

EDITORIALS

SURGERY, GYNECOLOGY AND OBSTETRICS

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THE UNNECESSARY OPERATION

WELL-EXECUTED surgical procedures for disabling symptoms due to definite and removable causes are most brilliant and beneficent in their immediate and permanent results. There is a large group of so-called neurotic individuals who have all sorts of real and imaginary symptoms that mimic very closely every variety of organic disease. Operations, when extended to this type, have been followed by the most disappointing results. In the evolution of abdominal surgery, the ovary, the retroverted uterus, the mobile kidney, the functional stomach disorder, the colon, and the gall bladder have in turn been subjected to operation. All were of the neuropathic habitus, many had the stigmata of degeneracy and had operations chronologically on the organs in the order named for practically the same symptoms with slight variations. Surgeons found the futility of such measures and abandoned largely any operative attack upon these organs without very definite and genuine indications. There yet remain well-meaning men who lack discrimination and experience and make the error of attempting to extend operative relief to this unfortunate type of individual upon

insufficient clinical data and inadequate pathological criteria. There are regrettably some unconscionable pot-hunters who will operate on anybody that will hold still. Every hospital should eliminate that kind of man.

For those possessing judgment and honesty, the ubiquitous neurotic whose complaint simulates real pathology challenges his scrutiny and restraint. Metastatic lesions are miraculously cured by the removal of real foci of infection, yet it is being notoriously misapplied and tremendously overdone. The uncured peripatetic "neuro" now commonly relates operations obviously unnecessary upon the tonsils, antra or teeth instead of decorations made by numerous abdominal incisions as formerly. The general surgeon with a wide experience in handling all types of disease has learned how to *triage* the neurotic, but the unwary and enthusiastic specialist too often subjects them to unnecessary operations for the cure of bizarre symptoms.

Dysfunction of the abdominal organs constitutes a very uncertain land of shifting sands. The neurotic condition is most persistent, resistant, and insistent. The symptoms are so vivid and the plaint is so repeated that many men fail to evaluate them correctly. The chronicity and rebelliousness of these cases make them hard to decline. A humorous publication very significantly says: "If you go to the doctor often enough you will be operated upon."

There are so many functional disorders of the digestive system, without physical lesions in the stomach itself or the satellite gall bladder and appendix, that it behooves the

examiner to be most thorough-going. It is inexcusable to overlook cardiorenal and pulmonary diseases, parasites, anæmias, disorders of the central and spinal nervous system that produce digestive symptoms. The X-ray, fortunately, can isolate practically all of the organic lesions of the stomach. The intangible nervous system that complains so bitterly is our pitfall.

Peristalsis and the secretory processes are not felt or perceived by an individual who is normally innervated. They doubtless transmit sensations to the brain that have to do with the healthful state and certainly with many abnormal states. The neurotic, however, is keenly perceptive of these sensations that are unknown to the normal individual and in him it amounts to pain. The autonomic nervous mechanism is most delicate and influences us dominantly for good or ill. The vasomotor changes on the surface of the body such as pallor, blushing, and the lesser emotions are such common evidences and yet are so striking and varied as to constitute the film of the novelist in his description of the emotional states, such as fright, pain, fear, or elation. The elder Eastman once said that when a magnet receives a powerful blow on the anvil, it ceases to magnetize, and when the nervous system of a woman receives a terrible emotional blow it ceases to function properly.

Moreover, if excessive stimulation of the sympathetic system is constantly repeated by worry, doubt, anxiety, and solicitude, the endocrine system which is dominated by the sympathetic is affected, and the condition of chronic nerve tire with its pitiable manifestations occurs. The smooth-running, physiological mechanism presided over by the sympathetic jangles "like sweet bells out of tune." It is chance whether the gastro-intestinal function is affected or the vasomotor system, or both.

The sympathetic system controlled man before the central nervous system came into being, and protected him in the primitive state from physical danger. Civilization has lessened the imminence of these dangers but substituted the more insidious and deadly danger of gruelling strenuosity and the vexatious anxiety of competitive life. The autonomic nervous system in the effort to protect man from his new enemies suffers bolshevism. It then gives rise to the various abdominal symptoms that are spoken of as vagatonia and are, when more wide-spread, denominated neuro-circulatory asthenia. They are often associated not only with abdominal and pelvic complaint but with pain referred to the head and back. These patients suffer so and their families and friends more so and over such a long time they think they have organic disease and will not be otherwise persuaded.

Introspection sometimes causes fixed idea-tion about disease and its seriousness, and requires the most clear-visioned, skillful and sympathetic medical management rather than surgical exploitation. Instead the surgeon is often importuned. The cases are frequently referred by the most accomplished diagnosticians who eliminate every possible source of demonstrable disease by a complete examination but assume there must be some organic trouble failing, as they do, in the final analysis to interpret the interplay of the nervous system. The organ of course that is blamed the most is the appendix and while fortunately it can be spared, an unnecessary operation, even upon that organ, is not an unmixed blessing and is often unavailing and discouraging. Seemingly satisfactory results are apparently obtained occasionally but it must be realized by thoughtful men that they are purely the result of suggestion. Surgery is a very dangerous type of suggestive therapeutics. Chronic appendicitis is so easy to say and still means

so little. If it means anything in the history of a patient it means that it was probably an unnecessary operation upon a neurasthenic. It is never diagnosed in patients with a normal nervous system. Occasionally one will be beguiled into operating upon these patients and greatly mortified to find a small, cord-like, white, obliterative appendix that certainly is incapable of producing symptoms. We have little reason for diagnosing chronic appendicitis in the absence of definite acute or sub-acute attacks. Renal and ureteral stone often masquerade as appendicitis. Surgeons are most astute in the elimination and detection of a demonstrable disease. The place they fail is in operating upon people who have no organic disease, but make a noise like they really had, but we can't always diagnose that he hasn't anything. It is lamentable that a considerable number of people have had unnecessary operations upon the lowly appendix and other normal organs without benefit. The patient with a throbbing abdominal aorta or blood pressure of 100, should have no surgery that is not imperative. The thin asthenic, ptotic woman may and can have organic disease but she is the vamp of the diagnostician and the lure of the surgeon.

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