

THE 1952 YEAR BOOK of GENERAL SURGERY

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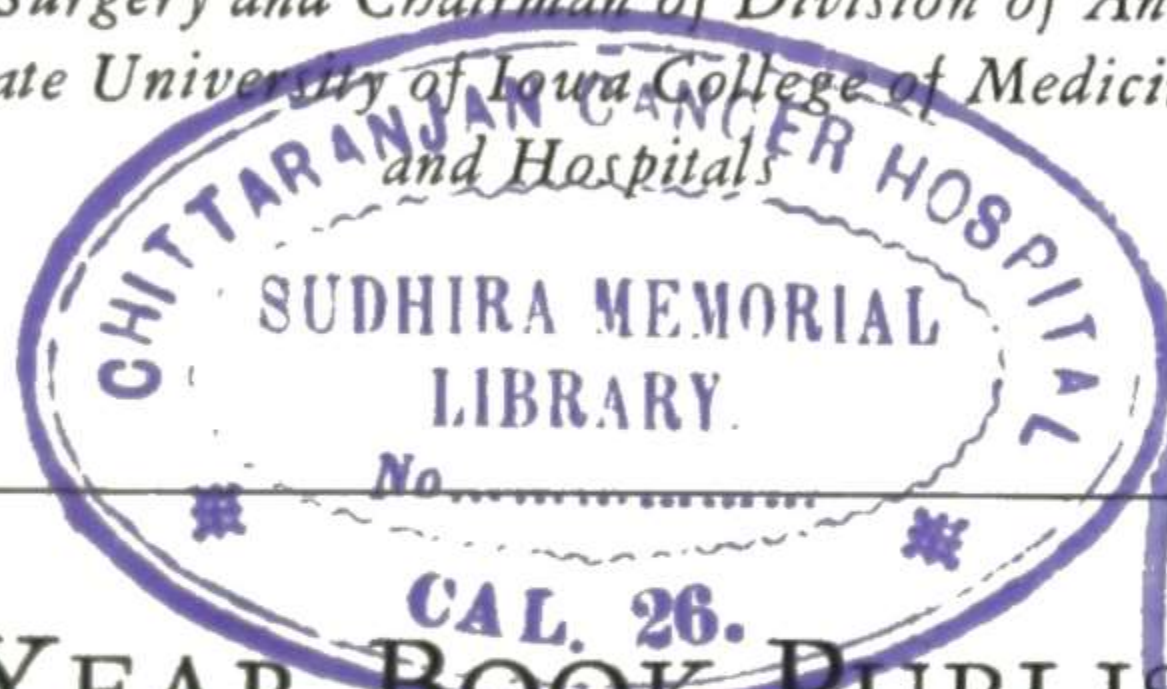
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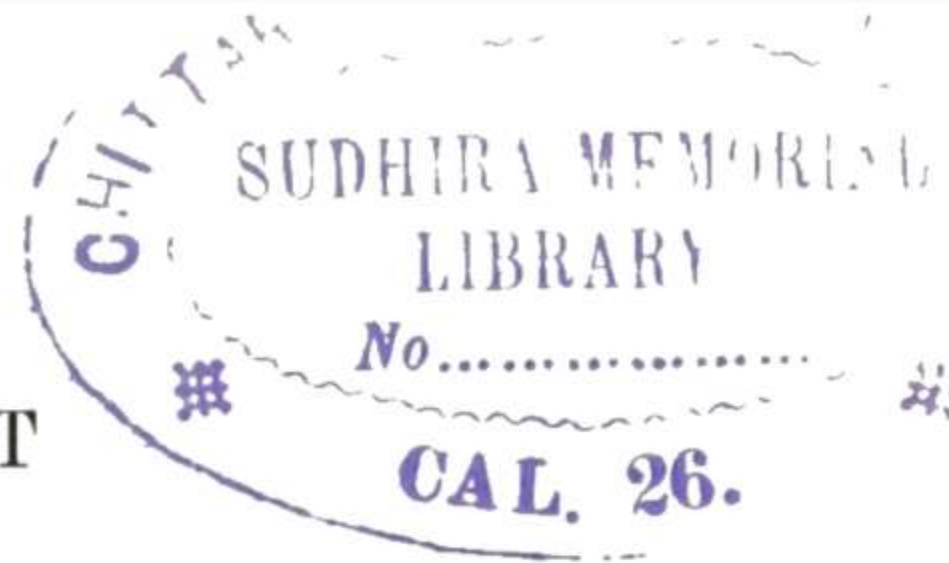


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PUBLISHER'S NOTE

The dates appearing under the title of this YEAR BOOK indicate that journals received within that period have been reviewed by the editors in selecting the articles abstracted herein.

INTRODUCTION

Anyone who is alert to the signs of the times cannot help wondering what is going to happen to the practice of surgery in this country. Is it to be carried out by those who after several years of postgraduate education and training have qualified themselves as specialists, and are so recognized, or is the general practitioner going to resurrect the obsolete title of "physician and surgeon"?

Historically it is of interest that the idea of surgical specialist is new in this country; in fact, it has existed only during the present century. The first surgical society formed here was the American Surgical Association, which was organized in 1882. All of the original members were general practitioners. By contrast, surgical specialization is very old in England, going back to the barber surgeons of the Middle Ages. The charter granted by Henry VIII to the Worshipful Society of Barbers gave them definite professional and social recognition which they lacked previously. There were no barber surgeons in America, probably because, since the doctors moved with the settlers into frontier country, it was necessary that each doctor treat all medical and surgical ailments.

Now, as everybody knows, there have been created in the United States not only excellent programs of graduate training in surgery but also agencies which after suitable examination and scrutiny of the candidates proclaim to the world that certain ones have fulfilled the rigid requirements of certification or fellowship. I refer, of course, to the various specialty boards in surgery and the American College of Surgeons. The purpose behind all this movement has been only the protection of the public. If a need for such a movement had not seemed desirable or necessary, it would not have occurred.

Within the short period since World War II, however, there has been an increasingly aggressive attempt on the part of some general practitioners to block the development of surgical specialization. Some of these men have stated that about 60% of the surgery of this country is now being done by general practitioners. Perhaps this estimate is high, but a recent unpublished survey in North Carolina shows

that approximately 40% of the surgery in that state is done by the general practitioners.

Can surgical procedures be performed as well by the untrained as by the trained man? The answer to this question should be obvious, yet the more radical general practitioners claim that certain abdominal operations, notably appendectomy and cholecystectomy, can be satisfactorily performed by them. But can one always be sure of the diagnosis before opening the abdomen? Is a cholecystectomy always easy? Anyway, why do general practitioners without special training in surgery wish to do it? The hungry doctor, especially when he becomes a surgeon, can be the most dangerous of men. The Golden Rule should not become obsolete. If some of the gains accomplished in the setting up of high standards for the surgical specialist are lost by the temporary backward swing of the pendulum, let it be hoped that they will be recaptured.

—EVARTS A. GRAHAM