

**Report of the standing committee on surgery, read before the Kentucky State Medical Society, October, 1853 / by Joshua B. Flint.**

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FLINT (J.B.)

REPORT

OF THE

STANDING COMMITTEE ON SURGERY,

READ BEFORE THE

KENTUCKY STATE MEDICAL SOCIETY,

OCTOBER, 1853,

BY

JOSHUA B. FLINT,

PROFESSOR OF SURGERY IN THE KENTUCKY SCHOOL OF MEDICINE

LOUISVILLE

PRINTED BY MORTON & GRISWOLD.

1853.

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REPORT

OF THE

STANDING COMMITTEE ON SURGERY

READ BEFORE THE

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OCTOBER, 1885

JOSEPH H. FLINT,

CHIEF OF SURGERY IN THE ARMY OF THE UNITED STATES OF AMERICA

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1885

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STANDING COMMITTEE ON SURGERY,

READ BEFORE THE

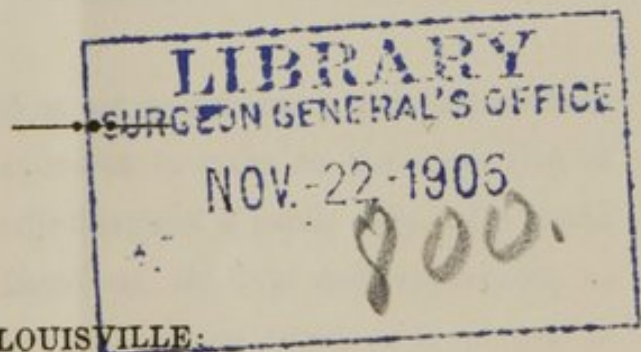
KENTUCKY STATE MEDICAL SOCIETY,

OCTOBER, 1853,

BY

JOSHUA B. FLINT,

PROFESSOR OF SURGERY IN THE KENTUCKY SCHOOL OF MEDICINE.



LOUISVILLE:

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1853.

REPORT

As a few words are necessary in explanation of the form and manner in which the following paper has been prepared...

STANDING COMMITTEE ON SURGERY

At the annual meeting of the American Medical Association, the writer was appointed chairman of the Standing Committee on Surgery...

that portion of the report which was presented to the Society at its annual meeting in Washington, D.C., during the month of December, 1911...

From two hundred and fifty to three hundred members of the profession were present at this meeting...

professional men, and the writer was very glad to have the opportunity of presenting to them the results of his work...

all in the report which would be of interest to the profession at large, and it is hoped that the report will be of some value to the profession...

and the committee was most fortunate in the absence of the writer, Mr. J. B. Wilson and Mr. J. B. Wilson...

inasmuch as the report is a long one, and it is hoped that the report will be of some value to the profession...

the committee is very grateful to the members of the profession who have assisted in the preparation of the report...

and the writer trusts that the report will be of some value to the profession...

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10-2-11

~~It~~ A FEW words are necessary in explanation of the form and manner in which the following pages have found their way to the public.

At the second annual meeting of the Kentucky State Medical Society, the writer was appointed chairman of the Standing Committee on Surgery. In the discharge of the duties belonging to that position, he prepared this Report, and read it before the Society at its recent annual meeting in Lexington. Pending the usual question on the reference of it to the Committee of Publication, two members objected that it contained personalities affecting themselves—one of them particularizing the portion relating to professional extortion, and the other, that which was said about abuses of the speculum. A friend of these objectors moved that all in the report which related to medical ethics, should be omitted in the publication, as irrelevant matter; and the Society having voted accordingly, the reporter asked leave to withdraw his paper, and this permission was given. Subsequently, in the absence of the author, the Society reconsidered the matter, and unanimously instructed the Secretary to request him to furnish a copy for reference to the publishing committee, without any conditions or restrictions whatever.

But he prefers to publish it on his own account, and that without delay, as the only reply he desires to make to the accusation of uttering improprieties in the discharge of a public duty. He would gladly have made some alterations, in style and expression, as matters of taste; but under the circumstances, it is proper to deliver it to the public as it was delivered to the Society.

J. B. F.



## REPORT ON SURGERY.

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*Mr. President, and Fellows of the State Medical Society:*

THE Constitution of our Society provides for the annual appointment of a Standing Committee "on Improvements in Surgery," but does not define nor intimate the contemplated character of its investigations or reports. Its functions may be either retrospective or prospective, according to the inclination of those who compose it—on the one hand, it may interrogate the past, with a view to estimate the progress already made, or on the other, it may interest itself chiefly in the future, and taking counsel from scrutinizing views of the actual condition of surgery, expose what is imperfect or pernicious, and lead the way, or indicate it, to improvements not yet realized.

To the present reporter, the latter alternative seems decidedly preferable.

Addressing an assembly of mature and cultivated practitioners, he cannot expect either to edify or entertain them by gleanings from the periodical press, by indorsing ambitious reports of extraordinary feats, or by parading, *'ex cathedra,'* the memorabilia of his own case-book.

This body, acting by its committees, may compile volumes of cases, and deserve no better notice than an application of the sarcastic eulogium pronounced by Voltaire upon the Abbe Trublet, his amusing personification of the indefatigable *rédacteur*. The greatest need of the present day, regarding any department of life and action, is not



so much the collection and diffusion of information, as the inculcation of judicious and commendable modes of employing it. Nowhere is this more truly the case than in our profession. The materials of medical excellence are accumulated in profusion, but the principles determining their beneficent application — in these lies our deficiency. The attainment of professional excellence, at the present day, is not so much hindered by lack of knowledge, as it is by lack of wisdom, and — in view of the high ethical requisitions of medicine — I may add of conscience.

If our society, then, would signalize itself as a benefactor of the profession which it represents, let it constitute itself the grand inquest of the commonwealth of medicine, charging its committees not only to report valuable acquisitions, but to scrutinize their respective fields of observation, and 'true presentment make,' of any prevailing error or vice either in study or practice, calculated to retard the progress, or compromise the honor of medicine.

Under such an interpretation of its duties, this committee has determined to present to the society, as a matter involving one of the most desirable 'improvements' of surgery, *the undue importance attached to its operative proceedings, together with some of the incidental evils connected with that mal-appreciation of the therapeutic resources of surgical practice.*

Surgery may be defined: the application of the principles of the healing art to a class of diseases, arbitrarily, perhaps, but actually and generally recognized as surgical diseases. In this sense it belongs to the circle of sciences, being, like physic, a subdivision of medicine, and an integral part of that learned and liberal profession

that has justly been styled "a great scholarship." But it has not always and everywhere, by any means, maintained this dignified position and relation. The old Celsian definition of surgical qualifications, gross and barbarous in spirit and terms, and contemplating chiefly physical attributes, naturally enough led off the mind to the very error we are about to controvert.

For a long while, accordingly, in times past, surgery was degraded by a formal and acknowledged association with one of the most menial of handicrafts, and always, even at the present day, derogatory tendencies to artisanship discover themselves in the conventional separation of Surgery and Physic, that obtains in many countries, and in the prevailing error before us, of exalting the manual above the intellectual resources and agencies of practice.

To the vulgar mind, the surgeon is little more than an expert and educated knifesman — eminent in proportion to the frequency and severity of his operations, and to be complimented in the same terms as a dragoon or desperado. Even among well informed persons the highest expression of surgical excellence is too often looked for in an expert use of the scalpel or the cautery.

Unfortunately, the temptations of practice coincident with this vulgar error, are too much for professional virtue, appealing, as they do, to the passion for notoriety and the love of thrift. Ten times the reputation, and ten times the profit, are likely to follow an amputation, that would have been the reward of unostentatious perseverance in curative measures that might have rendered the mutilation unnecessary. No one conversant with surgical diseases, can read the reports of cases, and the discussions in

medical societies, without the conviction, that, although our improved pathology and therapeutics have diminished the amount of operative surgery very materially, there is still a vast deal of unnecessary, and not a little of unprincipled resort, to this *ultima ratio medendi*.

“The *cacocæthes secandi*,” says an able reviewer in the Quarterly Journal of Medical Sciences, “is not confined to London; there are unhappily itching palms everywhere, whose owners cannot, it would seem, overcome the desire to employ them in this heroic manner. The scalpel, to them, like the weird dagger to the murder-plotting Macbeth, becomes instinct with a fatal and irresistible eloquence, impelling them to action and marshalling the way; it whispers to them the profit and renown which the deed will create for them, and fills their heat-oppressed brain with visions of crimson glory. It presents itself to them, its handle towards their hand, inviting their clutch: and finally, despite their conscience — or their conscience lulled to sleep — they do the deed.”

The editor of the New York Medical Gazette, in his September number, under the head of “Unsururgical Surgery,” notices two communications just received, criticising certain operations performed in the New York Hospital, which the writer in one instance calls an “outrage upon the morale of the profession,” and denominates another, “cruel and inhuman mangling.” Very harsh terms are these certainly, to be applied to acts done in the regular service of a charitable institution; but the editor, in his comments on the subject, intimates that they may not be altogether undeserved — in as much as he says, in language not much more tender than that of his correspondent, “mere

operators are now made surgeons, who seek to signalize themselves by bloody operations, merely for the sake of cutting;" and "whose practice should subject such triflers with human life, to indictment by the Grand Jury and other penalties of fatal malpractice."

The annals of this society, brief as they are, furnish a lesson on the same general subject, a portion of which has been expounded to the public in an article of medical criticism, rarely equaled for spirit and conclusiveness, furnishing an exposition calculated to admonish us, very forcibly, of the propriety of prefixing to our publications, in imitation of the parent society, a disclaimer, on the part of this body, of any intention to indorse either the opinions or practice found in its published reports.

The passion for operating, always sufficiently conspicuous in miscellaneous practice, has displayed itself, at different times, with appalling recklessness, in the conduct of specialities, and gathered its bloody laurels under favor of a present infatuation or panic respecting a particular form of disease. The *circulatores* of the middle ages, and the *emasculatores* of the eighteenth century, present remarkable illustrations of surgery run mad, in times past, while the *myotomists*, the *ovariotomists*, and the *womb-burners* of our own day, may fairly contend for the distinction of furnishing a modern parallel.

A tempting field for indulging the "rage for cruel and bloody operations," which Dr. Lee says "has spread far and wide in England, and threatens to pervert and corrupt the sound and fundamental doctrines of British practice," is found in the treatment of morbid growths and malignant degenerations presenting themselves in the form of tumors,

on the surface or in the cavities of the body. In the management of these diseases, a class of questions arises, the determination of which often involves the character of surgery in general, as well as that of the practitioner immediately interested, and exhibits, in signal contrast, the sound, conservative surgery of science, and that flippant reckless counterfeit of it, that rests in artisanship.

In the midst of these perplexing questions of diagnosis and treatment, with which such cases often confound the most competent practitioner, the true surgeon pauses, watches, consults, palliates, and perhaps cures — the hero of the scalpel cuts the gordian knot, and with it, perhaps, the life-thread of the patient.

An instance of the *cacoæthes secandi*, as our reviewer terms it, which resulted in a most unfortunate mutilation, became the occasion, at the time of its exposure, of such an amusing professional jest, that we shall be pardoned for relating it as one among frequent instances, of the mischievous effects of allowing a hasty appeal to the knife, to take the place of assiduous application of curative measures.

A gentleman in an eastern city was exhibiting to a circle of medical friends, a specimen of cancerous disease upon a penis, that he had amputated a day or two before. 'Cancer'? — says one, interrogatively — 'Cancer'! said another, in a tone of absolute negation — 'Pox'; said a third, in a tone as absolutely affirmative. And so indeed it was. Some ugly venereal ulcerations, which might have been cured, had been mistaken by the ambitious operator for cancerous degeneration, and his patient suffered accordingly. All were ready with some excusative suggestion to palliate the mortification and regret of the operator, and

one of them with a jest and pun, that on a less serious subject, would have been absolutely perfect, reminded the unfortunate that he had only "sacrificed a Cock to Æsculapius."

An honest misapprehension of duty, as in this case, is, undoubtedly, chargeable with a considerable part of the reprehensible operations that take place, and the recurrence of such accidents may be prevented by a better diagnosis, and a more faithful communication of the results of practice, supplying an approximation at least, to rules of proceeding that will be more or less authoritative. But the most aggravated misdemeanors of the kind we are contemplating, cannot plead even the poor excuse of dullness, nor carry with them the hope of amendment from increasing light and knowledge. They are not "sacrifices to Æsculapius," nor to any other of the Gods of medicine; but are perpetrated in the spirit of a base idolatry of self and mammon. Amidst the blandishments of such a service, what weight have the sober suggestions of pathological science? what heed the gentle appeals of humanity? Fascinated by the éclat of a great operation, fired with the idea of cutting his way to instant fame and fortune, the adventurer in surgery, or the veteran offender against its highest laws, plumes himself upon exploits that are much more properly *vivisections* than therapeutics, and which convert the operating room into a *theatre* indeed, the hero of whose drama is truly a *performer*, and his part too often a tragical one to the last degree. So completely dramatic is the idea of surgical practice which has taken possession of some minds, that the eulogist of a famous operator, describing with admiration the details of his performances, assures us that his "assistants

were regularly drilled, until, *like Thespians*, they perfectly understood their parts."

Surgery so extremely exceptionable as some that we have referred to, is, happily, not common: but yet frequent enough to reflect infinite discredit upon the noble profession under whose auspices it is perpetrated. How shall it be prevented? Not, altogether by teaching pathology, nor by exhibiting statistics—the former has only the inadequate authority of dumb scientific truth, and the latter, are, unfortunately, as often fallacious as helpful.

The fault is rather in the will than in the understanding of those who commit it.

Intrinsically, the remedy is to be found in sounder morality and a quickened professional conscience, and extrinsically, by divesting operations of the popular admiration they now seem to attract, and inculcating upon the secular as well as the professional mind, not that they are the '*opprobria medicinae*,' as they have sometimes been called: but that they are not the most dignified, and praiseworthy, and pay worthy agencies in the treatment of surgical diseases — that, when properly employed, they are a valuable portion of surgical therapeutics, and argue surgical merit as much as, and no more than, the judicious medication of *Syphilis* or of *Tetanus*.

However expert or graceful the operator, infinitely more eminent is the surgeon, when the skillful use of the curative resources of his art, has cheated the knife of its expected triumph, and vanquished disease without bloodshed or dismemberment.

In my daily walks about the city which has now been the theatre of my practice for more than a decade, I frequently

met a man walking without crutch or cane, who encountered an accident, some ten years since, by which one of his limbs was shockingly crushed at the ankle joint. A close inspection of the wound seemed to leave me no choice but a resort to the knife, and so I told him. With touching reference to his domestic relations—to the support he must afford to an indigent family, he begged me, if possible, to spare him dismemberment. I reconsidered my first conclusion, and determined to try the alternative. For many months of patient suffering on his part, and wearisome attendance on mine, it was still doubtful whether the result would vindicate the conservative effort. But, at length, after the resources of the art had been exhausted in general and local treatment, the restorative tendencies prevailed, and the patient recovered with a deformed, but serviceable limb.

Stepping briskly beside me, another occasionally exchanges congratulations, whose limb was once devoted to the knife, with my own acquiescence, on account of gunshot wound of the ankle joint. Observing an abatement of the urgent symptoms while submitting to him the necessity of the operation, it was determined to wait awhile, and, at last, after infinite assiduity and perseverance on the part of his medical attendants, the case was conducted to recovery, with so little remaining lameness, that it is hardly observed. And still again, in a third instance, where the knee-joint was traversed by a pistol ball, the fortunate patient pursues an avocation involving much locomotion, with hardly a remaining sensation to remind him which was the suffering limb.

It is these cases, and such as these, that should awaken professional pride in our bosoms—the very highest order of



surgical excellence is often displayed in conducting them to a successful termination.

Let me multiply such results of practice, and others, unenvied, may swell the catalogue of their amputations. Be these my trophies, instead of the *dissecta membra* of the operating room. In moments when reflection lingers upon the retrospect of my professional career, let it rest on these triumphs of conservative surgery, and I will not covet the curiosities of a cabinet crowded with hideous specimens of morbid products, the history of which, if faithfully written, might furnish a sorry comment upon the pretensions of the healing art.

The passion for new and dangerous operations often finds an excuse for its indulgence in the inconsiderate application of an old medical maxim, generally attributed to Celsus—“*Milius anceps, quam nullum remedium*”—*desperate remedies rather than none.*

Now, in the first place, the spirit of desperation is, of all guidances, the most unbecoming and unsafe in any scientific proceeding—especially so in proceedings involving the integrity of the nice and intricate organization associated with vitality.

The primary signification of the word ‘*anceps*,’ that I have here translated desperate, is *two-edged*—an eminently appropriate term, when applied to most of the heroic performances of surgery.

No grave operation should be undertaken upon a mere vague *hope* of success. The prudent and conscientious surgeon will act upon nothing short of a reasonable probability of definite and sufficient advantage to the patient, as a compensation for the pain and injury inflicted on him.

One *edge* of the proceeding, will be sure to do its work — that which inflicts a more or less serious wound; let the other, whose office it is to extirpate disease, but is less certain of its fulfillment, *promise*, at least a beneficent execution.

“But the patient will certainly die if something be not done.” With all deference, my enterprising friend, you must not say that so positively, and even if it were undoubtedly true, I must be allowed to add, it is none of your business. If you have any mode or means of relief for the sufferer, proceed, at once, to employ it, under the general responsibilities of the healing-art — responsibilities the force of which can neither be augmented nor diminished by your conjectures about the duration of the patient’s life. The Supreme author and arbiter of life has reserved all knowledge, on that subject, to himself; but has given a solemn lesson of its sacredness in his sight, in that august command — addressed as well to the surgeon as to the highwayman — “Thou shalt not kill.”

This glance at the emergency-argument for reckless surgery, discloses two pregnant sources of fallacy, which render it a very unsafe guide to practice, especially for inexperienced surgeons, whose judgments most need the aid of conservative reasoning to qualify the ardor and heroism of youth. How very few are the cases, respecting which, a man acquainted with the extraordinary as well as the ordinary results of the most hopeless forms of injury and disease, can pronounce with confidence, that they are certainly mortal, and that therefore he has a right to peril the life by his experiments. And, on the other hand, how often do the best selected, and skillfully employed means prove to be no remedies at all; but rather exasperating

agencies, which conspire with disease instead of subduing it. In many instances, indeed, it is well known, that the fact of a patient having disease that is to be regarded as mortal, is rather a reason against operating, than in favor of it, as, in such a constitution, there must be less tolerance of the injury inflicted in the experiment.

Let us illustrate these ideas by example. *Urinary Calculus* is very certain ultimately to wear out the patient and terminate his life. We operate without hesitation, not because the patient will die if we do not, but because in the hands of a discreet and expert surgeon, lithotomy is undoubtedly remedial, and is attended, in most cases, with very little danger to life.

More fatal still, and much more speedily so, is internal strangulation, or obliteration of the intestinal tube. When the symptoms of such a disease are well pronounced, few morbid conditions are more certain to terminate in death. Medicines and manipulations proving fruitless for relief, are we summoned, by the emergency of the case, to the perilous exploit of gastrotomy?

Some will undoubtedly say, yes—but they belong to the very class of persons with whom we are at issue. Repeatedly has it been done, and as often without benefit—or if the equivocal case or two of reported recovery are to be received, they no more justify a repetition of the experiment, than does the self-inflicted gastrotomy of Dr. Brigham's maniac, who opened her abdomen, excised a foot and a half of intestine, and recovered, with all the functions of the intestinal canal unimpaired.

But a very different response is received from the great body of wise, experienced and conservative surgeons. No,

say they — the risk is very great, relief very improbable. The desperateness of the case does not authorize us to advise the sufferer to an appalling operation, that is much more likely to hasten his death than to prolong his life. Nay — if the choice be urged, from the perils of the disease to the perils of the operation, it is conclusively determined by the fact that far more instances of spontaneous recovery, either by sloughing and discharge of the affected part, or by the formation of artificial anus, have been observed, than have occurred after the operation, even if we include the extraordinary narratives of the two Tennessee doctors, and the maniacal performance reported by Dr. Brigham.\*

The same prohibitory considerations appear to be applicable to another species of gastrotomy, at present among the favorite exploits of operative surgery.

Some thirty years ago, the medical mind was startled by a number of reported recoveries after new and dangerous operations in the hands of a rough practitioner on this side of the Alleghany mountains. That evil genius of surgery—the *cæcoethes secandi*, ever on the look out for some novel and bloody employment, eagerly seized upon ovariectomy, and it forthwith became the rage. Every surgical adventurer was upon the look-out for these interesting abdominal tumors, and even some of the conscript fathers of the profession were

\* The latest number of the *Medico Chirurgical Review*, which came to hand since the meeting of our Society, contains a review of ten papers upon Intestinal Obstructions, in which I hoped to find something pertinent to the question of practice referred to in the text. But nothing on that point appears, except the following remark — the only memorable one, by the way, in the whole article — containing a significant admission of random operating, the purport of which is applicable elsewhere, as well as in London. "The diagnosis was, in comparatively few cases, accurate or certain; and the cases were decided to be operated on, as often on account of the urgency and danger of the symptoms, as from the circumstance of the cause of that urgency and danger being positively ascertained."

dazzled, for a time — few of them more than once, by the glories of the *sectio major*.

If our countryman McDowell was really the “father of ovariotomy,” as the Transactions of this society assure us he was, and if we receive his own account of the performance in the first instances, there never was an operation introduced in a more unsurgeonly manner,\* nor one whose parentage was better calculated to impress upon it that character of recklessness, and that contempt of the counsels of pathology and diagnosis, which have kept it in the category of questionable expedients, in the judgment of prudent and experienced practitioners, to the present time. That such is, indeed, the estimation in which this dangerous operation is held, by the masters of our art; that it has not been admitted to a place among the legitimate therapeutics of surgery, is most significantly indicated by some of the facts presented in an elaborate table, prepared by a much abler ovariologist than Dr. McDowell, and published in the fourth volume of the Transactions of the American Medical Association. That table professes to record the most important particulars of all the known operations of ovariotomy, performed during the first half of the present century; comprising two hundred and twenty-two cases.

It is remarkable, that among the men who, according to this table, have sought to distinguish themselves by this operation, we do not find Dupuytren, nor Delpech, nor Larrey,

\* Six of these operations Dr. McDowell witnessed, and in three he handled the knife under Dr. E. McDowell's direction. “I acted,” he modestly adds, “in the capacity, as I conceived, of a sort of an amanuensis.” In his first operation, continues this gentleman, Dr. James McDowell, who was Dr. E. McDowell's nephew, partner and brother-in-law, used the knife under similar circumstances as to the external incision.—*Trans. State Med. Society, page 133.*

nor Roux, nor any of their illustrious contemporaries in France—nor the Hunters, the Coopers, the Bells, Abenerthy, or even Liston, among British surgeons, nor Physic, nor Post, nor Mott, nor Dudley of our own country, although it can scarcely be doubted that all of them had frequent opportunities of so doing.

But this is not all that is taught us, on this point, by the table before us. It appears that nearly *one half* of the two hundred and twenty-two cases were reported by *three* out of the ninety gentlemen named—Dr. Clay of Manchester, Dr. Bird of London, and Dr. Washington Atlee of our own country.

Now, although all these gentlemen may be very accomplished, as they certainly are very enterprising, practitioners, it is certain that neither of them has attained to the position of an authority, in the commonwealth of surgery; and the force of their testimony to the propriety and value of the operation is, moreover, very much impaired, by the suspicious attitude in which they stand to it, in having made it a sort of speciality, than which nothing is more trying to professional integrity.

But it is contended that the numerical conclusions from the table referred to, as well as from others prepared for the same purpose, are highly favorable to the operation. The mere addition and subtraction of the columns of deaths and recoveries, without further analysis, may appear to furnish such conclusions. But what is meant by *recoveries*, the word that heads the column so triumphantly appealed to? Does it mean restoration to health and usefulness? or only an escape from death at the hands of the surgeon? If the latter definition be received, it follows from the table of Dr. Atlee, that fifty-six women were killed by the surgeons he

names, in their experiments in ovariectomy, while the balance of their subjects only escaped the same fate. If any thing further than this be intended by *recoveries*, we are not informed what it is. Many others of them doubtless, were such *recoveries* as occurred in one of the cases reported by Mr. Lizars, the subject of which was seen by Mr. Lawrence, in a miserable condition, not long after the operation, having "the pelvic region occupied by a large, solid mass of disease."

But even in the narrower view of success that contemplates only an escape from homicide, we must receive the numerical conclusions extorted from these tables with many grains of allowance.

A distinguished London surgeon, commenting upon Dr. Lee's table, remarks—"There is no reason for supposing that any successful operations have been omitted. We have probably invariably heard of them as soon as the cicatrization had been completed. The same alacrity has not been observed in the communication of unsuccessful cases, and therefore we cannot doubt that if a correct list were made, the proportion of cases in which ovariectomy had been fatal would be greatly increased."

Nor does it appear that we can boast of being any more honest, in such matters, on this side of the Atlantic, than they are beyond. Professor Mutter, in an introductory lecture upon "The most important of the modern operations of surgery," offers the following remarks in relation to the statistics of ovariectomy :

"I once heard a distinguished teacher declare, that he would not give a fig for a man who could not make cases enough to sustain any position he might choose to take, and although this was said in badinage, it is a melancholy fact

that many of our professional authors act up to the doctrine. Again; it is fair to suppose that many cases in which the operation has proved fatal, have been carefully consigned to the tomb, for men are always loth to declare to a world, but too ready to take advantage of the circumstance, their want of success or their misfortunes. Since my return home, one of these suppressed cases has been communicated to me, and many others, no doubt, exist."

In the course of a discussion on this subject, in the *Medico Chirurgical Society*, a remark was made by Mr. Cæsar Hawkins, which throws another form of suspicion upon the vaunted conclusions of these statistical tables. "Nor could I overlook the fact," said he, "that the operation has now been attempted by ten surgeons attached to hospitals in London, that not one of these gentlemen has performed it twice, and that of *ten* cases, there was only *one* in which the patient was fortunate enough to recover." Here, then, it appears, that nine out of ten of the subjects of ovariotomy died in the hands of the elite of British surgeons—for such are the men attached to the London hospitals—while it is represented by our *numericals*, that a miscellaneous collection of practitioners, good, bad, and indifferent, have operated in the aggregate with about three times their success.

These inconclusive statistics of ovariotomy, belong to only one of the subjects that have demonstrated the failure of the numerical system. The warmest admirer of Mr. Louis, who is informed on the subject, will admit that, what with the essential and unavoidable want of homogeneousness in the particulars of the tables, added to the incompetency or unfaithfulness of many of the observers of them, the anticipated advantages of statistics and numericalism, as direct aids to



the practitioner, and in good measure also, as materials for the advancement of medical science, have not been realized.

A very animated and instructive discussion, on the subject of ovariectomy, already referred to, took place a year or two since, in the Royal Medico-Chirurgical Society, of London, elicited by some statistics of the operation, prepared and presented by Dr. R. Lee.

The prominent ideas advanced by the eminent surgeons who participated in that debate, were coincident with the leading topic of the present report. Operative surgery was usurping position and consequence, and running into excesses, derogatory to science, and dangerous to human life, and they entered their protest against the general evil, by discountenancing the manifestation of it, so glaringly presented, in the operation of ovariectomy.

"I have never performed the operation myself," says the accomplished Mr. Lawrence, "and unless my views of the matter are essentially changed, I never shall." \* \* \* \* "Mr. Lee's table, as it now stands, is quite sufficient to make us doubt the propriety of admitting ovariectomy into the catalogue of recognized and approved operations."

But the conclusions from that table became infinitely more unfavorable for such a recognition, in the course of the evening, by the addition of forty or fifty cases, reported by a single gentleman, in which the essential difficulties of diagnosis were so great, that he had opened the abdomen that number of times without being able to effect the removal of the tumor.

Under this correction, the statistics of Mr. Lee represented, that in seventy-seven out of one hundred and

eighteen cases, the difficulty of determining whether or not the operation was practicable, was so considerable, even in the hands of a gentleman who furnished Dr. Atlee with thirty-seven cases, that such a proportion of the patients were liable to the peril of a greater or smaller opening into the cavity of the abdomen, without any alleviation whatever of the sufferings or danger incident to their disease.

The cause of sound surgery, as well as the closely related cause of humanity, is under new obligations to these learned and sagacious British practitioners, to whom I have alluded, as well as to men of corresponding character elsewhere, who have thrown the weight of their opinions and practice with the conservative elements of this important section of practice. It is evident now that if the "Father of ovariectomy" is to be canonized for "this boon to our profession and mankind"—or rather, womankind—the ceremonies are not to be performed by the acknowledged High Priests of the mysteries of medicine, but by some infatuated acolytes about the altar, who confound fame with notoriety, and daring exploits with the art of healing.

"We are still in the dark on one point," says Mr. Lawrence, in the debate referred to, "which ought to be ascertained before we determine the true value of the proceeding: that is, its influence in prolonging life."

In what proportion of cases, and to what extent is existence shortened by uncomplicated ovarian disease? The complicated ones are, on all hands, laid out of the question, for operative measures.

On this point, as is known to those I address, the present reporter has sought to gather information from the practitioners of the State; but with very little success. One gentleman, lately a practitioner in Kentucky, but at present residing in a neighboring State, has sent me a communication in response to my card of inquiry, containing an excellent account of a case of ovarian disease, which undoubtedly cost the patient several years of useful life. But the disease, in this instance, was grossly mistaken in its commencement and early progress, and did not then receive the best alleviating treatment known to the art. This communication is the only response that has come to me, in reply to the inquiry\* proposed; and I append it, with much satisfaction, to the body of this report. I may infer from the silence of my brethren, at least, that the cases inquired for are not very frequent; and this would agree with my own limited experience, and the general tenor of professional observations on the subject, so far as the publication of them has come to my knowledge. Speaking generally of the various forms of disease, constituting ovarian tumors, I apprehend that not many of the cases, that are subjected to judicious management, short of operation for removal, materially abridge the duration of the patient's life, and therefore the argument for a hazardous remedy drawn from the peril incident to the disease, is not only,

\* The inquiry referred to, was made several months since, in the medical journals of the State, and in some of the secular newspapers, and was as follows: 'Have you ever known any, and if any, how many instances, of death from uncomplicated disease of the ovaria, and what was the age of the patient, or patients, at the time of their death?'

as I have said of it generally, inconclusive in its nature, but in this instance, as in many others, defective in its essential data.

Undoubtedly there are some cases of the kind, however distressing to the humane practitioner, and humiliating to professional pride—but not to professional honor—that do, certainly, abbreviate life—where one can only watch and palliate the morbid process, which is slowly or rapidly exhausting the fountains of life, and hurrying its victim to the tomb.

There are self limited diseases in the surgical as well as in the medical department of practice, and we must be reconciled to the fact. It is as unphilosophical to attack the former by mechanical violence, as to attempt to control the latter by perturbing medication. There is a time in the progress of every fatal disease, when modest art gracefully retires from the conflict that has painfully demonstrated her insufficiency, while your officious doctor, or daring surgeon, still pushes his expedients, in a spirit of desperation provoked by defeat.

‘So fools rush in, where angels fear to tread.’

Such practitioners are well represented by ‘Apothecary’s Hall,’ in a neat little satire upon their pretensions, in one of the choicest productions of a modern novelist.

“Mr. Barkis was as bad as bad could be, and Mr. Chillip, the medical man, had said, in the kitchen as he was passing out, that the College of Physicians, the College of Surgeons and Apothecary’s Hall, if they were all called in together, could not help him—He is past both colleges, says Mr. Chillip, and *the ‘Hall’ would only poison him.*”

On leaving the subject of ovariectomy, which has occupied more time than belonged to it, as an illustrative topic of

discourse, I must be indulged in a reflection, by the way, that involves facts not very flattering to the operating mania of our day; and that is, that its chief severities have fallen upon the gentler sex.

A sort of surgical crusade seems to have been carried on against the sexual apparatus of woman, and the most wanton violences inflicted, where every thing that should move manhood, invokes forbearance and delicacy.

Not long after the daring exploit of removing the appendages of the uterus was fairly introduced, the still more daring one of extirpating that organ itself, was conceived and executed by various persons, in different places. These operations have never done any good: but in most instances certainly, and in all, probably, have both shortened and embittered the lives of the subjects. Neither have they done any credit to surgery—nay, I cannot content myself with this negative blame. Looking over the whole dark catalogue of heroic performances, these are so pre-eminently wanton, that they deserve to be designated, of their kind, as Burke did Tom Paine's 'Age of Reason: ' "the abominable abominations of all abominations"—and this I say, without intending any discourtesy to those gentlemen whose professional ambition has betrayed them into the experiment.

Next came the sections of the cervix, in which Lisfranc figured so largely, and lied so badly—less dangerous, and more rational, indeed, than the preceding, but sadly abused in their multiplication. And, at last, we see the same devoted organs, as if doomed to cruel experiments both by fire and steel, pressed into the service of the petty heroism of the 'Cautery' and the 'Speculum.'

Most excellent means are both of these, according to their respective uses, in the hands of discriminating and conscientious practitioners: but the employment of them has everywhere degenerated into a speciality, and this again, as is its wont, into rank charlatanism. In most medical communities there are one or more 'womb-doctors,' busy disciples of Bennett and Whitehead, who hold, with a prominent 'speculator' in a neighboring city, that seven tenths of the uterine disease occurring among our respectable women, and every case of leucorrhœa presented to him in a married female, is to be regarded and treated like the diseases resulting from the prostitution and debauchery of the most degraded population of London and Manchester, and who act upon the maxim quoted by our neighbor of the Nashville Journal from, I know not whom — "For wombs are every thing, and every thing is wombs."

Playing upon the fears or hopes of women; now raising the bugbear of cancer, and now whispering the seductive promise of long-deferred fecundity, aided by a corps of gentle gossips, sometimes initiated into the service, it is said, by the privilege of a peep through the magic tube themselves — "sisters of the speculatorium," as our facetious neighbor of the Nashville Journal denominates them — the adroit 'speculator' finds it not difficult to create in the community, a kind of *utero-mania*, which, like other infatuations, invites imposition while it rewards the impostor. Wearisome weeks and months of needless decumbiture, occasional miscarriages from rude interference with unrecognized or disregarded pregnancy, and a world of *martyrdom* of feeling, the *crown* of which is only in the doctor's pocket, are the too frequent fruits of this delusion. The best that can be said

of such business, is that it is not manly, and although, claiming to be a part of obstetrics, it may take exception to our jurisdiction, having intruded itself upon the domain of surgery, and become a nuisance there, it must not escape from the application of strictures intended to contemplate the abuses of every species of operative medicine.

Another excuse for the performance of questionable operations, is of modern origin, and is found in the unconsciousness of pain induced by the administration of anæsthetic agents. In some quarters, it seems to be thought, that, if we can only steep the brain in a temporary lethe, we may cut, or burn, or mutilate the living body "*ad libitum.*" No other term but *barbarous* can suitably characterize the cauterizations, the laceration and fracturing of anchylosed joints, and the ghastly wounds in proceedings called plastic, that have been inflicted under this unfortunate mistake. And far short of these culpable excesses, the surgeon has been tempted to undertake and the patient to undergo many an operation, that sound principles of surgery would have interdicted, independent of any consideration of the suffering attending it. Not a small part of the vaunted blessings of surgical anæsthesia, is overbalanced by the subsequent sufferings, resulting from fruitless operations, into which the patients were seduced by its syren importunities—a seduction, involving not only a sad disappointment for the subject of disease, but an equally lamentable professional demoralization on the part of his surgeon.

We proposed, at the outset, to notice some of the incidental evils associated with an exaggerated estimate of operative surgery. A little reflection and observation will show that these are neither few nor small.

No great evil in any department of human life or action, stands alone, and not unfrequently it happens that the secondary vices cease to be subordinate, and become the most prominent and hurtful of the whole.

In the first place, then, the idea that the performance of operations is the most important of surgical services, is adverse to a thorough and liberal professional education. It is of the nature of those impediments to the progress of human knowledge, which Lord Bacon denominated '*idols*.' It captivates the senses and indisposes to thoughtful and assiduous study.

"Operations," says John Bell, "usurp an importance in surgical education, which they should not naturally have. Operations have come at last, to represent, as it were, the whole science: and a surgeon, far from being valued according to his sense, ability and general knowledge, is esteemed excellent, only as he operates with skill."

In 1838 I used to see Mr. Lawrence dispensing the choicest clinical instruction, on his visits to the wards of St. Bartholomew, and afterwards offering the most masterly discussions of surgical diseases and their treatment, in his lectures, to a score, or so, of students, while the operating theatre of the North London Hospital would be crowded to excess, if it were known that Liston was to amputate a limb, or to extirpate a tumor. Every experienced teacher knows how difficult it is to interest his class in the preceptive portions of his course, while the mere display and description of instruments will be sure to dissipate their tedium, and perhaps bring down the benches in applause.

The writer was informed of a young gentleman, just graduated in a western school, whose circumstances



limited him to a very indifferent outfit for the exigences of practice, and who had sold his Cooper and his Rhamsbottom, that he might have the wherewithal to purchase a Strabismus-case and a Speculum. Now, such discriminations and preferences as these are not wise — they are not favorable to the formation of the highest order of professional character, and they are the natural results of the mal-appreciation of surgical excellence for which we would invoke your reprobation.

In the second place, the error we are contemplating is the occasion of constant violations of professional decorum, on the part of otherwise respectable practitioners. We all know how uniformly all codes and expositions of medical ethics have forbidden newspaper advertising, puffing, parading of cases, &c., as a means of securing notoriety and patronage; and equally well do we know, how frequently and outrageously this salutary prohibition is disregarded.

If I were to copy and rehearse some of the current specimens of this impropriety, omitting names and circumstances of recognition, you might suspect that I was reciting from the cards of Williams the oculist, or Hewitt the natural bone-setter, so remarkably empyrical are these newspaper notices of surgeons and their operations, in their style and language, if not in the spirit of their production. Now, it is remarkable that nine-tenths of the publications — so offensive to professional dignity and good taste — are compliments to some achievements of operative surgery. Where did we ever find a medical gentleman thus proclaiming that he had treated a fever or managed a fracture, in such or such a person, with signal success? It is only when he becomes a performer

with the scalpel, that he sets at naught the proprieties of a liberal profession, and gets himself gazetted for patronage, like an artisan or an opera dancer. The whole offence is a legitimate result of that perverse idea, so prevalent in the popular mind, and too often only an exaggerated reflection from the professional mind, that such performances are the most important, and those who do them the most meritorious, of all the agencies and agents of the healing art.

There is another species of transgression, belonging to the same category, which our ethical formulæ have not so often comprehended. It is more rare than that just noticed; but not less reprehensible. I mean, *professional extortion*. Generally speaking, the remuneration claimed by medical gentlemen in our community, is moderate and reasonable. As a body, we are not mercenary, but can boast of a remarkable exemption from that sordid affection, which an inspired writer pronounces as "the root of all evil." Regarding physicians as a class, their error is rather in the other direction. The aggregate contributions of society to our profession are less than are made for those who minister to any other of the great wants or exigencies of existence, and most individuals pay less for the preservation of their health, than they do for meat or drink, or raiment, or even amusements—so liberal are the terms on which are now dispensed benefits, in the recognition of which gratitude, of old, rose into devotion, and deified the hands that bestowed them.

But no place and no offices are always too sacred for the intrusion of the spirit of avarice. The money-changers once spread their tables in the temple of the Most High,

and, with a cupidity scarcely less sacrilegious, we occasionally find a minister of the healing-art appeasing his lust of gold, by means of advantages offered in the most sacred and confidential of relations.

As already intimated, these exactions occur chiefly in the practice of operative surgery; in the shape of inordinate fees for the performance of great operations, which often ought not to have been done at all, or of trivial ones invested with a factitious importance by the artifice of an unscrupulous practitioner. They are perpetrated under favor of some pretension, or affectation, or ephemeral notoriety, essentially empyrical, that is most easily created by a few dashing exploits of the knife. Thousands of dollars have been demanded for cruel attempts to extirpate malignant growths, which were as clearly self-limited diseases as measles or small-pox, and hundreds have been juggled away, from a patient or her friends, for a ticket in that surgical lottery, strabismus-cutting.

With respect to extraordinary or novel operations, the extortion is excused, when the propriety of it is questioned, on the ground that there are no guides or precedents, of authority, by which to estimate the service and determine its remuneration.

But the same covetousness that would disregard the principles of natural equity, in these instances, would regard but little the restraints that custom and the example of righteous men would impose upon its indulgence.

Confessedly, it is not easy to fix upon an equitable remuneration for medical services, either in the general, or in particular instances, for that most common and satisfactory criterion, the principle of "value received," is here clearly

inapplicable, inasmuch as the things purchased, life and health, are absolutely inestimable in money; but it is nevertheless very easy for a right-minded man, not to swindle in any of them.

Seneca, the Roman philosopher, devoted a portion of his book "De Beneficiis," to the solution of this problem as an ethical question of great interest; and, although he arrives at no conclusions that are of practical application for us, it is gratifying to observe that the principles adopted by this intelligent ancient, as the basis of his solution, are in harmony with those of the soundest moralists of our body at the present time; and that the noble aims and attributes he accords to the profession, if honored as much in act as they are in word, would do more than any formal rule or code, to preserve it from the stigma of covetousness and extortion.

The French sovereigns have repeatedly established tariffs or fee-bills, for medical services, but the bases of all these edicts were financial considerations, or analogies from handicraft labor, altogether too gross and uncongenial with the subject.

If I might presume to play the dialectician a little myself, on the same behalf, I should hope to infer the desired result from an appropriate development of the two following propositions:

In the first place — assuming for medicine what an inspired writer claims for the sacred profession, when he affirms, that "they who preach the gospel must live by the gospel," I should maintain that the ministers of the healing art must live by the healing art. And —

Secondly — that there is a quality in the services

rendered by medical practitioners, that fairly entitles their compensation to the classical designation '*honorarium*'—a name which implies, besides money, an expression of esteem, respect, gratitude; so that the remuneration of a successful medical career is *livelihood and honorable distinction*—not fortune, riches, the glory of the millionaire; these are the legitimate rewards of talent and energy employed in trade or speculation, and may be attained in the highest degree, without any of that personal consideration, which is the charm of professional life, and the legitimate reward of professional merit. If there be any one who cannot appreciate the latter term of the '*honorarium*,' who does not regard the social position secured to him by his calling, as a material part of his professional remuneration— who does not appreciate the delightful and steadfast friendships, to which his intimate intercourse with the good, the gifted, the affectionate, and the fair, are sure to conduct him, if worthy of them— who does not value, above all price, the constant opportunities afforded him, of furnishing relief to suffering humanity, and of winning that choicest of all human benedictions, 'the blessing of him that is ready to perish,' to him, I acknowledge, the legitimate rewards of his calling are meagre and inadequate, and it is not strange that he should make up the deficiency by any species of rapine that will succeed.

But, what is more to our purpose than any disquisitions, ancient or modern, fee-bills have been prepared by enlightened and honorable members of the profession, personally acquainted with its duties and responsibilities, which have been adopted by large and respectable communities of

practitioners, as fair expositions of the pecuniary obligations of their patients, for the various services rendered.

I have inspected several such tariffs of charges, proposed, respectively, for the government of the profession, in some of our Atlantic cities, where the medical portion of the community is highly and deservedly esteemed, and while there is a remarkable concurrence among them, in regard to most of the charges they recommend, none of them give any countenance to the exorbitant demands that we too frequently hear of.

The American Medical Association, in its code of Ethics, insists that "some general rules should be adopted by the faculty, in every town or district, relative to pecuniary acknowledgements from their patients: and it should be deemed a point of honor, to adhere to these rules with as much uniformity as varying circumstances will permit."

The tables of charges here recommended may, or may not, be valuable as articles of medical police, in the communities for which they are specially framed: but, by their aggregate exposition of the '*quantum meruit*' pertaining to the services they contemplate, they will certainly tend to establish, in the professional, and if made sufficiently public, in the popular mind, some equitable conclusions on the subject, which will control and protect both parties to the important relation of practitioner and patient.

The recipients of medical services will be less likely to be dissatisfied with charges which correspond with what they know to be generally received opinions of their obligations in the case, while they will be prepared to detect and resist impositions. To this end they should always meet the ready co-operation of honorable members of the profession

whose 'esprit de corps,' and personal respect for fair dealing, are equally offended by the contemptible trickery of undercharging, and the bolder rascality of professional extortion. It is strange to observe with what indifference, and even complacency, instances of this latter transgression are often regarded. If any one kind of stealing be worse than others, it seems to me that this belongs to a species, pre-eminently bad, involving a disregard of the most sacred obligations, and indicating a heart and conscience given over to cupidity.

Scarcely less strange is it to observe with what frivolous and puerile excuses, for these practices, persons allow themselves to be satisfied.

"The fee was indeed enormous," we say: "but the patient is very rich, and can bear it." Perhaps he can bear it, without pauperism or bankruptcy, or even inconvenience. But does that fact justify his surgeon in exacting double or treble, or quadruple what is considered a fair remuneration for the service rendered him? Would it be thought to justify his merchant, in charging him with double the current rate of commission for the sale of his produce? Would it justify the assessor in taxing him at a higher rate than his less affluent neighbor?

Certainly not—in both the latter cases, and not less so in the first, the act would be nothing more nor less than a particular species of swindling. An eminent surgeon, in a distant city, gave epigrammatic expression to a manly and generous rule of action, in these premises, in reply to a wealthy lady, who intimated some surprise at what she thought the moderate amount of his bill. "I find no difficulty, madam, in earning a living, without grinding the face of the poor, or picking the pockets of the rich."

Many of the exorbitant fees which stigmatize surgical practice, are claimed under the terms of a previous agreement; as if contracts entered into under such circumstances, were not liable, themselves, to be among the most invalid and dishonorable of human transactions.

“All that a man hath will he give for his life,” says an inspired writer. Under the stress of painful disease, or the apprehension of death, what terms will a sufferer not make with one who promises to save or relieve him; and what an ill-gotten fee, for a liberal and humane profession, is that which is wrung from a credulous or desponding patient, under penalty of withholding the succor supposed to be in the surgeon’s power.

With so much jealousy have legislators regarded the illicit influences that may determine the sick man’s sense of his obligations to his medical attendant, that the civil code of France absolutely disqualifies him from becoming a beneficiary in his patient’s will, every such bequest being null and void.

Those who are familiar with the surgical biography of England, will recollect an interesting instance of this professional immorality, in the practice of Mr. Hawkins, the contemporary of John Hunter. Having invented a modification of the gorget, the first experiments with which were eminently satisfactory, Mr. Hawkins was supposed to possess peculiar merits and advantages as a lithotomist. A wealthy nobleman suffering with stone, applied to him for the operation. Hawkins demanded *one thousand guineas* for the service—a sum, which, estimating the change in the value of money in England from a hundred years ago to the present time, would now be represented by about *ten*



*thousand dollars* of our currency. Anxious to avail himself of the supposed superiority of Hawkin's method, the patient yielded to the exorbitant demand. The operation was successfully performed. His lordship took exceptions to the fee. A controversy ensued, and the question of payment was referred to a jury of Peers. They decided that, although a contract made under such circumstances, was not valid in equity, and although it was unprofessional and base in Mr. H. to practice such extortion, nevertheless, as the word of a Peer had passed, the promise must be fulfilled. The fee was accordingly paid, and if I am nearly correct in my estimate of the relative value of money then and now, it is the largest one of which we have any authentic account.

To every one conversant with the subject, it is obvious that there are cares and expenses incident to the practice of surgery, which do not belong to the other department of medical duty, and it is reasonable and proper, therefore, that a higher rate of remuneration should apply to the former than to the latter: but the latitude which has been taken in demands for surgical operations, and tolerated under the idea that they possess some superior merit, dignity, or importance, over and above the other services of an accomplished practitioner, implies a vulgar error in the popular mind, and gross imposition on the part of the surgeon who takes advantage of it.

It is these unconscionable exactions, that give point to sarcastic allusions, every now and then made to an old professional association, that did no credit to surgery. On a certain occasion, the distinguished Mr. Pott, during whose ~~time~~ the separation took place, of the surgeons

proper from the barber-surgeons, attempted afterwards to exercise some franchise, or right of voting that he had enjoyed, as one of the company: "No, no, Mr. Pott," said the officer of the polls, "it is very likely that you may still be a *shaver*, but you have not been a barber-surgeon for several years."

If the observations now submitted, be well founded—if operative surgery has usurped a leading, instead of occupying a subordinate place, giving sanction and encouragement to practices that are pernicious and scandalous to the healing art: then, I presume, we shall all agree that the committee has done well in presenting the matter to the consideration of this judicature of the profession, and in recommending a reform in the premises, as one of the most desirable of 'improvements in surgery.'

But in what manner shall it be effected? In a measure it may be, by the direct action of this and kindred associations, asserting sound views on the subject, and denouncing as unprofessional and empirical, those practices that contribute to foster erroneous ones. Mainly, however, the evil must be corrected, as corresponding ones in general society are, by operating on public opinion. So says Mr. Macilwaine, a philosophical surgeon of Great Britain, in his volume on 'medicine and surgery one inductive science,' a volume with which our medical readers and practitioners are, I believe, too little familiar. "At present," says he, "erroneous notions prevail, in regard to our operative department; and until the public are really informed as to the very humble claims of mere operative surgery, compared to the higher

departments of the science, they will continue to regard it as a substantial test of surgical ability."

With a view of substituting more correct and dignified conceptions of surgery, for those that are now too prevalent, let us, in the first place, reconsider the popular etymology of the name of the subject.

Names are hardly less influential, by the associations they suggest, than by their direct signification.

A narrow and superficial scholarship has degraded surgery by an ignoble derivation of its name. It is not derived, as the text-books tell us, from the two Greek words: *keir*, hand, and *ergon*, work, implying handicraft; but from Chiron the Centau, one of the sages of the Homeric epoch. The composition of the word, on this hypothesis, in the Greek and Latin languages—*chirurgia*, *chironis ergon*—is easy and natural, and the extraneous considerations favoring this etymological view are quite as conclusive.

Messrs. Percy and Laurent, in an article in the French Dictionary of Medical Sciences, have given us a quotation from Suidoneus, showing that the ancient scholars recognized this as the true etymology of the word.\*

The mythological character of Chiron was such as to give the utmost significance to this application of his name. He was the wisest of the Thessalian chiefs, eulogized by Homer for his justice—the son of Saturn, and the tutor of *Æsculapius*, being himself distinguished, among other accomplishments, for his skill in medicine.

\* "Susurrabant inter se qui Chironis artem, factitant—id est chirurgi, una cum telo omnium etiam exiturum:"—*Suid. de Epimanond.*

During life he was the beneficent sage, and after death, we are told, he was translated to the heavens, and had a place among the constellations. Let these fabulous, but noble and elevating ideas, be associated, as of right, with the name of surgery, and they will help to preserve the art itself from base or undignified conceptions and employments.

In the second place, we must reform our phraseology, in regard to the epithets we employ in commendation of surgeons and surgery. It is remarkable how completely our language, in these cases, has become accommodated to the vulgar error we are contemplating.

No surgery elicits praise, but it consists of *exploits*, *achievements*, *feats* — not exactly of leger-de-main, but, if I may coin a word for my purpose, of *sanglant-de-main*. And as to surgeons themselves, if one cannot have himself called a *bold*, or a *fearless*, or a *daring* practitioner, he had better have nothing at all said of him. All beside belongs to that faint praise that is proverbially damning. I have lately read a surgical essay of considerable pretensions, in which you can hardly find any other eulogistic adjectives than those heroic ones I have just repeated. A sober, unambitious phraseology seems to have been as repugnant to the author as it was to a poetic class-mate of mine, whose recitations were made amusing by the unvarying loftiness of his diction, never condescending to translate the word *equus*, for example, even if it occurred in a plowing lesson of a Bucolic, into any thing but a *sted* or a *courser* or a *charger*.

Indeed, however, surgery is not an heroism: but a calm and beneficent philosophy. Little does he seem to need

boldness, or courage or daring, who has to deal only with the poor, trembling, feeble, despondent victims of disease. The duties of the surgeon often demand firmness, self-possession, composure, in the highest degree: but he must be a fiend, who, over the prostrate and confiding subject of his painful ministrations, can be actuated by those vulgar and heartless qualities for which your daring operator is wont to be extolled. The ordinary current of surgical duties, not bearing the captivating language of epic, so well even as my friends *equus* did, pursues its healing course, without observation, while its babbling tributary, addressing the senses and imagination, and enlisting the vocabulary of the passions, concentrates upon itself the popular regard.

“But boldness,” says Mr. John Bell, is a seducing word, and the passion of acquiring character, in operations, is surely full of danger: it is fit for those only to profess, who have no higher claim to the public esteem. We are but too apt to allow the ‘*audax in periculis*,’ to be the character of a good surgeon. But this is a temper of mind, and a line of conduct, which can benefit nothing but the character of the surgeon himself: for as to his patient, this shameless thirst of fame, this unprincipled ambition, is full of danger.”

Furthermore, it will contribute to re-establish the claims of science over those of artizanship, and disabuse the popular mind of its unpropitious partialities for the latter, if we keep not only in mind, but also in sight, for the grateful admiration of mankind, the real founders and improvers of surgery, contrasting their merits and fame, if need be, with the notoriety and pretensions of contemporary operators.

In the early part of our surgical epoch, for example, we have Hunter the surgeon, and Hawkins the operator.

At the time when Hunter commenced his career in London, Hawkins had 'taken the town' as an operator. The one invented a modification of the gorget, and rested his fame upon its expert employment—the other investigated the laws of life and disease, and became the Solon of his profession. The former is forgotten, except to the curious inquisitor of the past, while the latter is as familiar to the rising generations of disciples, all over the world, as he once was to the students of St. George's, and venerated as he is familiar.

A similar testimony to the essential superiority of scientific and conservative surgery, will time, the great revealer of truth, exhibit in the respective posthumous appreciation of the late Doctor Macartney, and the late Mr. Liston. A brilliant career, indeed, was that of the distinguished Scotchman: but his reputation had already passed its zenith, even before the untimely death of its possessor. There is nothing in *manipulation*, however extraordinary its address, or however dignified the subject on which it is employed, to rescue from oblivion, either itself or its performer. But scientific truths are immortal—sound principles of action, and especially of humane action, cannot be out-lived, they bear with them, through their beneficent career, the honored names of those whose sagacity or toil discovered or developed them. So shall the name of James Macartney be transmitted to posterity as the man to whom we are indebted for the first available improvements in our philosophy of inflammation, since the time of the great master of that subject, and also as the man who systematized and established on a philosophical basis, the practice of *water-dressing*—a practice that has already saved more

pain, in the treatment of surgical diseases, than chloroform has, and contributed to more recoveries than all the bloody exploits of twenty Listons. And still later, in our very midst, is an example of devotion to the higher principles and purposes of our art, that should be commemorated, in this connection, although it may seem to be an intrusion upon the retirement which has separated the subject of it from the professional toils and responsibilities which he has borne so long and so nobly.

Liberally endowed by nature with all the qualities essential to a successful operator, and his skillful employment of them, demonstrated in results that have absolutely astonished the medical world — with a reputation, moreover, that would have sustained him in the most latitudinarian proceedings, the gentleman referred to, has been remarkably considerate and infrequent in his appeals to the knife, earnest in his endeavors to substitute some less violent means in the treatment of many diseases doomed to that resort — a champion of that too much neglected doctrine, the constitutional treatment of local diseases. He had become hopeful and confident in regard to the practical efficacy of this doctrine, beyond most of his fellows, because he had employed it more frequently and more faithfully; so that what to them was, perhaps, only a possibility, had been to him a matter of repeated experience.

Honor, then, to the man, who has resisted the fascinations of heroic surgery, and vindicated its higher claims as a science. We may not approve all of his methods or details, nor participate in his enthusiasm respecting some of his favorite agencies, but we must respect the philosophical character of his doctrines, and admire his unwavering

devotion to them in practice, as well as the eloquence and effect with which he inculcated them in the lecture room.

But where shall we look for a contrast to this example of conservative surgery? The reporter will hardly presume to indicate the man who is to represent a contrast, in surgical merit, to BENJAMIN W. DUDLEY.

There is one of his favorite therapeutic agents, however, that suggests a contrast, not so much personal as of principle, highly illustrative of the purpose for which my comparisons of names and men were instituted. When the impartial future shall have determined the respective merits of practitioners, according to the only just and enduring test—the measure of remedial agency which they have exercised themselves or inculcated upon others—whether will *his fame* be the more enviable, who has brought to light the multiplied and wonderful curative powers involved in that simple little instrument, the bandage, or *his* who has brought into vogue a terrible operation, by demonstrating that a ‘*bold*’ practitioner, without any of the qualities of an enlightened surgeon—or two of them together,\* one doing half of the job, and the other completing it—may recklessly lay open the abdomen from *sternum* to *pubis*, and remove an enormously enlarged organ from the cavity, without necessarily, and always terminating the life of the patient?

If, then, the undoubted award of posthumous appreciation be in favor of the surgery of the intellect and the conscience, let us not prostitute contemporaneous applause to the

\* “I marked, with a pen, the course of the incision to be made, desiring my nephew, Dr. James McDowell to make the external openings, which, in part, he did. I then took the knife, and completed the operation.”

Dr. E. McDowell's account of his first case.



elevation of that which is of the hand and the passions: but always hold up, as examples to young surgeons, and as models of their calling, the eminent conservatives of their day and generation. Let us, I say; for the "erroneous notions" attributed by Mr. Macilwaine to the popular mind, are unfortunately not limited to that sphere, but find their way, at times, even into the high places of medical authority.

A remarkable instance presented itself at the late session of the American Medical Association, when one of its most important committees was betrayed into the commendation of an essay, the object of which was, judging from the analysis which the author presented to the Association, to inculcate a practice, in certain forms of laryngeal disease, deserving no better designation than a reckless and fruitless piece of *vivisection*. The essay seemed to have been founded upon a case, the recital of which constituted chiefly the analysis referred to. The larynx and trachea had been laid open, in successive operations, from the base of the tongue, to the top of the sternum, and certain morbid growths upon and around the vocal chords had been removed, and the basis of them treated with most active escharotics. It need not be added that the patient died, and thus the operator was supplied with a specimen, with which to verify the peculiarities of his practice. I listened to the recital with pain, not unmingled with other emotions, and refrained from a public expression of disapprobation only in deference to the usage of the Association, which is to commit scientific papers without discussion, and to the judgment of the respectable committee, that had passed, I must hope, very carelessly, upon the merits of the paper.

If the author of that essay, or any other gentleman, have become so infatuated by the charms of a specialty, as to entertain a hope that a human being can live, and be in health, after such violence done to the air-passages, he is little better fitted to practice surgery or medicine, than an idiot or a madman. Such experiments are scarcely less reckless than those imputed by Pliny, to the operators who infested Rome in his day, and who were driven from the city for their disregard of human life and human suffering.

“*Experimenta facient per mortes, et non est caput securum, ab illis.*”

“Whosoever discourses,” says that admirable essayist Sidney Smith, “in the accusative case, must order his language with great care and precision.”

Although the reporter disclaims the functions of a public accuser, having commented, with much freedom, upon what he considers prevalent faults, he would fain be rightly understood, and not thought to be a worse fault-finder than he really is. There are some who will, no doubt, discover, in the spirit, if not in the letter of his strictures, a want of sympathy with what is styled in surgery, as elsewhere, “the progress of the age.” With such persons, the man that does not swear by the *sectio major*, or some of the revived barbarities of the cautery, is quite behind the times, if not a confirmed *old foggy*. But, whether we scan the entire history of the healing art, or scrutinize particular periods, it will appear that all true progress has been marked by alleviations, as well in the means as in the ends of practice.

“*Dolor medicina doloris,*” was an ancient maxim, expressive of the general character of curative agencies; but modern medicine disclaims it.

Nothing, indeed, is more remarkable in the improvement which the last fifty years, especially, have impressed on the practice of medicine, than the diminished extent and activity of medication. Heroic medicine is becoming a by-word. The days of the '*Sampsons*,' in medical practice, are numbered, and ought to be finished. *Sampson* is the impersonation of brute force, and has no place in refined and scientific medicine.

Regimen, diet, climatic influences, bathing, voyages, &c., have taken the place of a vast deal of the drugging that was thought to be indispensable a few years ago, and these more gentle and natural agencies, in their judicious employment in the treatment of disease, display infinitely more of science and skill, than the mischievous routineism of mercury and the lancet.

( All true progress in surgery will be attended by similar changes; and happily, we are not without this testimony to its advancement. The old armamentum chirurgicum, as it is delineated by Scultetus, and other old writers, and as it is exhibited in *propria re* among the equipments of the old hospitals, is, truly appalling, much of it looking more like apparatus of the inquisition, than instruments for the relief of suffering. If old fogies have simplified and refined this array, and rendered its employment less frequent and terrible, they are the true reformers, in harmony with the times and with the spirit of the healing art—they have caught the true inspiration of its destiny. *Alleviation is the test of progress.*

What an auspicious light is thrown upon one of the dark pages of surgical experience, by that remarkable case presented in the person of our late brother Twitchell, of

New Hampshire, where *bread and milk*, the most simple dietetic observances, assiduously applied, completely eradicated carcinomatous disease in which the best medication had failed, and for which the knife had been twice fruitlessly employed, by the hand of an experienced professional friend. Standing alone, this case is not, of course, a basis for comprehensive induction: but coming to us in such perfectly reliable shape, as to all its interesting particulars, it is suggestive of more hopeful methods of managing the malignant affections than the heroic ones now most relied on, and is far more interesting to a surgeon, intent upon the true purposes and progress of his art, than would be a successful ligation of the Innominata, or even of the Aorta itself.

In view of another misunderstanding, to which the Reporter's fault-finding may be exposed, he protests that nothing has been uttered nor intended, in disparagement of operative surgery, in its legitimate exercise. No one can be habitually conversant with surgical practice as he has—pupil or practitioner, for about a quarter of a century, without bearing willing testimony to the frequent necessity and value of this *ultima ratio medendi*. Now, as in the time of Celsus, there are diseases, "*quæ medicamenta non sanant, et quæ ferrum sanat.*" No where do the triumphs of his art appear so unquestionable, so prompt and so felicitous to the practitioner, as in this trying field of service. No where are the "sweet uses of adversity," in a physical sense, so touchingly illustrated to his patients. The lip that helps to wreath the smile on beauty's face, or whispers the tender yearnings of the heart, or impresses the delicious seal of affection, has been fashioned by the cruel edge of

the surgeon's knife out of a fissured and hideous deformity. We thrust our needle into the very depths of the sensitive organ of vision, and lo, the attendant pang becomes the harbinger of a blessing, and presently light begins to revisit the orb, by

“—— dim suffusion veil'd.”

The haggard victim of agonizing irritation is taken from the dreaded operating table to his bed, and finds, in that place of repose, the first time, for years,

“Tired nature's best restorer,  
Balmy sleep.”

With the memory of such precious fruits of its employment in my mind, far be it from me to depreciate the operative department of our art, or to discourage the cultivation of that address and manual dexterity—that taste for the service, if I may so speak—which are essential to a graceful and efficient performance. Far from it. I only intend to assert the superiority of what is scientific and intellectual in surgery, to that which is only mechanical and ostentatious—to repudiate those derogatory ideas which represent it as the *art of mutilating*, and vindicate its claims as the *art of healing*—to maintain, in fine, the essential unity of physic and surgery, as integral parts of the great commonwealth of medicine.

In early times, the hand was indeed an emblem of surgery: not, however, the contracted hand, grasping the knife or wielding the cautery; but the *open hand*, bearing in its palm, the *discerning eye*.

What then, it may be asked, is the *art of surgery*, so often spoken of antithetically to the *science*?

What, I ask in reply, is the *art of painting*? What is the

*art* of sculpture? Not merely the adroit handling of a brush, or a chisel, in the one case or the other. This constitutes the artizan: but not the artist. The surgeon should bring to his professional duties that rare combination of sense, science and skill, which constitutes the master in any of the fine or liberal arts—which will constitute him an artist in contradistinction to an artizan—a master of the *art of healing*.

Admirably has Voltaire embodied this complex idea of surgical excellence, in the classical verse that he composed for an inscription over the principle gate of the school of surgery, at Rockfort—"Arte manus regitur, genius præ-  
lucit utrique."

