The monograph, Guiding The Surgeon’s Hand: The History of American Surgical Pathology, edited by Dr. Juan Rosai and published by the American Registry of Pathology in 1997, gives an informative and fascinating discussion of the origins and evolution of surgical pathology in the U.S.A. in relationship to international developments in medicine and pathology. In the first chapter, Dr. Rosai presents succinct considerations on the origin, evolution, and outlook of American surgical pathology. The general discipline of pathology had its roots in renaissance Italy. The major focus of early pathology was the autopsy. In Italy, England, and France, pathology was largely practiced by clinicians interested in gaining better understanding of the basis for the manifestations of disease in their patients during life. A great shift in the discipline of pathology developed in Germany with the advent of microscopic anatomy. Rudolf Virchow and others of the German school had enormous influence on the early development of academic pathology in the U.S.A. Early leaders of academic pathology in America, such as Frances Delafield, Mitchell Prudden and William H. Welch, regarded themselves not as diagnostically oriented morphological pathologists but as leaders of the broad field of experimental and scientific medicine. The major journal founded by the group was not given the title “The Journal of Pathology”, but “The Journal of Experimental Medicine”. Given this paradigm, it is not surprising to learn that diagnostic surgical pathology did not develop in departments of pathology but rather in departments of surgery (Johns Hopkins, Columbia-Presbyterian, Washington University-Barnes Hospital) or in non-university settings (Memorial Hospital, the Mayo Clinic, and the Armed Forces Institute of Pathology). There were some exceptions such as Harvard University where surgical pathology began in the pathology department. However, the historical record indicates that leaders of academic departments regarded surgical pathology as an extraneous and dubious activity. Surgical pathology laboratories often were originally housed in surgical departments and run by surgeons rather than pathologists. In a second phase, one of consolidation, the early practitioners were gradually replaced by full-fledged pathologists who brought a pragmatic and service orientation to their work, and the surgical pathology laboratories moved into pathology departments. Not surprisingly the early surgical pathologists resented their treatment by the academic pathology leaders who they regarded as having a haughty and dismissive mind set. Dr. Rosai indicates that this significant gap in origin and approach between general pathology and surgical pathology has had significant influence on the subsequent relationship between the two branches of pathology and has been a recurrent source of frictions and misunderstandings over the years. Dr. Rosai concludes his remarks by wisely calling for redoubled efforts toward understanding and cooperation between the various groups for the ongoing good of the broad discipline of pathology.
In the second chapter, Dr. Robert E. Fechner proves a more in depth and detailed discussion of the birth and evolution of American surgical pathology. Here are a couple of vignettes from the chapter. “Frozen section examination at Johns Hopkins Hospital had an inauspicious start in 1891 when (William Henry) Welch performed a frozen section of a breast lesion at the request of (William Stewart) Halsted, the surgeon. By the time a diagnosis was forthcoming, Halsted had made his own gross diagnosis and completed the procedure. A rapid, clinically useful frozen section technique for diagnosis was first published in 1895 by Thomas S. Cullen (although it is not clear that he was the first American to use the technique). He was a recent medical school graduate destined to become Chief of Gynecology and Obstetrics at Johns Hopkins Hospital.”

Other chapters in the book recount the history of surgical pathology at Johns Hopkins (Dr. Darryl Carter), Columbia-Presbyterian (Dr. Raffaele Lattes), Memorial Sloan-Kettering Cancer Center (Dr. Leopold Koss and Dr. Philip Lieberman), Hospitals of Harvard Medical School (Dr. Robert Scully and Dr. Austin Vickery), Washington University Medical Center and Barnes Hospital (Dr. Louis Dehner and Dr. John Kissane), the Mayo Clinic (Dr. Lewis Woolner), and the AFIP (Dr. Kamal Ishak). There are two concluding chapters of great import: Notes on the education of an “oncological” surgical pathologist: the autobiography of Arthur Purdy Stout and Autobiographical notes of Lauren V. Ackerman.