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PROBLEM OF UNNECESSARY OPERATIONS AND OF INCOMPETENT SURGEONS*

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CHICAGO

I desire to present briefly an outline of a problem which I believe confronts the medical profession and which demands careful investigation and action. I refer to the problem of bad surgical therapy, of unnecessary surgical operations and of incompetent surgeons. In my work as chairman of the Council on Medical Education, and in my position as teacher of surgery and as attending surgeon in a teaching hospital, I have during the last ten years been much impressed with the fact that there does exist this definite problem which the American medical profession should face. My conception is that this problem should not be attacked by any individual, or by any local or special medical society, but should be investigated by the organized medical profession of the entire country through the council or committee best suited to do this work. This problem should be attacked without any sensationalism, certainly without any unnecessary publicity, and should be looked on as a piece of housecleaning that should be done by the American Medical Association. In order to bring this subject clearly before the profession, let me attempt to draw a picture of the conditions as I believe them to exist today.

First, let me state that within the last thirty years, by the advances made in the underlying medical sciences and in the sciences of diagnosis and therapy, clinical medicine and clinical surgery have been placed on a scientific basis, and that owing to these advances it is possible today to place the practice of medicine and the practice of surgery on a thoroughly scientific basis. It is clearly the desire of the organized medical profession of this country, the American Medical Association, to place medical education and the practice of medicine and surgery on a scientific basis, and in the last fifteen years this organization has made wonderful strides in this direction. I believe that the American Medical Association has done more in the last fifteen years to improve the standards of medical education and medical practice than has been accomplished before by any organized group of professional men in any country. It is clearly the desire and purpose of the American medical profession to secure for the people of this country all of the benefits and possibilities that the modern science

of medicine can afford. I believe not only that this is the object of the American Medical Association as an organization, but also that the great majority of the members of this organization are individually doing their best to accomplish these desired results.

In the rapid evolution of medicine into a science, certain glaring defects in medical practice became evident. Among these has stood out particularly the weakness of drug therapy of the old time practice. The American Medical Association has recognized this weakness fully and is doing more probably than any medical organization in the world through its Council on Pharmacology and Chemistry to place drug therapy on a sound, scientific basis. No such organized effort, however, has as yet been made to investigate the existing status of surgical therapy to point out its weakness, and to place it on a thoroughly acceptable basis. In the last fifteen or twenty years the practice of medicine has become more and more surgical, new surgical fields one after the other have been explored and carefully cultivated, and new operative procedures have been developed and perfected. As a result, thousands and hundreds of thousands of people have been greatly benefited by properly indicated and properly performed operations in appendicitis, peritonitis, gallstone disease, lesions of the stomach and kidneys, and in many other fields. The amount of surgical operating has increased manyfold and will continue to increase because there are thousands of people who still lack the benefits that could be given to them by modern surgical therapy.

This great increase in surgical operations and operating surgeons has brought with it this new problem of unnecessary operations and of incompetent surgeons. I should like to make perfectly clear in this presentation that I believe that the great majority of operating surgeons in this country are competent, and that the vast proportion of operations performed are necessary and desirable. On the other hand, those who are in touch actively with surgical therapy, who see a large number of surgical cases and who come in contact with a large number of men doing surgical operations cannot but be impressed with the fact that there is a certain considerable number of operations being performed in this country that are unnecessary and unwarranted, and that there is a considerable number of men operating who are not qualified to do the work.

My impression is that this condition is due to three causes, ignorance, dishonesty and bad judgment, sometimes bad judgment amounting almost to an obsession; legally when a surgeon undertakes the treatment of a case he makes a contract with the patient which, although not written, is in the eyes of the law just as binding, and in that contract he agrees to give the

* Read before the Section on Surgery, General and Abdominal, at the Sixty-Eighth Annual Session of the American Medical Association, New York, June, 1917.

patient the benefit of the knowledge possessed by the "professors" of the science and art of medicine and surgery in the place and at the time the services are rendered. He agrees also to give to the patient the benefit of his best judgment and due diligence, and the benefit of established and accepted methods of practice. As far as honesty is concerned, a good rule for a surgeon to follow in his practice is the golden rule. He should never do an operation on a patient which he would not want to have done on himself under the same conditions. As far as good judgment, on the one hand, and surgical tangents and obsessions, on the other, are concerned, it is necessary for us all to remember that the practice of surgery should be the practice of common sense. The three absolutely essential characteristics of the safe surgeon are honesty, good judgment and scientific training.

What shall be done by the medical profession about the unnecessary and unwarranted surgical operations done as a result of ignorance in unattached and uncontrolled hospitals by poorly trained men? What shall be done about the unnecessary operations done by dishonest men for a fee; the unnecessary appendix operations done for imaginary appendicitis, the unnecessary fixations of the kidney; the unnecessary amputations of the breast done for benign or imaginary breast tumors; the unnecessary operations on female genitals, on the tonsils, on the gallbladder, etc.? What shall be done about the operations that are due to lack of good judgment or to misguided enthusiasm; the unnecessary operations on fractures; the fantastic operations for intestinal stasis without gross pathology; operations for supposed insufficiency of the ileocecal valve based on misinterpreted Roentgen evidence, intestinal anastomosis or resections of the large intestine for the cure of epilepsy? These are problems which we should meet frankly, investigate fully and find means to correct, and this should be done by some properly qualified instrument of the American Medical Association, possibly by creating a committee or council to do with surgical therapy what the Council on Pharmacy and Chemistry has done and is doing with drug therapy. I believe that this problem should be investigated and if possible corrected by the organized medical profession, that this work should be done by and within the profession itself in the interests of the profession and in the interests of the community. This problem of unnecessary operations and incompetent surgeons is a serious matter both for the medical profession and for the public. Its existence should be frankly admitted and steps taken by and within the profession to reduce bad surgical therapy to a minimum.

Specifically, how is this to be accomplished? The answer has seemed to me in a general way to handle this problem of surgical therapy as the American Medical Association has handled and is handling the problem of medical therapy, that is, by a committee or council on surgical therapy, the business of which will be to analyze and report on these problems from time to time as they arise.

There are at least two large problems involved in this whole matter, (1) that of unnecessary and unwarranted operations, and (2) that of operations done by incompetent men.

1. In a general way it is evident that one of the best means of combating the evil of unnecessary and unwarranted operations is that of attacking surgical problems as pieces of clinical research, not from a sin-

gle point of view and not by a single man, but as pieces of joint study from the point of view of the several specialists whose fields are involved in the problem and who may be of service in finding the right solution. Let us say, as an example, the study of so-called intestinal stasis and its surgical therapy. This should be a joint study by the internist, the neurologist, the physiologist, the pathologist, the roentgenologist and the surgeon, and when this is done by a competent group of men there will be little danger of going off on a tangent, and arriving at erroneous conclusions.

2. The problem of operations done by incompetent men is largely an educational, and in a sense also a moral question. The American Medical Association could through such a council as I suggest carry on a propaganda pointing out the necessity of thorough and special training for the men who are to do general surgery or the work in any of the surgical specialties. This would mean at least the graduation from a first class medical school, the serving in a hospital as an intern, and the doing of a certain amount of post-graduate work in surgery, best as assistant to some competent surgeon, before entering independent practice.

Some may say, well, just such a propaganda is already being carried on by the American College of Surgeons. In reply to this I would say that that is not enough. Admirable as the work of the American College of Surgeons may prove to be in the future, it is limited to a comparatively small group of men. We need in solving a great problem of this kind the support of the entire profession, and that can be obtained only from the organized medical profession, which is the American Medical Association.

Because of this fact, I believe that the American Medical Association should undertake the task of establishing in some way educational requirements, including a clinical training sufficiently high to eliminate incompetent surgeons.

I give way to no man in my admiration and respect for the splendid work that is being done today by American surgeons. As a whole, no body of men in any line of human effort is more conscientious, better trained for work, more enthusiastic, more productive, more self-sacrificing or controlled by higher ideals. My paper is not a destructive criticism. It is an effort at constructive criticism. The faults which I have endeavored to point out are small, indeed, when compared with the magnificent whole which represents the accomplishment of American surgery. These faults, however, should be eliminated in the interest of the profession, in the interest of the science of medicine, and in the interest of the public.

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ABSTRACT OF DISCUSSION

DR. JAMES E. MOORE, Minneapolis: The importance of the subject we all recognize. We must admit that it is a delicate one. The moment we say we must decide on what is a required operation and a necessary one, and what is an unnecessary one, the question naturally arises, who is to be the judge? Who is to say such an operation is necessary and such another one is not necessary? Dr. Bevan very aptly suggests that this organization take the matter in hand and establish a standard that shall govern us all. It is up to us as a profession to establish this standard because if we do not, the laity will take it in hand. They already begin to realize that they have been subject to the machinations of dishonest and incompetent men, and they have been the

sufferers thereby. They are likely to legislate, and when they once begin to have laws spread on our books there will be a lot of vicious legislation enacted; we have had a number of vicious laws brought before our various states within the last year. It is up to us to direct legislation. In Minnesota we are attempting in our humble way to solve this problem through education. We have there established a graduate school. In that graduate school we have two branches; one is in Minneapolis on the campus of the university, and the other is in the far-famed Rochester. The regents of the University of Minnesota have set aside a certain amount of money that enables us to have a certain number of teaching Fellows, whom we are endeavoring to educate as specialists in various lines. The Mayo brothers have contributed \$1,500,000 to support like fellowships in Rochester, Minn. We go about it in this way: We say to the profession at large that we have these facilities. We select our candidates from all over the world. We have Fellows from all over the world. We select the best. We take each candidate and make a curriculum suited to his particular needs. We have no fixed curriculum. We find out what a man is short in; if it is anatomy, we advise him to take it up; if it is pathology, we direct him to take up pathology. So all along the line; and incidentally he is practicing surgery. Now I have forgotten the exact number we have in surgery in Minneapolis and Rochester, but it is a goodly number, and we hope to answer this question in this way: They agree to stay three years and study to the best of their advantages, and we give all the advantages there are to be had anywhere, both in Rochester and in Minneapolis. These men are paid a stipend, so that it is not a rich man's graduate school; the poorest boy in the country can go there. He is paid \$500 or \$600 the first year, on which he can live; \$750 the second year, and \$1,000 the third year. We get these young men to assist us in the teaching in the hospital and various work in the laboratory.

I think the strongest answer to this problem is an educational one. We do not pride ourselves on being any more honest in Minnesota than elsewhere; we have only the judgment given us; but in education we feel that we are particularly strong.

DR. WILLIAM M. ROBERTSON, Warren, Pa.: You cannot correct errors which are basic by any system of training. As a teacher of singing cannot make a voice, a teacher of surgery cannot make a properly balanced intellect. What we are trying to do is to educate young men beyond their capacity, which will make a "highbrow" but not a surgeon. You must select your men. Competent, honest men are born, not made. Institutions of research, like that in Minnesota, can select their men, and they can be studied in their judgment and mode of thought. What Dr. Bevan is after is judgment and honesty, and he takes for granted that one can make them, which is impossible.

DR. JOHN B. DEEVER, Philadelphia: I endorse the views of Dr. Bevan. No one is more capable of suggesting the course to pursue under these circumstances than Dr. Bevan, who has demonstrated the masterful work he is capable of accomplishing in advancing medical education; therefore, I would make a motion that a committee of ten be appointed to further Dr. Bevan's ideas relative to this vital question.

[For action on this motion, see minutes of the section.]

DR. ARTHUR DEAN BEVAN, Chicago: My idea was to do with this problem just what has been done: To refer this to a committee of say ten men of wide experience and let them analyze the facts as they are and report back to this body and to the Judicial Council. I think it is a real problem, and I think frankly facing this problem is an evidence of the strength of our position, the strength of modern surgery. I really believe that something may be done, something can be done, as has been done with drug therapy, if we handle this in an intelligent way, with the backing of the organized profession of the country.

Reformers.—Utopias are worthless, because they are founded on very limited, and probably erroneous, estimates of the possibilities of human development.—*Scientific American*.

THE AGE AND SEASONAL INCIDENCE AND COMMUNICABILITY OF ACUTE POLIOMYELITIS

AS SHOWN IN THE EPIDEMIC IN NEW YORK CITY IN 1916 *

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The epidemic of acute poliomyelitis which raged in New York City in 1916 was the largest on record. The statistics of the department of health are the most complete and accurate that we have. Previous epidemics were not only much smaller, but were studied by individual physicians or groups of physicians, in most cases after the epidemic had subsided. The records, therefore, were incomplete. By making the disease a reportable one from the beginning of the epidemic, the department succeeded in obtaining valuable data. It is true that a certain percentage of mild non-paralytic cases were not recognized and reported, but

Chart 1.—Deaths, New York City, Jan. 1, 1911–Oct. 1, 1916; cases reported, Jan. 1–Oct. 1, 1916.

this percentage remained fairly constant throughout the epidemic, so that it does not interfere with the accuracy of the age and seasonal incidence of the disease, as based on the cases recognized and reported. Frost has drawn certain conclusions based on the study of three small epidemics. I shall endeavor to show how a study of the figures of the New York epidemic tend to verify some of his conclusions.

FREQUENCY OF THE DISEASE AS COMPARED WITH THE OTHER COMMUNICABLE DISEASES

In Chart 1, I have represented graphically the deaths from these diseases in New York City during the last five years. It will be seen that, as compared with pneumonia and pulmonary tuberculosis, the deaths from poliomyelitis are few; about twenty-six times as many are due to pneumonia and about twenty-two times as many to pulmonary tuberculosis. The number

* Read before the joint meeting of the Section on Diseases of Children, the Section on Nervous and Mental Diseases and the Section on Orthopedic Surgery at the Sixty-Eighth Annual Session of the American Medical Association, New York, June, 1917.