

American Proctologic Society, 1910.

TWELFTH ANNUAL MEETING.

St. Louis, Mo.,

June 6 and 7, 1910.

The meeting was called to order at 2:30 p.m., on June 6th, the President, Dr. Dwight H. Murray, of Syracuse, N. Y., in the chair.

A motion was made that the usual order of business be suspended, and that the Society proceed at once to the reading of the President's Address and the scientific papers, which was seconded and carried. The President then resigned the chair to the Vice-President, Dr. T. Chittenden Hill, of Boston, Mass., while he read his Annual Address.

UNDERGRADUATE PROCTOLOGY.

PRESIDENT'S ADDRESS.

By DWIGHT H. MURRAY, M.D.,

SYRACUSE, N. Y.

While the formal subject of my address is Undergraduate Proctology, there are, however, some matters of special interest to the society about which I wish to say a few words before taking up that subject. But before considering these matters of special interest, I desire to thank the society for the very distinguished honor conferred in choosing me for president. I wish also to thank the executive committee for their efforts in behalf of the society and for upholding the chief officers in all work attempted by them. I am truly grateful to our able secretary for his untiring efforts and thoughtfulness in furthering the welfare of our society, for to the secretary more than to any other officer is due the success of our meetings.

This society stands for a high class of scientific work. The discussions in our meetings should treat in an exhaustive way every subject taken up. In order that this may result, would it not be wise to single out for this purpose at least one proctologic subject, or possibly two, for special consideration at each annual meeting. I would recommend that at our next annual gathering a part of our program be made up of a symposium of essays that shall treat thoroughly some selected subject, or subjects, and that these papers be written by men

whose part in the symposium shall be assigned to them by the executive committee.

In addition to the symposium, a few miscellaneous papers and reports of cases may be read, but these should be limited in number so that our program will not be too crowded. I believe it is a mistake for a special society with a limited membership to allow its program to be so filled that there is no time for a deliberate discussion of all papers presented. A meeting conducted upon the above plan could present a subject in a way that would attract to us many general men and tend to uplift our specialty in an educational way.

A volume of transactions of this society containing a symposium presented by its members would be sought after by the general profession, because the information therein would be up to date and more complete in detail than could be found in any text-book. I believe it would be well for our executive committee to investigate the possibility of having some medical publishing house take up the question of publishing our transactions and selling it to the profession. Such action would stimulate our members to do their best, and it would be an honor for any of us to have our papers given a place in such a volume as, in addition to a symposium, only papers of merit would be accepted. Papers might be accepted by a publication committee and possibly edited by them.

The cost of financing a saleable volume would be but little if any greater than the publishing of our present transactions, and the sale of the volume ought to produce an income sufficient to defray all and possibly more than all the expense of publication. I have been corresponding with several publishers on this subject, and will turn such correspondence over to our executive committee.

The publication of a volume of transactions is necessarily very expensive for a society having a limited membership, but no matter what the cost, we should not abandon it. We are making very important history for proctology, and to omit the annual publication of our transactions as at present published, or as outlined above, would be a decided step backward. We must cheerfully contribute to defray the expense, if necessary, until we succeed in putting such a volume on a paying basis, or deem it wise to increase our membership.

Many discussions have taken place in past years with regard to the limitations of our field of work. A majority at such times have given a broad interpretation to the limit of proctology. It is true that the man who confines himself to *ethical* proctologic work has a nar-

row field, and unless very fortunate will have difficulty in gaining a competence.

It seems to me that this society might with propriety define the limit of proctology and make it broad enough to satisfy all, after which proctologists should keep their work within the limits prescribed. At present one man treats diseases of the anal canal, another genito-urinary diseases in conjunction with proctology, while others do all operative work presented in the abdominal cavity or intestinal canal.

There is to-day great need of a body of specialists taking up the work of the large and small intestines. This is a branch of work that is not now being done in a way that redounds wholly to the credit of our profession. It really belongs to our line of work and, if taken up in a scientific manner by us, would do much to bring our specialty to a higher plane. Much is being written on the subject these later years, but there has been no united effort, such as brings success to a great undertaking. Let us either be proctologists or take up the broader field of procto-enterology.

It is now less than thirty-two years since the first reputable surgeon in this country took up the practice of proctology as a specialty. Up to that time the work was largely in the hands of charlatans. At about this time a canvass by Dr. J. M. Mathews of surgeons who practiced in the large medical centers showed that physicians rarely made a local examination of patients who were afflicted with rectal diseases. Instead, they often recommended these sufferers to seek relief at the hands of quacks.

Many changes have been wrought in the practice of medicine since that time, and the field of proctology has advanced with other branches. As a specialty it has rapidly assumed the importance which is its due, in spite of the opposition it has experienced from the general surgeons who have seemed to look upon it as an unwelcome invasion of their field. Reputable proctologists have done much to elevate the standard of this work and to bring it into good repute. There is still much to be done. The American Proctologic Society is in the lime-light to-day, and has a great educational work before it, from which I am sure we will not shirk.

One of our most important duties, as the writer views it, is this educational work. The public is slowly but surely being educated to know the value of this specialty through the excellent work which has been and is being done by proctologists. With the increasing appre-

ciation and demand for this kind of special work we hope undergraduate colleges will take up the subject in a manner which its importance demands. There will *then* be no excuse for much of the neglect, and I am sorry to say, improper treatment that is now being given to this class of patients. That there is such neglect and improper treatment can be substantiated by cases which I have already published and by many more that I could cite.

Since medical colleges do not, *we must*, educate the medical profession in much that pertains to this work. This can be done in a measure by showing the profession that the work of the proctologist is better in its results than that done by general physicians and surgeons. The field of medicine and surgery is too large to admit of the possibility of any man becoming an expert in all branches. This is an age of specialties, and the very limitations of a specialist make an expert of him. We believe that before many years the feeling which I am about to show now exists among physicians that proctologic teaching in colleges should be done by men learned in the specialty will be recognized by the majority of colleges. Then, instead of relegating the instruction to an unimportant place under the control of the chair of surgery, where almost no instruction is given, it will be dignified with a position of its own.

My experience is different from that of one prominent writer who says "there is not a medical college that I know of with any reputation, or a post-graduate college in this country, where proctology is not taught." This is true of post-graduate schools but only in part true of undergraduate schools. Only one undergraduate college in the middle states is now giving special instruction in proctology, where formerly the subject was cared for in the usual way under general surgery. I am proud to say that a member of this society is the instructor. A noted member of our profession was afflicted with a rectal disease which had been treated by general surgeons with no benefit. He finally consulted this specialist under whose care there came such great improvement and satisfaction that he was pleased to recognize the superior ability of an expert in his line by securing his appointment as instructor in proctology in this prominent college. The officers of this college now say that they will give its students the best equipment in every branch, including proctology which they now consider to be of prime importance.

In the opinion of the writer there is no region of the body more important from a health standpoint than the colon and rectum, no

part of the body where the physiology and pathology are so little understood by the general profession, and no subject or branch of a subject about which the undergraduate is so little taught as this.

It is a well known fact that rectal work until recent years was largely given over to quacks, and great credit is due the men who first had the temerity to limit their practice to proctology with this knowledge ever before them. It is now only twelve years since a determined band of well-qualified surgeons founded the American Proctologic Society, whose members are now rapidly bringing the good results of their work to the attention of the profession, and are being recognized by many to-day who formerly scoffed at them and their specialty. A verdict in favor of proctology as a specialty, plainly recorded as it now is by both practitioners and patients, is not to be downed by a shrug of the shoulders and the sneering statement that it is an unnecessary specialty. The laity are having great influence in forcing this recognition, insisting that their physicians consult with proctologists, or that they be referred to them for treatment when suffering from these troubles.

Among the patients of proctologists rectal diseases are of such a personal and delicate nature that there is very little general discussion of it and consequently there is less opportunity for the public to learn the difference in the quality of work done in this line by proctologists as compared with general surgeons. Only a proctologist knows the true state of facts as to the diagnosis made and treatment given by the general surgeon when the real conditions are overlooked. The opening of the records of proctologists would show an astonishing number of failures in the treatment of these diseases on the part of many of our best surgeons.

It is a significant fact that in most post-graduate schools the largest class is usually at the rectal clinic. This shows the growing desire on the part of doctors to increase their knowledge in proctology. Some colleges offer as an excuse for not having a special lecturer in proctology, that it is taught under the chair of general surgery as far as is necessary, that the curriculum is too crowded, and, consequently there is no time for it.

In order to prove the statements I make in this paper I have written to a large number of the best and most influential medical colleges throughout the United States and Canada, sending to each the following list of questions:

To the Secretary of the Faculty.

Dear Sir:

If it would not be too much trouble I would like you to answer the following questions, and remain the same to me:

Under what chair is Proctology taught in your college?

Have you a special instructor in Proctology in your college?

What is his name?

How many hours are given to the subject each college year?

Do you think Proctology as necessary to be taught by a special instructor as diseases of the eye, ear, nose and throat?

Thanking you very much for a prompt reply, I am,

Yours fraternally,

Answers have been received from thirty-two faculties. A number of colleges teach the subject in a desultory way under general surgery. One college teaches it under the head of gastro-enterology, eight have special instruction. One college gives thirty hours per year, one gives thirty to forty, one gives sixteen, one six, one five, one two or three; and three devote to the subject one hour per week during the college year under general surgery. Twenty-three out of the thirty-two colleges give so little instruction in this subject that they cannot tell the number of hours devoted to it.

The last question was answered in the negative by twenty-four. One college answered this question in the affirmative and that college has in proctology a special instructor who is a member of this society. The curriculum of one college was too crowded, one college had not sufficient material to warrant instruction, one said that further extension of special teaching would take too much time from major subjects, one had no opinion and one did not know, two colleges failed to answer this question at all.

It is therefore evident from the answers received that the colleges do not consider the subject of proctology one of much importance. In fact it is considered of comparatively little importance in all the colleges excepting those where some special instruction is given.

The result of my inquiries sent to medical colleges I have tabulated as follows:

QUESTIONS SENT TO COLLEGES AND THEIR ANSWERS.	
Number of colleges to which questions were sent.....	52
Number of colleges from which answers were received.....	32
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Under what chair is Proctology taught in your college?	Under surgery 29
	Under gastro-enterology 1
	Under gynecology 1
	Under proctology 1
	<hr/>
	32

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Have you a special instructor in Proctology in your college?	Number that have no instructor.....	22
	Number that have an instructor.....	10
		32
What is his name?	Number that gave name of instructor....	8
	Number that have no instructor.....	24
		32
How many hours are given to the subject each college year?	Number that give 30 to 40 hours.....	1
	Number that give 30 hours.....	1
	Number that give 16 hours.....	1
	Number that give 6 hours.....	1
	Number that give 5 hours.....	1
	Number that give 2 or 3 hours.....	1
	Number that give 1 hour per week...3	3
Indefinite or none	9	
		23
		32
Do you think Proctology as necessary to be taught by a special instructor as diseases of the eye, ear, nose and throat?	Number who answered no	31
	Number who answered yes.....	1
	Number who gave no answerer.....	2
	Curriculum too crowded.....	1
	Have not sufficient material to warrant instruction	1
	Further extension of special teaching will take too much time from major subjects	1
	No opinion	1
Does not know	1	
		32

There is always more than one side to a question of this kind. In order to arrive at results that would prove anything, it was important to learn what was thought of this subject by college graduates. I have therefore presumed on the good nature of one hundred and ten physicians throughout the state of New York and asked them to answer the questions contained in the following communication:

My Dear Doctor:

I am compiling some statistics for use in an address before the American Proctologic Society, and would esteem it a great favor if you would answer the following questions to the best of your ability. Please put this sheet in the enclosed envelope and return to me at your early convenience.

Yours fraternally,

Please give the name of your college?

Year of graduation?

During your college course were you given instruction in diseases of the colon and rectum?

Did you feel that you had enough knowledge of these diseases at the

end of your college course to enable you to intelligently diagnose and treat them?

In a general family practice would a knowledge of diseases of the colon and rectum have enabled you to do better for your patients, if the instruction in eye, ear, nose and throat diseases had been reasonably shared with as thorough instruction in Proctology?

The questions were sent to men in all branches of professional work, including men in various specialties. They were sent to men who had graduated during the years from 1873 to 1905, so that I might get the views of recent graduates as well as those of men who have had long experience in the practice of medicine. These questions and their answers, I believe, tell the story from the side of the profession. So we now have fair material for comparison from the standpoint of the college faculties, on the one hand, who feel that they know the subjects in which a student should be trained at the beginning of his life work, and from the standpoint of the physician, on the other hand, who is in the midst of his life work.

Physicians say by their answers that colleges should devote somewhat less time to other specialties and, instead, give their students more definite and practical instruction in proctology.

Every proctologist of any extensive experience knows from the cases that come to him, and the statements made in the history of these cases, how little is known by the general profession regarding critical work in our specialty. It is true that most general surgeons believe that they know all that is necessary to be known for the successful treatment of diseases of the colon and rectum. But from statements made by my own patients, I am sometimes amazed to find, judging by the reported diagnoses made by men prominent in surgery and medicine, how little of value is really known of proctology by the general practitioner.

The physicians who have answered these questions represent twenty-two prominent colleges, eleven of which are the same as those who received my college list of questions; so that the answers represent fairly well the amount of knowledge the profession feels it has received in proctology from these colleges.

The following is a table showing the physicians' answers to the questions:

QUESTIONS SENT TO PHYSICIANS AND THEIR ANSWERS.	
Number of physicians to whom questions were sent.....	110
Number of physicians from whom answers were received.....	76
Give the name of your college? Number of colleges represented by physicians who replied	23

Year of graduation?	From 1873 to 1905.
During your college course were you given instruction in diseases of the colon and rectum?	Number who received definite instruction 20 Number who received very little..... 23 Number who received no instruction..... 33 <hr/> 76
If so, how much?	2 hours weekly 2 1 hour weekly 1 12 hours yearly 1 2 lectures 1 Thorough instruction 1 Very little 38 No time given to instruction..... 32 <hr/> 76
Did you feel that you had enough knowledge of these diseases at the end of your college course to enable you to intelligently diagnose and treat them?	Number who answered no 62 Number who answered yes 12 Number who did not answer 2 <hr/> 76
In a general family practice would a knowledge of diseases of the colon and rectum have enabled you to do better for your patients if the instruction in eye, ear, nose and throat had been shared with as thorough instruction in Proctology?	Number who answered yes 64 Number who answered no 2 Number who did not know 1 Number who did not answer 6 Number who were uncertain 3 <hr/> 76

The answers to questions five and six show that almost all the physicians are entirely unqualified to diagnose and treat these diseases as a result of any instruction received in college. They also show that they believe that some of the time given to other specialties could be shared with this, and that as a result future graduates would be much better equipped than they are at present for general practice.

We do not claim that the work of the eye, ear, nose and throat is unimportant. But we do maintain that the time given to these specialties could be shared in a proper way with proctology. Such proper sharing of time need not detract from the importance of the older specialties but would recognize the importance of proctology. At the same time this would put the young graduate in possession of knowledge that would not only be of great value to him, but of far greater value to his patients. There are many things taught in the college courses on the eye, ear, nose and throat, or even in surgery, that are unnecessary for a man intending to enter general practice;

and, on the other hand, there are certain common and important diseases in each specialty that he is sure to meet and ought to be able to recognize. Less time should be given to the former and more to the latter.

Graduates of recent years feel, and frankly say, that they would have been better equipped for a general practice, if a reasonable amount of time spent in teaching *other* special subjects had been shared with proctology. A number of doctors have suggested that some of the time spent with major operations in surgery be shared with the subject of proctology. I have been told by many students and also by many graduate physicians of years of practice, that they have been handicapped by their lack of knowledge of this subject.

It is the duty of the American Proctologic Society to foster a sentiment in the profession and among college authorities favorable to the special teaching of proctology either separately or as a branch of general surgery in every reputable college. It may not be necessary to have a special chair in proctology, but sufficient time can and should be taken from some of the other courses to provide for instruction in proctology by one who is properly prepared to teach the subject.

A student entering a medical college does not know his future needs, but the graduate when he has learned his own deficiencies does know the necessities just as well as the college authorities; and the facts herein tabulated are sufficient to prove how little is provided and how much is wanted. These results should at least set college professors a-thinking.

It might be wise for this society to offer a prize of a substantial sum of money for the best original graduating thesis on a proctologic subject. The competition to be open to members of the graduating class of any college in the United States or Canada, the ten best papers, if worthy, to be published in the order of their superiority in the volume of transactions for that year. This prize would be given for the purpose of stimulating interest in proctology in undergraduate colleges.

In conclusion I would say that if the profession would offer more encouragement to specialists in all branches, especially to those who are willing to devote their time to a branch that has for some reason been neglected by the general profession, as proctology has, we would in a short time eliminate the evils which in many instances are a menace to health or life, e.g., quacks, healers of various sects and isms who take advantage of professional neglect, and use it as their opportunity to play upon the credulity and gullibility of human nature.