

CORRESPONDENCE

UNNECESSARY OPERATIONS ON WOMEN

In the last twenty-five years the treatment of disease has become, year by year, more surgical. As a medical student twenty-five years ago, I can remember the limited application of surgery as compared with its range to-day. In the college clinic we saw fractures and dislocations, stone in the bladder, osteomyelitis, operations for strangulated hernia and extravasated urine amputations, the removal of the breast, an occasional ovariectomy, and operations for malignant tumors. We saw practically nothing of the great mass of work which fills the modern surgical clinic to-day. No radical cures for hernia, no appendicitis operations, no stomach surgery, no kidney surgery, no gall-stone surgery, no hysterectomies, little of modern gynecology, no resections of the intestines for carcinoma, no thyroidectomies, no laryngectomies, no brain or spinal cord surgery. These fields of surgery have practically been created since 1880.

Every one who has lived through the period in question, and who is in a position to compare the work of to-day with the work of twenty-five years ago, knows that thousands of lives have been saved and thousands of people have been freed from suffering by modern surgery. The advances have been marvelous. Modern surgery has been a great boon to humanity. Modern surgery has been so successful, it has become so easy to secure aseptic results, that there has grown up with it a curse, i. e., the doing of operations which are unnecessary and unwarranted. No class of operators has been entirely free from this curse, but the specialists, with their narrower range of vision and limited work, have undoubtedly suffered more from it than the general surgeon, who, however, has been by no means free from its influence.

The principal sufferers have been women, and the principal offenders have been men who have limited their work to gynecology. Women are the easy victims of the surgeon who advises and performs unnecessary operations. Nine out of ten women who consult a physician because they do not feel well will believe, if they are told so, that their sexual organs are at fault, and will submit to an operation if it is suggested that it is necessary for a cure. The result has been that where the general practice of medicine shows a wider application of surgical therapeutics than formerly, the practice of gynecology has become wholly surgical. There are

many gynecologists who do not think of taking charge of a woman except for an operation, and the percentage of women who apply to them for advice, and in whom they find no indication for an operation, is so small as hardly to form, as the chemist would say, a trace in the sum total. This situation is an interesting study, and I shall endeavor to give my impressions of it.

Are all these operations necessary?

In reply to this question, I shall say that my own impression of the surgical work done on women, especially that done by men who limit their work to gynecology, is that certainly thirty per cent of it is unnecessary and unwarranted. These unnecessary operations are made up largely of the following:

1. Curettings without pathological warrant.
2. Repair of the ordinary torn cervix.
3. Amputation of the cervix.
4. The repair of the relaxed outlet, without any visible impairment in function.
5. The many operations for reposition of the movable uterus.
6. The operations for so-called cystic degeneration of the ovary; a condition which is found in almost all female cadavers, and which is physiological and not pathological.
7. The removal of the uterus for small innocuous fibroids.
8. The fixing of the palpable right kidney, which is so common in women, that, depending on the personal equation of the operator, it can be found in from ten per cent to thirty per cent of women.
9. Operations such as resection or removal of ovaries because they are believed to be the cause of reflex symptoms in stomach, back, etc.

If I am right in my statement that thirty per cent of these operations are unnecessary and unwarranted, what is the explanation?

Are these operators dishonest?

Are they ignorant?

Are they misguided surgical enthusiasts?

The answer is, that some of them are dishonest, some are ignorant, and some are misguided surgical enthusiasts.

Some are dishonest, and operate for the patient's fee.

Some are ignorant of broad pathological principles, and operate on these cases because they have

been taught by their professors and colleagues to do so.

Some are misguided enthusiasts, who are honest, who have good anatomical and pathological training, but who have so limited their vision to their specialty that they believe that it and they are the center of the pathological female human universe, about which all else revolves.

If I am right in my statements, what is the remedy for this condition, which so menaces modern medicine? I believe that it is publicity; frank, open discussion in just such journals as this, which is not limited to a single specialty, but is devoted to the broad field of obstetrics, gynecology, and surgery.

A discussion in our medical societies of the subject of unnecessary and unwarranted operations might accomplish much good. Medical students must not be trained by the men whose misguided enthusiasm is responsible for most of this work. Operators must be made to realize more fully the great responsibility which is assumed in undertaking any operation, and must be made to see the criminal side to the unnecessary operation. Operators must broaden their horizon to cover the entire human body. The successful surgeon of the future will be the skilled general diagnostician who can operate. The gynecologist of to-day is extending his field and is operating on the appendix or kidney, gall-bladder or stomach, in many cases which, ten years ago, he would have submitted unsuccessfully to operations on the uterus and ovaries. The wider the territory which he covers, the better gynecologist will he become, and the fewer unnecessary operations will he perform.

I have limited my remarks to unnecessary operations on women because these present such a glaring evil, and I have singled out the gynecologist because he is responsible for much of this work. The same criticisms are to be made of the general surgeon or the operator in any specialty, who for fee, or through ignorance or misguided enthusiasm, submits a human being to the risks and costs of an unnecessary and unwarranted operation. All praise to the splendid achievements of modern surgery, all honor to the modern surgeon who gives to his patients the benefit of operations which relieve suffering and prolong life; but what of him into whose hands a patient's life has been intrusted, and who for fee or fame, because of ignorance or enthusiasm, risks this life by an operation which is not necessary and is unwarranted?

We should recognize the existence of this evil and make every effort to do away with it.

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UNNECESSARY OPERATIONS ON WOMEN.

The October number of *Surgery, Gynecology and Obstetrics* contains a communication from Dr. Arthur Dean Bevan of Chicago, in which gynecologists are credited with the doing of "unnecessary operations on women," some of whom are dishonest, some are ignorant, and, if we accept the literal wording of the paper, the rest are misguided enthusiasts.

We learn from the author that "the dishonest operate for the patient's fee," the ignorant know nothing of the broad pathological principles and operate on these cases because they have been taught by their professors and colleagues to do so," and "the misguided enthusiasts who are honest, who have good anatomical and pathological training but who have so limited their vision to their speciality that they believe that it and they are the center of the pathological female human universe, about which all else revolves."

In fine the author of this communication classes all gynecologists as first knaves, second ignoramuses and third egoists.

Is it possible that there are no gynecologists worthy of the respect and confidence of the profession? Are there none of integrity, of intelligence or of recognized skill who confine their efforts to the study and treatment of diseases of women?

In the opening paragraph we read: "In the last twenty five years the treatment of disease has become, year by year, more surgical." Had the author followed the trend of gynecological literature he would have observed that the operative furore reached its climax a full decade past, and from that time to the present the spirit of conservatism has dominated the literature and practice of gynecology.

At no time in the past have the limitations of surgery been so clearly defined, and the value of the more conservative measures have been so greatly appreciated as at the present time. "In modern gynecology there is no clashing between medicine and surgery, working together for good, the one sustains and supplements the other but never substitutes." A critical observer of modern gynecology, as it is practiced by those whose achievements give them prominence, cannot fail to be convinced that the gynecology of today stands upon tenable, rational, middle ground.

To single out the gynecologists as the chief of sinners in surgical piracy, and to say that thirty per cent of all gynecological operations are unnecessary and unwarranted, is as Dr. Lewis S. McCurtry has said, "a serious accusation, and if true, would greatly deprive a large class of special surgeons of the confidence and respect of their professional brethren and also of the general public."

Such an accusation, if credited, would stamp gynecologists as men of inferior skill and of low plane of morality. Surely our eminent critic would not deprive the founders of gynecology of credit so well deserved in having not only perfected the pathology, diagnosis and treatment of diseases of women, but in contributing in no small degree to aseptic surgery.

While I seek in vain for exceptions in the onslaughts of our eminent critic, I am sure that when he placed all gynecologists in the category of the dishonest, the ignorant and the misguided it did not occur to him that there was a Marion Sims, a Lawson Tait, a Martin, an Emmet, and that there are a host of others scientific workers now in the field who have and are devoting their energies to the perfecting of this particular branch of medicine and surgery and that their work has not only been a valued contribution to gynecology but to general surgery as well. Such men of science are judged by the work they have accomplished and by their sterling integrity, and are not in need of defense from the onslaught of our eminent critic. It would indeed be a pleasure to have our eminent critic as a guest of the American Gynecological Society. I am sure he would find himself in good company and it is possible that he might learn something of profit.

Dr. Bevan asks: "Are all these operations necessary?" He then proceeds to enumerate a series of operations which are, in his judgment, unnecessary and which constitute, in large part, the thirty per cent of "Unnecessary operations on Women."

Unfortunately it appears that he passes a sweeping judgment on all the following procedures.

1. "Curetting without pathological warrant." I would ask our eminent critic how it is possible to know what lesions exist in the endometrium without an exploratory curettage? Unquestionably the curette is used in unwarranted cases in which no lesions of the endometrium exist, but does accurate knowledge of the pathology of the endometrium and a keenness in diagnosis which is the possession of the specialist make the gynecologist less qualified in the use of the curette?

2. "Repair of the ordinary torn cervix." If the author here refers to the ordinary lacerations of the cervix, uncomplicated by eversion, erosions and infection, he should know that such lacerations are looked upon as physiological and, therefore are not indications for operation.

3. "Amputation of the cervix." Does the author condemn amputation of the cervix in all cases? If so it would be of interest to the gynecologist to learn of him a better method of treatment for the extensively lacerated cervix that is deeply infected.

4. "Repair of the relaxed outlet without any visible impairment in the function." While a moderate degree of relaxation of the outlet would call for no operative interference does the author find no place for operative, prophylactic measures which would tend to prevent the displacement of the pelvic viscera in the presence of and as a result of a pelvic floor that is greatly relaxed? After all it would be of interest to have our eminent critic define just what he means by "visible impairment in function."

5. "The operations for cystic degeneration of the ovary, a condition which is found in almost all female cadavers, and which is physiological and not pathological." I presume that the author has reference to the presence of ripened follicles in the ovary and if so I quite agree, but if he refers to true cystic degeneration of the ovary, I would invite him to a careful study of the literature on the subject, and to an examination of one or more of such specimens together with their clinical history.

6. "The removal of the uterus for small innocuous fibroids." It is to be regretted that our critic should draw upon his imagination for such an illustration. I would not infer that he has never seen such operations performed, but I do emphatically resent such an imputation cast against the specialty and the specialist of gynecology.

7. "The fixing of the papable right kidney." Has the author forgot himself? Surely, our eminent critic does not concede the kidney to the gynecologist. And is it possible that the general surgeon would do an unnecessary operation?

8. "Operations such as resection and removal of ovaries because they are believed to be the cause of reflex symptoms in stomach, back etc." Here our eminent critic goes back to the times of Battey who advised such procedures, but whose recommendations are today regarded as historical data. In the previous paragraph he wandered into the domain of general surgery, and now he is back to the beginning of things gynecological. Our eminent critic should bear in mind that the indications for operative interference rest in the lesion itself, and that normal organs are not sacrificed for the relief of remote functional disorders.

Further on in the communication we find the statement: "Medical students must not be trained by the men whose misguided enthusiasm is responsible for most of this work." He does not mention the other two classes—the dishonest and the ignorant, they, of course would not be permitted to teach. Hence the conclusion that since all gynecologists fall under the head of one of these three classes—the dishonest, the ignorant and the misguided enthusiasts—gynecology should not be taught by gynecologist. And this from a member of the Council on Education of the A. M. A.! There is a certain medical school in this country, of which our eminent critic has personal knowledge, where the chair of medicine is held by the leading surgeon of the city, the chair of surgery by the representative medical man of the city and the chair of gynecology by a general practitioner. This possibly accounts for the author's opinion on this academic question.

My defense is for gynecology as it stands today and for the representative gynecologists. For the dishonest, the ignorant and the misguided enthusiasts who claim a part in this special work as well as in all departments of medicine and surgery, I offer no defense.

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