“Milestones” are not “tombstones”!

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Know from whence you came. If you know whence you came, there are absolutely no limitations to where you can go.

—James Baldwin

James Baldwin, an active writer during the American civil rights movement (1954-1968), challenged social norms through his literary works. He offered poignant perspectives on the racial problems facing the United States and helped to advance the cause spearheaded by leaders such as Martin Luther King, Jr. His words should resonate with us all and highlight the importance of knowing how our history advances our future.

In this issue of the *Journal*, Khaitan and D’Amico¹ provide a thorough account of milestones in the history of general thoracic surgery. Their purpose was 2-fold: (1) to commemorate the 100th anniversary of The American Association for Thoracic Surgery and (2) to inspire young minds to revolutionize the field of thoracic surgery. Their article is an expansive overview documenting many important advances that have brought us to our current state.

One key concept highlighted by their work is that progress comes in a stepwise fashion. We cannot expect to reach greatness all at once. A long series of scientific advancements preceded the first anatomic pulmonary lobectomy. As detailed in the article, the operation as we perform it today necessitated the developments of general anesthesia, positive-pressure ventilation,² endotracheal intubation,³ double-lumen endotracheal tubes,⁴ and multiple iterations of en bloc pulmonary resections. Advancements have continued through minimally invasive approaches and sublobar resections.

Another notable element captured by this article is the utility of academic honesty within our community. In 1922, Lillenthal⁵ published a series of 31 single-stage lobectomies with a 58% mortality rate. He stated, “These apparently modest statistics are presented because I believe that I have here enough cases to form the beginning of a working basis in determining the danger of operation in the various forms of lung suppuration which are here represented.” He exposed bad results to educate

RIP: “Remember Important Pioneers” of the past to help pave way for our future.

Central Message

“Know from whence you came. If you know whence you came, there are absolutely no limitations to where you can go.”—James Baldwin (1968).

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the surgical community so that others might avoid the same pitfalls that he suffered and make progress in their own directions. This is not a practice as prevalent in our current academic culture. As a surgical community, we should take note of past practice and commit to future transparency.

The history of general thoracic surgery is a topic with an extremely broad scope. It is difficult to imagine that Khaitan and D’Amico¹ could adequately document its entirety given word limitations. Notable omissions, to name a few, include these: Alton Ochsner for his work linking smoking to lung cancer⁶; lung transplantation, specifically the contributions of the Toronto Lung Transplant Group⁷; and F. Griffith Pearson for his numerous contributions to the field.⁸ The importance of knowing the pioneers of the field and recognizing their important achievements cannot be denied. “Milestones” are not “tombstones,” where once-great ideas are laid to rest. When studied and remembered, they serve as historical catalysts for future innovation and progress.

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