

American Proctologic Society, 1909.

ELEVENTH ANNUAL MEETING,

Atlantic City, N. J.,

June 7 and 8, 1909.

The meeting was called to order at 2:15 p.m., on June 7th, the President, Dr. George B. Evans, of Dayton, Ohio, 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 Dr. Jerome M. Lynch, of New York City, while he read his Annual Address.

PROGRESS IN PROCTOLOGY.

PRESIDENT'S ADDRESS.

GEO. B. EVANS, M.D.,

DAYTON, OHIO.

It is a great privilege and honor to preside over the deliberations of this Society. From the very beginning I considered it the greatest honor of my professional life to be invited to become one of the charter members of a society devoted exclusively to proctology. There is no greater satisfaction in life to the man who is upright and whole-souled, than to feel that he has the confidence and esteem of his co-laborers. The greatest proof of my interest in the growth and welfare of this Society lies in the fact that I have been present at every meeting, and listened to every paper and discussion. As the hand on the dial points to the hour when the "clans must gather to the trysting place," we are reminded that The American Proctologic Society will now assemble for the eleventh time since it met at the Chittenden Hotel, Columbus, Ohio, June 6-7, 1898, when it was created a National body. As the chariot of time has rolled by, each annual session has left its imprint on the history of proctology, an imprint which has yearly become wider, deeper and far more indelible as our organization has advanced in maturity, strength and prosperity.

Our labors have not only contributed to our individual betterment

as members of this guild, but they have added to the dignity and luster of Proctologic Surgery by their excellent results. With this great heritage, a measure of accountability for the safeguarding of the trust has also been handed to us, which adds to the grave responsibilities of the hour.

As I stand before this gathering of guests and my distinguished Fellows, I feel profoundly conscious of my own shortcomings and unworthiness, yet deeply grateful for your confidence and esteem. As I gaze upon this year's program, containing twenty-six papers from various authors, I feel assured that when this session closes, one year more of fruitful endeavor and achievement will be added to the imperishable records of our Society.

Not many years since, the creation of proctology as a specialty was frowned upon; for an indefinite period what was known of and what was done for diseases of the rectum was largely empiric, and not due to special knowledge or scientific study. A few of us, at least, can remember when it was the rule among general practitioners to make no special effort to determine the pathology of diseases of the rectum; in fact, it was believed unbecoming the dignity of a high-classed, high-toned medical gentleman to so lightly esteem modesty as to ask the privilege of seeking the naked truth. Without attempting to make a diagnosis, opium and lead wash, with catharsis, was deemed sufficient treatment for any case. Little was taught in medical colleges of these diseases, for little was known, and no special desire to learn much concerning them seemed to exist. But, fortunately, in the natural evolution of this specialty, this ignorance and indifference in the main, has been eliminated, and this field of work has assumed that of an accredited and justifiable specialty. No longer do we have to contend with the non-recognition of serious pathology, because of interposed modesty, ignorance and criminal indifference. A knowledge of the importance of being able to diagnose and treat intelligently diseases of the rectum is now considered essential for every general practitioner, and all this as a result of the creation of proctology by men who have made a special effort to develop this field. The credit is due to such men as Adler, Allingham, Ball, Cripps, Edwards, Earle, Gant, Kelsey, Martin, Mathews, Pennington, Tuttle and others. To them we are indebted for progressive proctology. It seems to me that every medical college in this country should make some provision for teaching the fundamental principles of proctology. I do not mean by this that the students should be made specialists, but I do mean that they should have

such instruction as would enable them to diagnose the minor ailments to which the rectum is heir. I am happy to report that there is progress in this direction, and to-day more colleges are teaching and giving more hours to this subject than in previous years. In my work in the hospital with which I am connected, the internes have been better equipped for work in proctology in the last three years than before. As a matter of course, our pathology of this area is of necessity a modern pathology, and our knowledge of valves, varicosities, neoplasms, ulcerations and suppurations, are not based on hypothetical ideas of a quarter of a century since, but instead on the rather exact revelations of laboratory findings. The import of the presence of staphylococci, gonococci, colon bacilli and tubercle bacilli, is equally as much to the rectal surgeon as to the general surgeon, as is the microscopical proof of the malignancy or benignity of a bit of tissue. With what greater assurance the proctologist approaches examinations of rectal diseases than did the physician or surgeon of some years since. With a wide-open field, if necessary, the aid of anesthesia, the proctoscope and the laboratory, there is usually not much difficulty in making a diagnosis,—a diagnosis inseparably linked with its dependents,—treatment and prognosis. Under the influence of progressive proctologic work, ignorance and indifference to the recognition and treatment of rectal diseases is rapidly disappearing from the average medical man, as well as from the average layman. As a result of which the sum total of human suffering is immeasurably lessened, and individual existence is not so frequently abridged. The victims of rectal diseases are to be congratulated that this branch of science, or pseudo-science, has sufficiently advanced, that it now occupies the serious attention of the most progressive and intelligent men. A review of what has been done relating to this specialty, that may be considered progressive and beneficial, is hardly worth the while, as you are all familiar with them. Yet I shall venture somewhat along this line. Progress is bound to come, and come through innovation. Therefore, we should be careful how we oppose the new, simply because it is new. The heretic, of one century, becomes the apostle of the next; the rebel of to-day, becomes the patriot of to-morrow. Progress is the condition of existence; when we are no longer improving, we are deteriorating. He who adds his mite to the storehouse of knowledge is only paying the debt he owes to his predecessors, who have filled it so abundantly for him. Dr. T. C. Martin has laid before us the results of his labors in the dead-house, as well as his successes

and failures in the amphitheater, relative to the existence and pathology of rectal valves. He demonstrated his technic for the removal of the same. He simply paid a debt and that cheerfully and we are grateful. Along the same lines Dr. J. Rawson Pennington, the irrepressible and indefatigable worker that he is, came to Washington in 1890, with a bag full of pathologic specimens and cheerfully and gladly laid them at our feet. Is not this progress? He simply paid a debt. Down in the South is a man who spends every spare moment searching for the ameba and brings his results to us each year for our acceptance or rejection. Dr. John L. Jelks is simply paying a debt to suffering humanity. He is progressing and by his efforts the objects of this Society are advancing. Dr. James P. Tuttle, by extirpation and resection, is ridding the rectum and sigmoid of that much dreaded disease,—cancer. Dr. Samuel G. Gant has made operative interference easy by the intervention of local anesthesia. Let everybody get busy. The management of diseases embraced by proctology has been influenced and that favorably by Listerism. Twenty-five years ago we knew little of asepsis and antisepsis. The Lister methods of that day have been so changed and improved that they now seem very crude. The value of thorough cleanliness, asepsis, and the antiseptic influence of certain drugs, is of immeasurable value. It is now understood that the recto-anal area can be placed in a surgically clean condition, and that there need be no fear following operative interference. In not a few instances, it obtains that relief is dependent on rectal surgery, when the subjects are unfit for narcosis produced from a general anesthetic, in cases of cardiac, pulmonic or nephritic disease, making it hazardous to use general anesthesia. Sometimes it would seem that this danger of the use of an anesthetic is too lightly thought of, and consequently, the mortality rate is increased. Local anesthesia, under cocaine infiltration, for the most part, is satisfactory, and is a great convenience to the operator and a life-saving narcosis in many instances.

The palliative treatment of hemorrhoids by proctologists is largely a matter of enforcement, viz.: where they are not permitted the opportunity to relieve by radical methods. The operative methods of removing hemorrhoids are so well understood, simple and effective, that it is foolish to attempt to relieve them by drugs or palliative measures.

The Allingham, or ligature method, when correctly and carefully performed, is generally applicable, but is not so free from pain and so

quickly convalesced from as the clamp and cautery method. Many regard the last mentioned method as the one to be preferred. I believe, however, that the enucleation method approaches nearest to the ideal in results, and that the retention of the plug is not so painful as some would have us believe. This method leaves no tender and obstructive stumps to slough; no nerves to be caught and squeezed, which produce most excruciating pain, as after the use of the ligature; nor are the nerves and tissues burned to a crisp, which is also painful, as with the clamp and cautery. In lieu of this, a fibrous exudate is deposited over the operated field, which exudate is neither destroyed nor disturbed upon removal of the dressings. This operation, as I have said, approaches the ideal, and is a step in advance. Why? First, it is neater. Second, the removal of the dressings is painless. Third, the tender granulations are protected by the rubber covering of the plug; hence, healing is greatly enhanced. Fourth, little or no pain occurs during the first and subsequent movements of the bowels.

Proctoscopic examination is of importance, and is a distinct advance in rectal work. It is of great assistance in determining disease beyond discovery by ordinary methods. It is of distinct service in diagnosis, and of great value in aiding treatment in not a few conditions. The use of the proctoscope should be encouraged, as undoubtedly its employment by the general practitioner is infrequent.

There is more hope for the ultimate cure of tubercular conditions; our better understanding of what environment means to these people will go far toward helping them to recover, and there is not so much reason for a delayed recognition of the condition, which is of paramount importance.

I believe there is possibly a better understanding of syphilitic conditions, ulcerations, infiltrations and strictures, but the eternal dependence on anti-syphilitic treatment to resolve hyperplastic tissue is not so conspicuous, and progressive workers in this field realize that incision and excision are often necessary. Concerning malignant and benign growths, the surgical rules that apply in other anatomical regions apply here.

Early discovery and early removal is the only hope, as we all know, in malignant conditions, and as an advance, the removal of cancerous growths not within easy reach from below may be dealt with from above, or supra-pubically; and just here it may not be inopportune to remark that it is to be believed that ere long it will be realized by the average physician that the removal of the rectum *per se*, is not as disas-

trous a matter as it is sometimes made to appear, especially since it is known that muscular transplantation will preserve more or less perfectly the function of the sphincters. The development of the technic essential to produce sphincteric power, will relieve rectal extirpation of one of its most unpleasant features and render less hesitant many sufferers who should have the benefit of the operation. Another matter of progressive interest is that colonic or rectal ptosis is amenable to intrapelvic or intra-abdominal fixation, bringing relief that in some instances cannot be hoped for by any other method of interference.

Now, gentlemen, I have hastily gone over the field and noted the previous points to indicate to you that there has been progress in our work, though it may have previously appeared to you, without having devoted special attention to the matter, that there has been no progress in the last half century. After all, the most encouraging sign is that the profession recognizes the fact that proctologists have a legitimate right to exist as specialists, and that diseases in the ano-rectal region deserve the same consideration as elsewhere. With the elimination of indifference, estheticism, modesty, the more universal belief in the necessity of early examination and diagnosis, we can but hope for greater progress and more relief to suffering humanity.

Gentlemen, when I consider the personnel of this Association, I am quite confident of the perpetuity of proctology as a distinct entity and am equally sure that progression in this special field of work will be in keeping with that in other specialties.

It was moved and seconded that the President's Address be referred to a committee of three, to report to the Society. Carried. The following were appointed on the committee: Drs. James P. Tuttle, of New York City; A. Bennett Cooke, of Nashville, Tenn., and T. Chittenden Hill, of Boston, Mass.

REVIEW OF PROCTOLOGIC LITERATURE FROM
MAY, 1908, TO MAY, 1909.

BY SAMUEL T. EARLE, M.D.,
BALTIMORE, MD.

In making this review your committee thought best only to include such cases as he thought would be of special interest to the members of this Society. Many of the articles on proctologic literature found in the journals for the past year had been read before this Society at its last annual meeting; therefore this report does not in-