

# *Surgical Experience in Selected Areas of the United States*

The era of modern surgery began only about 1875, although more than 20 centuries ago some surgical operations were performed, with much pain and suffering for the patient and an exceedingly high case fatality. Nearly all of the major developments that have made surgery safe and widely used have come since about the middle of the 19th century.

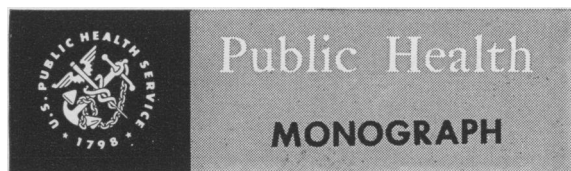
The use of surgery and related procedures in the armed forces has increased considerably in the past 50 years. However, the numbers of certain of the most frequent operations, such as tonsillectomy and appendectomy, have declined in the past 10 years.

Surveys of some years ago indicated that tonsils had been removed in roughly 40 percent of 15-year-old children and appendixes had been removed in 10 percent of 24-year-old persons.

Illness surveys of households in selected areas in the United States indicate that tonsillectomy is the most frequent surgical operation among persons of all ages combined, with surgery for accidents and appendectomy second and third. However, benign tumors except of the female genital organs had the largest percentage of cases treated surgically, with appendicitis second and congenital malformations third. In terms of five broad age groups, tonsillectomy is first in frequency in the two age groups under 15 years, second in the three age groups 15-64 years, but is ninth at 65 and over. Appendectomy is tenth in frequency under 5 years of age, third in the three age groups 5-44 years, fifth at 45-64, and is not found among the 10 most frequent operations at 65 and over. Accidents, except poisoning, were the first cause of surgery in the four age groups above 15 years, and the second cause in the two age groups under 15.

It is generally but not invariably true that

relative variation with age is greater in surgical rates per 1,000 population than in percentage of cases treated surgically.



## No. 38

The accompanying summary covers the principal findings presented in Public Health Monograph No. 38, published concurrently with this issue of Public Health Reports. The authors are with the Division of Public Health Methods, Public Health Service.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and of the major universities and in selected public libraries.

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Collins, Selwyn D., Lehmann, Josephine L., and Trantham, Katharine S.: Surgical experience in selected areas of the United States. Data on surgical operations from periodic canvasses of households, supplemented by United States Navy reports and nationwide hospital surveys. Public Health Monograph No. 38 (Public Health Service Publication No. 473). 48 pages. Illustrated. U. S. Government Printing Office, Washington, D. C., 1956. Price 35 cents.

Among the surgical operations with rather definitely higher rates for males are those for accidents except poisoning, hernia, hemorrhoids, and ulcer of the stomach and duodenum. Among operations with definitely higher rates for women are those for cholecystitis and biliary calculus, thyroid diseases, malignant neoplasms, diseases of the bones, joints, and other organs of locomotion, and appendicitis in the young adult ages.

Major surgery was considerably more frequent among females than among males, with a peak at 30 years and with lower rates at younger and older ages. Among males, major surgery increased rather consistently with age,

with the highest rate in the oldest age group. The peak of all minor operations comes at 5-9 years of age, with only a moderately lower rate for children under 5 years.

The American Hospital Association's published report on a survey of 1949 includes an estimate of more than 9 million operations in all hospitals in the United States. However, the proportion of operations performed in long-term hospitals, such as those for mental diseases and tuberculosis, is relatively small. Estimates for short-term hospitals only, based on the association's report, indicate some 7,200,000 operations or a rate of 49 operations in short-term hospitals per 1,000 population of the United States.

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## technical publications

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### Protecting Children in Adoption. Report of a Conference

*Children's Bureau Publication No. 354. 1955. 20 cents.*

Of the threefold interests in every adoption—the child, his natural parents, and his adoptive parents—that of the child is paramount. This was the major conclusion arrived at in a conference of 31 national organizations of the medical, legal, and social professions considering the protection of children in adoption. Any discussion of adoption leads back to the unmarried mother, and medical, legal, and social services for the unmarried mother are the first line of defense.

Some of the points brought out were:

Placement of the child in an adoptive home involves team work of doctors, lawyers, and social workers and for this reason, placements are best made in a community-sponsored setting, by an agency authorized for the purpose.

Unmarried pregnant girls are getting less medical care and later in pregnancy than married women.

Some of the most vicious "black market" cases involve girls frightened or coerced into signing a relinquishment for their babies before or immediately after delivery, in order to get medical and hospital care.

Many doctors are unaware of existing social agencies in their communities, particularly those designed to help unmarried mothers.

### New Hope for the Disabled

*Office of Vocational Rehabilitation Publication VR-ISC-13. 1956. 23 pages; illustrations. 15 cents.*

The major provisions of the Vocational Rehabilitation Amendments of 1954 (Public Law 565) are outlined and explained in this booklet. It lists the services available to the handicapped under the new law, summarizes the three-part Federal grant-in-aid structure established by

that law, and delineates the role of the Office of Vocational Rehabilitation in the State-Federal rehabilitation program.

The amendments to the Randolph-Sheppard Act (1954) and such related legislation as the Medical Facilities Survey and Construction Act of 1954 and the Social Security "disability freeze" amendments of the same year are discussed.

Listed are the names and addresses of regional representatives of the Office of Vocational Rehabilitation and locations of the main offices of the State vocational rehabilitation agencies from whom further information may be obtained.

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This section carries announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal Government agencies.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications issued by other agencies.

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