's recipient, Joe Schmoker, who was supervised by Steve Shackford and other colleagues at the University of Vermont, overwhelmed us with the design and complexity of their study, "Hypertonic Fluid Resuscitation Improves Cerebral Oxygen Delivery and Reduces Intracranial Pressure After Hemorrhage Shock"¹⁰ in the porcine model. The quality and content of this year's competition was also truly outstanding. Nevertheless, we were all looking forward to the announcement of this year's winner at the annual banquet.

EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA

Many of you, particularly those of you from the East Coast, are quite familiar with, if not even members of, our younger sister organization, the Eastern Association for the Surgery of Trauma (EAST). For the first time in its brief history, a member of the Western Trauma Association, Howard Champion, has just recently completed his term as President of EAST. Through Howard's gregarious personality and political disposition, an open dialogue and exchange of ideas has developed between the two associations, a relationship which I am confident can benefit everyone concerned.

There are, however, several differences between the two Associations which might pose some degree of con-

flict or consternation for the future. For example, rapid growth has been a declared objective of EAST, whose membership has increased to well over 400 in five years. The WTA, however, has a maximum active membership of 100. Another difference is that EAST is of the opinion that we should simply divide the United States in half at the Mississippi River. In contrast, even though some degree of geographic isolation might be implied by the term "Western," our Association's bylaws are quite clear regarding provincialism and state that the Western Trauma Association should have no geographic boundaries. The Association's origin was and continues to focus on the mutual admiration and love of its membership for downhill skiing in conjunction with the exchange of scientific knowledge related to the field of trauma. In fact, our membership today is widely distributed throughout the United States, including Hawaii (Fig. 3).

MULTIDISCIPLINARY NATURE

Another distinction that the Western Trauma Association has continually strived to maintain is its multidisciplinary nature or specialty balance. It is succinctly spelled out in the WTA Bylaws that no one specialty can represent more than 40% of the 100 active members. Just two years ago this restriction was 33%.

At present, there are 17 different specialties represented in the Western Trauma Association (Fig. 4). Although it is the declared intent of each and every one of us to sustain this diverse multidisciplinary balance, it has become increasingly more difficult because of the growth of other trauma-related subspecialty organizations.

At this time, we are very fortunate to have a sizable waiting list of highly qualified individuals who have expressed a keen interest in and desire to join the WTA and who have already fulfilled the membership requirements. Yet we remain somewhat confined by the "spe-

Distribution WTA Membership

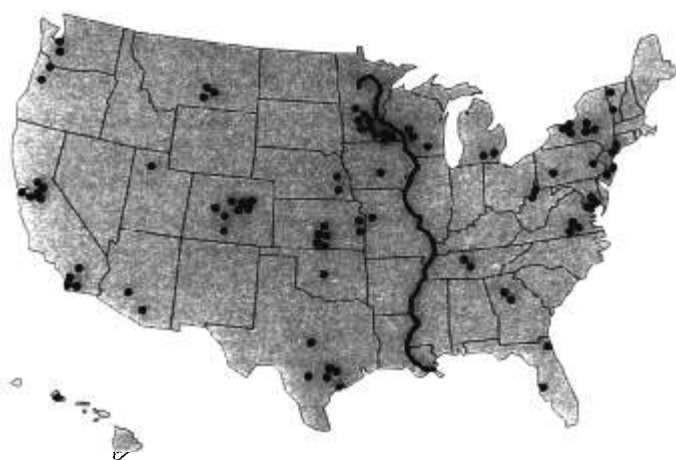


Figure 3. Geographic distribution of the membership of the Western Trauma Association.

**Multidisciplinary Balance
WTA**

- | | |
|---------------------------------|----------------------------|
| Addiction Medicine | Hematology/Oncology |
| Anesthesiology | Nephrology |
| Burns | Neurosurgery |
| Cardiothoracic Surgery | Orthopedic Surgery |
| Critical Care | Pediatric Surgery |
| Emergency Medicine | Plastic Surgery |
| Hand Surgery | Radiology |
| Hand and Neck Surgery | Vascular Surgery |
| Trauma (General) Surgery | |

Figure 4. Specialty representation in the Western Trauma Association.

cialty capitation," as well as the limited growth superimposed by our declared commitment to a ski resort setting. There are very few meeting facilities that can handle a group even of our current size. It is the opinion of several members of the Board of Directors that expanding the size of the membership to a maximum of 125 should be considered in order to meet the demand.

"SENIOR" STATUS

For the past two years the Board, along with its membership, has vigorously discussed and passed several amendments to the Bylaws dealing with the issue of "senior" status. A mandatory designation at age 55 was approved at this year's business meeting. The intent of this amendment is twofold: first, to honor our senior members while relieving them of the strict attendance and abstract submission requirements, and, second, to open the way for even more active members. As a result, this year we welcomed nine new members to WTA.

In comparison, at its inception the Eastern Association for the Surgery of Trauma adopted a mandatory 50-year-old rule for senior status. Since I am approaching 49, I am starting to have a much better appreciation of what it's like to be designated a "senior." I can more readily understand some of the psychodynamics that must have gone on in the minds of some of our older members, especially those who were so instrumental in the early development of this Association. Yet, publicly, we do have to admit that trauma is indeed a "young person's sport." Sometimes when we look in the mirror, we don't always see what others see. We may psychologically feel and sometimes think the same as we did back in college or medical school, but the physical and perceptual differences can be rather striking.

CONFESSIONS OF AN AGING TRAUMA SURGEON

There is no question that trauma, as a specialty and by its very nature, is challenging, stimulating, exhilarat-

ing, and gratifying. It is an occupation that often throws one automatically into the limelight because of life-and-death or limb-saving situations. And, from a surgical standpoint, it represents the consummate, complete surgeon, afraid of no anatomic boundaries. But what happens as we age? *Physically*, it's just not the same when I'm up all night taking trauma call. It now takes two or three days to recover compared to when I was able to keep the body running at full steam for several days in succession. *Emotionally*, it's just not as much fun anymore administering to the senseless slaughter and mutilation that take place among our fellow humans with a population that continuously puts itself at risk through, most often, stupidity and defiance of simple rules and regulations meant to protect us.¹¹ *Politically*, all those start-up battles in which we have been involved are not nearly as attractive when you are constantly asking other physicians or an institution, as a whole, to change its entire practice patterns, especially in this era of economic restraints and limited resources. *Professionally*, many surgeons go through an evolution whereby it literally becomes impossible to keep up with every facet of care in their specialty and to be the "jack of all trades." Instead, we often have no alternative but, for our own sanity, to become focused on that which we do well and can control, and which we can more often predict the eventual outcome. Does this mean that at age 50 or 55 we are over the hill? No, not by a long shot! In fact the older and hopefully the wiser we become, the more valuable we should be to those who follow. Why should they have to fight the same battles or make the same mistakes? The optimal professional trauma organization, much like WTA, is a blending of youthful enthusiasm, along with graying (and in some cases balding), wisdom

and sage advice directed toward that which we are all about—regardless of our specialty—to improve care for the unfortunate victims of trauma.

Last, I thank the Association for the personal enjoyment and pleasure it has given me and my family. Aside from all of the friends and acquaintances we have developed, my wife, Sonja, and I have had some of our most memorable experiences as we have watched our three children, Peter, John, and Katarina, grow up with many of your children through the Western Trauma Association. Thank you.

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