

American Proctologic Society, 1916.

EIGHTEENTH ANNUAL MEETING.

Detroit, Michigan

Monday Afternoon, June 12th, 1916.

The meeting was called to order at 2:30 P. M., with the President, Dr. T. Chittenden Hill, in the chair.

It being moved, seconded and carried that the regular order of business be dispensed with, the meeting proceeded with the scientific program.

Dr. Frank C. Yeomans took the chair and called for the reading of the annual address of the president:

PRESIDENT'S ADDRESS.

WHY PROCTOLOGY HAS BEEN MADE A SPECIALTY.

BY T. CHITTENDEN HILL, M. D.,
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When called upon some months ago by our energetic Secretary for the subject of my presidential address, I thought the matter over for a few days and then sent him the title which helps to adorn the excellent program we have this year. With the comforting assurance that I had a good title, which would be the main consideration, and that many admirable reasons why proctology has been made a specialty could be easily and readily got together, the matter was allowed to drop until quite recently. However, my consternation was very real when in preparation for this effort, I proceeded to read the addresses that have been published in our Transactions since 1909. In them was found nearly every idea I had in mind to utilize, ably presented by my predecessors in office.

Inasmuch, however, as our specialty is, relatively speaking, a new one, and as there are certain problems which we should all keep in mind for the future welfare of proctology, I shall call your attention to some of them in this paper. For this informal presentation I sincerely apologize and ask your indulgence.

In answering the question, "**Why Proctology has been made a specialty,**" I believe we could stop with the one word *Fistula*. Sufferers from this disease never have—and I started to say never *will*—receive skillful, or even adequate, treatment at the hands of

the general surgeon. He has never taken pains to learn the underlying principles of a fistula operation nor has he the requisite skill, experience or inclination to carry out the necessary steps in the post-operative treatment of these cases, to bring them to a successful conclusion.

It is not necessary for me to call attention before this Society to the statistics compiled by Tuttle, of 2,000 cases of fistula, operated upon in the General Hospitals with 45% of cures, for I think we are all convinced that a majority of the cases treated by the general surgeon are distinct failures so far as cure is concerned.

In using this argument of fistula as an answer to my query, "**Why Proctology has been made a specialty,**" I would call attention to the fact that there are in London two hospitals devoted to the exclusive treatment of disease of the rectum. It is worthy of note that above the entrances of both these well-known institutions, the word "fistula" is very prominent, for, as we enter their doors, the inscription "For Fistula and Other Diseases of the Rectum" stand out in bold relief.

But we do not base our claims for recognition altogether upon our greater skill in treating cases of fistula. The great majority of rectal disorders for which we are called upon to operate do not now receive the best treatment at the hands of the average general surgeon. No doubt some men, because of their particular interest in rectal cases, have acquired sufficient skill to do satisfactory work in the more simple conditions. It is only necessary, however, to witness the average general surgeon, or general practitioner, attempting to make an examination of a rectal case to understand why the treatment later instituted is so unsatisfactory. He does not know or recognize the importance of a digital examination, and if he attempts instrumentation, it is a most painful experience for the patient. Also, the physician is unable to interpret properly a picture with which he is most unfamiliar, because of the comparatively few cases he has been called upon to examine during the year.

There are many things which, can be accomplished that will greatly promote the successful recognition of our specialty. One of the chief things to be desired, to my mind, is the more general establishment of departments of proctology in our large hospitals. In the east, at least, there is no large general hospital of which I am aware that has even a bed at the disposal of the rectal surgeon, exclusive of hospitals devoted entirely to post-graduate instruction. This is a most unfortunate state of affairs, and seems to be one in which we thus far have had little success in achieving the desired result.

It seems to be the general feeling on the part of the surgical staffs of our larger hospitals that although they appreciate the fact that rectal cases are not getting satisfactory treatment, they feel that if such a department is to be established, it should rightfully come under some member of the existing staff. The great trouble with this argument is that the general surgeon, when he has arrived

at the stage where he might desire to specialize, has either become more interested in certain other aspects of general surgery, or his private practice has become so established along other lines that he could hardly spare the time to take more than a casual interest in this branch of surgery. To give up the time necessary to become proficient in rectal surgery would be too great a sacrifice. Therefore I do not believe we can ever hope for any marked improvement from within the hospital itself. It may be possible that proctologic hospitals may be built and maintained in this country if the general surgeon insists too long on keeping out the proctologists. However, the establishment of such hospitals, to my mind, is not the best solution of the problem, for there are many advantages of staff association, consultations, etc. in which our specialty touches on the work of men in other fields which would prove of mutual benefit. The proctologist would also have access to the expensively equipped research laboratories and every other advantage that goes with a large hospital. Also, working side by side with the general surgeon and the other recognized specialists would keep him better in touch with surgical progress, spur him on to better and more scientific work, and at the same time give him the advantage of kindly criticism.

Members of this Society who live in the West have been more successful than we in the East in getting Departments of Proctology established in existing hospitals, and are to be congratulated.

Hirschman, in his valuable address in 1913, recommended that our specialty be enlarged to include not only the rectum and colon, but the whole intestinal tract. It seems to me that so far as this Society is concerned, it is the proper thing for us to follow his advice in this respect. It enlarges the specialty and gives us a higher standing with the profession at large. In doing this, we get in very close touch with the gastro-enterologist and the medical man in general. I believe those of us who extend our specialty in private practice to include the whole of the intestinal tract should limit ourselves to the surgical treatment of these diseases. But in limiting ourselves to the surgery of these organs, a man can do better work if he investigates for himself and is familiar with the technic and various tests necessary to make the diagnosis. In other words, the man who does his own investigating, especially the man who limits himself to a particular field of surgery, is in a better position to do operative treatment. Although we as a Society may lay claim to the small as well as large intestine, it does not follow that any one member cannot with equal propriety limit his activities to the rectum, and colon, should he desire to do so. The problems of those who practice in a large center of population are sometimes different from the problems of those who practice in a smaller city.

Attention has recently been called to the necessity for adding a fifth year to the present four year medical course. This recommendation has been very favorably received, and will doubtless go into effect in the near future. One advantage on which adher-

ents of this change have laid stress is that it would give the needed opportunity for extending the time to be devoted to the medical specialties, and Proctology should be included among them.

The developments in proctology in recent years, especially the newest methods of examinations and treatment, certainly merit consideration, and it would seem that after investigation it will be thought advisable to give the undergraduate student a chance to acquire a knowledge of the principal pathologic conditions which occur so frequently in the rectum and colon.

The present would appear to be a favorable time to advocate having Proctology taught in the schools. In this connection I would again call attention to the address of Murray, in 1910, in which he gave us some valuable first hand information concerning undergraduate instruction in proctology from the point of view of the medical teacher and general practitioner. In this address he showed very conclusively (and the same conditions hold true today) that there is practically no systematic teaching of this subject in the leading medical schools throughout the U. S. and Canada. Even more significant was the statement that the representatives of these institutions, with one or two exceptions, considered the subject of proctology as comparatively unimportant, and that they were perfectly satisfied with the perfunctory and desultory methods of instruction they were now following. This report would have been very one-sided had Murray been content to rest his case on the opinions expressed by these educators. He went further, and submitted similar inquiries to over a hundred men in active practice, representing all branches of the profession, including various specialties.

The information gathered from this source was altogether different. The replies were almost unanimous in stating that the colleges had failed to provide sufficient instruction to enable them to intelligently diagnose and treat the ordinary diseases of the rectum and colon.

If we were to take each of these reports at their face value, we should have to conclude that proctology presented one of the greatest paradoxes of modern medicine. We were first assured by the college faculties that diseases of the colon and rectum were not of enough importance to warrant any special place in a medical curriculum. We were next told by physicians in the midst of their life-work that less time should be devoted to other specialties and a certain amount of definite and practical instruction given in proctology. It is impossible that both of these representations are true. It is unnecessary for me to state which view best meets the situation, or to rehearse the arguments in favor of undergraduate instruction in proctology, now that the general practitioners have given a clear and direct mandate on this point. Their influence with those in charge of medical education will prove large in the end for the simple reason that it is altogether unbiased. Therefore, now that public opinion, as constituted by the great majority of the profession, has decided in our favor, we can look forward to a final

adjustment of the differences of opinion which at present seem to prevail. The time will soon come when an opportunity will be afforded all students in our best schools to acquire the rudiments of our specialty.

In this connection it is well for us to remember—when at times we may think our specialty slighted—that nearly every specialty of medicine has had to overcome certain prejudices. None of them have been accorded their rightful recognition without a struggle. I have often heard it stated that the general surgeon was our chief stumbling block, that he was opposed to further specialism, particularly in our line, and that his motives were not always altruistic. But should we complain if we do have to compete with the general surgeon? Is our position any different in this respect than have been all other specialties? I suppose in the past the ophthalmologist, the otologist and laryngologist all had similar tales of woe, for I can well remember (and I do not consider myself an old practitioner at that) the time when tonsil, adenoid and mastoid operations were mostly performed by general surgeons. To-day it is very seldom a patient with any of these ailments ever goes near a general surgeon. Twenty years ago there was a question whether Gynecology would be made a specialty. Now it is a flourishing one. So also are the more recently recognized specialties, such as Urology and Orthopedic Surgery. The successful introduction of these subdivisions of surgical practice is largely attributable to the age of specialism in which we live. Most of the successful achievements in the business world and in the arts and sciences have been due to a concentration of energy. It has been this same tendency in medicine which has resulted in the wonderful progress of the various surgical specialties. At the present time it is an almost hopeless task for any one man, doing general surgery, no matter how gifted he is by Nature or what his attainments, provided he sets no limits to the vacirty of his surgical activities, to hope to equal in efficiency the average conscientious specialist in one line of work. This is particularly true of Proctology.

PROLAPSUS ANI IN ADULTS.

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There are two varieties of prolapse of the rectum that can be recognized by one familiar with these conditions. As the treatment of each differs essentially, a few words about them both will not be out of place here. The first variety is prolapsus ani, or prolapsus mucosae recti. A protrusion of two inches is about the extreme amount found in this condition and is therefore a point of im-