

## Letter from President of the European Society for Cardiothoracic Surgery (EACTS)

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Throughout my developing years, as a student and a young surgeon in England, much of Europe and its varied countries was hidden from me. For some it was because they lay behind the *Iron Curtain*; the rest were relatively inaccessible because of my Englishman's failure to master other languages. As young surgeons, we all looked West to America and most of us drew our inspiration from that direction. We jokingly referred to the BTA – Been To America – as if it were another of the many degrees that the British put after their names.

A hundred years ago there was little need for European surgeons to go to America to widen their experience. Medical and scientific tourism and migration were commonplace. Warsaw born Maria Skłodowska-Curie went to France and became Professor at the Sorbonne in Paris (1906) and was twice a Nobel Prize winner. Stephen Paget in *The Surgery of the Chest* (1896) refers to his dialogues with surgeons from a list of countries [1]. The Irishman Laurence O'Shaughnessy went to Berlin between the two European wars to study under Ferdinand Sauerbruch [2] and later died in the rout of the British Expeditionary Force at Dunkirk. In the years of war that followed, our scientific and medical collaborations were brutally disrupted for a second time and young surgeons like myself, in the second half of the twentieth century could do little else but look to America.

Then in 1987 a group of European surgeons, men of vision and imagination, challenged our transatlantic gaze and called us to the first meeting of the European Association for Cardiothoracic Surgery (EACTS) in Vienna. We could not know then that the fall of the Berlin Wall was to follow so soon in 1989. We now can travel again, visit each others countries freely and attend international meetings to discuss our work and to learn from each other as did Paget, O'Shaughnessy and many others. Wrocław is a very appropriate city from which to consider these changes. I have studied a little about the city in preparation for this visit and learned how it is a *microcosm* of the cultural, political and military history of central Europe [3].

During the twentieth century thoracic surgeons have worked on one disease after another, diseases of epidemic

proportions. Thoracic surgery has been through several epochs. First was tuberculosis which in a pre-antibiotic era could only be treated by surgeons. Then mitral stenosis: rheumatic fever was rife and the operation to relieve its consequences, mitral valvotomy, was rapidly disseminated in the 1950s [4, 5]. We next turned our hands to lung cancer which followed in the wake of the fashion for smoking cigarettes. The next great epidemic was coronary disease. Surgical units have responded to each epidemic in turn and some have been run on the scale of factory production lines operating to help sufferers from these illnesses. In each of these diseases, cardiothoracic surgeons have helped hundreds of thousands of individuals. But in the end, it is not surgeons who conquer epidemics. Public health measures, better nutrition, and smoking cessation have made the big changes for populations. We can hardly lament the decline in coronary disease but we can strive to ensure it is managed by teams who take care to employ the most appropriate mixture of skills for each patient [6]. In this meeting we look forward to hearing what is our future work in cardiothoracic surgery and for me it will be in mesothelioma, another epidemic brought upon us by massive use of asbestos between 20 and 50 years ago [7, 8]. That will be a large part of my work in the next few years and the subject of my lecture at the forthcoming conference of the *Polskie Towarzystwo Kardo-Torakochirurgów*.

### References

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