This past May, I was the American College of Surgeons’ Traveling Fellow to Germany. This was an unbelievable opportunity to visit a country I have always wanted to see, to observe a little of the German surgical culture, and to see old friends and meet new ones. I was able to attend Germany’s equivalent of the ACS Clinical Congress, compare management strategies for specific clinical problems, discuss basic science projects, present some of my work, and obtain an inside view of some university-based hospitals. I also was able to tour six German cities and took hundreds of digital photographs. This was a trip of a lifetime, and I am grateful for the opportunity I received. I have been asked to describe my trip, so herein follows a city-by-city travelog.

Munich (München)

After several months of preparation (with assistance from Prof. Norbert Senninger, Director of the Surgery Clinic of the University of Muenster), I flew into Frankfurt and then took a short flight to Munich (see Figure, this page), where I stayed at the Bayerische Hof, a superb hotel in the center of town. The central part of Munich is intensively active with shopping, restaurants, beer gardens, nightclubs, gardens, parks, malls, historical buildings, and so forth. Automobiles mostly are barred from this area, so at any time during the day or evening, the streets throng with thousands of pedestrians. The bicycle also is a popular mode of transportation here; the city provides dedicated paths for cyclists and those on foot should not stray onto these paths, a protocol that I was apprised of by an unusually vocal rider.

My mission in Munich was, among other things, to attend the 2007 meeting of the German Surgical Society (Deutsche Gesellschaft für Chirurgie), a weeklong meeting structured similarly to our Clinical Congress. The president of the German Surgical Society and my host while I was in Munich was Prof. Hans-Ulrich Steinau, who also is chairman of the department of plastic surgery at the Ruhr University Bochum. I believe Professor Steinau has the distinction of being the first...
nongeneral surgeon to serve as president of the German Surgical Society. I have nothing but praise for this man: he is energetic, bright, enthusiastic, generous, and a leader and a gentleman. Professor Steinau was the main organizer of this meeting, which was an outstanding success.

Each morning in Munich, I ate breakfast with a view of the city center from the terrace of the hotel’s restaurant (see photo, this page). One morning I was persuaded to try a “traditional” Bavarian breakfast, which consisted of a pretzel, a slab of ham, and a beer, and I took mental note of “traditional.” After breakfast, a fleet of black Volkswagen Phaeton limousines waited in front of the hotel (see photo, this page) to whisk dignitaries (or those of us with VIP cards) to the convention center. This ride involved a brief stretch of highway where the driver would accelerate to 200 kph, at which time I realized I was having my first autobahn experience. For the rest of the meeting, I had to resist the urge to make loops in the Phaetons back and forth between the hotel and the convention center.

Attending the meeting of the German Surgical Society was just like a College meeting: multiple simultaneous sessions on clinical and basic science, keynote lectures, plenary sessions, a large exhibit floor, thousands of attendees wandering around, and so forth. One major difference between the German and American versions was the abundance of free food at the former. In the exhibit arena there were cafés, full bars, trays of hors d’oeuvres, and bowls of fruit—all complimentary (donation optional). I found that espresso machines were ubiquitous in Germany, and espresso bars were especially plentiful at this meeting. After running around the meeting for the first day, I also became aware of how dreadful my German language skills were, despite a year of...
college courses and six months of Pimsleur CD-ROMs (which I listened to in my car while commuting).

My week in Munich was filled with memorable activities organized by Professor Steinau and his staff. In addition to the daytime meeting events, each evening we had dinner with a different backdrop, including a beer garden, the town hall, a medical student fraternity (complete with a lesson in saber fighting), and the hotel ballroom on the final night. I sampled the white asparagus, which was in season during my visit and available at sidewalk stands throughout the city center. I admired the beauty and peacefulness of the English Garden and the Hofgarten. And, of course, I did give a lecture on hernia surgery. There was so much to see and do in Munich (not to mention the surrounding countryside), that I easily could have spent my entire month there.

**Tuebingen (Tübingen)**

From Munich, I took a train to Tuebingen, a small university town in Southeast Germany. Since gasoline costs more than $6 per gallon in Germany, trains are a popular conveyance; they are clean, comfortable, and punctual—so punctual, in fact, that the typical 25-second station stop can place a harried traveler at risk for leaving a bag on the platform (not that this would happen to me). Once in Tuebingen, I checked into my hotel on the Neckar River (see photo, this page), and carefully stacked my suitcases in the confines of my traditional European hotel room. I then took a self-guided walking tour of the city and became convinced that this was the most beautiful town I had yet visited, period. It was straight out of a fairy tale and, incidentally, nothing like Omaha. I walked up into the heavily forested streets above the city center/university area and came across numerous castle-like structures (see photo, this page). After some conversation with the locals, I was flabbergasted to find out that these were university fraternity houses. I thought of the American equivalent, but somehow I could not picture...
objects flying from the upper floor windows of the building in front of me. I became lost on my walking tour, however, and had to hire a taxi to return me to my hotel room.

The following morning, fresh from my customary 5:00 am phone call from my children, I met with Dr. Frank Granderath (see photo, this page) and his colleagues in the department of general, visceral, and transplant surgery at the University Hospital of Tuebingen. Dr. Granderath is a minimally invasive general surgeon with whom I have collaborated on several manuscripts involving hiatal hernia. During my visit in Tuebingen, we discussed various clinical projects, visited the university’s endoscopic training center (where surgical trainees from around Europe learn basic laparoscopic skills on ex vivo cow organs harvested from the local slaughterhouse), and toured the university grounds. I also visited the endoscopic research center and met Prof. Gerhard Buess, the originator of transanal endoscopic microsurgery, who showed me some ingenious minimally invasive instrumentation. One of the Tuebingen junior faculty, Dr. Michael Kramer, showed me his apartment and I met his delightful family. The group of us then went into town to eat at a ratskeller, where Michael’s young sons amused us with a wrestling match on the wooden floor.

I was beginning to get an understanding of how the academic surgical system worked in Germany. One thing I noticed was the absence of older surgical faculty, other than the chairman of the department, who typically was a man in his late 50s or early 60s. All of the other faculty members were young (that is, younger than I am, which is 45 years). Apparently the job of surgical chairman is a highly sought-after position in Germany (quite dissimilar to the American situation). Once someone is appointed chairman of a university, he will keep that position until the government-imposed retirement age of 65 years. There is no shuffling of chair positions in Germany. Competition is keen when a chair vacancy becomes imminent, a situation that is not lost on the junior faculty; many of them have hopes of obtaining one of these exceptional positions. My impression was that, in general, the German surgical chair wielded more influence and received greater compensation than his American counterpart; the reverse seemed true with regard to the German junior faculty. So what becomes of the middle-aged academic surgeons who do not get picked to fill the limited number of university
chairs? I believe that they head into private practice.

**Bochum**

After Tuebingen, I boarded a train for Bochum, an industrial town that is part of a conglomeration of cities (including Essen, Dortmund, and Düsseldorf) in the Rhine-Ruhr region and that, in total, is more populous than Los Angeles, CA. Bochum is the base of operations for Professor Steinau’s group. Back in Munich, I had met with one of Professor Steinau’s junior faculty, Dr. Lars Steinstraesser, and found that we shared an interest in wound healing research. Dr. Steinstraesser is an energetic plastic surgeon who runs a large, well-funded laboratory at the Ruhr University Bochum, investigating the biology of human defense peptides, among other things. Here I had the opportunity to visit his laboratory and sit in on his weekly laboratory meeting with his research group, composed of 10-plus members. Dr. Steinstraesser allowed me the opportunity to use this group as a sounding board for a new research idea in dermal regeneration, and we currently are discussing a potential collaboration in this area.

In Bochum, I took the opportunity to observe some surgical procedures. After the morning report, I followed the male surgical contingent into the changing area, which was organized differently from what I have been accustomed to. There were a series of narrow rooms, which permitted single-file progression only. In the first room, we disrobed down to our underwear and placed our clothes into lockers. We then passed into a second room and waited (single-file) to obtain surgical scrubs from a cabinet. It was here that I was eyed somewhat suspiciously for what I only could assume was my choice of underwear, which deviated somewhat from the light-colored boxers that appeared *de rigueur* among the gentlemen in the room. Then, the door to the inner core opened and, to my consternation, a middle-aged woman walked in carrying an armload of laundered scrubs. She walked past the half-nude men like they were a row of chairs (except briefly cocking an eyebrow when she passed me), threw the scrubs into the cabinet, and walked out. The men paid her no attention; I said nothing. After we donned our green scrubs, we passed into a third narrow room, slipped some rubberized clogs onto our feet, and proceeded into the core.

The department of plastic surgery at the Ruhr University Bochum also is known as a sarcoma referral center. Here the surgeons have pioneered a number of surgical techniques,
including stump-lengthening procedures for sarcoma of the lower extremity. I went on the traditional chairman rounds with the surgical team, and I saw a patient who recently had a sarcoma of the thigh resected. Instead of leaving the patient with an above-knee amputation, however, the Bochum surgeons had transplanted the uninvolved lower leg as a free flap onto the thigh stump, which should facilitate the use of a prosthesis. In the operating room, I observed another patient undergoing resection of a thigh sarcoma; in this case, the tumor did not invade vital structures, so an amputation was not required.

One evening in Bochum, Professor Steinrau and Dr. Steinstraesser took me out for dinner in a retired coalmine that had been converted into an upscale restaurant. In the foyer of this establishment, there were massive ventilation fans mounted on the ceiling (see photo, page 44), which years ago had been used to force ventilation into the mineshafts. At this dinner, I was privy to some very high-level discussions regarding the state of German surgical departments and such, for which I unfortunately am amnesic. I also was able to ride around in an interesting little vehicle owned by Dr. Steinstraesser, a “smart car” (see photo, this page), which has an urban advantage of parking in either a parallel or perpendicular fashion, but that is a little short on luggage space. I’m curious to see how this stubby compact will be received in the size-conscious U.S.

**Aachen**

The next train stop in my tour was Aachen, another small university town near the tri-border of Germany, Belgium, and the Netherlands. Here I visited the University Clinic Aachen, which occupies a massive structure surrounded by an exoskeleton of plumbing and ventilation tubes, reminiscent of the Pompidou Centre in Paris, although not as attractive. This clinic is home to the surgical department of Prof. Volker Schumpelick, a general surgeon with an interest in hernia biology. Every few years at the Suvretta hotel in St. Moritz (Switzerland), Professor Schumpelick hosts a hernia meeting that is well-known for both its science and its amenities. The department of surgery at the University Clinic Aachen is known for its research into collagen biology, an organism’s interaction with prosthetic mesh, and techniques of hernia repair.

In Aachen, I also had the opportunity to observe some surgical procedures and had another changing-room experience: One of the junior faculty members directed me toward the medical students’ changing room, where there would be some free space. Inside, I was relieved to find that there no narrow rooms to traverse but just one room with the scrubs on shelves. I grabbed some of these, put my deposit of €2 into the locker so I could get a key, and proceeded to change. At the most awkward moment, a procession of five female medical students (I counted them) strolled into the locker room and walked past my row of lockers. Fortunately, by this time I had appropriated a pair of the traditional light-colored boxers, so perhaps the women may have thought that I was
not a foreigner. As I learned in a later conversation, co-ed locker rooms are common in Germany.

In the operating room, I watched Professor Schumpelick perform a minimally invasive sigmoid resection for diverticulitis (see photo, this page), and I also saw one of the junior faculty members perform an open splenectomy for a 25 cm specimen. One of the interesting trends in Germany that I observed was one-stage management of acute, relatively uncomplicated diverticulitis with a minimally invasive resection and no diversion. So far in their experience with approximately 30 patients (unpublished data; I am not sure of the number), the Aachen group has had no leaks. I found this encouraging, since I consider myself a fan of minimally invasive colorectal surgery.

**Cologne**

On my way to Berlin, I stopped off at Cologne for the purpose of seeing the world-famous Cologne Cathedral (see photo, page 47). Built over a period of 600 years, it was completed in 1880, at which time it was the tallest structure in the world, with twin spires measuring 157 m each. The photographs I took could not do this Cathedral justice, because I could not fit all of it onto my screen (the peaks of the spires are not visible in the photograph). It took me almost two hours of walking around the perimeter of this building to finally get adjusted to its enormity. Then I walked inside and had to start the process all over again. I recommend visiting this cathedral if you have the chance.

**Berlin**

I rolled into Berlin for the last stop on my tour. I checked into my hotel on the trendy Kurfürstendamm Strasse, also known as the Ku’damm, which is the equivalent of the Magnificent Mile in Chicago (not far from College headquarters). I actually was located a bit west of the high-price real estate, but I still had a Ku’damm address. My primary intent in Berlin was tourism. For this purpose, I hired a bicycle since Berlin is, as are many European cities, cyclist-friendly. By now I also was quite expert in identifying the red-brick paths reserved for two-wheelers. So for several days I pedaled around the city, taking digital photographs of everything I saw, and feeling dwarfed by the immensity of the city, the number of monuments, the fantastic architecture, and the rich history—one of which I can faithfully reproduce in this short report. I watched the German postal workers stage a strike at the Brandenburg Gate, I had my picture taken at Checkpoint Charlie (I think the “guard” in the Soviet-era uniform was German), I ate a Turkish kebab by the Virchow Krankenhaus, and I walked through the Zoological Garden.

I also visited the famous Charité Hospital in Eastern Berlin, and toured the recently renovated Virchow-Langenbeck House, which is a medical-surgical museum and also hous-
The twin spires continue upwards out of the picture on the right.

Mural of the founders of the German Surgical Society, Bernhard von Langenbeck (standing, left, holding book) and Theodor Billroth (standing, center, with white beard).

Conclusion

My trip to Germany was an unqualified success. I would like to thank the following people: Professor Senninger, who was an invaluable guide in all things practical during my visit and who, like most people I met, spoke much better English than I spoke German; Professor Steinau, for hosting me in Munich and Bochum; Dr. Steinstraesser and his wife, whose home I stayed at during my visit to Bochum; Dr. Grandenath, who hosted me in Tuebingen; Professor Schumpelick, who hosted me in Aachen; and to Drs. Stefan Lange, Michael Kramer, Joachim Conze, Michael Stumpf, and Uwe Klinge, who all took time out of their busy schedules to spend with me.

And, of course, I would like to thank the American College of Surgeons for making all of this possible by offering the Fellowship. I heartily recommend this or any of the other ACS Traveling Fellowships to those surgeons so inclined, because it will be the trip of a lifetime.

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