PROCTOLOGY AND QUACKERY

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Second only to the field of Genito Urinary disease Proctology has offered the most fertile and widely exploited field for the charlatan and the quack. The cause of this I place squarely upon the shoulders of the medical profession and the medical colleges. In the past practically no instruction in Proctology was offered to students of medicine. The result was that the average medical student graduated with practically no knowledge of rectal disease. Even at present there are but few institutions which offer anything like adequate training. Originally this may have been due to the fact that there were no teachers available who had much experience in this field. On the other hand the departments of General Surgery offered every opposition to anyone who wished to develop a department of Proctology. It was deemed a personal affront to assume that the General Surgeons were not caring for their rectal cases in the best possible manner. Proctology was seen as just another specialty to divorce the general surgeon from another portion of his work. Regardless of what may have been thought by the surgeons, the fact remains, that rectal surgery was done in a very haphazard and slipshod manner. It rather compares to some of the tonsillectomies where it was often difficult to say whether a larger portion of the tonsil had been removed or left in the throat. After care was neglected. or thought unnecessary. The patients however thought differently. After going thru the ordeal of the operation many were not benefited, or at least not permanently cured, and many were undoubtedly made worse. With so many patients having this experience it is no wonder that the public feared the pain of rectal operations, and distrusted the results.

With rectal diseases neglected, or poorly treated by the profession, the field was ripe for anyone offering a method which avoided operation. About 1891 the injection method for the treatment of hemorrhoids came into being. It was heralded as a blocrud chan that more since cases surg quat treat and may there

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which which or the led as a bloodless, painless, non surgical method of cure. Even as crudely as it was done, I think I would rather have taken a chance on the injection, than on the surgery as it was done in that time. In fact, than upon some of the surgery I have seen more recently. The surgeons at once decried this method and since the general practitioner and internes usually referred rectal cases to the surgeon for operation—they were influenced by the surgeon's opinion and fell into line. It was the usual "dog in the manger" attitude. They condemned this method without adequate investigation and refused to develop their own surgical treatment to a point where it compared favorably in technique and results to surgery done on other parts of the body. You may not agree with the injection treatment of hemorrhoids but there is no doubt but that from this method came the real beginning of the development of the specialty of proctology as a distinct branch of medicine.

In view of these facts it is no wonder that an uninformed public, afraid of "the knife" and of hospitals were ready to accept any method by which they could avoid operation. Here is where the charlatan had his day. He at once realized the golden opportunity. There were few well informed men in the legitimate ranks of the profession, so his path was doubly easy. The result was a crop of pile and rectal specialists who went about the country, stopping a short time in each town and giving injections and treatments to all who would come to them. In addition each "specialist" had a so called "secret formula" for his injections, which he would sell to any physician who was gullible enough and had the price.

The very fact that this was the type of man who was exploiting proctology caused many medical men to hesitate to enter the field as a specialty. To be a proctologist branded you as a quack or at least as an object of suspicion. There were however, a few fearless workers and in 1899 a small group of proctologists gathered together and organized the American Proctol-

ogic Society. Since that time there has been a definite effort to put the specialty of proctology upon an ethical basis, and to secure for this branch of medicine, the recognition it deserves. The results were slow at first as Medical colleges were loath to permit any special instruction in rectal diseases. At the present time tho the majority are offering some special instruction in Proctology. Most of these courses are not sufficient to give adequate training to one wishing to specialize in rectal diseases. They do however, give instruction sufficient for the general practitioner and enough that the student specially interested may be stimulated to continue post-graduate study.

From the large group of advertising specialists, naturally, there were a few who were capable, and their personality such that they were successful. Medical ethics and their standing with the medical profession meant nothing to them. They reduced the status of the medical profession to a trade. They preyed upon the credulity and fears of the public and in some instances were able to establish large practices or institutions for the treatment of rectal diseases.

The financial success of these specialists and institutions aroused the interest of a certain type of medical men. As a result there has been another wave of commercial exploitation of the specialty of Proctology. The field of proctology was sparsely covered and the time was ripe. A number of individuals, with business foresight and some experience in proctology, began to offer courses in proctology for medical men, osteopaths, chiropractors or in a word, anyone with the price of the tuition and a license, to practice the healing art under any guise whatever. They flooded the country with literature offering courses varying from two weeks to a month. The charge for these courses varied from one hundred dollars to five hundred dollars. The principle inducement offered is, that after two to four weeks you will be a full fledged Proctologist, and able to earn a large income. The income feature being the one most stressed. The majority of

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As a rectation of as sparsely wals, with a legan to allow chiroagreement and a whatever, as varying as a varied a principle on will be aniority of the type of men who would be attracted by such advertising matter is obvious. The result is also obvious—a large number of inadequately trained individuals, who have been led to believe that they are Proctologists. The moral question of attempting to treat a fellow human being without adequate training, is a matter of no importance, at least, to the men who offer these courses. A rectal examination made by a person of this type, is a farce. In many cases their entire medical background consisted of a few lessons in spine cracking by correspondence followed by equally abbreviated instruction in rectal diseases. I have seen many cases who have gone to this type of specialist and in the majority of instances the diagnosis must have come from the imagination of the examiner, certainly not from any pathological condition present. That some cases may be cured by these people is admitted, but also must be remembered that many rectal conditions which are painful and seem severe to the patient, are really in character, very minor. With this sort of thing going on in the specialty of proctology it is well that the capable practitioner know of the tricks and half truths this group foist off on the gullible public. This is a matter of protection both for the public and the ethical physician.

Some of the things which ethical practitioners of proctology should know and be able to tell his patients and colleagues about the advertising proctologists are these. The first is, that despite their blatant claims, none of them, have any "secret methods of treatment" which are not known to the profession at large. The second is, that many of their promises and statements are untruthful or at least gross exaggeration. Most of their advertising matter states that they cure piles without the knife, and then add that "other recal diseases are also cured by mild ambulatory methods." The mild ambulatory methods mean, of course, operation under local anesthesia, or the use of some caustic paste which is slower, more unreliable and more painful than operation. We all know that external hemorrhoids cannot

be cured without surgery. However, with the advertiser, external hemorrhoids are removed as skin tags or mucous sacs, the word pile never being mentioned. That such a thing as an external *pile* being present is never admitted.

In securing patients, the chief points are, the guaranteeing of a cure, the fact that the specialist has had great experience, and that he has a special method known only to himself. The fear of operation, the fear that cancer may develop, the fear of losing control, etc., are used freely. Literature stating how many thousands of cases have been treated, lists of satisfied patients, etc., are stock and trade matters.

A few passages from some of the advertising matter may be of interest. This, from the first of a series of follow-up letter—"Of course the most important question in your mind is, Can I be cured? My answer is, that we can treat any case of piles, fistula, fissures, tabs or other rectal disease which has not been neglected so long it has become hopeless or developed cancer. If treatment is not successful you need not pay a cent . . . Over 19,000 people have been relieved of one or more rectal troubles under our treatment." From a second letter—"Can it be possible that you do not realize the seriousness of your rectal trouble . . . or the number of people we turn away almost every day because their condition has reached a stage beyond the help of science or human skill?

"So far this year we have rejected 93 cases, which should convince you that my repeated warnings about cancer and other incurable complications are based on my daily observations and I would not be exercising my duty as a physician if I did not do my utmost to save you from a similar fate."

And so on ad nauseam,

What is the answer to this problem? If we are to secure for the specialty of proctology the recognition it deserves, and keep it from the hands of the charlatan, we must be able to discuss their methods intelligently and be able to show the trickery and dishones and high of proctolo stantly medical

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dishonesty of their schemes. We must interest enough capable and high principled men in the profession to take up the specialty of proctology, so that every community may have a reputable proctologist available for consultation. Lastly we must constantly urge the more adequate instruction of proctology, in our medical schools.

"FISTULA IN ANO, MULTIPLE EXTERNAL OPENINGS, ASSOCIATED WITH MALIGNANCY"

JOHN A. CAMPBELL, M. D. WILLIAMSPORT, PENNSYLVANIA.

C. W.: Male; 50 years of age. Admitted to Hospital April 18, 1927. History of his trouble beginning about two years previous; started with a small "boil" in anal region; opened spontaneously; discharged pus; healed in about four weeks; remain healed for awhile, then whole process would recur, each time opening at some new site.

About two months before I saw the case, he had been treated by a physician, who evidently did a desiccation with an electric needle. On examination I found a marked infection in anal region extending onto the buttocks; tissue near anus hard and indurated.

Sixteen external openings of fistulae could be counted; tract marked with methylene blue and internal opening located by use of probe about $2\frac{1}{2}$ in, within rectum posteriorly.

All diseased tissue dissected away, leaving an immense raw surface to granulate over. Seton passed through tract; specimen of indurated tissue sent to Laboratory, which proved to be Epithelioma. X-ray exposure of area ten days later. Secondary operation seven days later; seton removed and fistulous tract dissected out.

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