Also enlightening was the choice of other subjects for signed editorials during his distinguished tenure as editor in chief of the ARCHIVES. For instance, he wrote about “Surgical Care for the Uninsured and Underinsured” in May 1991—yes, 14 years ago. How current are his comments on “Fragmentation and Specialization” from the summer of 1987? Machiavelli’s The Prince spun off Claudius’ commentary on “The Future of General Surgery” in February 1990, which in turn led to a paper by him and George Block, MD, in November 1991. If readers are prone to think that these are contemporary issues for surgeons, then they only need to examine these still points in the recent history of surgery to understand the meaning and significance of Dr Organ’s pursuit of and devotion to The Right Thing.

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Correspondence: Hiram C. Polk, Jr, MD, Department of Surgery, University of Louisville, Louisville, KY 40292 (hcpolk01@louisville.edu).

REFERENCES


Claude H. Organ, Jr, MD, FRCSSA, FRACS

LaSalle D. Leffall, Jr, MD

When I returned to the Howard University College of Medicine as a surgical faculty member in 1962 after a 2-year stint in the US Army Medical Corps, Munich, Germany, I attended the annual meeting of the National Medical Association, where I met Claude Organ. Both of us were young surgeons committed to careers in academic surgery. What immediately strengthened the bond between us was that we had Texas roots: both Claude and my father were born in Marshall, Tex. Thus began a valued friendship that enhanced and enriched my life immeasurably. Further, I remain in his debt for the pivotal role he had in my experiences with the American Board of Surgery and American College of Surgeons.

We would meet at major surgical meetings to discuss the state of the union with reference to African American surgeons. Claude often mentioned that the playing field was not yet level, but if we continued to do our part well, it would help us achieve the parity we sought. He insisted that we must be first rate in all our endeavors and could not resort to excuses for lack of achievement.

Endowed with high qualities of mind and spirit, Claude consistently measured up to high standards. Recognized as a leader in surgery both nationally and internationally, he represented the highest standards and ideals of the consummate surgical academician: excellent teacher, superb surgeon, and accomplished clinical researcher. As editor of the ARCHIVES, he elevated it to a position where it was considered by many colleagues to be first among equals of the surgical journals. In his scholarly presentations before various groups, he always emphasized the role of primacy for the patient, stating that we must continue to train safe, competent surgeons to render the best patient care. He was coauthor of A Century of Black Surgeons: The USA Experience, acknowledged as the authoritative work about the role of African American surgeons in all specialties.

Our department’s major educational program at Howard is the annual Charles R. Drew/Burke Syphax lecture. Claude delivered this on 2 occasions, in 1986 when we celebrated the 50th anniversary of our residency program and again in 2004 when he was president of the American College of Surgeons.

He was blessed to have a wonderful life partner with whom he shared his surgical experiences and triumphs. When he spoke of his wife, Betty, the love between them was readily apparent. His children and grandchildren also brought him great joy.

Author Affiliations: Department of Surgery, Howard University College of Medicine, Washington, DC.

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Claude had a great capacity for friendship—those relationships that one chooses for himself, not dictated by anything other than the desire to know the person better. The beauty of our friendship was reflected not in the frequency of our meetings, but in the nature and quality of those occasions. No matter how long it had been since we had seen or talked with each other, there was no need to readjust for the pace of our conversation, and discourse would resume without diminution because that is how Claude was. If you were a friend, you were a friend.

I shall miss his presence—his laughter, his sense of humor, his quips. More selfishly, I will feel the absence of his support, for his good opinion of my work meant much to me. Our friendship makes me think just how difficult it is to let a friend know in what high esteem you hold him. You don't want it to appear as though you are trying to curry favor, and you certainly don't want to descend to some level of mawkish behavior. However, I wish I had been more forthright in letting him know my feelings. Maybe he knew. I hope he did.

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Correspondence: LaSalle D. Lefall, Jr, MD, Department of Surgery, Howard University College of Medicine, 2041 Georgia Ave NW, Suite 4000, Washington, DC 20060 (lleffall@fac.howard.edu).

The Legacy of Claude H. Organ, Jr, MD, and the Residency Review Committee for Surgery

L. D. Britt, MD, MPH

In a few years, the Residency Review Committee (RRC) for Surgery (Chicago, Ill) will be celebrating its 60th anniversary. Established in 1950, the RRC for Surgery was the first of the review committees for graduate medical education. With the oversight organization now being the Accreditation Council for Graduate Medical Education (ACGME) (Chicago), there are now 27 RRCs, which encompass 26 core specialties and 115 subspecialties (Figure). The programmatic responsibilities of the RRC for Surgery are highlighted in Table 1.

Although Dr Organ was 1 of more than 100 surgeons to serve on the RRC for Surgery since its inception (Table 2), the impact of his substantial contributions to the committee and graduate medical education remains today. Dr Organ was a “natural” for the committee. He fully embodied the very principles and requirements that he was asked to enforce. In fact, his professional credo was a mirror image of the current ACGME mission objectives: emphasis on accreditation, competency, performance excellence, and outcome measures.

His objectivity was unparalleled. Dr Organ never allowed himself to be influenced by the political or social pressure of the day. He believed that there should be only 1 “strike zone” for all programs, with each program needing to be in substantial compliance with the ACGME requirements. Dr Organ was steadfast in his opposition to even a hint of possible modification or lowering of the standards to achieve what might be considered a laudable goal, for he felt that such an initiative would result in irreversible damage to both the program and the residents. However, he was tireless in his efforts to provide assistance and guidance to anyone who requested help.

The last full review of his program by the committee, just prior to him stepping down as chair and program director, resulted in the program receiving one of the infrequently given commendations for excellence. It was a fitting epilogue and a testimony to the life of the consummate professional. The RRC for Surgery and its responsibilities to maintain the highest-quality training programs reflect the extreme dedication of a few American surgeons. Dr Claude Organ will always be remembered as a true beacon in this effort.

As we look back on his stellar career, it becomes quite evident that any organization that Dr Organ was a member of became a better organization. I am not sure we will get an opportunity to witness anyone else with a more effective “Midas touch.”

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Correspondence: L. D. Britt, MD, MPH, Department of Surgery, Eastern Virginia Medical School, 825 Fairfax Ave, Suite 610, Norfolk, VA 23507 (brittl@evms.edu).

Table 1. Residency Review Committee for Surgery Program Accreditation Statistics

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total No. of Approved Programs</th>
<th>Total No. of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgery</td>
<td>254</td>
<td>8314</td>
</tr>
<tr>
<td>Vascular surgery</td>
<td>92</td>
<td>136</td>
</tr>
<tr>
<td>Surgical critical care</td>
<td>72</td>
<td>152</td>
</tr>
<tr>
<td>Pediatric surgery</td>
<td>30</td>
<td>51</td>
</tr>
<tr>
<td>Hand surgery</td>
<td>3</td>
<td>13</td>
</tr>
</tbody>
</table>

Figure. Overview of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (RRCs).