

APPENDICITIS: SHALL WE OPERATE?

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Perhaps this is as good a title as I could select for this discourse, but if I digress some from the exact title I ask your indulgence.

We have a new and I believe excellent Governor in Pennsylvania, a very good and conscientious man. Two weeks ago we were saddened to learn of the death of his only son in a western hospital following an operation for appendicitis. It caused me to ask myself the question: If that promising youth had had real skilful homoeopathic treatment instead of surgical, might not his life have been saved? In over forty-five years that I have practised homoeopathic medicine, I have never sent a case of appendicitis to the operating table, and I have never had a death. Can any surgeon show an equally good record? You may think that I have never had a case of appendicitis. That is hardly possible in that many years and besides I have not always depended on my own diagnosis; consultants have invariably agreed with me. Excuse my own personal experience; following the awful influenza epidemic of 1918 when we physicians ate and slept when we could, or not at all, I was ailing for several weeks but kept on going because I had to. Finally one morning I wakened early with pain localized at McBurney's point. Three other physicians agreed with my diagnosis. Two were inature old-school men and they agreed to the treatment I proposed, viz.: ice-bag and Nux vomica 3x internally. The ice-cap stayed right there for twenty-six hours until the pain let up; then intermittently for two or three days longer. I was in my room for one week, most of the time in bed, then about the house for another week. On New Year's Day, I tottered down to the office and did a little work and gradually got back into the harness. The one homoeopath who was in consultation on my case had studied medicine with me and graduated fifteen years before at Pulte College, which has turned out so many good homoeopaths. He favoured immediate operation. I told him that the understanding with the other physicians was that if they decided or rather that if we decided that an operation was imperative, it would be done promptly. Well, I still have my appendix and I hope that I do not look like an invalid.

A couple of years ago a man brought his daughter to me saying he thought she had appendicitis and did not want her operated if avoidable. I examined her and undoubtedly he was correct in his surmise. The young lady cried and said she did not want an operation as she was afraid she would die. I told them to try the ice-cap, gave her Nux vomica 3x and told her to stay in bed and I would be out that way the next day and would see her. That evening her brother came in and said she was a great deal better and that I need not see her. I saw her on the street less than a week later and she thanked me, as she said, "for saving her life". Perhaps I did. I got

two dollars out of that case; how much would it have cost them had she been operated? Would she have been as well today if she had been operated and recovered? How often we here a patient say: "I have not been well since my operation," or perhaps, "Since my first operation." And how proud some of them are to tell how many operations they have had!

Somebody here may think I do not know much about surgery. Well perhaps I do not. The fact is that about thirty-five years ago I decided to work entirely into surgery. At that time I was surgeon for the New York Central Lines in Homestead, Pa.; the Mesta Machine Co., which employed about 1,000 men; the Monongahela Iron and Steel Co.; and the five lines of the Pittsburgh Railways electric line which passed my door at about every minute of the day, I was working with an older physician who ran a private sanatorium and did a great deal of surgery. One day we removed an appendix and I remarked that the right ovary did not look very good; he agreed with me. When he went to close up I asked if he was not going to take out that ovary and he replied in the negative. Later I said: "Why didn't you take out that ovary?" He said that he thought it best to leave it in. We had some little argument and finally he said something that did not seem much to me at the time, but the idea has grown in my mind. He said: "Dr. Cuthbert, an *all-wise Creator* who knew more about it than either you or I do put each organ into our body in the proper place to do its work just right. When we remove an organ unnecessarily we throw the work of that organ on some other organ which cannot do the work properly and we leave a vacant space which must be filled by another organ moving to fill up that space and consequently impairing its function. Never remove an organ that you can possibly avoid removing." There is a good deal in what he said if you will just think it over. Since then I have tried to work away from surgery and do more in the medical line, although in 1908 I was appointed to a salaried position to teach surgery in the Homoeopathic Department of the University of Michigan, which I could not accept on account of some business interests.

One day about eighteen years ago a man stopped me on the street and said: "You are Dr. Cuthbert?" I acknowledged that I was. He asked me to go to see his wife. I told him it was just my dinner time and I would go after dinner, but he wanted me to go right away as his wife was very sick with appendicitis and a surgeon had told them the day before that she would not live through the night unless she was operated on before seven o'clock that evening, but that she was still living and better than she was the day before. I asked how that came and he said they had heard of a case I had treated with an ice-cap, so they tried that. I went up to see the lady, as they said the other doctor had refused to return when they refused his suggested operation. I told them to continue the ice-cap for twenty-four hours and if she was not better to let me know and we would consider the necessity of an operation. I never heard from them directly, but several weeks later I heard that the woman was publishing to all her friends that I had

saved her life. Perhaps I had, for not all operated cases recover.

Another case. A maiden lady came to me one Sunday evening. She had appendicitis all right. No doubt about it. I told her to go home and go to bed, gave her some medicine and told her I would see her in the morning. She said she could not do that as she was helping some friends who had sickness in their family. Next morning she fainted while getting breakfast at these friends' house. The man who thought he had a grievance against me immediately called his physician. She protested that she wanted me, but to no avail. After learning that she owned some property the physician told her she would not live the day out unless she let him take her to a hospital fifteen miles away and have her operated on. She refused to go unless I agreed to his recommendation. They would not call me. Finally by a ruse she got the physician to take her to her own home so that she could get some money. She then discharged him and called me. Gelsemium and the ice-cap did the work and her bill was \$32.50. She and none of the other cases I have mentioned have had a recurrence of the condition and this woman still owns her home.

The following clipping is from our local paper of June 2, 1939:

TOO MANY OPERATIONS, WARREN DOCTOR SAYS

Philadelphia, June 1 (AP).—A physician who graduated half a century ago told fellow alumni of Jefferson Medical College yesterday young doctors are performing too many operations.

"The tonsil massacre continues," said Dr. Michael V. Ball of Warren, Pa., member of the class of 1889.

"Mastoid operations, most of them unnecessary, are now fashionable. Also, many persons are becoming sinus-conscious over conditions which are really just ordinary colds."

I heartily agree with Dr. Ball, but are the recent graduates to blame? I think not entirely. The fault is with the teaching at the medical colleges, especially with the colleges which taught Homoeopathy. The Hahnemann of Chicago was at one time the largest and best homoeopathic college in the world. Thirty years ago I was taking a postgraduate course in that city and asked one of the physicians there how Hahnemann was coming on. He said: "Well, a couple of surgeons control it and it is losing ground." Alas, the decline has continued until it is no more. Had they taught more Homoeopathy and less surgery might not the story have been quite different? At Hahnemann in Philadelphia I understand that there are 523 hours devoted to the teaching of surgery as against 266 hours devoted to Homoeopathy. Is it any wonder the tendency of the young physician is to surgery? He copies after his beloved professor. One of the best loved professors in the Kentucky School of Medicine in 1893 when I graduated was Professor J. M. Mathews, the great rectal surgeon of that day. I honestly believe that 75 per cent of the 224 graduates that year confidently planned to in time become renowned

rectal surgeons. To the best of my knowledge not one of us has.

The author of the *Horse and Buggy Doctor* says in that book: "Since appendicitis has become an operable disease many useless operations are performed. Ignorance sometimes saves the doctor from doing foolish things."

I once heard a renowned preacher say that "Life is the swinging of the pendulum of the clock. We go from one extreme to the other." How true that is. Fifty years ago the operation in vogue was removal of the ovaries. Then the pendulum swung to the appendix. That, often needless, operation is now well established and the pendulum is swinging over to the sinus and mastoid operations, and removal of the tonsils. Shortly before my graduation I assisted in one of the first appendectomies performed in the City of Louisville. It was done in a three-roomed coloured shack down near the river. A young surgeon who rose to the top of his profession was the operator. Another young M.D. gave the chloroform and five of us students assisted to improvise an operating table and with the operation, which was successful. The coloured man fully recovered, while some who are operated on in a glass case operating room this present day do not.

A few years ago a man who had never been my patient, but was a dear friend, became ill one evening suffering with an abdominal pain. He was rushed to a hospital by his wife, who was a trained nurse. Next morning he was feeling much better, but as he was at the hospital it was decided to just remove his appendix. He never came out of the anaesthetic, and I believe this precious life was sacrificed unnecessarily.

Sometimes it seems to me that some surgeons try to see how many organs they can remove from our body without killing the poor victim outright, at that time.

Thirty years ago a lovely lady of my acquaintance was told by an absolutely conscientious surgeon that she must have her right ovary removed at once or she would become a chronic invalid; also that she could not in her condition ever bear any more children. She objected to an operation, in fact absolutely refused. I gave her Arnica 3x internally and a few, I think it was three, local treatments with the galvanic current. She still has the ovary. She has a daughter twenty-eight years of age, and is about as healthy as you ever find a lady who is more than sixty years of age.

To sum up: I think what we need in our medical colleges is more teaching of how to cure the sick with medicines and to resort to surgery only as a last resort, *if* the indicated remedy fails. It is truly wonderful what really good homœopathic prescribing can do, and usually, where our prescribing fails it is not the fault of Homœopathy, but our lack of knowledge, and we have not selected the right remedy.

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