

The Lust for Operation.

(An address before the annual meeting of the New Zealand branch of the British Medical Association.)

(By Dr. Hatherley, Wanganui.)

The old school of surgeons, who regarded operative treatment as a last rather than as a first resource, seems to be slowly yet surely dying out. A later school is springing up in our midst who are extending the scope of operative procedure in every direction, and appear to be never quite happy unless they are using their one sovereign remedy for all the ills that flesh is heir to—the knife. The fact that with a careful antiseptic or aseptic technique the human body will survive a marvellous amount of mutilation has created a demand and a supply of operating surgeons who are ever on the qui vive for something to find which will in their opinion necessitate an operation. They seem to be guided by the principle that a diligent search may often disclose some slight lesion which can either be cut out or stitched up, rather than seek to discover some method of treatment which does not necessarily involve an operation. I use the word "lust" advisedly, because with some practitioners the desire to operate is so fierce as to be well-nigh insatiable. They have their own private hospitals, their own staff of nurses, and their own assistants; they studiously ignore the usual medical attendant, who, if consulted, might possibly be in favour of milder measures; and grave surgical operations are being performed almost daily without any of the safeguards which are strictly enforced in our public hospitals.

What I have termed "the lust for operation" has been, I am firmly convinced, the main cause of many operations being performed, to say the least, prematurely, and too often without the least necessity. Let us take as an example the now very common operation for appendicitis. The leading English text-books on surgery state almost unambiguously that a large proportion of cases recover without surgical interference, sometimes even when there is evidence of grave local mischief. I know of several instances, and can produce living patients who will confirm my statements, in which operation for appendicitis was strenuously urged as the only means of averting almost certain death. For some reason or other the operation was delayed too long, from an operator's point of view, or else the patient was too timid to submit, and what was the result? The patient made an excellent recovery, and has never had a recurrence of those symptoms which were held to have justified immediate abdominal section.

There is a commercial as well as a professional aspect of this lust for operation, for in a great many diseases it is infinitely more remunerative to operate than not to operate. The case may be summed up as one of large profits against small ones. This matter of large profits constitutes a dangerous inducement to abandon the practice of medicine, and to cultivate almost exclusively the practice of surgery. The fees charged for surgical work are out of all proportion to those which are claimed for medical. Patients who will cheerfully impoverish themselves to enjoy the luxury of being repaired by a surgeon, who are ready to scrape together anything from a ten-pound note to a hundred guineas, and think the money well spent, will complain bitterly about the exorbitant charges of the doctor who tides them over a dangerous illness for a few guineas. Between the operating surgeons on the one hand, and the hospitals, the clubs, the prescribing chemist, the quack doctors, the patent-medicine vendors, and the Public Health Department on the other, the field for general practice in all but country districts is becoming more and more limited. The pure physician, at one time held to have adopted the highest branch of our profession, now occupies a very subordinate position in public estimation. The position in New Zealand at the present time is that a medical practitioner must operate whether he possesses the necessary skill and manual dexterity or not, or else he must consent to receive gratefully the crumbs from the rich operator's table, or look after the survivors when they are reduced to penury. Time after time it has happened to me, and no doubt to many more, that I

have had a child brought to me with perhaps enlarged tonsils; it may have been a case in which operation was unnecessary. What has been the result? Two or three days afterwards I hear that the child has been operated upon. I get 7/6 for giving an honest opinion for whatever it may be worth, and all the discredit of having made a mistake; the operating surgeon gets abundance of credit and a fee which is often considerable. I know of one case where as much as £7 7/ was charged for removing tonsils and post-nasal growths and a separate fee of £2 2/ for the chloroformist. I could multiply similar instances, and have yet to discover a patient who is not firmly convinced that the operating surgeon is right and the non-operating one wrong; in fact, I have been told with very blunt discourtesy that I had not known what was the matter because I did not advise operation and another doctor did. What, I ask, will be the ultimate position of our profession in New Zealand if we are all engaged in operative work? The public demand is growing by what it feeds on, and before long the surgeon who does not operate whenever there is the least possible excuse will be regarded as an ante-diluvian fossil or a juvenile idiot. In the words of Mr Dooley, the American humorist, "They're findin' new things the matter with ye ivry day, an' o' things that have to be taken out, until the time is comin' when not more than half of us'll be rale an' the rest'll be rubber."

Not very long ago an English physician contributed to the "New Zealand Times" some of his impressions of medical practice in New Zealand. He writes, amongst other impressions, "Surgical operations occur with far greater frequency than in the Old Country. This colonial appears to resent the existence of the slightest sign of bodily imperfection in the beloved self, and the very faintest excuse for undergoing a surgical operation is seized upon. Often quite serious operations are undertaken in order to remove conditions which offer not the slightest hindrance to complete health, causing no pain, but are perhaps slight bodily disfigurements, often out of sight of any but the bearers of them." I have practised now in New Zealand for upwards of ten years, and have no hesitation in affirming that the frequency of operations has increased out of all reasonable proportion to the growth of population during that time. The time appears to be fast approaching when the whole science of medicine will become absorbed in the art of surgery, and when only the more mechanical part of our work will be deemed worthy of remuneration.

I submit, although my view is not the popular one, that a good surgeon is not always an expert operator, and conversely a brilliant operator is not necessarily a sound surgeon. Which demands the higher order of skill: to amputate a limb, or to preserve it? Such is, however, the perversity of popular taste that there are many people who will pay a higher fee to the surgeon who relieves them of an arm or a leg than they would willingly pay to the one who by less heroic treatment enables them to continue to wear it. The amputator gets abundance of kudos for a simple bit of work, and the other man, if he is paid at all, is seldom troubled with any overwhelming amount of gratitude. Nature did the work whilst he looked on and did nothing more than apply some bits of wood and bandages.

The moral of my paper is, "Never miss an operation if you get the chance, and a generous public will appreciate your services and pay for them handsomely." provided always that the earning of a good income is the principal object of your professional life.

While those who participated in the discussion which followed did not for the most part go so far as to entirely endorse Dr. Hatherley's paper, the majority of the speakers admitted that there was a great deal of truth in the doctor's statements.

WINTER PAINS.

SCIATICA, RHEUMATISM, AND NEURALGIA.

DR. WILLIAMS' PINK PILLS

"Sciatica tortured me for 17 long years," declared Mr. John Hunt, a prominent resident of Hastings, near Napier, Hawke's Bay, "and when Dr. Williams' Pink Pills cured me they can cure the worse case of Sciatica that ever was."

"I started to suffer in '82," continued Mr. Hunt. "My blood was in a bad state, and then my nerves broke down. It was just a fit subject for Sciatica, Rheumatism, Neuralgia, or any disease like that."

"One night, when out droving, I camped, like a fool, on a heap of wet ferns. That brought on Sciatica at once. At first the pain was only a tingling in the back of the thigh. Then it spread down my legs and through my loins. Soon it grew sharp and burning. Every movement sent a spasm of agony through me. No torture could be more intense. The nerves in my legs were red and swollen. My muscles were drawn up and twisted. I could not even mount my horse. Whenever the attacks were bad, I had to take to bed. The worst of it was, the pain never gave me a moment's peace. It was always gnawing and burning through me, day and night. I could not even sit up in a chair. At my best I could only hobble along with a stick. It took me an hour to go 100 yards. No man could have been more miserable than I, for I was practically crippled—unable to work, and unable to sleep."

"I had the best doctors in the district, but they could do me no good. They bled me and dosed me, but the pain was just as bad as ever. I could not tell you how many plasters I bought, and how many liniments and lotions I rubbed into my leg, trying to get a little ease. At that time I did not know that the disease was rooted in the blood. I used to dose myself with all sorts of purgatives, little draining the harm I was doing, though I did notice they weakened me greatly. I was so bad that I am sure I would have been in my grave now if Mr. Hobson, of Waitotau, had not persuaded me to try Dr. Williams' Pink Pills for Pale People. 'They actually make new blood,' he said to me, 'and that is the only

way you can cure Rheumatism or Sciatica.'

"Well," Mr. Hunt went on, "I took my friend Hobson's advice, and hobbled up to Eccles' chemist shop for a box of Dr. Williams' Pink Pills. That first box gave me a wonderful appetite—but I could not notice that it did my Sciatica any good. But there was no denying, after two or three more boxes, that the pains were a great deal easier. I picked up heart then, and kept on taking the pills steadily until there was not a pain or an ache left in my whole body. The new blood braced up my nerves, loosened my muscles, strengthened my spine, and gave me back better health than I had enjoyed for years and years. Even in the winter now I never have a twinge of pain, so I am sure that Dr. Williams' Pink Pills have cured me for good. And when they cure a man who was crippled with Sciatica as I was, they will cure the worst case in all New Zealand."

Now, why do Dr. Williams' Pink Pills cure men and women who are crippled with lumbago, rheumatism, sciatica, paralysis, and even locomotor ataxia? The answer is simple—they actually make new blood. This new pure blood sweeps the painful poisonous impurities out of the system, and puts the whole body into a healthy state. Nothing but good rich blood can do that—and nothing can give you that healing blood except Dr. Williams' Pink Pills. If the blood is bad, the nerves are bad, for the nerves feed on the blood. That is the cause of sleeplessness, nervousness, hysterics, St. Vitus' dance, nervous headaches, neuralgia, sciatica, and loss of vitality in men and women. Dr. Williams' Pink Pills, faithfully used, cure these diseases and other blood disorders such as anaemia, biliousness, indigestion, palpitation of the heart, rheumatism, backache, kidney trouble, asthma, and decline. But unless a disease is really caused by the blood and nerves, Dr. Williams' Pink Pills won't cure it—because they only act in that one simple way. They don't act on the bowels. They don't try to touch the symptoms. They won't do anything but root out the cause of disease in the blood. If you are not sure whether your special trouble is caused by bad blood or not, write for free medical advice to the Dr. Williams' Medicine Co., Wellington. From the same address you can order the genuine N.Z. Dr. Williams' Pink Pills by mail—3/ a box; six boxes 16/6. post free. Always in boxes—never in bottles.

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