



War, Politics, Pandemic, and a Failed Assassination: 117 Years of World Congresses of Surgery

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I am fascinated by history. As an undergraduate English major, I loved poetry, novels, and short stories. As a 20-year old, I thought history dull, dim, and irrelevant. Oh, how wrong I was! The drama created by real-life stories are far more unpredictable and riveting than fiction. In holding 48 previous world congresses, the International Society of Surgery/Société Internationale de Chirurgie (ISS/SIC) has participated in a few stories I'd like to share with you.

Many of the stories of the ISS/SIC are a little like the story of Switzerland, the home of our beloved society, an oasis of neutrality surrounded by a chaotic world, punctuated with pandemics, wars, and global politics. Our Swiss leaders, whether their last names were deQuervain, Nissen, Allgower, Harder, or Givel, have served as neutral intermediaries in many critical negotiations over the years, holding this society together against strong global currents and nationalistic ideology which—in some circumstances—led to major wars between nations and created rifts between close professional friends within our society. Yes, there was even an attempted assassination of a world leader at a World Congress of Surgery, one that would have changed the 20th century, had it been successful. So hang on and bear with me for a few minutes.

Let's start 130 years ago, here in this most beautiful city of Vienna. Most of you know of Theodor Billroth, the patriarch of Viennese surgery depicted in the famous painting by Adalbert Seligmann (Fig. 1). Billroth attracted surgeons from around the world to his operating theater, many of whom would later become surgical giants in their home countries. From the USA, William Stewart Halstead spent time in Billroth's theater, also appearing in the Seligmann painting to the left of the cabinet of instruments. Halsted returned to Baltimore and—with William Osler—started the first university-based program of medical education in the USA, at Johns Hopkins in Baltimore, Maryland.

Additionally, Billroth was a good friend of Johannes Brahms, whose music you heard as you came in this morning. I thought about focusing my address on music and medicine, but would a violin concerto in d major capture your attention as well as the story an Irishwoman attempting the assassination of a tyrant? Or waves of global epidemics and pandemics forcing the cancelation of two world congresses in Asia, 16 years apart? Or controversies over which surgeons from which countries would be invited to the World Congress, the result of two great 20th century world wars.

With apologies to our Viennese hosts, the story of the ISS/SIC does not start in Vienna, and Billroth wasn't even a member of our society. Nonetheless, Vienna has played an important role in our history, never so important as today, when Albert Tuchmann and a dedicated team from the ISS/SIC office (thank you Mike, Chris, Laurie, and Denise!) committed to bringing us back together in this lovely city, our first in person meeting since 2019, in Krakow. It was only 3 years ago, but so much has happened. It's hard to remember.

Much of the history that I will be recounting here comes from a book by Dorothea Liebermann-Meffert [1] (Fig. 2).

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Fig. 1 Billroth operating theater in Vienna, c. 1890



Fig. 2 Dorothea Liebermann-Meffert (1930–2020)

If you want to learn more of the history, the ISS/SIC office still has copies of Dr Liebermann-Meffert's book, also available through our website. The more recent history, in the 21st century, has been collected and collated by our former secretary general, Felix Harder and former executive director, Victor Bertschi of Basel. Many of the early

papers and letters are in the hands of Professor Ulrich Tröhler and Professor Hubert Steinke of Berne. To them, I owe a great debt of gratitude for helping me with this address.

So, the story starts in Brussels Belgium in 1902, where Professor Antoine Depage and Professor Charles Willems of Ghent (Fig. 3) recognized the desire of surgeons from around the world to share their rapidly growing surgical experiences and debate novel surgical procedures. To put this in a global context, the first decade of the 20th century was a pretty good time in political and scientific history. The world was at peace. Surgery as we know it today was blossoming, thanks to general anesthesia and aseptic techniques. The gastrectomy, abdomino-perineal resection, thyroidectomy, and a host of operations we do commonly were either described or popularized in that time frame. The new society was called the Société Internationale de Chirurgie (SIC). There were six recognized languages. Official business and most congresses were conducted in French. 77 years later, as part of a new constitution ratified in 1979, the society was renamed the International Society of Surgery—Société Internationale de Chirurgie, and the official language was changed to English.

In the first decade of the 20th century, the SIC provided the forum for sharing the techniques and outcomes of many new surgical procedures. Within 2 years of its founding, the SIC had 638 members from 23 countries. Two hundred and fourteen members attended the first congress in 1905 in Brussels. The President of the first congress—but not the society—was Theodor Kocher who would go on to receive the Nobel Prize in 1909 for his work on the pathophysiology and surgery of the thyroid gland.

From 1905 until 1979, the SIC offices were in Brussels, and until 1973, the presidents of the society were required to be Belgian. Charles Willems served as president for 27 years, Jean Verhoogen served for 21 years, and Robert Danis served for 10 years. The first three congresses were held in Belgium and were attended by Belgian royalty. All presentations addressed three subjects that were chosen at the preceding conference. Questions of the day included examination of the blood, joint tuberculosis, peritonitis, and prostatic hypertrophy, of great interest to the older members of the society I am sure. Interestingly in 1914, one of the three topics addressed was tissue and organ transplantation. Talk about being ahead of your time!

In 1914, the meeting came to New York City, out of Brussels for the first time. William Mayo welcomed the congress, and Alexis Carel, the Nobel Laureate, provided a hands on workshop in vascular anastomosis, the technical aspect of organ transplantation. It would take another 50 years for immunosuppression to catch up with Alexis Carel's surgical technique and for cadaveric organ transplant to become a reality.



Fig. 3 Charles Willem (1859–1930), Founder and first president of the ISS/SIC

It might also be noted that two of only four surgeons ever to win a Nobel prize were SIC leaders. Maybe it's time for another? It's been a few years.

Following the New York meeting, 102 participants and their spouses boarded a train traveling together to visit the leading operating rooms of the USA and Canada, the University of Pennsylvania, Jefferson, Johns Hopkins, Alton Oschner's clinic in New Orleans, the Mayo Brothers clinic in Minnesota, McGill University in Montreal, ending up in Boston where Harvey Cushing performed a neurosurgical procedure in the Peter Bent Brigham operating theater. This tradition of pre- or post-congress trips to operating rooms lasted until shortly after the second world war, when commercial air travel made it much easier to get back and forth between the continents, and the ability to take month long surgical sojourns became more difficult.

In the early days, the congress presidents were distinct from the society presidents and were recognizable names in surgical history. The names of congress presidents that you might recognize include Czerny, Hartmann, De Quervain, Grey Turner, Leriche, Graham, Mirizzi, and Ochsner. In 1973, the first non-Belgian society president, Fritz Linder was elected. The society president and congress president roles were fused together and the term was limited to

2 years except in the years of the recent global pandemic, when I have had the honor of serving as your president for three quite remarkable years.

After the NY meeting in 1914, WWI broke out. Incredibly bloody trench warfare. Among the 40 million deaths attributed to this struggle, there was one that reverberated in North American and British medicine, involving two SIC members. William Osler, the father of academic medicine in North America, was on sabbatical at Oxford at the start of the war. Osler's only son Revere volunteered to serve. Shortly after returning to the battlefield from a respite in Oxford, Revere was hit by a German shell on the Western front. He was rushed to the casualty clearing station where he was attended to by Harvey Cushing and George Crile, themselves volunteers to the war effort. Crile attempted one of the earliest blood transfusions to save Revere's life. No avail. Revere passed away, and William Osler himself died 2 years later, never recovering from his son's loss.

As a result of this war, the Congress of the SIC was held in abeyance for 6 years, until 1920 when the society met again in Paris. German, Austrian, and Turkish surgeons were not invited to Paris. In a sweeping gesture of retribution, 144 German, Austrian, and Turkish member surgeons were expelled from the society, a ban that would last another 12 years. The SIC leadership was reacting to an inflammatory manifesto signed by 93 German scientists, as well as to the atrocities of war. The meeting in Paris attracted only 92 members.

In 1923, The Prince of Wales opened the 6th Congress in London. German was reinstated as an official language at Swiss insistence, and the decision was made to readmit the banned surgeons when Germany, Austria, and Turkey joined the League of Nations. Three years later, in 1926, when the congress came to Rome, surgeons from the former Axis powers were still not welcome, despite that their countries had recently joined the League of Nations. The opening address was given by the Prime Minister, Benito Mussolini. Eight hundred surgeons attended the meeting in Rome. A number of surgeons were granted an audience with the Pope during the Congress.

Following Rome, the World Congress traveled to Warsaw in 1929. The German society was invited but declined to participate. At the Madrid meeting in 1932, Fritz De Quervain, from Berne Switzerland, in a great feat of diplomacy, completed a 6-year negotiation allowing the surgeons from Germany, Austria, and Turkey to be reinstated into SIC membership. Believe it or not, 6 years of the ban hung on the word *regrettable*. Was the expulsion of the Germans, Austrians, and Turks in 1920 regrettable or not? Some felt the ban justifiable. Others thought it excessive. Finally, cooler heads prevailed and the SIC was back together but not for long!

Three years later, in 1935, the SIC set foot in Africa for the first time, hosting a meeting in Cairo where the opening session attracted over 4000 surgeons and interested others, followed by a site seeing trip for the participants to Luxor and other famous Egyptian sites.

Vienna first comes into the picture in 1938. The eleventh world congress was scheduled to be held in this lovely city, but global politics again intervened, as the Nazis annexed Austria in the summer of 1938. At the recommendation of George Grey Turner and Rudolf Nissen, the congress was hastily moved back to the city of the secretariat, Brussels, to be clear of Hitler's influence. One year later and anticipating a German invasion of Belgium, the funds of the SIC and society management were transferred to the USA until the end of the Second World War.

The Second World War and the events leading up to it were particularly difficult for SIC members. The story of two German members is illustrative. This is the story of Rudolf Nissen and Ferdinand Sauerbruch. (Fig. 4) As an esophageal surgeon, I have a particular affinity to Professor Nissen and his fundoplication. His story represents the geopolitical trials of the SIC and ends in the city that was home to our society for so many years, Basel, Switzerland.

As a young promising academic surgeon, Dr Rudolf Nissen was accepted as a protégé of Ferdinand Sauerbruch, the professor of surgery at the most famous hospital in Germany, Charité in Berlin. Then came Fascism and Adolf Hitler. Nissen's mother was Jewish. In 1933, Nissen and 100 other Jewish scientists from Germany moved to Istanbul at the invitation of Kemal Ataturk, the Republic of Turkey's first president. He returned to Germany for treatment of tuberculosis in 1938. When tipped off that he was on a list for arrest by the Nazis, he and his wife Ruth fled Germany to Davos, Switzerland, in the middle of the night. In 1939, Nissen moved briefly to Boston and the Massachusetts General Hospital, then on to New York

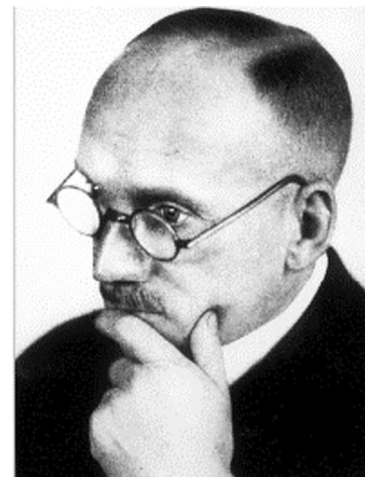
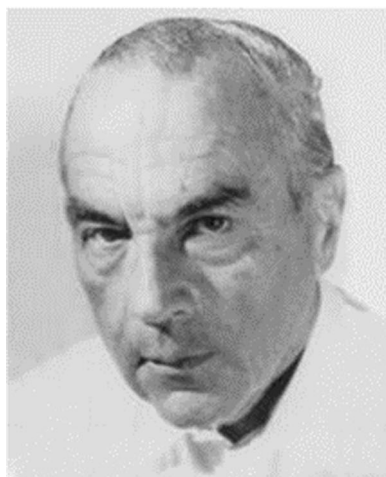
City, where he established himself as a "go to" surgeon for complex cases.

One of Nissen's most famous patients was Albert Einstein, who lived in Princeton, New Jersey, not far from New York City. Diagnosed with intestinal cysts and an intact aortic aneurysm, Nissen wrapped Einstein's abdominal aorta in cellophane in 1948 to induce fibrosis and prevent expansion. The operation was a short term success. Seven years later, when the aneurysm finally ruptured, Einstein declined further intervention and passed away. Prof Nissen returned to Europe in 1952, as Professor and Chair in Basel, creating a great lineage of surgical leaders and administrators who have guided our society for over 40 years.

More complicated for history to deal with are the stories of German surgeons who supported the third Reich, none more complicated than Nissen's mentor. Ferdinand Sauerbruch was the surgeon general of the national socialists under Hitler, and oversaw the scientific research council that approved the human experimentation carried on at the Nazi concentration camps. In contrast, Sauerbruch also spoke out against euthanasia, supported Jewish colleagues at Charité, and was a member of a civic group in Berlin, the Wednesday's Society, a group that did not support the Nazis and spawned an attempted assassination of Hitler. While his role as a medical official of the national socialists was acknowledged in the Nuremberg trials of Nazi war criminals, Sauerbruch was exonerated of war crimes. He died a few years later.

For nearly a decade, the Second World War and its reparations rocked Europe, during which time the SIC took a 9-year hiatus from meeting. In 1947, the SIC reconvened in London. Alfred Blalock and Alton Oschner chartered a plane for the American attendees. Alexander Fleming gave a lecture on the discovery of penicillin and its role in surgery. Blalock spoke of pulmonary stenosis, and Rene

Fig. 4 Rudolf Nissen (1896–1981) (left) and Ferdinand Sauerbruch (1895–1951) (right)



Leriche updated the world on the progress of vascular surgery. The World Congress was back with a splash!

German and Japanese surgeons were not invited to attend the congress in London, war wounds still fresh in many memories. However, at that meeting an appeal for reunification was made by the President of the Royal College of England, Sir Webb Johnson who said, “*by virtue of our calling we are all patriots of humanity, and as such have no frontiers. But by virtue of our citizenship, we are ambassadors of our countries. As such, we can help promote peace, concord, and understanding.*” I find this ability to forgive humbling, especially from a citizen of London who had experienced intense German bombing early and late in the war, bombing that leveled much of London and nearly destroyed the Royal College of Surgeons. It is also a good lesson for all of us as we engage with our colleagues from countries where our member’s views are distinct from those of their country leaders, tyrants bringing violence and destruction to their neighbors or to their own citizens.

After World War 2, the society started meeting every other year, no longer on the 3 year cycle. Meetings occurred in New Orleans in ’49, Paris in ’51, Lisbon in ’53, Copenhagen in ’55, Mexico City in ’57, and Munich in ’59. With great apologies to our current Secretary General, Ken Boffard who appears in excellent health, it might be noted—at this juncture—that our congresses have been quite difficult on our secretary generals. Belgian surgeon, Leo DeJardin, died as he was preparing the Mexico City congress in 1957 almost leading to its cancelation. Our dear friend, Jean Claude Givel died in his hotel room as the opening ceremonies commenced in Bangkok in 2015.

In the 60s and 70s, congresses ran on schedule and without event, like Swiss trains: Dublin, Rome, Philadelphia, Vienna, Buenos Aires, Moscow, Barcelona, Edinburgh, Kyoto, and San Francisco. These meetings brought new developments in the rapidly growing fields of transplant and cardiovascular surgery, following the development of cardiopulmonary bypass. Congress speakers included Michael DeBakey, Denton Cooley, E Stanley Crawford, Norman Shumway, Francis Fontan, Charles Dubost, Albert Starr (still living as one of my neighbors in Portland Oregon), René Leriche, Thomas Starzl, Sir Roy Calne, and Sir Peter Morris, our president in 2001–03. In 1981, the planned meeting in Warsaw had to be urgently moved to Montreux, Switzerland, on the banks of Lake of Geneva. Poland was still behind the “iron curtain” as we called it in the west, and visas were not obtainable for many of the speakers.

A pivotal year for our society was 1979, when the Belgian support for the society was flagging, and the secretariat in Brussels became inattentive to the collecting of member dues. The SIC was bankrupt. Serendipitously, the

president of the SIC at that moment was Martin Allgower, the Professor of Surgery in Basel. Not only was Professor Allgower a talented surgeon and a brilliant leader, he was an innovator and initiator of a profitable business venture, the A-O working group for internal fixation of fractures. Allgower proposed to the somewhat desperate SIC leadership that they should move the management and the headquarters to Basel. In return, he was able to persuade the AO Board of Directors to contribute \$1 million Swiss Francs over 5 years to restart the society. The SIC was dissolved by a vote of the General Assembly in San Francisco. A few minutes later and under a new constitution, the ISS/SIC was born. The society was saved.

After his Presidential term expired in 1981, Allgower became the secretary general of the society for 12 years. While Prof Allgower gets most of the credit for saving the society, it was the organizational brilliance of Victor Bertschi who deserves most of the credit for restoring the society to a sound financial footing. Bertschi—first hired as Allgower’s personal pilot—served as the executive director of the ISS/SIC for 37 years, from 1979 until his retirement in 2016. (Fig. 5) Strong efforts by the secretary generals following Allgower, Thomas Ruedi, Rudiger Siewert, and Felix Harder were equally instrumental in re-establishing society solvency.

As well, these gentlemen recognized the need and the benefit of integrating specialty societies within the ISS/SIC, as general surgeons increasingly focused their practices and their scientific investigations into specialty niches around the world. The first integrated society of the ISS/SIC was the International Association of Endocrine Surgeons (IAES) formed in 1979. The International Association for Trauma and Surgical Intensive Care (IATSIC) was formed in 1989, and the International Association for Surgical Metabolism and Enteral Nutrition (IASMEN) was formed in 1993. Breast Surgery International (BSI) met for the first time at ISW in Vienna in 1999 where Umberto Veronesi was the first president and delivered the first Veronesi lecture. The digestive surgeons met at ISW as the Collegium Internationale Chirurgiae Digestivae (CICD) in 1991, a participating society in International Surgical Week, but then became fully integrated into the ISS/SIC as the International Society of Digestive Surgeons (ISDS) after the 2009 congress in Adelaide. The last integrated society to join ISS/SIC was the Association for Surgery and Anesthesia Presence (ASAP) who joined us in Helsinki for their first full program in 2013. Under the leadership of Kelly McQueen and Kathleen Casey, ASAP represented surgeons and anesthesiologists focused on the provision of surgical systems in low and middle income countries. In addition, ISS/SIC joined G4, a federation of societies focusing on advocacy for provision of essential surgical care in LMIC’s. G4 shares many members with ASAP and meets at ISW as a partner organization. While not an

Fig. 5 Three Gentlemen of Basel: Martin Allgower (1917–2007) (left), Felix Harder (center), and Victor Bertschi (right)



integrated society, the medical student society, the International Association of Surgical Students (IASS) is a most welcome addition to our midst, bringing new life to this aging and aged society!

The other pillar that coaxed the ISS back to solvency was the World Journal of Surgery (WJS), now responsible for more than 70% of the annual revenues of the society. It was not always so, however. When the journal was founded in 1975 with Marshall Orloff as its first Editor-in-Chief (EIC), it was thin, expensive to print, and lacked the impact it has today. In fact, rather than a moneymaker for the society, the WJS was part of the burden that weighed down the ISS finances for the first few years of its existence. In 1981, Orloff abruptly resigned, in a disagreement with ISS/SIC leadership over the publishing contract. James Hardy took over in an interim capacity, until Samuel Wells, an endocrine surgeon from St Louis was chosen as EIC in 1983. After 10 years, Wells turned over the EIC role to Ronald Tompkins, a GI surgeon from Los Angeles, who led the journal for another 10 years, building great credibility and quality.

I took on the WJS EIC role in 2005, having been recruited by Felix Harder and a small search committee. Nonetheless, when we took on the journal, and I say we because instrumental to the success of the journal is Laura Shearer Hunter. At the outset, I was given the instruction to take the journal electronic and hire a managing editor who knew computers and people. This is not an easy combo to find. Lo and behold, Laura was interested, bringing her considerable IT and customer service skills—learned at Home Depot corporate—to the managing editor job in 2005. She has hardly had a day off since then.

In 2005, when we took on the WJS, there were a little over 400 paper submissions a year, out of which we published more than half of what was submitted. A few years later, we had changed the cover, gone electronic and had quadrupled the number of submissions. To keep up with

the work, six associate editors were added. Now—in 2022—we are up to 13 associate editors, with a keen eye for diversity of geography, specialty, ethnicity, gender identity, and race. In 2020, over 2700 original submissions were received; the acceptance rate was 20%. The journal published 485 original items in 2021, with many innovative features, including influential women in surgery, and “my first paper” for new authors. The journal is ranked in the top quarter of surgical journals, most years, and the impact factor has climbed above three under the leadership of Julie Ann Sosa and the associate editors from around the world.

With a focus on students, residents, registrars, and young academic surgeons, the WJS launched a writer’s workshop in 2009, in Adelaide. The concept was that the student would receive individual instruction by an editorial board member over three mornings in a small group, with a focus on abstract writing, and writing a review of a paper submitted to the WJS. Enjoyable for both student and teacher, mentor–mentee relationships have grown out of the workshop, leading to publications in the WJS and other prestigious journals by workshop participants.

The 21st Century. Congresses in the first decade of the 21st century were held in Brussels in 2001, canceled in 2003, then held in Durban, South Africa, in 2005. The Durban meeting was my first meeting as a member of the ISS/SIC and the new editor-in-chief of the WJS. Rudiger Siewert, from Munich, was the president of our society. When Professor Siewert arrived in Johannesburg, he was detained by immigration agents. He had arrived with a nearly fully stamped passport, in violation of South African statute that an arriving visitor has three blank pages in their passport. After 24 h in detention, he was rescued and delivered to Durban by the good work of Lufthansa, Ken Boffard, and the German embassy who hastily pasted a few more pages in his passport in order to bring his paperwork into compliance!

ISW awakened me to the diversity of the surgical profession, and the diversity of surgeons from around the world. What a breath of fresh air after 15 years talking about and listening to talks only about laparoscopic GI surgery by surgeons from wealthy nations. In Durban, I arranged a meeting with Michael Cotton, a surgeon from Bulawayo, Zimbabwe. He had written the new editor—me—to inform me that he was dropping his subscription to the WJS. It was not a journal for the world, as it did not address the surgical concerns of the majority of the world, the low- and middle-income countries (LMICs), where robotics, transplantation, and sophisticated intensive care were impossible and irrelevant.

At that moment, I promised him that the WJS would adopt a new focus, surgery in LMICs. Since 2005, we have published 350 articles in this category, spawning among other things a journal club at Harvard focused on WJS articles around this topic. This new direction for WJS caught the interest of Paul Farmer, a monumental figure in building systems of care for LMICs. Dr Farmer recently passed away, but he saw the WJS as the vehicle for publishing literature focused on improving surgical care delivery in LMICs. In editing a symposium for the WJS in 2008, “Beyond the OR,” Dr Farmer and Jim Yung Kim, the President of the World Bank, labeled surgery as the “neglected stepchild of global health.” ASAP, G4, and thousands of dedicated surgeons, anesthesiologists, and policy experts have made substantial efforts to cure this deficiency. Thanks to Charlie Mock, Kelly McQueen, Sherry Wren, Cheng Har Yip, Andrew Hill, Jaymie Henry, Robert Riviello, John Meara, Russell Gruen, Kathleen Casey, Adam Gyedu, and the many other ISS members who make this a focus of their lives.

After Durban, we went to Montreal in 2007, where we learned the power (or lack thereof) of associating ISW with a national surgical congress, to Adelaide in 2009, then to Yokohama in 2011, where we were almost derailed by the Fukushima earthquake. While the earthquake occurred several months before the congress, aftershocks were still occurring, and the loss of a major nuclear reactor vastly reduced power availability in Japan. The room temperatures at our venue in Yokohama were set at 25 and 30 degrees centigrade, and our always well-dressed Japanese professors arrived in golf shirts and light slacks, most with a big smile on their face to thank us for not canceling ISW, despite the trying circumstances. I must admit that I was a bit unnerved, while sitting at dinner on the 70th floor of the Royal Park Hotel when an aftershock rocked the building, spilling soup on the placemat, leaving me anxious to get down to ground level!

From Yokohama, we went to Helsinki in 2013, a brilliant meeting characterized by long days of sunshine and tours of the historic islands in the harbor. On a sunset harbor tour and cocktail reception, we were greeted by

Finns in their birthday suits (read stark naked) waving to us from the shore, enjoying the setting sun after their evening in the sauna.

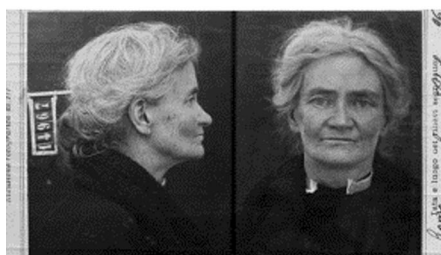
From there, we went to Bangkok in 2015, where Nopadol Wora-Urai, our president, hosted us with Thai culture, hospitality, and marvelous food. We almost canceled Bangkok for a second time (the first time was 2003, associated with a SARS outbreak) after social unrest led to a bombing in the square adjacent to the hotel several weeks in advance of the meeting. After assurance that security would be robust, we decided the risk was minimal and the “show went on.” Needless to say, the Congress was beautifully choreographed, from the opening by a Thai princess, to a spectacular “Thai night” that ended with the ISS leadership on the stage dancing and singing with our hosts.

The 2017 meeting was hastily moved from Buenos Aires to Basel after it became apparent to Marco Patti and our administrative leadership that local planning was falling too far behind schedule, risking the delicate choreography of ISW, a dance Chris Storz oversees with deft but firm control. In addition to flawless Swiss execution, a lasting memory of the Basel congress will be floating down the Rhine with Felix Harder at lunchtime in nothing but a bathing suit, supported by a waterproof bag filled with air, a towel, and dry clothes to put on at the end of the float. What a perspective to view centuries old domiciles and churches in central Basel! Thankfully, the large Rhine riverboats were kept on the other side of the river, away from the many floaters.

The last time we all got together was in the historic Polish city of Krakow, a national geographic heritage site, and home to the Jagiellonian University, one of the oldest universities in Europe. For many of us, Krakow was a surprising gem of a city, a beautiful walking city with cuisine that was unbeatable, and a citizenry that was welcoming in all ways. Visits to famous underground salt mines, and a sombering visit to the Auschwitz-Buchenwald concentration camp complex brought additional historical context to our visit.

The 20th century history of the ISS/SIC was plagued by two major wars in Europe, forcing several congress cancellations, relocations, and political rifts in the Society. In contrast, the 21st century has been plagued by modern day plagues, regional then global pandemics caused by flu and cold viruses. These “super viruses” were responsible for the cancellation of two international surgical weeks in Southeast Asia, first in Bangkok in 2003, and then in Kuala Lumpur in 2021. The Covid pandemic, which has killed more than 6.5 million people worldwide and over one million in the USA, is still causing many deaths as it transitions from pandemic to endemic. While the cancellation in Bangkok—a result of SARS—took a decade to

Fig. 6 Violet Gibson (1876–1956), Daughter of the Lord Chancellor of Ireland (left) and Benito Mussolini (1883–1945) following a gunshot wound to the nose (right)



reschedule, the cancellation of the meeting in Malaysia a year ago resulted in our first foray into remote, video-assisted congresses.

Virtual Surgical Week, in August 2021, was a *tour de force*, organized by Chris Storz and Dr. Alessandro Fichera, from Dallas, the immediate past president of the ISDS. There was uniform participation from all the integrated societies as well. There were over 1000 unique viewers of content from Virtual Surgical Week, either during the last week in August 2021 or after the fact.

So here we are. We are close to the end of this address, and I still haven't described the attempted assassination at our congress. So, let's go back a century: In 1926, the world was a go, go, go kind of place. In the USA, we called this "The Roaring 20s." The stock market crash of 1929 was still 3 years in the future. The congress of the SIC in Rome was opened by Benito Mussolini, *Il Duce* as he was known. Mussolini had an interesting beginning as a socialist. In fact, he was named after Benito Juarez, the socialist leader of Mexico in the mid-19th century who displaced European rule from Mexico, once and for all. In 1919, a disaffected Mussolini turned to fascism, creating a brutal nationalist party capable of deadly actions to anyone who voiced their disapproval of his leadership. By 1926, he was firmly at the helm of Italy, articulating a vision to recreate the land holdings of the Roman Empire.

Invited to open the 7th Congress of the SIC, Mussolini proclaimed: "*Greetings of the Italian Government to the excellent masters of that art of surgical instruments....*" As he left the congress hall, Violet Gibson, a labor organizer, was waiting with a small caliber pistol. Ms Gibson was not just anyone. She was the daughter of the Lord Chancellor of Ireland, a woman seen in photos with the future king of England, the Prince of Wales. The bullet hit him Mussolini in the nose, but did not cause significant damage. (Fig. 6).

Gibson was immediately taken into custody then nearly lynched by angry Mussolini supporters. She was rescued and sent back to Ireland, probably a result of her family connections. She spent the rest of her life in St Andrews,

Scotland, in an insane asylum. Mussolini, as we know, ultimately committed Italy to Hitler, then lost power after the successful invasion of Sicily by the Allies in 1943. As the war came to a close, Mussolini was captured by Italian forces as he was trying to cross Lake Como. He was shot on the spot.

But I wander off topic. Sorry. I can't close this story with the grim tale of a dictator, so let's look to the bright future of the ISS/SIC. What will history say about this meeting? If you haven't noticed, something dramatic and very historic is about to happen to the ISS/SIC. Our next president will be the first woman to lead our 120-year-old society.

For those of you who do not know her, Cheng Har Yip is a consultant breast surgeon and professor emeritus from Kuala Lumpur, Malaysia. She is the lead clinician for the breast cancer research program in Malaysia and sits on the WHO and Lancet commissions on breast cancer. She has over 250 publications in peer reviewed journals. She is a past president of the University Surgeons of Asia, the College of Surgeons of Malaysia, Breast Surgery International, and is currently an associate editor of the WJS. She was awarded honorary fellowship from the American College of Surgeons in 2013 and from the American Surgical Association in 2017, the first Malaysian to be so honored.

The ISS/SIC is in very good hands. Thank you for your attention this morning. It has been an honor serving as your president.

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