DEDICATION

OF

THE ROBERT S. DINSMORE SURGICAL PAVILION AT CLEVELAND CLINIC HOSPITAL

September 6, 1958

We are gathered here today for the dedication of a dream that is working. Forty-one years ago in an army tent in Rouen, France, Doctor Crile, Senior, Doctor Lower, and Doctor Bunts first dreamed this dream.

In the next 30 years, many surgeons contributed to the dream—Tom Jones, Bill Mullin, Jim Dickson, George Belcher, Ted Locke, Bud Waugh. It was these men, the surgeons they worked with or trained, and the men and women in other departments of the Clinic, who laid the foundations of the dream that is now a reality. All have contributed, but it was Bob Dinsmore who had the inspiration, the foresight, and the genius to project and to design this surgical pavilion.

Many of us questioned the wisdom of making this operating suite so large—22 operating rooms seemed too many. That was five years ago, when it seemed as though antibiotics had conquered the once-surgical problems of infection, and the use of radioisotopes was supplanting thyroidectomy in the treatment of hyperthyroidism. That was also the time when the great development of ultraradical surgery for cancer seemed to have reached its peak. Was this the time, we wondered, to devote 35,000 square feet of the new hospital to operating room space?

While we wondered, Bob Dinsmore went right ahead with the plans. And what happened? New fields of surgery developed. The thoracic surgeons attacked the diseases of the heart. The neurosurgeons injected the basal ganglia to control Parkinson's disease by chemopallidectomy. The otolaryngologists developed the stapes mobilization operation for the correction of deafness from otosclerosis. The urologists learned to recognize hypertension due to blockage of the renal arteries, and devised operations for its correction. Surgical diagnostic procedures became safer and were more frequently employed. Surgeons learned better ways to make ileostomies, and better ways to operate on ulcerative colitis so that ileostomies could be avoided, with the result that more

patients accepted surgical treatment of this disease. Plastic surgery perfected its technics and was more widely accepted. All of this has taken place in the past five years and, most important for the future, the vascular surgeons developed a direct attack on arteriosclerosis.

Doctor Dinsmore was right. In 1957 and in 1958 we have done the largest number of operations in our history. But contrast the type of operations done today and the number of men doing them with the situation in 1924, the year that the hospital was opened. I have here copies of the largest daily operating schedule of 1924 and of 1958. On December 5, 1924, six surgeons performed a total of 35 operations, 19 of which were thyroidectomies. On August 15, 1958, 20 surgeons performed 66 operations, including 58 different types of operations, but only two thyroidectomies. Today the commonest single operation is stapes mobilization for otosclerosis; 358 such operations were performed last year. Last year more than 200 arterial grafts were done, more than 200 operations on the heart, more than 200 resections of the colon or rectum. Most of the commonest types of operations today never had been done in 1924.

The dream moves on. The magnificent success of arterial grafting suggests that as yet we have only a glimpse into the promises of the future. Already it is possible by injecting tissues into an animal before or immediately after birth to condition that animal to receive homografts from an unrelated donor. Already kidneys have been transplanted between identical twins, corneas have been transplanted and, in animals, homografts of glandular tissues have been successfully established in tissue chambers and in the brains of unrelated hosts. It has been found that the injection of tissue extracts, administration of cortisone, or irradiation of the entire body may prolong the survival time of homografts. If we can continue along these lines and break through the immunologic barrier that separates each one of us from the other, the solution of many of our problems may be found. But when that day comes, and when immunologic reactions are no longer our masters but our slaves, it may well be that the doors of this pavilion will be forever closed. To eliminate the necessity of surgery is the surgeon's dream. We hope that we shall live to see that dream come true.

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