

**On the co-operation of surgeons in the making of surgical history / by
James P. Warbasse.**

Contributors

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EDITED BY

LEWIS STEPHEN FOLCHER, A.M., M.D.,

OF NEW YORK

WITH THE CO-OPERATION OF

WILLIAM WHITE, M.D., WILLIAM MACKEY, M.D.,
OF PHILADELPHIA, OF NEW YORK

W. H. A. JENNISON, M.D.,
OF PHILADELPHIA

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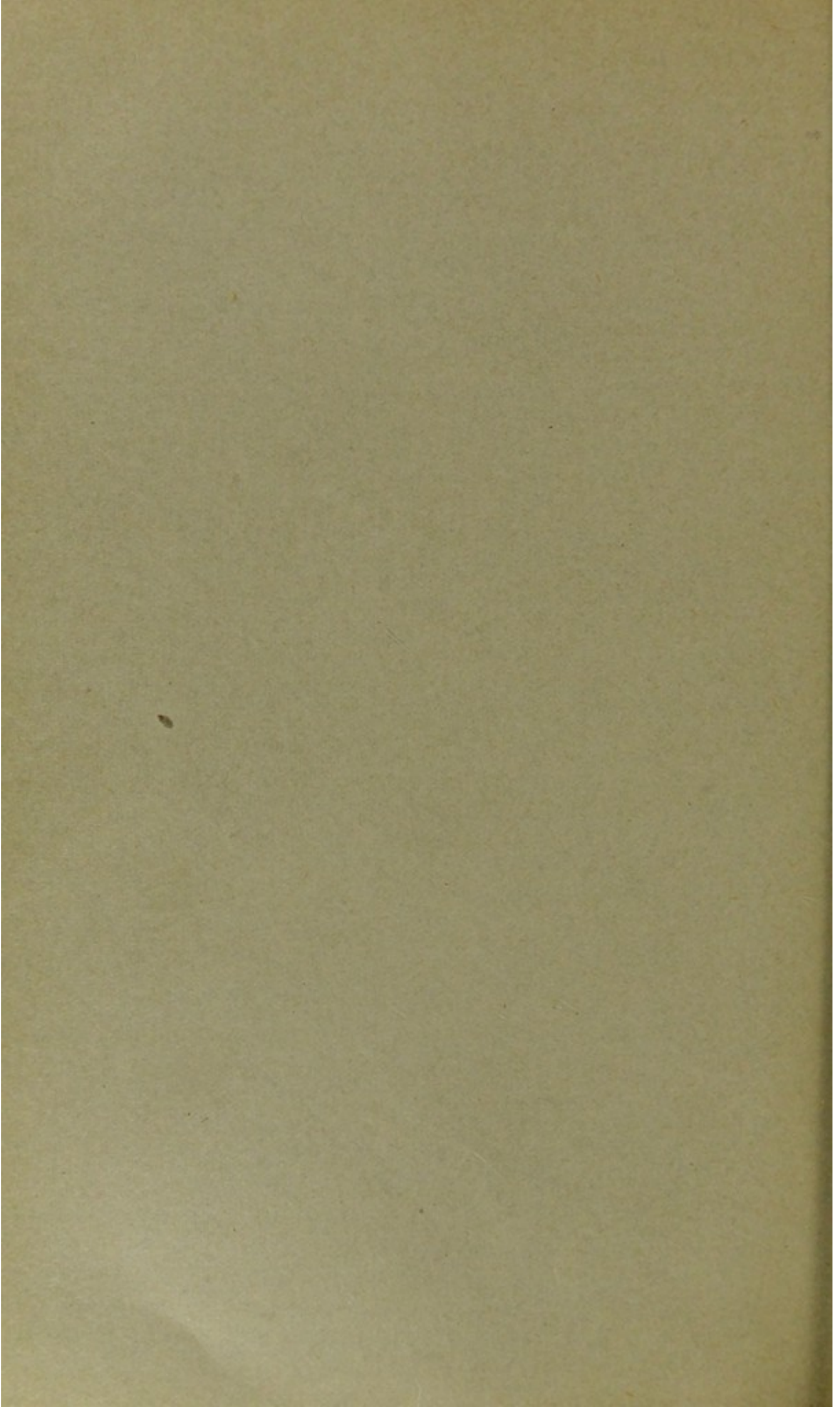
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SEPTEMBER, 1900



On the Co-operation of Surgeons in the Making of Surgical History.

BY JAMES P. WARBASSE,
OF NEW YORK.





ON THE CO-OPERATION OF SURGEONS IN THE MAKING OF SURGICAL HISTORY.

THE times in which we live may be designated as the period of co-operation or mutual helpfulness. Upon that medical man who has found out a new truth, and who in the fulness of commercial selfishness retains his knowledge alone for his own use, medicine places its stigma. According to the unwritten laws of our profession, no doctor has a proprietorship in his own knowledge: it is the property of any brother physician for the asking. Three thousand years of medical literature bear witness to the growth and development of these principles.

In the works of the earliest physicians, we may observe the practices from which have become evolved the rules which guide us in the making of the literature of our day. Among the earliest methods of reporting cases was the presentation of the patient by himself. Strabo informs us that among the early Egyptians the sick exposed themselves in public places, in order that any one who had been similarly diseased, passing by, might see the sufferers, and give the benefit of his experience and tell how his cure had been wrought. In the "History of Babylon," Herodotus tells of this practice prevailing among the Babylonians. Many years later we find at Memphis that persons who had been cured of diseases went to the temples, and there had inscribed the symptoms of their diseases and the remedies whereby they had been restored to health, that these might later be consulted by the sick. Among the *Æsclepiadæ* records of cases were preserved and the remedies used in their cure. These records were handed

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by father to son through many generations. In the temples of the priests of the school of *Æsculapius* were hung the votive tablets of those who had been healed. Here is one from Park's "History of Medicine:" "Julien vomited blood, and appeared lost beyond recovery. The oracle ordered him to take the pine-seeds from the altar, which had been three days mingled with honey: he did so, and was cured. Having solemnly thanked the god, he went away."

The great works of the old writers were devoted to a very considerable extent to what may be called the philosophy of medicine, and were lacking in simple unvarnished statements of fact. When we come to *Paré*, we find valuable reports of cases, but written rather in his own defence than for the instruction and guidance of his fellow-surgeons. Here is the report of a case from the pen of this great man: "M. le Prince begged me to go and see one of his gentlemen named M. de Magnane, now Chevalier of the Order of the King, and Lieutenant of His Majesty's Guards, who had his leg broken by a cannon-shot. I found him in bed, his leg bent and crooked, without any dressing on it, because a gentleman promised to cure him, having his name and his girdle, with certain words (the poor patient was weeping and crying out with pain, not sleeping day or night for four days past). Then I laughed at such cheating and false promises; and I reduced and dressed his leg so skilfully that he was without pain, and slept all night, and afterwards, thanks be to God, he was healed, and is still living now, in the King's service. The Prince de la Roche-sur-Yon sent me a cask of wine, bigger than a pipe of Anjou, to my lodging, and told me when it was drunk, he would send me another; that is how he treated me, most generously." This is another from the same great master of surgery: "M. de Pienne had been wounded, while on the breach, by a stone shot from a cannon, on the temple, with fracture and depression of the bone. They told me that so soon as he received the blow, he fell to the ground as dead, and cast forth blood by the mouth, nose, and

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ears, with great vomiting, and was fourteen days without being able to speak or reason; also he had tremors of a spasmodic nature, and all his face was swelled and livid. He was trepanned at the side of the temporal muscle, over the frontal bone. I dressed him with other surgeons, and God healed him; and to-day he is still living, thank God."

Paré represents an example of a surgeon working alone and without the aid of the counsel of his peers; and as a result of this very condition we find him naturally falling into errors which it is difficult to reconcile with his fine judgment. The reporting of cases was conducted with little regard to classification or accessibility by the early masters of our art. An epoch in medical history-making in the English language began in 1766, in which year William Heberden recommended to the College of Physicians the first plan of the Medical Transactions. He recommended that members of the College report in writing cases of interest or importance which might come under their observation, "to illustrate the history or cure of diseases." His plan was soon adopted, and these observations were collected and published in volumes. In the preface of his "*Commentaries on the History and Cure of Diseases*" is found the principle of the system which guided him in making his notes of clinical observations. He says, "The notes from which the following observations were collected were taken in the chambers of the sick from themselves or from their attendants. . . . These notes were read over every month, and such facts as tended to throw any light upon the history of a distemper, or the effects of a remedy, were entered under the title of the distemper in another book, from which were extracted all the particulars here given relating to the nature and cure of diseases."

At the present time surgical literature is made and surgical procedures are regulated by those surgeons who make written records of their observations and work. Prior to the universal making of such records, discussions hinged largely upon matters

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of judgment, personal prejudices, recollections, and the dictum of the masters. To-day we are approaching nearer to mathematical accuracy because of the vast amount of accumulated evidence which is being compiled and rendered accessible. The surgeon does not judge alone by his own little experience, but the experiences of the enlightened surgeons of the whole world are his. His own meagre observations might have given him other impressions, but the combined experience of a hundred surgeons has shown him which anæsthetic is accompanied with the least danger. Had it not been for the combining of vast numbers of observations in the treatment of hernia, surgeons would still be performing operations which have now been discarded as useless. The surgeon who has performed one operation with a mortality of 100 per cent. sees the mortality sink to 1 per cent. when he has before him the reports of ninety-nine additional operations without a death. And straightway the experience of others teaches him a lesson quite different from his own. The knowledge derived from the experience of one man has been of little value to him compared with what accumulated evidence has taught him of malignant tumors, with reference to recurrence; of abdominal sections, with reference to ventral hernia; of injuries of the brain, with reference to subsequent nervous phenomena; and of almost all of the other branches of surgery. If research and experiment and experience have added new knowledge, so have the dissemination and the application and the proving of this knowledge depended upon its introduction into literature. How many new ideas have been submitted by a sanguine originator only to be condemned before the tribunal of publication, time and trial. The co-operation of surgeons in presenting and reporting their cases and experiences has made possible the exalted position which surgery occupies to-day. So vital has this principle of co-operation become that scientific societies have multiplied with amazing rapidity, and a vast literature of incalculable value is accumulating. In the library of the Surgeon-General's office in our

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country we have an institution which represents the highest plane of scientific advancement, and an index of which adds manifold to the value of every bit of new medical knowledge which may develop in any corner of the world. A mighty locomotive is a thing of circumscribed usefulness without a road-bed and a system of rails. In our surgical work there is a vast amount of valuable knowledge, inaccessible and unused because of defects in the channels of transmission.

The most valuable studies of cases come from hospitals, for here an abundance of material and opportunities for careful study make these institutions to lend themselves particularly to these ends. Much can be done to improve their histories and the indexing of their cases. The office of historian should take no minor place. Furthermore, a large number of hospital patients after operation find their way into other hospitals, often for the relief of some condition related to their first operation. Thus, hospitals are issuing reports of malignant tumors extirpated and the patient discharged cured, while the patient is being operated upon elsewhere for recurrence. Hernias are being reported cured, while in some other institution a secondary operation is being done or the patient is being fitted with a truss. While one surgeon is discoursing upon his improved method of closing the abdominal wound, another is operating upon his case for the cure of ventral hernia. Thus grave imperfections exist at the very source of our best information.

The writer would urge upon such institutions the adoption of a broader co-operation. He would have all hospitals supplied with a blank form, to be filled out and sent to the hospital in which the patient had previously been. This blank should be filled out by the historian at the bedside of the patient while he is taking the history, and sent to the office to be mailed to the other hospital from which the patient had formerly been discharged. This would apply particularly to cases which had been subjected to operation; but many other conditions, of

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course, would merit such a report. A form which has been recommended for adoption in the Methodist Episcopal Hospital of New York, and which the author is pleased to say has been accepted, reads as follows:

TO THE.....HOSPITAL.

The patient referred to below has come under our observation since leaving your hands, and you are hereby advised of the present status.

Name

Previous Address

Condition for which treatment was given in your hospital, according to patient's statement.....

Statement of dates concerning same:

Admitted

Operation

Discharged

Present nameAge.....

Condition upon admission in this hospital bearing upon previous history

Treatment adopted or contemplated.....

This opportunity is also taken to request that you inform us whenever possible of the after-condition of patients whose histories show that they have once been under our care. This applies particularly to the following conditions: Malignant tumors, with reference to recurrence; abdominal sections, with reference to ventral hernia; operations upon the skull and brain, with reference to subsequent nervous phenomena; and all conditions of patients who have once been under our care, a knowledge of which will add to the value or completeness of our histories of the cases.

Hospitals might agree among themselves as to what they wish reported back to them. In the above form only four conditions are specified.

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This seems to the writer to be entirely feasible and practicable. Each institution is placed upon its honor, and its internes begin their professional work with a lesson in medical ethics.

It would also be feasible for local surgical societies to organize a central bureau of information, its members to report, upon such a blank as the above, cases of a specified character, and to receive such information as comes in concerning such cases as have been in their hands. The labor would be slight, and the benefits accruing would not be inconsiderable. The writer has in certain cases, which have come under his notice, practised notifying the individual or institution, in whose care the patient had previously been, of the status presens. The writing of a letter was found to be tedious, but the filling in of a few words in a blank is simple and commended itself for general use.

JAMES P. WARBASSE.

