THE GROWTH AND DEVELOPMENT OF SURGERY IN THE SMALLER CITIES.*

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No doubt many of the gentlemen present will recall the days when surgery was done entirely by men residing in the larger cities. There were even then very few men who confined their activities to surgery alone, for there was comparatively small demand for their services. The general practitioners of those days were *afraid* of surgery, and a surgeon was seldom called in except as a last resort, and then in the majority of cases only after the favorable time for cure by operation had passed.

Then again, in such emergency cases, it was no uncommon thing for a surgeon to be summoned from some city perhaps a hundred miles distant, and oftentimes half a day or more would elapse before the operator would reach his patient. The results of such methods were of necessity none too good, but the fault did not necessarily lie with the surgeon.

At a later period, when asepsis was better developed, and the medical profession became better grounded in bacteriology and pathology, there was more demand for the surgeon. The more favorable termination of operative cases had its influence; the education of the people to the fact that calling a surgeon did not always mean death helped immeasurably, and the physician became more alert in distinguishing operative cases from non-operative. Men began to devote their activities to surgery and, even at this early date, some took it up as an exclusive line of work, and from that time surgery started on its progressive march, until to-day good surgery is by no means confined to the larger cities, nor are all the best surgeons located in such cities.

It is, however, only within the last ten or twelve years that modern, up-to-date surgery, as is carried on in the larger cities, has been duplicated in the smaller ones, and even in large towns of twelve or fifteen thousand population. In fact, the development of so-called "country surgery" is so recent that, I think, it is safe to say that many of the men in New York, Chicago, Boston and such cities little realize that in the smaller places modern surgery is done, and every detail of operating-room technic thoroughly carried out. The results, as are shown by the various papers, articles and reports from practitioners in smaller places, would indicate that their mortality is at least in some places as low as in the large metropolitan hospitals. Modern surgery then to-day is carried practically to the door of every one, and this evolution in the art has been brought about by three factors mainly.

First: Men who have located in the smaller cities, and have established good reputations as general practitioners, take up surgery to a greater or lesser degree, and get the support of their brother practitioners in surgical work. As their work increases in this line they gradually perfect themselves in technic by visiting the clinics and

taking post-graduate courses, and in time many of them drop general practice entirely and devote all their time and attention to surgery alone. Some of our best surgeons of to-day are men who have done this very thing.

Second: A certain number of bright, clear-headed young men of to-day, who are gifted with enough foresight to look into the future, discover the fact that in order to become a full-fledged surgeons, and command the respect of their brother practitioners and of the public, and to be able to meet with competition from the man who has "worked himself into it," they must be thoroughly grounded to do the work and must have an education greater than that which one gets from a medical college or from one or two years' internship in a hospital. These men, then, are, after they complete their hospital course, associating themselves with surgeons of recognized standing as assistants. After a period of two or three years "apprenticeship" they launch out for themselves and do nothing but surgery for the start. These are the men who are gradually locating around in the smaller cities. They have been educated and trained in the details of asepsis and modern surgical technic. They practise surgery alone and do not enter into competition with their brother medical practitioners.

They, therefore, get the support of the profession in their own neighborhood, and in time also that from a large surrounding community, and become successful men in their line of work.

Third: The growth and development of major surgery cannot be intelligently discussed without including the growth and development of the hospital as well. The hospital is almost a necessity to the man who does any amount of surgery. There are very few cities of twenty-five thousand population to-day, particularly if the center of any surrounding country, which do not have a public or a private hospital. These younger men, with their modern training, when going to the smaller places, are usually welcomed on the board of the local hospital, and their advanced methods are more or less adopted, and thus the small city hospital duplicates in detail, in a sense, the larger one.

In a recent address Dr. Maurice Richardson, of Boston, points out the error so commonly made in the smaller city hospital of putting a great number of men on the staff and giving them equal encouragement to do the surgery that occurs in the hospital during their time as attending physicians or surgeons. As he says, "There are seldom more than one or two men in a comparatively small city who are competent to do major surgery." He indicates that the hospital would be much more successful if the support of the governing board and its physicians was given to the men who are by education and training best fitted to do the work, and that the hospitals would attain something more than a comparatively small local reputation.

I personally believe that a man who does not give the time necessary to thoroughly fit himself to do surgical work would be, in the majority of

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cases, far better off if he never attempted it. No better proof of this could exist than the fact that usually men who have the greatest reputation as physicians in every locality are those who do no surgery at all, except now and then an emergency case. By so doing the physician has the implicit confidence of his patients that in the event an operation is needed he will do everything in his power to secure a competent man to do it and not try it himself.

There can be no doubt that the control of a hospital has much to do with the success of a surgical practice. The establishment of private hospitals is becoming more and more frequent, and upon investigation I find that some of the most successful places in the country are private institutions which are conducted by a single man or a group of men associating themselves together and thereby being able to control the policy of the institution. They are usually successful for the reason that the men associated with them make them so. It is the *man who makes the institution* and not the *institution that makes the man*.

No better example of this can be had than that of the St. Mary's Hospital in Rochester, Minn. There is probably more surgery done in this hospital than in any other hospital in the United States, but it is all done by the Mayo brothers and their assistants. It is probable that nine out of every ten patients that go there do not know the name of the hospital—whether it is public or private; sectarian or non-sectarian. Furthermore, they do not care. They go there to obtain the benefit of the art of surgery at the hands of either of the Mayo brothers, and the hospital is a secondary consideration.

This, then, is the reason that private hospitals are being established throughout the country by men who have a local reputation, and thus hospitals are managed by the men who come in contact with the patients, and know what they want and what they ought to have. It is given to them, and the results are that private hospitals throughout the country are becoming very popular.

DISCUSSION.

DR. H. G. STETSON, of Greenfield: I think we are indebted to Dr. Richardson because we in the country, at least, think good surgery can be done in the small places. As he says, it has its advantages and disadvantages. In the small towns you do get good operators, but with a little bit of a disposition to run to the extreme; and as he says, the younger men feel that they can do operating even if they have not had the proper training to begin with. I believe that ultimately this will reach its level; that the man who can do the work and do it successfully will do it, or a larger part of it, and the public will come to see that the experienced man is the one to go to, and not the family physician.

As he says also, in regard to the smaller hospitals and the men that are connected with them,—it is the man that makes the hospital and not the hospital that makes the man. A hospital is successful if it has a good working staff, if it has

men connected with it who are capable of doing good work, both medical and surgical, and who command the confidence and respect of the physicians in the community in which it is situated.

The country surgeon in some ways has the disadvantage of his city brother in that he is called upon many times to operate upon patients who are *in extremis*—patients who have been allowed to go on longer than his brother in the city allows them to go on. They are more distant from the hospital, it is very difficult to transport them, and in consequence, by the time the surgeon sees them, they are not in as good shape to operate upon as oftentimes they are in the city, and for that reason I believe that the city man, from the nature of his work, is able to do better work than the man in the country.

And again, I believe that, all things considered, in many communities in the state of Massachusetts (and for that matter, all over the country), there is excellent surgery done in the small country hospitals. And I should most heartily commend the statement he makes, that a man should not do general surgery unless he has some peculiar fitting qualities, and unless he has had some experience; and every man should not feel that he can remove an appendix, simply because he has seen some one else do it.

The country surgeon, the surgeon in the smaller communities, has come to stay. Whether at some future time every small community will have its one or two men who do surgery alone, I am unable to say. I am inclined to think that will be so; in communities of 8,000 or 10,000 people some one man will give up general practice and do surgery alone, and it is going to be for the benefit of surgery.

OMENTOPEXY TO THE INTESTINE DEPRIVED OF ITS MESENTERY.

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It is common knowledge among surgeons that the human intestine cannot be deprived of its mesentery without danger of damage to the intestine.

Litten¹ demonstrated that ligation of the superior mesenteric artery caused necrosis of the intestine.

Madelung² demonstrated that in dogs and rabbits the intestine deprived of 8, 10 or 15 cm. of mesentery underwent necrosis.

Rydyjier, Tansini and Zesas confirmed these experiments of Madelung and also demonstrated that dividing the mesentery close to the intestine was more dangerous to the integrity of the gut than dividing it some distance away from its attachment to the intestine.

Bier³ demonstrated that in rabbits only from 3 to 5 cm. of the intestine could be deprived of its mesentery without undergoing necrosis.

Lanz⁴ experimented upon two dogs. Dog 1

¹ Virchow's Arch., Bd. lxiil.

² Arch. für klin. Chir., Bd. xxvii, Hft. 2.

³ Virchow's Arch., Bd. cxlvii, Hft. 3.

⁴ Zentralbl. für Chir., June 1, 1908.