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OLD METHODS VERSUS NEW IN SURGICAL DIAGNOSIS[1]

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IT is with a deep sense of privilege coupled with no less a sense of obligation that I assume the high office to which you have been pleased to elect me. Not the least of its privileges is that of extending a word of welcome and greeting to our colleagues from far and near who have come to grace these meetings with their presence, and to extend the hand of fellowship to those chosen to be received in our ranks. Not the least of its obligations is that of maintaining the high standards set by my distinguished predecessors in office. With your co-operation and encouragement, I hope I may wear the mantle of office which has just fallen upon my shoulders as gracefully and as effectively as they have done.

High standard in surgery is the primary reason for the existence of this organization. In formulating these standards, it is well to bear in mind that the new is not always the best, nor is youth always wiser than age. Huxley has well said that none of us, not even the youngest among us, is infallible. Men of experience have seen method after method heralded as a panacea, lauded to the skies, only to fall in disuse and be consigned to a well deserved oblivion, because it has failed to stand the acid test of experience. I hesitate to express my fear that this may prove to be the ultimate fate of radium treatment for cancer; for I should greatly regret to see our fervent hopes rudely shattered. But at least I feel justified in sounding a note of warning against too great expectations, for we have already found that it falls far short of being a universal cure and, indeed, in many situations where we most need help, it has proved sadly lacking. In the progress and development of medicine there have arisen allied branches both in medicine and in surgery, too numerous for any one man to dare hope to make his own. The result is the specialist in practical and in theoretical work. And even the specialties are divided and subdivided into almost numberless branches. So that in the last half century or more there has been a great transformation in surgical and medical practice. These sister sciences, while they have added to the joys of practice have also increased the responsibilities of the profession.

If the impression of one who has seen the new order displacing the old is worth consideration, if observation of methods formerly relied upon as contrasted with those now particularly stressed may call forth reflection as to their utility in the actual hand to hand combat with disease and death, I may perhaps be permitted to say that in this process of transformation there seems to lie a danger of underestimating the value of the old and tried methods of clinical diagnosis by sight, touch, and hearing, and of regarding these as less scientific than something that is gained through the medium of a piece of apparatus, or by a reaction in a test tube. The exactness of a scientific method does not mean that its results may be applied to diagnosis, prognosis, or treatment with the same mathematical accuracy. The deductions from such a method may be hazardous in the extreme if applied to clinical purposes. As an example of such an error we may mention the attempt to base the indication for operation in appendicitis upon a rising leucocyte count. This was gross clinical ignorance, and ignorance can never be scientific. All data, however, must be submitted to interpretation before judgment can emerge, and data gained directly by questioning and by the older methods of examination have exactly the same scientific status as those secured by indirect methods. Moreover, up to the present time their value greatly predominates in assessing the individual case and conditions. We must see to it therefore that while the boundaries of knowledge are being extended and while we are placing new tools in the hands of the younger generation, the older arts which are the chief reliance of the diagnostician must receive proper emphasis.

With the advent of each new decade in the dramatic progress of surgery within the last

[1] President's address Clinical Congress of American College of Surgeons, Philadelphia, October 24, 1921.

half or three-quarters of a century it seemed as though the limits of improvement in diagnostic and operative procedure had been reached. But no sooner was one new avenue of endeavor opened than the pathway became ever wider and wider. No sooner did we have the boon of general anæsthesia than we were enriched with the means of producing local anæsthesia, which has become an indispensable part of every operating theater. Hardly were we in possession of Pasteur's and Lister's epoch-making discoveries than we found ourselves in the midst of the new science of bacteriology and its sister branches, and of surgical pathology studied on the living subject. And then came the era of active experimental research, which with rapid strides has added so much to our knowledge of certain phenomena. With the advent of the world war came the opportunity of applying to large numbers of cases the numerous theories developed during the years of patient work in the research laboratories of chemistry, physiology, and pathology, while the exigencies of the hour brought forth brilliant measures which made it seem as though our surgeons had, indeed, been endowed with the wand of magic. The varied program offered for our meetings during the coming week, holds out the prospect of having in store much valuable information on the very interesting results of war surgery. Indeed, a glance at the diverse subjects to be handled and demonstrated would justify the assumption that finality in surgery had at last been reached, for there is now practically no region of the human body that is closed to the aseptic scalpel of the surgeon. I think, however, I may venture to say that we who are daily at work at the operating table and in the sick room, know full well the limitations of our science and our practice and the lack of finality in the art in which we, "looking for the high white star of Truth," aspire to become masters, and the mastery of which to-day is beset with much greater difficulty than at any former time.

The future of surgery and of surgical research doubtless belongs to America, and on the American College of Surgeons rests the responsibility of fulfilling the promise which that future holds out.

In conclusion, I can only hope that the work of the present Congress will be fruitful of results and that when it comes to a close there will have been something permanent added to our knowledge and that we will have gained renewed courage and inspiration to carry on for our common purpose: To bring healing to the nations and promote the welfare of mankind.