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EDITORIAL

PHYSIOLOGICAL SURGERY

The position of the surgeon has altered considerably in the last century. One has only to recall the heroic days before anaesthesia, just 100 years ago, to understand that the surgeon of those days had to keep before him the ideal of Paracelsus, 'the eye of an eagle, the heart of a lion, the hand of a woman', so as 'not to be impressed by the cries of his patient, and not to cut less than be necessary'. In those days, when every surgical manoeuvre meant *peine forte et dure*, only the bravest heart could stand up to the terrible ordeal of operating. It is said of Cheselden, whose *métier* was cutting for stone, and who used to do this complicated perineal operation in 51 seconds, that he could not sleep the night before operating, and that he sweated profusely in the theatre before he started work. The tension on the surgeon, the patient and the onlooker was great and, since pain was maximal, the aim of the surgeon was to complete his operation as soon as possible. Liston held the incredible record of disarticulating at the hip joint in 17 seconds, and in him operating dexterity probably reached its zenith.

The age of anaesthesia brought relief, and not only to the suffering of the patient. The surgeon also now had time to think while he was operating. He became an anatomist, and not a few succumbed to the temptation to make an anatomical dissection rather than functional results their immediate goal. It required considerable judgment to tread the narrow path between making a beautiful anatomical job of every operation and performing the slap-dash hearty kind of operation which persisted from the bad old days and which somehow often gave better results than the meticulous worker achieved. Moynihan aptly referred to the three kinds of operators as 'the scratchers, the slashers and the surgeons', and liked to think of himself as an 'operating physician'. With the urgent pressure on operating time relieved, there came a tendency to undervalue surgical dexterity as mere showmanship; but even the showman with his boldness and skill still had a place in the treatment of the difficult case and in the bad anaesthetic risk. In these cases a short operating time was still vital, and the rapid surgical prestidigitator again came into his own. The more quickly he worked and the more gently he handled the tissues, the less the operating wound was exposed to bacterial contamination and the better the results. The era of the anatomical surgeon was a vital and important one in the development of the art.

VAN DIE REDAKSIE

FISIOLOGIESE CHIRURGIE

Die posisie van die chirurg het aansienlik verander in die afgelope eeu. 'n Mens hoef maar net te dink aan die heldedae voordat verdowing sy verskyning gemaak het—maar net 'n honderd jaar gelede—om te verstaan dat die chirurg van daardie dae gedurig die ideaal van Paracelsus voor oë moes hou: 'die oog van 'n arend, die hart van 'n leeu, en die hand van 'n vrou' sodat hy 'nie bewoë word deur die skreeue van sy pasiënt en minder as wat nodig is sny nie'. In daardie dae, toe elke snykundige operasie *peine forte et dure* beteken het, kon slegs die dapperstes die verskriklike vuurproef van opereer deurmaak. Dit word beweer dat Cheselden, wie se *métier* steenoperasies was, en wat hierdie ingewikkelde perineum-operasie in 51 sekondes afgehandel het, nooit die nag voor 'n operasie kon slaap nie, en dat die sweet hom afgetap het in die operasiesaal voordat hy begin werk het. Die chirurg, die pasiënt en die toeskouer moes die grootste spanning verduur, en omdat die pyn ontsettend was, het die chirurg hom dit ten doel gestel om die operasie so gou moontlik klaar te maak. Liston het 'n ongelooflike rekord opgestel: gewrigsafsetting by die heup in 17 sekondes. In hom het chirurgiese knaphandigheid seker die hoogtepunt bereik.

Die eeu van verdowing het verligting gebring, en nie alleen van die lyding van die pasiënt nie. Die chirurg het nou kans gekry om te dink terwyl hy opereer. Hy het 'n anatomis geword, en 'n hele paar het voor die versoeking geswig om anatomiese ontleding eerder as funksionele sukses hul onmiddellike doel te maak. Dit het aansienlik baie oordeelkundigheid geverg om die smalle paadjie te betree tussen 'n pragtige stukkie anatomiese werk aan die een kant en die halsoorkop, haastige soort operasie wat 'n oorlewering van die slegte ou dae was aan die ander kant; laasgenoemde was op die een of ander manier dikwels nog meer suksesvol as die werk van die noukeurige chirurg. Moynihan het die drie soorte snydokters raak beskryf as 'die krappers, die kappers en die chirurge', en hy het homself graag beskryf as 'n ,opererende internis'. Toe die chirurgie nie meer onderworpe was aan die drang van beknopte duur nie, het daar 'n neiging ontstaan om snykundige knaphandigheid te onderskat en as blote spogery te bestempel, maar selfs die pronker met sy vrymoedigheid en vaardigheid het nog 'n waardevolle plek beklee by moeilike gevalle en gevalle waar verdowing gevaarlik was vir die pasiënt. By sulke gevalle was 'n kort operasie-tyd nog lewensbelangrik, en hier het die vinnige chirurgiese goëlaar weer bobaas gespeel. Hoe vinniger hy geopereer het en hoe sagter hy met die weefsels gewerk het, hoe korter was die snywond blootgestel aan bakteriese besmetting en hoe beter die resultate. Die tydperk van die anatomiese chirurg was 'n noodsaaklike en belangrike een in die ontwikkeling van die kuns.

Surgery, however, has taken another change in direction in the last 30 years. The conquest of infection, the control of surgical shock, and improvements in anaesthesia and in pre- and post-operative metabolic control have permitted leisurely, precise and planned operations to be performed hitherto beyond the surgeon's imagination. The operator of today, while retaining many of the characteristics of his surgical ancestor is now also an applied physiologist. His operations are based on the knowledge of physicians and physiologists, and more and more he himself is approaching Moynihan's ideal of the 'operating physician'. During this era of physiological surgery the operator has penetrated ever deeper and more widely into the organs and cavities of the body, until even the interior of the cardiac chambers, the latest bastion to fall, are now subjected to surgical enterprise.

Eiselsberg, Paget and Sauerbruch at one time or another during the last fifty years have asserted that the limits of surgical progress had been reached. Nevertheless, while anyone can see and all are aware of the great advances recently made, it remains a fact that modern surgery is a young science barely a century old; we are in reality only at the 'end of the beginning'.

Die chirurgie het egter in die laaste 30 jaar 'n ander wending geneem. Die oorwinning van besmetting, die beheer van snykundige skok, en verbeterings in verdowing en in metabolismiese beheer vóór en ná die operasie het tydsame, noukeurige en beplande operasies moontlik gemaak wat voorheen die verbeelding van die snydokter te bowe gegaan het. Die moderne snydokter, hoewel hy nog baie van sy chirurgiese voorgangers se kenmerke behou, is vandag ook 'n toepassende fisioloog. Sy operasies is gegrond op die kennis van interniste en fisioloë, en hy ontwikkel al meer in die rigting van Moynihan se 'opererende internis'. In hierdie tyd van fisiologiese chirurgie dring die snydokter al meer en al dieper in die organe en holtes van die liggaam in, en selfs die binnekant van die hartkamers, die laaste fort wat oorwin moes word, is vandag die onderwerp van chirurgiese onderneming.

Eiselsberg, Paget en Sauerbruch het almal by die een of ander geleentheid in die afgelope 50 jaar beweer dat ons die perke van vooruitgang op gebied van die snykunde bereik het. Hoewel enigeen kan sien en almal bewus is van die geweldige vooruitgang wat onlangs gemaak is, is dit nogtans 'n feit dat die moderne chirurgie 'n jong wetenskap van nouliks honderd jaar oud is. Ons is in werklikheid nog maar aan die 'einde van die begin'.