APPENDIX B

" UNNECESSARY OPERATIONS THE OPPROBRIUM OF MODERN SURGERY "

A letter from Dr. G. H. Balleray (of Paterson, New Jersey), published in the *Medical Record*, February 9, 1907.

" Sir:—It cannot be denied that at the present day many operations are performed that are not only unnecessary but unjustifiable. This is especially true of abdominal and pelvic surgery. Time was when ovaries were removed by the peck for all sorts of nervous disturbances, which had no more to do with the condition of the ovaries than with the change of the moon. This was the era of Battery's so-called ' normal ovariotomy,' than which no greater outrage could be perpetrated upon a confiding woman. To-day it is not fashionable to remove the ovaries for an attack in which the globus hystericus is the most prominent symptom, but those organs are still subjected to certain operative procedures for pathological conditions which exist only in the mind of the operator. At times the ovary is removed for what the operator is pleased to dignify by the term of ' ovarian cyst.' This cyst is sometimes no larger than a cherry, and very often much smaller. At times the ovary is not removed, but the cyst is punctured with knife or cautery, and the Fallopian tube, which he claims is the seat of salpingitis, but which may be perfectly normal, is resected. What justification is there for opening a woman's abdomen for such conditions? The operator may justify himself by saying that the woman suffered from pelvic pain which justified the operation. Now, every experienced gynecologist knows that this is not true; such conditions do not give rise to pain. If the woman really suffers pain she is probably a neurotic subject, whose pains and aches are due to anæmia and

general malnutrition. If she did not have pain in her pelvis she would have it somewhere else. Anstie has truly said 'neuralgia is the cry of the nerves for healthy blood,' and such patients require iron, fresh air, sunshine, and good food—not a mutilating operation.

"The uterine adnexæ are not the only organs subject to atrocious assault; the uterus itself comes in for more than its fair share. To say nothing about the injury so often inflicted on it by the ignorant, through bungling attempts at dilation and curettage, or maladroit trachelorrhaphy, the organ is often extirpated for no apparent reason, except the undying fondness of some man for notoriety or money. The uterus is often removed for a small myoma the size of a walnut. The writer saw two such cases during the past month. In one case abdominal hysterectomy was done by a prominent New York surgeon; in the other an experienced man performed a vaginal hysterectomy, which was attended by so much hemorrhage that he opened the abdomen in the hope of controlling it. In this he was not successful; more or less bleeding continued until the death of the patient about two days later. At the December meeting of the Obstetrical and Gynecological Section of the New York Academy of Medicine, Dr. Henry C. Coe protested against the performance of hysterectomy for insignificant benign growths, and the writer, in indorsing Dr. Coe's protest, stated that in his opinion such operations should be looked upon as pure surgical quackery. The over-zealous gynecologist seems to be constantly in search of an opportunity to extirpate the uterus. If a woman has a large subinvoluted uterus with catarrhal endometritis attended by profuse menstruation, he scrapes the uterus and sends some of the scrapings to a personal friend—a *soi-distant* microscopist, who would not know a cancer cell from a load of hay. His friend, the 'microscopist,' having been told what the would-be

operator 'fears,' proceeds to find 'suspicious-looking cells.' That is enough—out comes that uterus. Again, a woman has a badly lacerated cervix with ectropion and erosion. The cervix has certainly an angry look, but the experienced man knows that it is not cancerous. He has operated on scores, yea perhaps hundreds of similar cases by Emmet's method, and they have been permanently cured. But our enthusiastic confrère is ultra scientific. He is not willing to trust to his naked eye, or anybody else's naked eye; so he chips off a piece of the cervix and sends it to the same microscopist, being careful to tell him what he himself thinks. The microscopist is either again 'suspicious' or 'in doubt,' and, as Cavendish says in regard to whist, 'when in doubt play trumps,' our friend plays trumps, and out comes that uterus also. Far be it from the writer to disparage the well-trained, intelligent, honest microscopist, whose assistance is invaluable in many doubtful cases. He makes reference to those who, without proper qualifications, pose as experts, and whose opinions are often used by those who are over anxious to operate as a make-weight in overcoming the objections of patients or of the family physician, to operations which should never be performed. In a paper entitled 'A Plea for Early Operation in Cancer of the Womb,' the writer has denounced the criminal neglect and procrastination which allows a woman with cancer of the uterus to drift into an incurable state before she is referred to an operative gynecologist, and he sincerely hopes that nothing contained in this communication will detract from the force of what he then said. Every available means at our command should be brought to bear that may enable us to diagnose cancer in its incipiency.

"It is one thing to make an honest search for the truth in the interests of the patient and quite another thing to play the charlatan while pretending to base

one's practice upon scientific accuracy. Next to the uterus and adnexæ, the appendix vermiformis and kidney are the most abused organs. With some practitioners every belly ache is called appendicitis, and an operation for the removal of a normal appendix follows forthwith. The writer has seen the appendix removed in a number of cases in which it was absolutely normal, and within the past five years he has been consulted by many women who had been told that they should submit to an operation for what was said to be appendicitis, but the subsequent history showed that no operation was necessary in most of the cases; and in those in which abdominal section was necessary it was found that the appendix had nothing to do with the symptoms complained of. In times gone by, when a physician was too ignorant to make a diagnosis, he labelled the disease 'malaria,' and everybody was satisfied. Now the so-called surgeon calls everything appendicitis, and cuts out the appendix, with equally gratifying results. The furor for unnecessary operations has spread to the laity, and the cheerfulness with which the would-be fashionable man parts with his appendix is only equalled by the abandon with which the modern woman submits to the evisceration of her pelvis by her pet gynecologist. Practising fantastic operations on the kidney keeps some men in the profession busy. A poor, thin, neurotic woman, whose circumrenal fat has been absorbed, leaving the kidney anchored only by its moorings, consults one of these men. With wonderful sagacity he diagnoses 'floating kidney' and at once performs nephrorrhaphy. If from rest in bed and general improvement in health therefrom a layer of fat is deposited around the kidney the woman is cured, and the doctor gives the credit to the operation.

"If the patient does not gain flesh after the operation, in a few months the kidney 'floats' again as

badly as ever. But the operator may remain ignorant of the fact, for the patient may consult somebody with common sense enough to put her in bed, feed her generously, remove all sources of worry, and thus put her in the way of gaining flesh, and after a time the kidney stays where it belongs. Splitting the capsule has been advised and practised as a panacea in Bright's disease. The writer has no knowledge of any authentic case in which a cure has been effected, but he knows of one case reported as a cure, although the patient died a short time after the operation, and the kidneys are in pickle in a jar which is the property of a well-known pathologist. Prostatectomy seems to be the latest fad, and the man of sixty who is still carrying his prostate where Nature intended that he should is looked down upon by his contemporaries who have yielded theirs as a contribution to extend the popularity of this surgical innovation. Let us hope that the interest shown in the prostate may result in giving a much needed rest to the appendix and the kidney.

"From long experience the writer is fully aware of the difficulties and responsibilities involved in the diagnosis and treatment of serious abdominal and pelvic lesions, and is ever ready to deal charitably with the errors of judgment of a professional brother. We all make mistakes—we are all liable to sins of omission and sins of commission; but there is a vast difference between the honest mistakes of the well-trained, intelligent surgeon, who looks upon every case with an eye single to the good of the patient, and the stupid blunders of the inexperienced or meddlesome operator, whose ignorance of pathology and of the natural history of disease causes him to see in every case an indication for operation, and who is ever willing to sacrifice the good of the patient to his own love of self aggrandizement."

APPENDIX C

A VISIT TO THE MAYOS' CLINIC (ROCHESTER, MINN.)

From an article by Dr. W. F. Church (of Greely, Colorado), contributed to the *American Journal of Clinical Medicine*, May, 1908.

"To be fully up-to-date it is now considered necessary to make a pilgrimage to Rochester, Minnesota, at present the Mecca of American Surgery, and there sit at the feet of the two Mayo Brothers and marvel at their wonderful work. The idea that these men best represent the highest accomplishments in the technique and results of American surgery seems to have pervaded the surgical mind of Europe, for famous surgeons across the Atlantic pass by the great medical centres of the East, or maybe just tarry briefly on their way to a small, little-known city in the great Northwest.

* * *

"The Mayos are the chief benefactors of the city and its chief attraction. They have stemmed and reversed the current of surgical cases setting toward the great cities, and directed it toward their own little town. It has been no little task to prove to people that the highest skill can be found elsewhere than in a metropolis.

* * *

"St. Mary's Hospital is not particularly imposing in comparison with like institutions in large cities, but it is beautifully located at the west end of the city, the country ahead being not only pleasant to look upon but affording an abundance of untainted air. Its capacity is 180 beds, all used for surgical cases. The operating rooms, two in number, with a sterilizing room between, are located on the fourth, or top, floor, fronting to the north, so that light is quite uniform. An adjacent room

is used as a waiting room by visiting surgeons. Here men from many sections of this country, as well as Canada, meet on common ground. They are all learners. Here is found the would-be surgeon, the man of moderate experience, and the expert operator. Not one of them can go away without having gained information.

"When preparations for an operation are completed a bell is touched to summon the visitors, who file into the room and mount the L-shaped platform made of steel with large connecting brass tubing for railing, furnishing two rows of seats, the rear considerably elevated above that in front. An excellent view is thus afforded of operations not performed in deep cavities. Both surgeons may be operating at the same time, and the visitor may select the operation that he cares most to see performed. Most of the time, however, while one surgeon is operating, a patient is being prepared in the operating room, so the visitor can, by passing first to one, then to the second and third room, witness from two-thirds or three-fourths of the operative work of both men. If all operations could be performed in the same length of time all could be witnessed, but a prolonged operation breaks the alternation.

"In most, if not quite all, other hospitals in which I have witnessed the procedure it is the custom to anæsthetize the patient in a room adjacent to the operating room. In St. Mary's Hospital the patient, if able, walks into the operating room, from which visitors are excluded, and is thus given a chance to view the surroundings with the view of allaying trepidation and fear. Ether is the anæsthetic of choice, and is given by the drop-method by a trained nurse thoroughly versed in anæsthetizing. Nurses are preferred to doctors for this work as they are less liable to neglect their work because of interest in the operation. This clinic is entitled to much praise for what it has done to popularize the drop-

method of giving ether. In 1906, out of a total of 3915 operative cases ether was administered 3853 times.

"Every visitor not previously instructed and not knowing what to expect is astonished at the amount of work done. It seemed to be a very common experience to operate on 20 patients in a day. One day I saw 23 cases posted for operation. In 1907, there were 4811 operative cases in the hospital, an increase of nearly 900 over the number of the previous year. According to one visiting surgeon who had come to Rochester several times, the clinic had doubled since his first visit of five or six years ago. It must be borne in mind that while other surgeons operate two or three days in the week, the Mayo Brothers operate six days in the week. I did not learn whether they stopped for holidays.

"It does not take one long to discover that the celebrated surgeons have their offices only a block away from the hotel, and that Drs. W. J. Mayo, C. H. Mayo, Judd, Graham, and Plummer are the members of a firm equipped to combat any disease on earth. Drs. Graham and Plummer are internists. The firm, so I understand, employ a corps of about twenty physicians, largely for the purpose of diagnosis. On reaching Rochester it is necessary for a patient to go to the office and register, when his case is taken under consideration. It may be two days or two weeks before a final decision is reached. The number of people was a surprise to the uninitiated. I was told by one of the employees that some days there were two or three hundred in attendance for consultation. It must not be understood that these are all new patients, for some must come for several days before an operation is decided upon. Since last summer there were at least a thousand new patients each month. Of this number only about two out of five were finally operated upon.

"It is well known that a man may be a good operator

but a poor diagnostician, and the time spent in operating is very short compared with the time spent in diagnosis. With their trained assistants the Mayos are able to employ all known methods of arriving at a conclusion. If the benignancy of a tumor incised in the operating room is doubtful, the expert pathologist reports in a few minutes and operative procedure is carried out as needed. One stops to wonder whether a lone surgeon can compete with such a trained body of men, and one also wonders what would happen if capitalists should decide to start a great institution and employ experts in every line and highly trained operators. Medical journals might have something to say about medical trusts. Of late the small hospital and the occasional operator have been gaining ground. Which system will gain the greatest headway during the next decade?

"I asked a surgeon who had spent some time at Rochester, and who claimed the honor of having visited the chief clinics of this country and Europe, what he thought of the clinic of St. Mary's. 'The finest in the world,' he replied.

"I do not care to dispute his statement. If there is any place in this country and Europe where more or better surgery can be seen than at Rochester in a week's time, I do not know where it can be found.

"The visitor to Rochester cannot soon forget the courtesy extended to him in being permitted to witness such fine examples of surgical art."

To this interesting description the editor of *Clinical Medicine* adds the following comment:—

"The remarkable success of the Mayos' clinic, so it seems to the writer, must be ascribed, in part at least, to the wonderful organization of its clinical and diagnostic staff, and the perfection of detail with which it

is enabled to grapple with every problem, so that the element of guesswork is eliminated so far as this is possible, *before* the operation instead of *after it.* In other words, this institution is a triumph of coöperation. What this group of physicians has succeeded in doing by working together to a common end, other physicians can do, even on a smaller scale."

APPENDIX D

"FRENZIED SURGERY OF THE ABDOMEN"

An article by Dr. J. W. Kennedy (of Philadelphia), published in the *New York Medical Journal*, November 23, 1907. (From the Clinic of Dr. Joseph Price.)

"After training for seven years under a great master, I find myself an earnest advocate for more apprenticeship.

"The great number of reoperations in which it has been my privilege to participate have suggested the title of this paper.

"Where does the education of the abdominal surgeon begin? Certainly not with the incision into the abdomen. It is with great apprehension and profound regret that we find such a large proportion of aspirants for surgery of the abdomen who have not the proper appreciation of the value of preliminary training in this great work.

"Were we to answer the question 'Where does the education of the laparotomist begin?' I would say with the examination of the female pelvis.

"In the last twenty thousand bimanual examinations in the Philadelphia Dispensary, we have had two aspirants for diagnostic advantages, while many thousands have witnessed the operations therefrom.

"Our intelligence in this field of work is not acquired along leisure lines or those most pleasant to follow. It is a great, grand, consistent work, punishing and rewarding in direct proportion to the ability of the operator. Nor do we think abdominal surgery a natural step in the progress of general surgery; but it is a delicate specialty so sensitive to insults and resentful to unsurgical procedures.

"Not from inspiration, but from perspiration, will you become a monarch in this work. I know no more

earnest plea for more apprenticeship than a quotation from Doctor Price, who says: ' After entering the abdomen over twenty-four thousand times, I find myself a bitter critic of my work. Each operation is such an important object lesson and an appeal for more refined and completed work.'

" One may be a brilliant operator yet a dangerous one. Surgical judgment is eminently the most important quality of an operation and must be born from personal experience and an exhaustive study of others' works. Much of our literature on the surgery of the abdomen is a perfect bedlam of opinions of operators of little experience.

" The beginner is abashed by contradictory ideas and procedures which have emanated from operators who are not familiar with pathological probabilities and possibilities of intra-abdominal conditions. We have too much literature on minor differences of operative technique, which is often a mere advertisement of the *I* and *My* procedure, and not enough on diagnosis and history of pathology. It will be a strong profession, indeed, when we are familiar with our surgical limitations and have learned that there is a definite lesson taught by every pathological lesion which revolts at unanatomical and unphysiological surgery. This would make the great specialty so beautiful and its punishment so bitter to the surgeon without refined attainments.

" There are many small hospitals in our country without a resident physician, yet those institutions are filled with interesting surgical and medical material. With a respectful degree of courtesy to the great teaching institutions of our country, one cannot help but feel that the student is not sufficiently encouraged in the dispensary, hospital, and slum work of our large cities. Those who have had the wide experience of the general practitioner become the most accurate in the specialty. The

surgeon must be familiar with pneumonia, pleurisy, typhoid fever, etc., and the internist must receive an apprenticeship as an assistant to some laparotomist.

" He must stand the fire of living pathology and learn therefrom a lesson of certainty on progression of many pathological conditions. He can thus obtain a biographical view and practically witness moving pictures of diseases.

" The operator's judgment emanates from a succession of mental photographs of a lesion, from the incipiency of disease to the *devastation* of viscera. When so often eye-witnesses of pathological conditions have we not a most defensible argument for our views?

" It is upon this ground that we dogmatically take our stand in those suppurative lesions whose signs and symptoms are not proportionate to the pathology witnessed at the operating table, and so make our appeal for early interference.

" The practitioner who follows his patient to the operating room always becomes an accomplished diagnostician and an ardent co-operator. Intra-abdominal surgery of the day is a crippled giant. The competent operator has so much more in his power than he is privileged to execute.

" Incompetent surgery has made the practitioner a doubting Thomas and results in a tardy diagnosis with high mortality.

" Over eighty per cent. of our appendical work for the past two months has been pus, gangrene, and peritonitis, which is a flagrant disgrace to the diagnostic ability of a large educational centre, and we can hope for little in the future, unless our leaders stand for first-hour operations.

" We had in the hospital at one time ten patients, on whom twenty-seven sections had been done, all pitiable examples of errors in diagnosis, incomplete surgical pro-

cedures, and frenzied surgical judgment from an anatomical, physiological and pathological standpoint.

" During the last six months nearly fifty per cent. of our work consisted of reoperations. Multiple scars marred the abdomen and were reproachful neglects of the untrained surgical mind. The sins of the operator had been visited upon the patient to the third, fourth and fifth scar. The patient had been a chronic invalid and often an unwilling victim of some drug habit.

" Surgical achievements of the competent operator are so often minimized by the incompetency of others. The complications incident to previous operations are a greater source of mortality than the lesion itself. Late and faulty diagnosis, incomplete procedures, and errors in judgment of pathological future have brought us mortality which is an insult to the advanced surgery of the day.

" The physiologists are demanding a revolution in the surgery of the upper abdomen. Their views demand more operative conservatism for visionary pathology. Much of their ground is well taken and strongly supported on a physiological and anatomical basis.

" Surgically the most important intra-abdominal work consists of the acute inflammatory lesions which confront us daily, and it is the management of these conditions on which the profession is much divided medically and surgically.

" Active suppurative lesions should be looked upon as emergency surgery and are as much a demand for early work as ectopic gestation, twisted pedicle, or strangulated hernia.

" Doctor Price's great work on acute suppurative lesions of the abdomen is a very strong plea for early and complete procedures. His results are a convincingly strong post on which to lean, and commend to us much denied surgical teaching. He says: ' In these conditions

do not depend upon inflammatory walls and gravity for surgical consolation. The toilet of such lesions must be proportionate to the extent of the pathology. Partial toilets have a double mortality, primarily from filth and pathology not removed; secondly from post-operative complications (adhesions, etc.), and the multiple operations which follow.'

" Courteously and wisely we beginners ask our masters to take care of our mistakes, but greater humanitarians will our superiors be when their interest antedates our errors."

APPENDIX E

"SOME OF THE PROBLEMS OF THE INTERNIST WHICH CONCERN THE SURGEON"

From an article by Dr. J. F. Percy, President of the Illinois State Medical Society, read before the Meeting of the Society (Section on Medicine), May, 1906, and published in the *Illinois Medical Journal*, August, 1906. The major part of this paper, the nature of which is indicated in the title, has less interest for the general reader than the portion here presented, and hence is omitted. The same applies to the comments upon the paper by members of the Society, brief excerpts from which are also given.

"One of the problems of the medical profession to-day is the recent graduate who wants to do surgery. An equally important problem is the graduate of fifteen to thirty years ago who does not believe in surgery except as a last resort. The chief ambition of the recent graduate of my day was to do obstetrics and treat the diseases incident thereto. Good work was finally to obtain for him, as its reward, a reputation which would bring him money and a better reputation. The average graduate of to-day is looking to surgery as the most available means for immediate fame. The average older practitioner, whose medical horizon as to the possibilities of good surgery has not been greatly widened since leaving college, sees in these efforts of the youthful surgeon only the confirmation of his opinion that the surgery of to-day, after all, has no more to offer than it did in the days of his first medical observations. Unfortunately, there is a large number of both classes of these men in nearly every community, and they are doing more to prevent the real advance of our profession as a whole

than any other class. The explanation is that they both lack the same thing, viz., a wider experience.

"There are too many men going into surgery as soon as they leave the medical school. I met one of them a few years ago. He had had his diploma just two weeks. He was an average graduate of a medical school with a good reputation. This young man had not prepared himself specially for anything but good average work. He had not had the training of the average hospital interne, he had not served as assistant to a real surgeon, he had not gotten up his surgical technique by animal experimentation, he knew nothing of the practical application of asepsis or even of antisepsis, neither had he learned in the great school of general practice; yet this doctor, who was just two weeks out of the opera chairs of his medical school, announced to me that he was ready to cut anything. And he did. Circumstances favored him so that he got surgical cases, and for a year or two he was literally doing surgery. Is he doing surgery to-day? No! Surgery has done him! He is in a position now where he has to commence all over again, if he wants to be a surgeon. But he probably never will. If the actual results of this man's work, while he was attempting to practise surgery, could be known, it would be a record heart-rending in the extreme. Some of you may say that he was a fool. No, he was not. If I thought he were, I would not have made him a part of this paper. Neither would I have mentioned this case if it were an isolated or uncommon one. But what I have just described is being enacted in scores of places not only in this state, but in every one of our states. If life and suffering count for anything, as they do, then this is a condition of affairs that, to put it mildly, is unfortunate for the most desirable and truest advance of both internal medicine and surgery.

"The explanation of this legalized assassin's opportunities for carrying on his ignorantly based work is two-fold: First, the present-day medical school, and second, the internal medicine man. First, as to the medical school. I can best say what I believe should be said by describing a lecture heard within the year delivered to the senior class of a leading medical school in one of our largest cities. The subject of the lecture was the operations on the stomach. Practically all of the possible operations on this viscus were described as found in the ordinary and average text-book to-day. No attempt was made in the lecture to furnish guides as to the best operation to select in a given case of disease of the stomach. Not one word as to its dangers, and the pity of it all was that these young men were left with the impression that operations were easy. I might say that this is also one of the grievous faults of our modern text-books and even of many of our modern surgical authorities. The surgeon and the surgical writer forget too often that what is easy for him, after a ripe surgical experience, may be a veritable Waterloo when attempted by the novice. But, second, these errors of the teachers and the text-books, in this particular, could not do the harm that is being done to medicine to-day were it not for the laxity of the general medicine man, who is neglecting to diagnose certain very common surgical diseases, and, with it, failing to know what real surgery can do and is doing for their cure. In a community this failure on the part of a man who, because of the excellence of his previous work along general medical lines, has earned a good reputation, is most lamentable. It gives the illy prepared surgeon the opportunity he covets, and which he would not have had if his medical competitor had not depended too much on the symptoms and their relief from within the confines of his medical case.

"Many general practitioners seem to be acting on the assumption that surgery has already usurped the whole field of medical practice. It never can, and from the very nature of disease and diseased processes never will. Surgery has a glitter that will always be attractive to every thinking mind. Part of this is due to the fact that the cases in which it is applicable are comparatively rare. In an office where a large number of patients are seen each day, experience has shown that of every twelve examined but one will prove to be a subject for the knife. When this is fully realized, it will stop the rush on the part of so many, especially of the younger medical men, into surgery, because of the apparent, but not real, tendency of medical practice to-day to go that way. It has always been true, and it always will be true, that surgeons are born and not made. The wonderful art of the schools can make a man look like a surgeon for a time, perhaps; but in the light of the years he can maintain that right only by proving it.

"To-day, with all the very apparent progress in surgery, if one will but notice, there are only a few real surgeons. There are only a limited number of names in any country that by common consent stand for and deserve the name of surgeon. There are no more genuine surgeons to-day, according to population, than there were fifty or one hundred years ago. At that time each state had a very few men who, by common consent, were recognized by the profession and the public as surgeons. This is still true, and probably will remain true for at least many generations of men. In spite of this, with the advent of antisepsis which made surgery look so easy, hundreds rushed in where previously even angels feared to tread. But the profession and the public of to-day are slowly learning, as the profession and public learned in the years immediately following the advent of anæsthetics, that power to operate without pain on

the part of the patient did not prevent the common sequel of operations in the days preceding anæsthetics. Freedom from pain did not prevent deaths from shock, from sepsis, and from bad surgical judgment. All of which holds true to-day, with the addition that, in these latter days, to the freedom from operative pain has been added, in many instances, the freedom from sepsis. But it takes more than an anæsthetized patient whose wounds are to heal without infection to demonstrate that the operator has a born right to the name of surgeon. Without good surgical judgment, no man can be a surgeon in the best sense of the word, no matter what his education, his opportunities, his experience, or his location."

From the comments upon Doctor Percy's paper, as reported in the *Illinois Medical Journal.*

Dr. Arthur Dean Bevan (of Chicago):—

"There are a few points in connection with this paper on which I wish to speak. First in regard to the young medical man who is attempting to do surgical work. I always felt that the best solution of this problem is found in demanding a hospital training for our young medical men. As a matter of fact, the dental graduate enters on his actual work of practice very much better prepared to do his work than does the young medical man, because the latter is without any training which fits him to meet the conditions as he must find them. The young dentist actually does a lot of clinical work before he graduates; that is not true of the medical man, unless he has served a hospital interneship. I firmly believe that the time is coming in this country, as it has already come in Germany, when, before a man can graduate in medicine and take an examination which will entitle him to practise, he will be compelled to take at least one

year in a hospital, serving as an assistant under some good man. That is the solution of the problem.

"I do not believe that Dr. Percy is right when he says that surgeons are born, not made. He is in error. It is only necessary to cite the fact that Billroth filled almost every large surgical clinic in Germany and Austria with his students, which proves that it is the master who makes the man. The students of Billroth were not born surgeons, but they were made surgeons by being brought to see surgical work done by a master. That is the way in which this question will have to be solved in this country. Our young men must have the opportunity of working under masters in surgery. In the evolution of medicine as a whole in this country there are bound to be lines which divide the practitioners into specialists. The known facts of medicine are not so many but that they can be grasped and arranged systematically by any well-equipped brain.

"I do not agree at all with the idea that there must be only a few surgeons. I think the medical man of the future, as was expressed recently by Doctor McBurney, will be a well-qualified internist who can operate. It will be well enough in large communities like Chicago and New York, or towns of two or three hundred thousand population, to have the medical men divided into groups, that is, to have specialists, but in the ordinary practice throughout the United States, in cities of ten or twenty thousand population, the best doctor is the general practitioner, the man who can treat typhoid and appendicitis, pneumonia and empyema, the man who can cover the ground formerly covered by the old-fashioned country doctor, and who is also qualified to operate. These men do better work in handling a given thousand cases than would be done under the same conditions by ten different specialists. They make fewer mistakes and do less unnecessary work. They will be the medical men of the future."

Dr. E. J. Brown (of Decatur, Illinois):—

"I agree with Doctor Bevan that a surgeon is not necessarily born. As a rule, he is made. The best thing, however, that ever can happen to the practitioner of medicine is to find his limitations. We all know that an immense lot of surgery, and very poor surgery at that, is being done everywhere even by men of good reputations, and I think that when every man reaches the point where he can decide in what particular field he can do the best work, he will have reached the happiest moment of his life."

Doctor Brown (of De Kalb, Illinois):—

"No man has any right to be a surgeon unless he has been a general practitioner. He bears the same relation to the building as the man who mixes the mortar does to the architect. He can do the work but he is not competent to make the diagnosis. If you have a case of placenta prævia and call in a surgeon, what does he know about it? It is the general practitioner who is competent to make the diagnosis, and it is the surgeon who is competent to do the surgical work. Many men do surgery who are not surgeons at all. They are bunglers. They have not the necessary tact. The man in the country often performs surgical operations of all kinds just as well as does the specialist in the large city. I believe that the general practitioner of experience is in a very much better position to make a diagnosis than is the specialist surgeon, who looks at the case from one standpoint only, and who sometimes performs operations that never ought to be performed.

"Within the last six months I have seen two instances in Chicago where an appendix was removed that was not diseased at all. The general practitioner would not have done this, but if the appendix is diseased, he can remove it just as well as the surgeons in Chicago."

Doctor Percy (in conclusion):—

"I appreciate very much the kindness with which this section has received my paper. I believe, however, that most of the points brought out in the discussion were covered in the paper. The point made by Dr. Bevan that Billroth made surgeons in Europe undoubtedly is true. Volkmann did the same. Some of the best surgery that is being done in Europe to-day is being done by men who served under these masters. Yet the point made in my paper, which I think was missed, was the fact that men go into surgery without any real preparation for it. One of the things I look back to with pleasure in my own work is that I killed dogs before I killed anybody else.

"I still maintain that the general practitioner has no right to do surgery. I saw a man remove a mole from the face of a girl who was dead five months after he cut it out. The man, who, when business is dull, gets a case of appendicitis and says to himself that he might as well cut out the appendix as send the patient to Chicago, may be successful nearly all the time, but once in a while the result of his over-confidence is a tragedy.

"There is no man who is doing both medicine and surgery who can ever become a great surgeon. I saw a case of appendicitis not long ago operated on by a general practitioner. It was only an ordinary case, but it took him four hours to take out the appendix. He was a good doctor, too, but he was itching to do surgical work without being able to do it. Fortunately for him his patient got well, but he objected when the doctor charged him one hundred dollars. That same patient, if he had gone to Chicago, would have willingly paid two, three, or even four hundred dollars for the same operation done by a man with a reputation.

"A man never learns where he belongs. The point

I made in my paper was that the general practitioner should learn enough about surgery and its possible results so as not to make a mistake. When he is qualified to do surgery there is no harm in his doing it, but until he is qualified, it is well for him to go slowly."

APPENDIX F

CONSERVATIVE SURGERY AND FEE-SPLITTING

A brief extract was given in Chapter VIII from Dr. Henry S. Luhn's paper on "Conservativism in Surgery," read before the Associations of the Pacific Northwest (Section on Surgery), July, 1909, and published in *Northwest Medicine*, January, 1910. The following extracts are taken from the discussion that followed.

Dr. J. R. Yocom (of Tacoma, Washington):—

"This paper brings before us a great many points of practical interest and many of vital importance. I can only touch upon a few. It seems to me the first essential of conservatism in surgery is the preservation of the patient's life. No operation is justified which does not have that first consideration. The second is to preserve to every organ its greatest functional efficiency possible under the conditions. If you keep these two things in mind, you have the basis of conservatism in surgery. In the case of suspected malignant disease, conservatism consists in removing every particle of that growth that is possible, and still save the patient's life. In the case of traumatic surgery, there has been a wonderful change in this respect in a few years. In our ordinary hospitals fifteen years ago amputations were common; now they are very rare. We are trusting more to Nature. The more cases I see the more I am surprised at the conservative and reparative power of Nature, if given half a chance. In almost every case there is time to amputate after you have first seen what Nature can do. In the case of fractures, my practice is to get a radiograph in every case of injury to bone or joint, even a sprain. After reducing and putting on a dressing, I have another taken immediately to see if the parts remain in satisfactory position. If not, I at once make

another attempt to reduce it. If I then find I cannot get the parts into position and keep them there, I cut down and fasten them. I think this is the wise, conservative practice for the patient. I feel more and more confidence in the reparative power of Nature in inflammatory diseases of the pelvic tissues. We do not know that an organ has not some function because it is not performing the one usually ascribed to it. Removing diseased ovaries or tubes is not always a necessary operation. If given a chance Nature will often induce recovery. Conservatism, on the other hand, does not mean procrastination. It is the middle course between procrastination, and too hasty operative procedures just because the patient will lie down on the operating table and let you operate."

Dr. Park Weed Willis (of Seattle, Washington):—

"Conservative in surgery is a relative term, but Doctor Luhn's paper gives its true ring. We must learn all we can about our patients and then do what we think is best for them, fearlessly. The term conservatism has been used frequently with reference to those who have made diagnoses of severe intra-abdominal affections, and then sat still and allowed the patient to die. We have now a beautiful group of neurasthenics walking around with their stomachs connected to various portions of their intestines to testify to the surgery that was not conservative. We must try not to have the next generation carry such testimonials. We do not want to overlook things. When the patient has pains in the abdomen and we cannot determine after very careful examination what is the cause, it is often right to open the abdomen, explaining to the patient that we are doing it for the purpose of finding out what is the trouble, and usually we are rewarded by finding something that our surgery can relieve. As to the question of fee-split-

ting, I think the essayist is exactly right. If I charge $250 for an operation and give some other man half of it without the knowledge of the patient, I admit that my services are only worth $125, and I am paying some one to bring this case to me. This is wrong. It is right, however, for the family practitioner to be paid, when he comes 100 miles or any other distance, after he has made a diagnosis and done the drudgery, but the patient should know about it. Everything should be open and above board."

Dr. F. J. Fassett (of Seattle, Washington):—

"To return for a moment to conservatism in surgery, there is one field in which I would make an earnest plea. I refer to the radical operations for removal of joints in children. Understand that I put the emphasis on the word children, because in adults the question of economics, the necessity for a quick return of earning power and all that sort of thing have to be considered. It seems to me that the conservative treatment of tuberculosis joints for months and years before they are subjected to radical operation is well justified. A leg with a stiff joint is of a lot more use than a leg that is three or four inches short. It seems to me that along this line conservatism should be the watchword, and that it is especially needed in this particular part of the country."

Dr. Mary K. Mack (of Chicago, Illinois):—

"I see you are most interested in the subject of fee-splitting. I come from Chicago and was there during the hot battle fought upon this question. There was a great deal of bitterness over this question; the newspapers took it up and made much of it; and there were spies sent around to interview the doctors, pretending

that they needed surgical assistance. It finally brought on threatened lawsuits and bitter fights in the State Medical Society. It was found that the majority of our surgeons were splitting fees; names were brought and there were many scandals stirred up. The result was that the same old game is still carried on in the same old way. There is no difference whatever. My husband is a surgeon at St. Ann's Hospital. We have many cases coming in and we feel that the doctor who sends them deserves money, but it must be done in an upright and honorable manner. We sometimes have written contracts, sometimes verbal, and often it is left to the country doctor if we know him well. I think after all your oratory is spent and articles for your journals have been written you will end here in just the way that we did in Chicago. You will go on fee-splitting the same old way."

Doctor Luhn, in his closing remarks, replied (in part) as follows:—

"As was very aptly stated by Doctor Mack, of Chicago, we shall probably go on in the same old way. She states that the fees, according to the routine of St. Ann's Hospital, are left largely to the country doctor or the doctor referring the case. That does not lessen the fact that those who thus leave the matter are certainly outraging their patients. The matter of fee-splitting I denounced in my paper as an outrage. It was a matter of conclusion, coming under the heading of the treatment we owe our patients and ourselves. Doctor Yocom's remarks as to inflammations in the pelvis agree with my experience. It is bad surgery to enter a pelvis that is the seat of acute inflammation. Later the patient recovers from local inflammation. Nature comes to her assistance, and we may have the pleasure of seeing the

patient in the vigor of health and bearing children when, by interference at the time of inflammation, we might jeopardize the patient's life."

On the question of fee-splitting let me add the following editorial from the *American Practitioner and News* of Louisville, Kentucky, for May, 1910:—

"It has been said that it is the heaven-born privilege of an editor to talk about reform. Under this dispensation we call attention to the clandestine yet notorious bargaining carried on in the profession by those who have not the countenance to profess openly what they actually practise.

"Splitting fees, the paying or receiving commissions for patients referred, is a reprehensible traffic that unquestionably victimizes unsuspecting patients, discredits trusted participants and degrades an honorable profession.

"That this brokerage in patients is carried on is beyond denial—to what extent is for apparent reasons difficult to determine; however, the exposure of the decoy letter correspondence in the *Chicago Daily Tribune* some years ago gives convincing indication of its prevalence. These letters, framed by a Chicago specialist for the purpose of collating the replies and reporting them to a local society, were sent from Odell, Illinois, to one hundred Chicago surgeons and physicians and read as follows:—

"'My dear Doctor: I have a case under my charge which requires attention along your line of work. I am not quite sure of my diagnosis, but will leave the whole matter to you. The people have heard of you favorably and are inclined to go to you for treatment. As they are wealthy, they ought to pay a good fee for the service. Now, doctor, you understand that I am a young

man just starting a practice, and in small towns we cannot make any distinction between the rich and poor in matters of charges. I have only received my regular visiting fee in this case. I understand, however, that it is customary for physicians to pay a commission of 25 per cent. upon all referred work, and I shall deem it a favor if you can take care of me in this matter.

"'Kindly let me hear from you by return mail, as I am anxious to bring the case to you at once if satisfactory arrangements can be made.

"'Yours truly,.....'

"Of the forty-four replies eighteen consented to the arrangement—a percentage that staggers belief; unfortunately (?) the entire correspondence fell into the hands of the lay press, which published the letters of those accepting—and lo! the names of the prominent were there.

"But this infectious evil that thrives under cover is neither sporadic in Chicago nor endemic in this country. We learn that the eminent Pean was a pillar in this subterranean institution of commercial surgery in France; that Louis XIV. was on one occasion phlebotomized by an ambitious young surgeon, recommended by the King's Physician, and when it was discovered that the latter had profited by the division of the fee paid the operator, the Council of State unanimously voted his death for 'having made traffic of royal blood.' It has recently come to light that representative members of the German profession have been bartering patients. In Belgium the Council of Physicians have had the matter before them for discussion and have given this buying and selling of patients the name of dichotomy.—But it does not matter by what technical name it is disguised, or how cunningly it is carried on or how skilfully concealed from the patient, it is the same everywhere—graft, pure and simple.

"Surely the general practitioner should be paid for

the services he has rendered, but why commission the specialist as his collector in secret? If any compact is made at all, it should be made openly with the previous consent of the patient. The family physician has no right to receive compensation save for professional services rendered by him and it is unconscionable to profit secretly because his patients need more expert service than he can give.

" Nothing is calculated more speedily to bring the honorable profession to greater disrepute than the laity's knowledge of this illicit practice. The exaction of money for one purpose and its surreptitious diversion to another is not a mere dishonesty but a breach of confidential relation so sacred as to make the suppression of the truth an act of disloyalty.

" ' No man can serve two masters '—he cannot serve both his Divine Art and Mammon. The surgeon who will split fees will increase the size of his bill to keep himself harmless from loss, and the family physician from self interest will be tempted to overlook the overcharge, and thus the *uberrima fides* existing from time immemorial between patient and doctor will be forever destroyed.

" But how to eradicate this underhand ' dickering ' is the problem. Medical societies can do no more than stamp their disapproval upon it; they can no more control it than they can the abortion evil, for the dark secrecy of these transactions prevents detecting who's who. No medical legislation can enforce honesty,—for in the last analysis the lack of honest candor is the gist of the wrong.

" The suggestion that medical colleges should teach students what is ethically right, raises the question whether all professions are like Cæsar's wife—above suspicion—and reminds one of Satan rebuking Sin.

"Very recently the following resolution was passed by the Indiana University School of Medicine:

"'*Resolved*, that any member of the faculty or teaching staff of the Indiana University School of Medicine, who shall be shown to be guilty, either directly or indirectly, of fee-splitting, making an offer to split a fee, paying a commission for patients referred, or any violation of Article 6, Section 4, of the Principles of Medical Ethics of the A. M. A., shall be considered as having so impaired his usefulness as a member of the faculty or teaching staff of the School of Medicine by such unethical example to students, as to make his further connection with the faculty undesirable.'

"The adoption of this resolution by all medical colleges will be a stride in the right direction, and will afford an unmistakable ethical precept to the students of medicine."

APPENDIX G

"GRAFT" AND INCOMPETENCE IN SURGERY

The following extracts are from the discussion of Dr. A. H. Cordier's paper on "Some Elements of Success in Surgery." This paper, from which a brief excerpt is given in Chapter VIII, was read before the Thirty-fifth Annual Meeting of the Mississippi Valley Medical Association, October, 1909, and published in the *Lancet-Clinic*, January 15, 1910.

Dr. J. Henry Carstens (of Detroit, Michigan):—

"A short time ago I prepared a paper on the embryo surgeon in which I expressed ideas similar to those that have been set forth to-day. I contend that nobody has a right to practise surgery, and especially abdominal surgery, unless he has been an assistant to a surgeon for at least one year, to a surgeon who has had a large hospital experience, who has done hundreds and hundreds of operations, witnessed by this assistant, and then the assistant will have seen the troubles and trials and complications that are met with in surgical work, so that he may have some kind of an idea of what he will be confronted with when he undertakes to do surgical work.

"When a practitioner goes to a post-graduate school and sees the eminent professor make a cut, puncture a cyst, pull it out and tie it off, putting in a few stitches and closing the wound, and doing all in about four minutes and a half, a great impression is made on him. He probably thinks that he can do the same, but finds that he cannot. The line must be more strongly drawn with regard to surgeons and those who are training themselves to become surgeons. Of course, educated people know this already. They find out who the good surgeon is. The general practitioner ought to know who is the

good surgeon, and he ought not to trust anybody to do an operation. Each practitioner of medicine has a right to perform operations, and we as surgeons are willing to teach them and we have taught them by the hundreds, but some practitioners will not take the time to master surgical principles and surgical technique. They say, 'Well, I make mistakes.' Yes, and you make a lot of mistakes. But, because I make mistakes, there is no reason why you should do so in these modern days. We as surgeons blazed a new path and made a new kind of surgery, because we did not know. We made mistakes, but that is no reason why everybody else should do the same thing. We learn from our mistakes, and by these various mistakes we finally have simplified our surgical work so that it is comparatively easy now as compared with former days. But even in spite of that, there is a great deal of difficulty attending surgical operations, and practitioners must learn to master these difficulties. They have no business to go right out of a medical college and say they are surgeons. They should go into a hospital where they can see surgical work done, and serve a reasonable time under the guidance of good surgeons. I agree with Doctor Cordier in everything he said."

Dr. C. M. McGannon (of Nashville, Tennessee):—

"We all agree, I believe, that the enthusiasm of youth leads many a man, who has recently graduated, to rush into the fields of large surgery—fields he would do well to keep out of until he is better trained. But how are we to stop it? I thought Doctor Cordier was going to point out some way by which these things which make against success can be remedied. Is it the duty of this Association, or any other society, to adopt such measures as will prevent these enthusiastic young men from rush-

ing into a field that they at least imagine they can fill? It is true that many of us have had the opportunity of seeing the disasters which follow such work, but how are we to remedy it? I have heard it said, again and again, in medical societies by young men: 'If we do not do these operations, how are we to learn surgery?' If a man has not the money nor the time to go into the large fields suggested by Doctor Carstens, where he may get the experience and education to be obtained from men who are doing work like that which Doctor Carstens is doing, then he is not competent to do surgery, and any surgical work he may undertake, with his little experience and skill, may terminate disastrously. This is a condition which we would like to remedy, but I do not see how we are to apply the remedy.

"Doctor Cordier did not say that young men of experience were operating upon inoperable cases because of a fee or because of over-enthusiasm; yet I think from his remarks one might possibly be misled into believing or thinking that was implied. Now, I am unwilling to think that any reputable man in the medical profession, to say nothing of men of great experience, would operate upon any patient for the purpose of getting a morbid specimen, or for the purpose of getting a fee, and especially if he knew the patient was not to derive benefit from the surgical procedure; as, for instance, a case of cancer of the breast, or one of cancer of the uterus, in which the disease is so pronounced that it would be extremely doubtful if any surgical procedure undertaken for the removal of the disease would not be fraught with disaster, and certainly would not be followed by success. That would be a case of operating on an inoperable case, with the matter clearly in the mind of the surgeon before he began, so that he would be open to the charge of operating for the purpose of getting a morbid specimen or for getting a fee. I should be extremely sorry to

think that any man in the medical profession, who has any opportunity to operate, who enjoys the confidence of patients to the extent that they will permit him to operate on them, or who enjoys the confidence of his fellow-practitioners so that they will send patients to him for operation, would be guilty of anything of that kind, and I certainly cannot and am not willing to concede that point."

Dr. Channing W. Barrett (of Chicago, Illinois):—

"I think that the question as to whether a man would operate on any case for a fee is settled by the question of what is done in cases of abortion. Why is it that in any community an individual can easily have an abortion produced, and sometimes by men who are just as good as any one of us? I do not suppose there is a town in the whole United States where a woman cannot get an abortion produced on her if she pays the price.

"Surgery is coming to occupy a large place in the world, and it is our business as practitioners to see that surgical work is made just as successful as possible. The only question is, what constitutes success in surgical work? Our greatest surgical work only comes when every patient that needs operation and is operated on will be benefited. Every patient who does not need an operation should be eliminated from operative work. We find people having operations performed on them who do not need them. We find many people needing operations who do not have them, and we find people who need operations are having them done by men who are not at all trained for that work. Now, we want more training, and if these men have not got the time to train themselves for this work, they should not be doing it. The mere excuse that they have not the time to learn a thing is no excuse for doing work without

learning how to do it. The time has gone by when any man should plunge into surgical work and kill patients, without learning to do surgery properly. The opportunities for learning to do surgery are too great, and they are too cheap, and, as Doctor Carstens has said, those who are doing surgical work are willing to train them. Some men may think that it is not necessary to serve an apprenticeship in order to learn how to guide a boat in and out of the harbors of New York, Boston and Chicago; but such men have to go through that apprenticeship to do it, and they do it, and they do not learn it by serving as stationary engineers. They have to begin at the bottom and learn how to do it. They learn the landmarks before they can do it, and why should not men who contemplate doing surgical work be willing to go through similar training?

"Something has been said against the post-graduate schools. The trouble is not with these schools. Men should take time. If a man is going to do surgery, he ought to spend several days in seeing one surgeon operate, or one month, or devote as much time as he possibly can to the work, and in seeing the work of other surgeons. But because he has seen the work of one surgeon for a day or two, does not mean that he should undertake to do similar surgical work.

"Great trouble comes from men putting their own interests first instead of stopping to think of the interest of others—their patients. We should always consider, first and foremost, what is the best interest of the patient in this or that case. What would I do if this patient were my mother, my brother, my sister or my son? The question oftentimes appeals to one, What do I want to do? What shall I get out of this if I operate? What shall I get out of it if I do not send the patient to a surgeon? These things influence 60 per cent. of the surgical work done at the present time."

Doctor Cordier (in conclusion):—

"There is very little more to say except that several times in my paper I apologized for the situation or state of affairs, such as my good friend of Nashville, Doctor McGannon, referred to. I do not know what we are going to do about it. However, it does not do any harm to discuss this subject, and as our proceedings are being reported, this discussion may drift into the hands of someone and thereby do good.

"In regard to the mortality rate, we have to-day the greatest surgical operators that the world has ever known, and no one approaches the percentage of recoveries of our operators to-day. But when we go back and think of the conditions under which Dudley, McDowell and others did their work, without anæsthesia, without skilled assistance, without asepsis, and without hospitals, and realize the two hundred and six stone operations done by Dudley, with a mortality of only four, there are not many surgeons who are beating that record to-day. This man did not select his cases. His cases came in from all over the South to have stones removed from their bladders. Some of them were old men, decrepit, broken-down individuals, and yet this man, under unfavorable circumstances and conditions, operated on two hundred and six, with a mortality of four. Let us take McDowell's work of thirteen ovariotomies, with nine recoveries, a percentage of nearly 75. Let us take the operations done to-day all over this country and I question very much as to whether we are getting 75 per cent. of recoveries following ovariotomies in the class of cases dealt with by McDowell. They were not operated upon under the most favorable conditions; they had leakage; they had adhesions and peritonitis following tapping and other unsurgical procedures, and yet McDowell saved nine out of thirteen cases.

"My remarks were not intended for good and efficient

surgeons, but for the other fellow, the man who is untrained for this work. That is the fellow I am after.

"In regard to operating for the purpose of getting a fee or obtaining a specimen, it is only necessary for you to visit certain localities where you will see cases of Hodgkin's disease operated upon right along. Glands are removed from the neck when the groin is filled with them. They are in the axilla, they are all over the body, and the operator says to the class, 'I will take out a few of these and examine them for pathologic purposes.' Now, I do not want to throw any stumbling-blocks in the way of progress. A patient, for example, comes in with an extensive cancer of the neck, and yet the surgeon wants to do Grant's operation, or some other operation, in order to demonstrate to some of his surgical friends the operation. But he has charged for that operation. He has subjected that patient to a procedure that has a primary mortality with no cures, and such operations prevent other people from being operated upon for cancer in time to be saved. This is the class of cases I have referred to. My sympathy along this line is the same as that of Doctor McGannon, but I was dealing with facts and not with sentiment when I read this paper."

APPENDIX H

"THE VENEREAL PERIL"

The following is from the introduction to a pamphlet entitled "The Venereal Peril," by Dr. William L. Holt, edited by Dr. William J. Robinson and copyrighted and published by "The Altrurians" (New York, 12 Mount Morris Park West, 1909—Price 25 cents). This pamphlet and "The Social Evil, Its Cause and Cure," by the same author, deserve the widest circulation.

"A generation ago, when a young man went to his family physician with his first gonorrhœa, he was comforted with the assurance that after all it was no more serious than a bad cold. Now we know that syphilis and gonorrhœa are as great a scourge to society as tuberculosis and alcoholism, and that gonorrhœa is responsible for more injury than syphilis, because it is six times as common and has quite as serious results in many cases. It is the chief cause of sterility and impotence; it makes thousands of women lifelong invalids from peritonitis; and it destroys the eyesight of thousands of infants by infection from the mother during birth.

"Most people have no adequate conception of the terrible prevalence of the venereal diseases, and hence do not realize that they are a menace to the national health quite equal to if not greater than tuberculosis. Unfortunately, the total number of cases of venereal disease in any state or city is not known, because physicians are not compelled to report their cases. We can only estimate. Such estimates of course vary greatly; I will give only a few by the best known authorities in America and Europe. Dr. Prince A. Morrow, the president of the American Society of Sanitary and Moral Prophylaxis, says: 'Probably not less than 450,000 cases of

gonorrhœa and syphilis occur every year in the United States among young men. Hospital statistics seem to indicate that 20 per cent. of our young men contract venereal diseases before their twenty-first year, 60 per cent. before their twenty-fifth, and 80 per cent. by their thirtieth.' Another well-known American specialist, Dr. E. H. Grandin, estimates that 60 per cent. of all men on the average have gonorrhœa in an acute or latent stage (i.e., not cured). Dr. William Erb, of Germany, declares that some authorities have exaggerated the frequency of gonorrhœa among men. He carefully questioned two thousand men in his own private practice, which is chiefly among the upper and middle classes, and found that of these 2,000 men, all of whom were over 25 years of age, only 971, or 48.5 per cent. had had gonorrhœa. This estimate is indeed optimistic when compared with that of Ricord, who declared that in Paris 80 per cent. of the men had the disease; but even if so, it is very serious. In the same series of men Erb found that 18.2 per cent. had had syphilis. A special committee appointed to study the social evil and its results in New York in 1903 estimated that there were probably as many as 200,000 syphilitics in that city.

"The fact that venereal diseases find many more victims in America than does tuberculosis is clearly shown by the records of the out-patient department of the Massachusetts General Hospital. During the year 1904 nearly a thousand (983) patients were treated for venereal diseases, while only 430 were treated for all forms of tuberculosis. And we must not forget that a great many men, particularly of the uneducated working class which makes the chief use of hospitals, when afflicted with a venereal disease, avoid the publicity of a hospital and go to a private doctor or to one of those human vultures, the sexual quacks.

"Hereditary syphilis alone causes a large number of

deaths in America every year. Here again we can only estimate. If 20,000 children die in France yearly, as is reported, we must estimate that in America with twice the population the number is probably much greater, from thirty to forty thousand. If only one out of ten of the 200,000 syphilitics estimated in New York begot or bore a syphilitic child during the year, there would be 20,000 tainted infants brought into the world, and over half that number would die in infancy or early childhood. For the mortality of hereditary syphilis is notoriously high, though it has been considerably reduced in recent years by better methods of treatment. It is said by some authors to have been even 80 and 90 per cent. in certain places in the past. The statistics of the Foundling Asylum in Moscow for ten years showed that of 2,038 syphilitic infants the mortality was over 70 per cent. And it is well known to American child-specialists that syphilitic foundlings in asylums can rarely be raised unless they can be breast-fed, which is seldom the case, because the infant would infect a non-syphilitic wet nurse and so cannot be given to one. But it is probably better for society that such tainted infants should die, for they usually make weak, degenerate men and women, who, if not cured by thorough treatment, may bear children with syphilitic heredity, thus transmitting the loathsome disease even to the third generation. This interesting point will be treated in detail under its proper heading.

"In this general statement of account against the venereal diseases as agents in race suicide and degeneration, we must remember that nearly half, or 42 per cent., of all spontaneous non-criminal abortions are caused by syphilis.

"What has been the attitude of 'the best members of society' hitherto toward this great social evil and menace? Indifference, suicidal indifference! The only ex-

cuse and explanation of this culpable indifference has been the complete ignorance and misunderstanding of these diseases, especially in their moral aspect, by the good, intelligent part of the community, including the women. The prevailing orthodox belief, at least among the religious, was substantially this: 'It is only vicious, licentious, depraved people who have these diseases. They are God's punishment for their sins, and it would be an impious meddling with the divine will and justice to try to protect such people from the consequences of their sins.'

"It is necessary to teach these people that the non-moral laws of nature affect the innocent exactly the same as the guilty; that as many more innocent women and children suffer from venereal disease as guilty men. Doctor Morrow, who has made a special study of this point, declares that venereal disease is actually commoner among virtuous wives than among prostitutes. He gives a satisfactory explanation for this, which need not be given here. He thinks that fully 8 per cent. of all the wives in the United States have gonorrhœa, contracted of course in the great majority of cases from their husbands. This would mean that over one million American wives are suffering from this loathsome disease, which almost surely blasts the life of every wife and mother whom it afflicts.

"The following statements by specialists of wide experience confirm Doctor Morrow's. Gruber, of Germany, says: 'Thousands or hundreds of thousands of innocent wives have gonorrhœa.' Doctor Noeggerath, of New York, declared that fully 80 per cent. of all men who married in that city carried the germs of gonorrhœa in a latent if not in an active stage and hence were liable to infect their wives. This estimate is probably greatly exaggerated. Let us hope that Doctor Erb's careful statistics of 49 per cent. of all men above 25 years

infected is also true in New York. It is surely bad enough. On the point of the frequency with which gonorrhœal infection of the wife from the husband occurs, there is considerable disagreement. While Doctor Erb is extremely optimistic and found that only 4 per cent. of the wives of 400 men who had had gonorrhœa had contracted it, others believe that of every hundred women who marry men formerly infected with the gonococcus (germ of gonorrhœa), fully 90 per cent. contract some form of the disease. Zweifel and Saenger, of Germany, find that 18 per cent. of all women have gonorrhœa. The explanation of these wide variations lies in the extreme difficulty of diagnosis of gonorrhœa in women, which often amounts to an impossibility. We are not here concerned whether the small or the larger figures are nearer the truth; we are concerned only with the great fact that a great many innocent women and children are suffering from gonorrhœa and syphilis, and hence sufferers from venereal disease must not be scorned as outcasts, but treated as are consumptives with the sympathy and humanity which they deserve.

"How can this terrible condition of affairs be changed? How can venereal disease be prevented? There has been a great change in the attitude of physicians, intelligent clergymen, and all humanitarians toward this problem during the last few years. The old attitude was based on ignorance and the Calvinistic doctrine of predestination; it was pessimistic, just like the old attitude toward consumption. The new attitude is based on scientific investigation and knowledge of the facts, and ignores theological dogmas of divine punishment; instead of a barren superstitious faith in a cruel, unjust God, it substitutes a well-grounded fruitful faith in the laws of Nature, in Science, Reason, Human Nature and Evolution. Progressive American physicians now believe that the venereal diseases, like consumption, have defi-

nite ascertained causes in social, moral and economic conditions, and are essentially preventable by improving these morbid conditions. We believe that in the course of time they can and will be as greatly reduced in frequency as yellow fever has been in Cuba and smallpox in Europe. We hope some day in the far future they will become extinct."

APPENDIX I

CRIMINAL ABORTION

Several extracts were given in Chapter XI from the paper—"Criminal Abortion in its Broadest Sense"—read by Dr. Walter B. Dorsett before the Annual Session, held in Chicago, 1908, of the American Medical Association (Section on Obstetrics and Diseases of Women). The lengthy and animated discussion which followed showed that many of the members of the Association are becoming thoroughly aroused as to the magnitude of this evil. The following comments, as reported in the *Journal* of the Association of September 19, 1908, are a part only of the discussion, but will serve to show the feeling of those present.

Dr. W. H. Wathen (of Louisville):—

"No subject could be brought before this Section which is of more vital importance in a moral, and I might say in a pathological sense, than this. We who are doing abdominal and pelvic surgery know how frequently we are compelled to operate because of the induction of abortion. In a moral sense it is offensive to every honest doctor and to every honest citizen. This offence is not any more an offence on the part of the woman on whom the abortion is committed, be she married or single, than it is on the part of the person who commits it. I believe that in most of the cases in which I operate for pelvic trouble resulting from induced abortion, the abortion has been induced on the advice of a physician or done by a physician, and I have seen many cases in which abortions have been induced by members of reputable medical colleges. The matter is disguised by the fact that a woman six weeks or two months pregnant is often taken to a hospital for the purpose of curettage. Her uterus is curetted and the product of

conception removed. In order to secure legislation there must be impressed on the profession the belief that, if there is any moral offence in destroying the life of an unborn child, the moral offence is just as bad four weeks after conception as if the child were killed at eight months. From the moment of conception the child is a spiritual being. Let us all join in our efforts to educate the people, the women and men, of this country concerning the immorality of having abortions produced at any time and let us join in efforts to have laws enacted that will make it a criminal offence, punishable by such penalties as the state sees fit to inflict, death or a sentence to the penitentiary, for any man producing an abortion."

Dr. J. H. Carstens (of Detroit):—

"Laws have been enacted all over the country concerning murder, but still people commit murder. We have laws in some states concerning abortions, but people produce abortions just the same. With the peculiar development of our civilization, with the rapid bringing up by a very rapid process of evolution of people from a lower stratum of society to a higher, people have not grown morally as fast as they have otherwise. They think that there is nothing earnest in the world, that it is just made for them and for their pleasure, and everything that interferes with that pleasure they object to and try to do away with. This question of abortion involves the lack of moral responsibility and the superficial education of our girls all over the country. They are not impressed with the true import of life and the responsibilities of married women. They are not taught that a woman does not exist for social pleasure alone, or that she can take her place in society and have pleasure, but that she should still remember her moral responsibility and that it is good and noble and great to

be a mother. If we can impress this idea on the minds of the people we can do something to prevent the committing of abortion. If we do not we shall never accomplish much by law. I believe that it is the duty of the medical profession to emphasize this view of the matter, to develop this view of moral responsibility, to try to induce women to have a love for children."

Dr. R. W. Holmes (of Chicago):—

"I have had the misfortune for three years to be a sort of mentor on criminal abortion work in Chicago. During this period I have presided over a committee of the Chicago Medical Society to investigate, and to attempt to eradicate the evil; I have come to the conclusion that the public does not want, the profession does not want, the women in particular do not want, any aggressive campaign against the crime of abortion. I have secured evidence. I have asked different physicians, who either had direct knowledge of crime against the prisoner before the bar or who could testify as to her general reputation, to come and testify. They promised to come, but when the time for trial is at hand no one appears. On the other hand, so-called reputable members of our Chicago Medical Society regularly appear in court to support the testimony of some notorious abortionist. A Chicago attorney has told me that it is not possible to get twelve men together without at least one of them being personally responsible for the downfall of a girl, or at least interested in getting her out of her difficulty. I am convinced that legislation is not needed, at least in Illinois. We have as good a law as perhaps can be made. It is the enforcement of law that is needed. What can we expect when a member of our legislature is backing financially and politically one of the most notorious abortion hospitals in Chicago? It is necessary to go back and educate the boy and girl

concerning the meaning of sexual life. The fact should be taught that life begins with conception and not with quickening. Then perhaps in the coming centuries we shall have reached a time when there will not be abortions. I believe that half of the midwives of Chicago get their support from criminal abortion work, as I know definitely a quarter do. One midwife took out a license to help out the family exchequer. For one week she had a sign up; then the husband said that they could not run the risk of the police coming down on them. In that one week there were ten applicants for criminal abortion and not one for a confinement. I do not think that it is a good thing for a woman to be held criminally. Morally she is a criminal. If she is legally a criminal you could not get any evidence of it. I have evidence of this every day. I have repeatedly taken ante-mortem statements, with the express provision that if the woman recovers nothing shall be done, that only if she dies shall the person be prosecuted. I have positive evidence that prominent men in Chicago—and Chicago is not different from other cities—will commit abortion. What can one do? In a certain county society complaints were lodged with the censors concerning three physicians known by reputation and deed to be professional abortionists, and the censors refused to take action.

"Fundamentally it is a matter of education which should be begun in the medical school. Until three years ago the school with which I am connected did not have any systematic instruction on criminal abortion. It had a little lecture by a lawyer who did not present the actual facts. Every medical school should have a course on that subject. There should be impressed upon the men before they take up their work the dangers to the woman, to themselves and the moral responsibility assumed in the matter of abortion. If also the boy and girl in school are taught something of this, they will

grow up with moral stamina not easily overcome. They will know facts and will live accordingly. Many now make themselves believe that there is no life until the movements are felt. When the false teaching in this respect is put aside, good will be accomplished."

Prof. August Martin (of Berlin, Germany):—

"I believe that in Germany and everywhere all agree in condemning criminal abortion. It is forbidden by law; it is forbidden by the professional code of ethics. Laws have been issued in numerous communities to try to suppress criminal abortion, but I do not know of any which have had success. Our laws themselves place great difficulties in the way of legal action by forbidding us to speak about professional secrets. When we are called in a case of criminal abortion we are not allowed to give evidence unless the parties interested in the case give us permission, and frequently this permission can not be given, as the poor patient is dead. But when a good chance is offered to give evidence, then, indeed, in every case our courts condemn criminal abortion with the utmost severity. Joint efforts in condemning criminal abortion as on this occasion by and by will contribute to restrain the evil among professional men."

Dr. R. S. Yarros (of Chicago):—

"To formulate laws and have them enacted is comparatively easy. To enforce a law is an entirely different thing. You cannot enforce laws, as some of the speakers have already said, with which the public has little sympathy. Even if we could enforce anti-abortion laws the problem would not be solved. I find that among the poor there is very little danger of race suicide. They have not learned yet to practise prevention, nor do they frequently resort to abortion. Their great love for their

children is a factor in the situation, and in this respect the higher classes might well take a lesson from them. Unfortunately, they often have too many children, and one is inclined to preach moderation and restraint without regard to race suicide. The rich, on the other hand, go to the other extreme. They frequently have no better excuse than that it is inconvenient to have a child at this or that particular time. They have no difficulty in procuring professional services to help them out of their difficulty. As for the unmarried victims, it is the disgrace that society has imposed on them, as well as the economic inconvenience, that drives them to commit abortion. It seems to me, therefore, that the most stringent laws and their enforcement would not remedy the evil. The proper education of the public on the subject is the most important duty before us. The blame should not always be placed on the woman. It should be realized that there are two parties. I do not want the woman not to take her share of the blame, but I want the man to take his. We all know that men frequently encourage the woman to have an abortion produced, and are willing to pay any amount of money for such services. In this city there has been considerable education carried on among women of the dangers of infection following abortion and the sex problem in general. The work has met with sympathy and enthusiasm on the part of the women. We hope that the same kind of work will be carried on among the men with the same success."

Dr. Walter B. Dorsett (in conclusion):—

"The city of St. Louis has not been remiss in her duty in this regard. A paper was read recently in one of our meetings by Dr. John Grant of St. Louis on the subject of criminal abortion. The meeting was attended by many of the laity and clergy. One clergyman, who was much interested, promised to preach a sermon before

his congregation, but his board advised against it. It seems to me from this that things have come to a bad pass. In order, however, to show you what has been done and what can be done, not only in the enactment of laws but in the enforcement of them, I will quote from a letter which I received from Dr. Wheeler Bond, the health commissioner of St. Louis, in response to an inquiry I made of him. He said that when he accepted the position of health commissioner there were licensed physicians and midwives who concealed illegitimate under the pretence of legitimate practice, and charlatans who without any authority proclaimed themselves doctors and waxed fat on abortions. There were also lying-in institutions which advertised that they accepted only legitimate confinement cases, but which gave out the understanding that all cases would be received. The St. Louis Medical Society found on investigation no less than three of these abortion shops in which young women who came there to await their confinement were kept as prostitutes to pay for their confinement. During the following year many of them were put out of business. By the enforcement of the federal laws also we have in St. Louis dealt with a number of the advertising quacks. We must have good laws before we can expect results, and therefore I believe that we ought to take some action on the question."

APPENDIX J

BERNARD SHAW ON THE MEDICAL PROFESSION AND THE COMPETITIVE SYSTEM

At a meeting of the Medico-Legal Society held in London last year, Mr. Bernard Shaw criticised the doctor and his methods from the socialist's standpoint, and the fact that his address was published in full in the *Lancet* shows how seriously our British cousins regard the approaching crisis in the medical profession. The following is taken from the abridged report in the *Journal of the American Medical Association*, April 17, 1909, but even this, unfortunately, had to be again condensed:

"Mr. Shaw said that he belonged to a generation which began life by hoping more from science than perhaps any generation ever hoped before and possibly might ever hope again. The doctor of the present day had been practically driven into the position of a private tradesman. Nowadays almost all the old professional pretensions and delicacies had been dropped. A doctor gave an opinion and the patient asked him what he owed as boldly as one would a shopkeeper in the street. He could remember the time when one did not do that. This position had never really been recognized, but it must be realized and admitted that as competition in ordinary trade and business had been shown by elaborate theoretic demonstration to be the best thing in the world, medical affairs could form no exception. The idea of a doctor being a tradesman was abhorrent to any thoughtful person, and therefore considerable restrictions were imposed. Advertising in the ordinary way was a thing forbidden. When a professional man had become so successful that he wanted to 'weed out' his poorer patients and keep his richer ones, he raised his

prices, and also gave up the power forever of recovering his fees in the county court, which was what the ordinary practitioner very largely had to do at the present time. There being no systematic organization of his profession, naturally the doctor was forced by circumstances—however repugnant to his feelings—to go into the commerce of healing and to become a professional ' medicine man '—a professional healer—who sold ' cures ' because that was what the public went to him for. The great mass of the medical profession had to get what they could and be very glad to get it.

" The attitude of socialism toward the poor man was that the poor man was necessarily a bad and dangerous man. The attitude of the man who was not a socialist toward poverty was that poverty was a very good thing, that it developed character, and in other particulars had a beneficial effect. But the really sensible man always regarded poverty as a bad thing and held that the poor man was always dangerous, and that the doctor was a specially dangerous man when poor. The doctor's poverty at the present time drove him necessarily into doing things which he would not do if he were independent. He was—like most men—as honest as he could afford to be. The carrying out of all the various hygienic measures which doctors knew to be scientifically necessary would be enormously expensive, and the slightest attempt to force them on patients or to let patients know that the absence of them was dangerous would cost a man his practice and his livelihood. What the great mass of patients really needed, at the present time, was not medicine or operations, but money, better food, and better clothes—and more frequent changes of the latter —and well-ventilated and well-drained houses; but what was the use of prescribing those things to unfortunate people who could hardly keep body and soul together? The patient, not being able to afford scientific treatment,

demanded cheaper 'cures,' and the result was that the doctor had to gratify him in a way. The doctor depended on his patient for his livelihood, and therefore was dependent on the patient's ignorance, and finally had to flatter all his worst delusions. A doctor was like a servant trained in one of those big charitable institutions that train servants. He obtained his training at the hospitals, when he had nurses and antiseptics, and so on. He was placed in a building wonderfully and beautifully built, with no right angles, but beautifully rounded corners; and then, after all that (exactly like the servant), he was suddenly pitched into a poor district and had to go through life in surgically dirty clothes and do his work in surgically dirty rooms with surgically dirty people who could not afford medicines or anything, and he got a sort of skill at it. Mr. Shaw contrasted the position of the ordinary doctor and that of the medical officer of health, with his independent salary, and his position irrevocable by the local authorities. The medical officer of health was in an ideal position—the socialist position—the position in which socialism wanted to place all doctors.

"A doctor at the present time was expected to do everything connected with his profession. That did not apply in the other professions. The judge sentenced a man to be hanged, but he was not expected to be the hangman. If he were the doctor he would be expected to act as hangman. There were men of extraordinary dexterity as operators whose whole time should be reserved for the most difficult cases, but instead one found those men poulticing whitlows and doing trumpery dressings that should be done by the nurse. They were found prescribing for ladies who had the same reason for asking for tonics as the charwoman had for asking for gin. In order to get the maximum of hygienic influence and the greatest economy in using the skill of the profession,

it was necessary to get medical men organized, so that different grades did different work, and that the mere routine should not be left for the best men to do. Such organization was altogether impossible while private practice was the rule. It could be done only if the profession was organized publicly by the state. A private practitioner could not get ahead of the prejudices of his patient, and one of the things from which the doctor ought to be released was that abject dependence on his patient. Public opinion would be the final arbiter all along, but it was important to get every doctor in favor of educating the public scientifically, whereas now the doctor had the very greatest interest in preventing the patient knowing anything at all. The medical profession must really be socialized, for the reason that medical men were finding themselves more and more driven to claim powers over the liberty of the ordinary man which could not possibly be entrusted to any private body whatever. If these things were going to be done and if scientific opinion was going to compel people on such a scale, then there must be democratic control. It would be intolerable tyranny unless it were controlled by the people. They were coming more and more to the point of giving the doctor the power of saying what was to be done with the child and denying that power to the parent. It was a curious step and one that would be fought energetically. It was impossible to leave the body in the hands of a private practitioner.

"'You must make up your minds,' concluded Mr. Shaw, 'that the inevitable result is the socialism of the medical profession. As to what will happen when you have the doctor in the responsible, dignified and independent position of a public servant, instead of a private tradesman—as to what will happen to the surviving private practitioner I do not know. If a doctor finds himself in the position of depending on the caprice and ig-

norance of patients he will always, under socialism, be able to get an independent position in the public service, and if he elects to continue in private practice he will not be compelled to make the humiliating concessions and the treacheries to science that he now has to do. Having the alternative of public service, he will be in as independent a position as if he were a public servant, and, on the other hand, the patient will always have the choice of getting public attendance, and so he, having the alternative, will be as well off with the private doctor as he will be with the public doctor.' "

APPENDIX K

A PLEA FOR HOSPITAL REORGANIZATION

The following article, which is copied in its entirety, is by Dr. Graham Lusk (of New York) and appeared in the *Journal of the American Medical Association* for April 30, 1910. Doctor Lusk has for some time been an earnest advocate of the reforms he so convincingly sets forth in this paper.

"Let us agree that we are all truly desirous of promoting scientific medicine. How is its development to be accomplished? It seems that the following propositions are axiomatic if the science of medicine is to be truly fostered.

"1. The scientific physician or surgeon must have a continuous service in one hospital and in one only.

"2. Appointment to the position of visiting physician or surgeon to a great hospital should be dependent on a reputation for accomplished work.

"3. In the hospital, preferably on the other side of the hall opposite the hospital wards, there should be laboratories for careful scientific investigation and for carrying forward research regarding the causation and cure of disease.

"4. There should be some endowment to pay for brains.

"All have heard of these propositions, but how much serious concentrated attention has ever been given to them? To what extent has the system been permitted to drift along in the old ways of the fathers? The development of a New York lawyer is not dependent upon the development of French, German, or Chinese law, but it is dependent on purely local conditions as they exist in this country. For example, the legal position of the railways in Berlin is quite different from that of the

railways in Washington. Typhoid fever in Berlin, however, is the same typhoid as occurs in Washington. Physicians can learn much if they will adopt a world viewpoint. A progressive New Yorker should fight to destroy the local conditions which fetter his progress and suck his life's blood.

"The continuous service is absolutely essential to progress. The wards must be the glory and the pride of the master-mind in charge. They must be a part of his reputation, a part of his joy of living. The head nurse should not be the principal person who is in continuous control. All present know this, and yet few will even think about it, much less act on it. It is so much easier to go to sleep and forget all about it. And while New York is dully sleeping, if it were awake it would take cognizance of the great examples of productivity set by the continuous services of the Johns Hopkins and Ann Arbor Hospitals. Other places which have adopted the continuous service are Pennsylvania, Minneapolis, Iowa City, Cleveland, Galveston and St. Louis. In St. Louis a new hospital with $5,000,000 is assured and in addition to this a children's hospital is to be built, with one hundred and fifty beds. A new medical school on the highest lines will be developed there. Also the resignations of the whole faculty are in the hands of the authorities. And this state of affairs has only roused the East by striking terror into the hearts and homes of some of our medical colleges lest they lose their very best men for whom during so many years they have so illy provided. Let us get together then and make a life of scientific progress possible in a New York hospital. Do not think, however, that the mere promotion of a practitioner of medicine to a continuous service is going to transform him into an advanced medical thinker. Success depends upon the selection of the proper type of man who has had the proper training.

"Regarding appointment to the service of a great city hospital, there is room for much improvement. There should be a complete revolution in the present method. The right to inherit a position should be entirely eliminated as a factor. In general, the promotion of an assistant to the place of the master merely means the promotion into a prominent position of a younger man who more than likely owes his appointment not to his vigorous intellectuality, but rather to his submissive attitude during the days of his tutelage. This is a very widespread evil, this right to inherit. The cure for this is a greater migration of men among the medical institutions of this city and country. A man should not be cut off from a distinguished career in New York because his reputation has been founded in Syracuse or in New Haven. It seems that there must be a great strengthening all along the line if the rule were made that no assistant could ever succeed his chief. Then to rise, the assistant must through his capacity excite sufficient admiration to be called to take charge of a smaller institution. If he again succeeds he then might become eligible for a high position as one of the great masters of medicine in New York City. The scheme would do away with much that is scandalous regarding appointments to hospitals and medical schools in this country, and would inspire hospital trustees and givers to medical charity with a new confidence in the disinterestedness of medical men. This scheme is not utopian, or the mere dream of an idle extremist, but it is a part of the competitive system which has caused the rise of modern German medicine. By such a method you can help to vitalize scientific medicine. The man who rises to highest achievement in this country should be offered the highest reward in the shape of appointment to chairs in medical schools and places in hospitals in this great city. Were hospital trustees sure that such a procedure would be

faithfully carried out, there would be no friction between them and their medical boards.

"With regard to the arrangement of a hospital for scientific research, the laboratory should be across the hall from the wards, or, at any rate, easy of access to the wards. In such laboratories great work is done in Germany. New hospitals should provide for such laboratories in order to attract the best men of the rising generation, some of whom have been thoroughly trained in the fundamental sciences of medicine, and have sufficient creative ability to have new ideas. With men of this class in charge of hospital wards, the laboratory becomes a hotbed for the development of young men along the highest lines. And the best young men will flock to such a standard wherever raised. There never was a more attractive opportunity than that afforded here in New York to do the right thing in the right way. And yet the years roll by and the old traditions stand protective of the old rotten system, blinding the eyes even of the honest and sincere and placing a deadening inertia over medical progress. And, finally, there must be some small endowment to pay for the brains concerned in such an establishment as this. The visiting physician should spend at least half his day in his wards and laboratory or with students of medicine, and failing this, should be retired. All others connected with his wards should spend their entire time in the service of the patients and the laboratories and the more experienced should be paid salaries. Here they can make a reputation for themselves. Here they can acquire fame at a time of life when new ideas come easily and rapidly. Here they can also be taught to curb their fancies properly. General adoption of any such plans as have been outlined must come slowly, if at all. They must ultimately be adopted either through intellectual appreciation of their value, or in imitation of a hospital like the

new Rockefeller Hospital, which is to be established on these principles.

"One should not consider such a scheme as one of fanciful idealism. It is simply the substitution of work for fame in the place of work for gold during the early life of our best young men. The true ideal is yet higher.

"'And no one shall work for money,
And no one shall work for fame,
But each for the joy of the working.'"

APPENDIX L

"THE SURGEON'S POWER OF LIFE AND DEATH"

This article, to which repeated references have been made in the foregoing chapters, but which, unfortunately can only be produced in part, appeared in the *Independent Review* for December, 1906, and caused a rather rancorous discussion in the *Lancet*, and the *British Medical Journal*, which has not yet subsided. The author, Dr. James A. Rigby, who is Consulting Physician to the Preston and County of Lancaster Victoria Royal Infirmary and a reputable practitioner, has, of course, roused the ire of the "ethical" element of the profession—which in Great Britain means probably ninety-nine per cent.—yet he has bravely stuck to his guns and has succeeded in awakening much public interest in the abuses he has so fearlessly exposed.

"Gradually, progressively, almost imperceptibly, there has of recent years arisen in our midst a new tribunal, and one moreover of great power and far-reaching influence; this tribunal is endowed with the power of deciding questions of life and death, and as at present constituted there is no appeal whatever from its decisions, which are practically immutable and irresistible. Directly a man, after a more or less prolonged and more or less successful course of study and hospital experience, becomes capable of writing behind his name the letters M. B., M. D., M. R. C. S., F. R. C. S., L. R. C. P., or other cognate qualifications, he is at once given, in a vast number of cases, the power of deciding whether a person who has consulted him shall be submitted or not to an operation, the ultimate effect of which may cost him his life, or leave him seriously maimed or incapacitated for life. This terrible power of life and death is thus placed in the hands of an inexperienced youth, practi-

cally without any safeguard whatever; for, after the operation is over, provided the patient dies, the operator merely requires to fill up a form of certificate, furnished by the State, in which there is stated the disease for which the operation has been performed, the nature of the operation more or less explicitly expressed, with the fatal result. There is an end of the matter. No inquiry is instituted as to whether (1) the diagnosis on which the operation was founded was correct, which it is frequently not, (2) the patient was in a fit state to undergo the operation with an expectation of a favorable result, (3) the operation was skilfully performed by an experienced operator, (4) every precaution was taken by the operator to give his patient every possible chance of a successful result, (5) the patient as a result of the operation had a reasonable chance of being in a better position than he was before the operation if successful, i.e., whether as an individual he or she would be better fitted to carry on the functions of life in consequence of the operation having been performed.

" Nothing whatever is done by the State in the interest of the patient, everything is left to the *bona fides* and professional integrity of the operator, which it must be admitted is rarely abused, and the law, merely through the magic influence of the letters M. B., M. R. C. S., etc., etc., allows to remain uninvestigated a death which may have been caused by culpable ignorance, gross carelessness, want of adequate experience, or a host of other causes which require careful searching out and inquiring into. In this description there is nothing exaggerated, nothing overstated, but merely a plain unvarnished exposition of facts which may be verified any day in any part of the country and which it is now time should receive the careful and deliberate attention of the State. In the case of a naval officer losing his ship, even though no loss of life is involved, he is court-martialled and a

searching investigation is instituted to decide whether or not he is in any way culpable or responsible for the loss of or the injury to his ship; again, when a military officer in command of men becomes involved in a disaster in which there is any loss of *personnel* or material, a more or less strict scrutiny is undertaken to prove that he has done what was humanly possible to avert or avoid the disaster; but in the case of the surgeon no such inquiry or investigation is made, and he may proceed on his happy-go-lucky way from one successful operation to another, secure in the consciousness that no inquiry into his conduct will be instituted, and that his professional conduct will not be in any way impugned,—unless, in a very exceptional case, a blunder so transparent is made that an inquiry of some sort is bound to follow, as, for instance, when a forgetful surgeon leaves in the abdominal cavity, after a laparotomy, a sponge or a pair of forceps or two; even then, it is doubtful if any inquiry would be made in most cases, unless some very vigilant relative or friend should happen to learn of the event, and strenuously insist on the facts being brought to light. In consequence of the advent of the use of anæsthetics, the development in the use of antiseptics, and the perfect cleanliness which has resulted from the discoveries and observations of Lord Lister, many operations in surgery which were formerly quite inadmissible are now performed with almost absolute security and with undoubted and permanent benefit to the patient; for these legitimate operations nothing but the greatest admiration and praise can be expressed and felt; but as in all other human affairs there is nothing good and useful that has not its fraudulent imitations, so in surgery there has arisen a class of surgeons, mostly young, often inexperienced in other safer and more rational methods of treatment, and above all quite callous and indifferent to the true welfare of their patients,

whom they look upon merely in the light of subjects, to be experimented and operated upon. These surgeons, regardless of age or any other deterring considerations, have no hesitation in embittering the last moments of their patients by submitting them to what are practically hopeless operations, often under the specious plea of giving them a chance; thus, what should be a peaceful death-bed scene, becomes converted into a *séance* of operating surgeons, nurses *et hoc genus omne*, to whom the suffering patient is merely an interesting case. His obituary notice is another record in the case book of the operating surgeon, who, rightly from his point of view, has by constant repetition of such scenes, quite obliterated the acute sense of humanity he originally possessed.

"Thus in consequence of the change in the type of the individual reared, and also in consequence of the progress of surgery, the introduction of anæsthetics which render operations practically painless, and the adoption of antiseptic methods of treatment, which has rendered operations much safer, an enormous impetus has been given to operative surgery, so that it is quite safe to say that the number of operations in the last thirty years, even taking into consideration the increase of the population, has increased *pro rata* four-fold. This is as it should be; but now the time has come when the question of the personal responsibility of the operating surgeon should be considered seriously by the people at large. Operations may be divided into three classes: (1) legitimate and defensible, (2) illegitimate and indefensible, (3) those on the borderland between the two. We will now briefly consider these three classes.

"1. Legitimate and defensible operations. Under this heading may be placed all those which give relief to pain, remove accessible growths, remove diseased, injured or useless members and organs—the scope of this

article does not include surgical injuries. In fact, any operation may be described as legitimate and defensible which is undertaken for the benefit of the individual without unduly risking his life, so that at the conclusion of the operation the patient is placed in a better position than he was prior to the operation having been performed.

"2. Illegitimate and indefensible operations. In these the life of the patient is risked or shortened, and he or she is often put to vast pain, inconvenience and expense without any reasonable prospect of relief. It is notorious that many operations are performed as the result of a mistaken diagnosis, that cases of so-called appendicitis have been operated upon where the vermiform appendix has been found quite healthy, and that an operation for appendicitis has been recommended where the patient has declined to be operated upon, and subsequently made a perfect recovery without any operation whatever having been performed.

"An excellent example of an illegitimate and indefensible operation is the following: A blacksmith, aged about 35 years, was suffering from a cancer affecting the parietes of the abdomen just over the region of the liver. Considering the size and position of the growth my emphatic opinion was that the case was an irremediable one, and that under no circumstances whatever should any operative procedure be adopted. A few days after having expressed the above opinion, a note was sent to me by a well-known operating surgeon, saying that he had been consulted by the aforementioned blacksmith and that he had decided to remove the growth, also asking me to be present at the operation, which was fixed a few days later at the patient's own home. Prior to the operation being commenced it was my unpleasant duty to protest against its being undertaken on the grounds that it was absolutely useless, as the growth

could not possibly be entirely removed, that most likely some of the internal organs would be found to be secondarily affected, and finally that the operation would imperil and shorten the man's life. Notwithstanding my protest the operation was proceeded with. It occupied close upon two hours, and was only very partially successful. It was found impossible to bring the margins of the resulting wound together. Strange to say, the patient did not die under the operation but lingered on in a state of great suffering for about three weeks. He was a member of the choir of a neighboring church, at which a subscription was raised to pay his doctor's bill, which was not a small one, but his wife and children were left in very penurious circumstances. No better example to my mind of a useless and improper operation could be given. To remove any possible misapprehension, it is advisable to state that the operator in that case has been dead for several years. To sum up, no operation should be undertaken unless there is a reasonable prospect of relief; unless the patient at the conclusion of the operation is likely to be left at least in as good a position as he was before. At the commencement of an operation the surgeon should remember that the thing cannot be undone, that for good or ill the operation is about to be performed, and he should, as far as is humanly possible, resolve that under no preventable circumstances shall his patient be in a worse position as a result of the operation than he was before.

"3. Operations that are on the borderland between defensible and indefensible. In many cases a patient may be suffering from such intense pain and misery as to make life insupportable and unendurable; in others the case may be very obscure; again, a case that is certainly fatal unless something is done, may offer as a last hope some remedial treatment by operation. Each of these classes requires different consideration. To take

first the cases where an operation is performed in order to clear up obscurity. These are often so-called exploratory operations; these in my opinion should never be performed until every other method of perfecting the diagnosis has been exhausted. The surgeon or physician should train his hand and mind so accurately as to be able to determine what is going on inside by external examination which involves no risk; he should exercise patience, and if necessary ask for further advice, if he doubt his own competence, in preference to submitting his patient to risks which may prove fatal, and which in many cases are quite useless. In those cases that are likely to prove fatal unless some operative procedure is adopted, the possibility that he may be wrong in his diagnosis should be considered, and the question whether he is not deluding himself in saying that there is a chance, and so embittering the last moments of his patient, and adding to the already grievous trouble and anxiety the friends are suffering from without any firm hope of giving relief; in fine, he ought to let nature have a chance, that nature which often performs what seems almost miraculous. The most difficult problem to face is the one mentioned, where a case is admittedly hopeless but where the patient is suffering from such intolerable and unrelievable agony that it is felt that something must be done if possible; where not only is the patient himself suffering, but all his relatives and friends are tired out, and even where a staff of trained nurses is unequal to the task; the last resources of medicine and surgery are required to cope with these miserable and unfortunate cases.

"These cases are by no means rare or infrequent—cases in which there is constant and intolerable pain day and night, and where the strain of seeing the suffering is agonizing to the bystanders. Now in these cases is the surgeon to blame if, urged on to do it by the patient,

urged on by the patient's friends, yea, urged on by his own humanity, he attempt some heroic operation which inwardly he knows has no chance of success, but which he also knows will in all probability relieve the patient not only of his sufferings but of life itself, and in which in fact the surgeon acts the part of the friendly executioner? That question is not for me to answer.

"Sufficient has now been said to answer my purpose, i.e., to found a basis on which to establish my thesis that the present position of operating surgery has founded what is in fact a new tribunal, and one, moreover, of great and far-reaching power with very little, if any, responsibility, and that in the interests of the people at large it is quite time this far-reaching power and lack of responsibility should be seriously inquired into, and that if it is found necessary its powers should be limited and its responsibility vastly increased by bringing each individual case operated upon, at any rate where a fatal termination ensues, under the notice and investigation of an authorized court of inquiry, either a new court of inquiry to be established for the purpose or some modification of the present Coroner's Court. In all other cases of death by violence or misadventure there is an inquiry made to determine if anybody be at fault, and there is no reason why in this particular instance such an inquiry should be evaded. As before stated, if a merchant captain or a naval captain lose his ship or have it seriously damaged either with or without loss of life, or if a military officer lose a position, stores or men, an inquiry or court-martial is at once instituted and the officer in charge has to clear himself of incompetence, ignorance, or want of due care in the discharge of his duties; and there is invariably an inquest on a person who dies under chloroform or any other anæsthetic. If so, there can be no reason why the operating surgeon in case of dire failure and loss of human life should not

also be called upon to vindicate his conduct and capacity. If he were thus liable to be called upon he would be stimulated by a grave sense of responsibility not to enter upon or undertake any such operation in a flippant, uncertain manner, knowing that if he did so he would be required to furnish unimpeachable and incontrovertible reasons for having so undertaken it, and subjected his patients to perils of such consideration and moment as to involve the possible loss of their life."