however, made a rapid recovery and was discharged on the thirteenth day.

The accompanying photograph shows the general appearance of the condition much better than it can be described. Grossly the tumor presents every appearance of being a large sebaceous cyst. It was very definitely encapsulated, and came away perfectly clean in so far as one was able to tell.

A SPECIAL LICENSE FOR THE PRACTICE OF SURGERY*

By John Darrington,
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The medical profession has always sought the truth and it is the solid foundation of honesty of purpose, good service, unselfishness and truth that has enabled us in one generation to build such a wonderful structure.

It is the ambition of the profession to render constantly better service, and it is only necessary to compare our methods of today with those of a generation ago to realize how rapidly we have advanced. But as our goal is the ideal we must redouble our efforts, and we must have better trained and more skilled men. When we consider the opportunities that are available to the student today in the high-grade medical college, the post-graduate schools, the interneships in numerous hospitals, and as assistant in many instances to master surgeons, we feel that there is no excuse for the man who fails to avail himself of the chance to learn surgery. It is within the memory of this generation that becoming a doctor was a very simple process. The young man "read" medicine in the office of the old practitioner and came forth a "doctor," or he attended a two-year course in a poorly equipped medical school, and while trying to kill time he occasionally dropped in to hear a lecture. At the end of his second session he received his diploma and another "doctor" was inflicted upon the public.

The medical profession, whose motto is "service," appreciating the urgent need of better training, was able through the Council of Medical Education of the American Medical Association to raise the standard of the medical colleges. Today the A-grade schools are so well equipped that the student has a much better opportunity. These schools, by their entrance requirements, admit only boys who have a good academic education, which is not only important but absolutely essential in the study of this difficult profession. The modern medical colleges should now be able to graduate men competent in general medicine and no doubt they do so. In our desire for the safety of the public we have gone a step further by organizing a board of examiners in the various states, and each graduate who may desire to practice in that state must appear before his state board before he is granted a license.

These various steps, each being an improvement, indicated the desire of the medical profession to eliminate the incompetent and to improve the service.

I give the entire credit to the profession, because, so far as I know, the doctors have taken the initiative in every movement, legislative or otherwise, that tended to raise the standard of the medical profession.

Still further to increase the value of our service to the sick, a great medical organization is now engaged in hospital standardization, and we feel that it will accomplish much good. To get the maximum benefit from this campaign two things must be considered. One is the quality of the service the patient receives from the managing and nursing force of the hospital, and the other is the quality of the service he receives in the operating department. This brings me to the central idea that I am presenting in this paper: that only competent surgeons should be allowed to operate. That may sound simple, but it is one of the most difficult and complicated problems that we have yet to solve. I believe that the best surgical work in the world is being done in America, and I am equally confident that, to our discredit, some of the most reprehensible and unpardonable assaults are being committed upon confiding patients under the disguise of surgery.

Is this statement true or false? You men are surgeons. You are in daily touch

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with surgical cases. You know what kind of surgery is being done in your community and, therefore, I need not state that some restrictions are urgently needed.

Why is so much poor surgery being done? Surgical work is the most fascinating, attractive and remunerative department of medicine and men are engaging in this work who have not prepared themselves for it.

You would think that the general public would recognize and discourage incompetent operators and demand more skilled and experienced surgeons, but they do not seem to give to medical matters the careful thought or use the good judgment that they exercise in the business world.

Educating the public would be an important factor in the solution of this problem. Our success in suppressing the fee-splitting evil and the results in our cancer campaign would lead us to believe that efforts along the educational lines would prove of benefit. Along the legislative line our greatest hope of a satisfactory solution would be to require that for those who propose to engage in surgical practice. A minimum requirement should be fixed, and they should stand a special examination for a surgical license. I am confining my discussion to the surgical department, but I feel that the same rule should apply to every distinct specialty in medicine. A committee on graduate medical education has already done good work along this line, and later we may have some definite plans offered from this source.

The diagnosis of this trouble is easy, but the proper treatment, whether it be legislative, educational or persuasive, will certainly prove difficult. For that reason I was anxious to submit the case to you, remembering the old adage that in "multitude of council there is wisdom."

DISCUSSION

Dr. J. W. Barksdale, Winona, Miss.—In handling a problem such as this I think we should exercise a certain amount of care and discretion. It could, perhaps, be justly urged against us by those who come along in this or other generations that we came along the same route that the Doctor is now condemning.

The medical and the surgical sides of the profession have both done much along this line in the last few years. Most of this has come through the American College of Surgeons, which has set a certain standard for surgical work. It should be the aim and goal of every young man doing surgical work to be recognized, by this one body at least, as being capable of doing surgical work. I do not believe we will accomplish much along the line of legislation. They look upon us rather as a closed corporation and think we are trying to limit the men who wish to engage in our work. I believe we should educate the people to the fact that it takes a surgeon to do surgical work, and that work along the line of persuasion offers more than legislation could.

Another feature is that every practitioner of medicine is called upon to do certain minor surgery, and it is difficult to say "You shall do this," or "You may do this, but you cannot overstep the mark." It is difficult to fix the dividing line. If the ideas in the Doctor's paper could be carried out we should make many steps in advance.

Dr. Darrington (closing).—I see a gentleman here who told me a few years ago that a certain doctor had tried to remove a fibroid, but was unable to do so. When this doctor was called in to see the patient, the suppurating fibroid mass was protruding from the abdomen. If such things happened in the open he would be tried for assault. Men are getting into surgery who are not prepared for it. Men have a dream in which they think they are surgeons and they locate and begin to operate. You might as well call upon me to remove a lens from an eye. I would put the eye out. We have to be prepared for surgical work. It was for the reason that we should all try to raise the standard that I presented this paper.