priate to "grandfather" this credential. The existing credential will not be devalued, but it cannot be ascribed a value beyond that which it holds today.

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Are general surgeons a dying breed?

As a general surgeon I found the article by Louisa Blair (*Can Med Assoc J* 1991; 145: 46–48) interesting but uninformative.

Over the past decade general surgeons in Canada have suffered from an identity crisis and an image problem because of the increased specialization in their field — for example, head and neck, colorectal and oncologic surgery — and because of a gradual takeover of certain aspects of general surgery by other disciplines. On the other hand, general surgeons in rural areas are still required to and do perform various orthopedic, gynecologic, plastic, ear, nose and throat, and urologic procedures. Contrary to Dr. Walley Temple's comment most general surgeons in rural areas are not limited to hernia and gallbladder surgery and bowel resection. It is the variety that makes our work interesting. I know of many city surgeons who really are limited to such procedures.

I strongly disagree with Dr. Robert Patterson's comment that the surgery is better and the infection rate lower in city hospitals. The infection rate is lower in rural hospitals in Alberta, and experience and ethical considerations compel me to refrain from discussing the quality of the surgery in city hospitals.

Dr. Marcus Burnstein's remark about general surgeons "dabbling in this and that" and his statement that they should not do hysterectomies clearly indicate that he is indeed a prisoner in an ivory tower and has no idea about the expertise of general surgeons in nonteaching and rural hospitals in Canada. Unknown to Burnstein it is the general surgeons who rescue the gynecologists in trouble. Does he think that circumcision, hydrocelectomy and vasectomy should be done by a urologist?

I fully endorse the remarks of Drs. Frank Timmermans and John Spencer, because my workload and lifestyle are similar to theirs. A word of consolation for Spencer, who was ignored by his academic colleagues because he did not have any publications to his credit: I had seven publications in reputable surgical journals when I started practice 20 years ago, and now I have 20 publications. However, my attempts to obtain even a family practice resident to train with me remained unsuccessful until recently, when I was approached by the program director of family practice at the University of Alberta to take part in the surgical training of those residents.

We must wake up to the fact that there will always be a rural Canada and a need for well-trained general surgeons to serve rural communities. The "urbanization of surgery" is a catchy but hollow phrase. It is the joint responsibility of the teaching units, the Canadian Association of General Surgeons and the Royal College of Physicians and Surgeons of Canada to develop an appropriate training program for general surgery to meet the needs of rural and urban Canada. I don't believe the glamour has yet faded from the field of general surgery.

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We are community physicians in Calgary, where the trends that were commented on in the article are already becoming commonplace in the surgical training program at the teaching hospitals. We do not doubt the need for specialist, research-oriented surgeons in the community but feel strongly that a good all-around "cutter" is as essential as air and water.

As one of us has pointed out previously when discussing the trends that have already occured in internal medicine programs,[1] doing research is a good thing, but most of our younger colleagues in training will be out in the trenches when they complete their apprenticeship. The current emphasis on academia is overstressed.

We doubt that it is more efficient to transfer patients to a large centre for surgery. Furthermore, it is not always possible. One of us recalls vividly a young girl with a ruptured spleen in a remote northern town who could not be transported because of a snowstorm (not rare in this country). A general surgical training proved invaluable: the spleen was removed, and the girl lived.

We are sympathetic with the views of Dr. Timmermans and, like him, wonder who will take his place when he hangs up his scalpel for good.

We must continue to train general surgeons. Those who wish to be academics should be encouraged, but not everybody can do research, and not everybody wants to.

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Reference

1. Hershfield NB, Price LM: Whither the clinician? *Ann R Coll Physicians Surg Can* 1991; 2: 100

It is clear from the article that