

American Proctologic Society, 1914.

SIXTEENTH ANNUAL MEETING.

Atlantic City, New Jersey.

Monday Afternoon, June 22, 1914.

The meeting was called to order by Dr. James A. MacMillan, Vice-President, who expressed regret at the absence of the President, Dr. Jos. M. Mathews, and stated that the latter had requested him to prepare the usual presidential address.

PRESIDENT'S ADDRESS.

SOME PROBLEMS FOR SOLUTION BY THE AMERICAN PROCTOLOGIC SOCIETY.

By JAS. A. MACMILLAN, M.D.,
DETROIT, MICHIGAN.

It is to be deeply regretted that our president, Dr. Mathews, is not present at this sixteenth annual meeting of the American Proctologic Society to preside over its deliberations. His strong and attractive personality, his intimate knowledge of proctology and its history, and his distinguished reputation as a surgeon would make him a most able and valuable presiding officer, and I fully appreciate my shortcomings as a substitute. It is also a matter of regret that we are not to be favored with a paper by Dr. Mathews on the "Future of Proctology," as intimated in the preliminary program; but it is to be hoped that within a short time he will find occasion to present to us his views on this very interesting and promising subject. For this meeting there is a program of exceptionally good papers, to the presentation of which we look forward with keen interest. The officers of the society have put forth every effort to make this meeting as successful as those of the past. A ready and full discussion of papers is a most valuable factor in our meetings. It indicates the intensity and sincerity of our desire to find the best that can aid us in the relief of the sufferers that come under our care.

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For the opening address I have prepared a brief discussion of some of the problems that present themselves for solution by the fellows of this Society. One of these problems is concerned with the scope and limitations of proctology. This will be settled either for us or by us, and it would seem to be the duty and privilege of this Society to make its influence felt in the settlement of this important boundary line.

However that may be, in the very nature and relations of the rectum and colon the limitations of proctology must continue to be indefinite. The terminal portion of the intestinal tract is peculiarly liable to be affected by, or involved in, the diseases that arise in other abdominal and pelvic organs, and the proctologist is sometimes compelled to go far afield in his efforts to restore to health the colon or rectum. However, while he may find it necessary to operate on a hernia or appendix, there seems to be no disposition or tendency to extend proctology in this direction. The same may be said of diseases of the genito-urinary tract. Not infrequently they extend to the rectum and colon, yet the line between these and proctology seems to be definitely and satisfactorily fixed. Notwithstanding the frequent and vicious attacks of gynecologic diseases upon our territory, there is a well defined boundary line maintained between gynecology and proctology. However there is a tendency at the present time to extend proctology so as to include under it all the intestinal tract. Its comparative uniformity in structure, its exposure to the same agents of disease and the direct dependence of disease in one portion upon that in another would seem to favor this extension. The rectum and colon present a very wide field upon which a surgeon may expend his energies, but the contention is that he will get a broader and more practical view of his work by including under one specialty the entire intestine. The writer does not wish to convey the impression that these problems should be settled arbitrarily. Besides the physiology and pathology, one's surgical fitness has an important bearing on the question.

Another function of the Society may be classified under the term "standardization". By this it is meant that a mark of approval be fixed on surgical measures that have been thoroughly tested and found good and reliable. It also stands for the equally important disapproval by which operations that are dangerous and unjustifiable are eliminated. In not a few instances it is known that unwarranted and vicious surgical procedures have lived and continued in use for years because these measures were thought to have the approval of

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the authorities. As an example of this may be cited divulsion of the sphincters, a procedure which is used, I believe, not infrequently in operations on hemorrhoids and similar conditions. The sphincters are torn and, frequently, there is resulting incontinence. As a matter of fact, it is quite probable that incontinence of feces in a large proportion of cases is produced by a confidence in, and an adherence to, measures that would receive the unanimous condemnation of the fellows of this Society. This is the negative side of standardization, and I believe the American Proctologic Society is doing a good work in this connection. Papers read before this Society are subjected to a thorough and frank discussion, and its full approval of methods is not given without thorough investigation. On the other hand there is no reason to believe that rectal surgery is a finished art, but rather every reason to hope and believe that we are approaching a period of great progress. Accordingly, it is our duty to see that the greatest possible encouragement be accorded the original and progressive work of the fellows. Some of our best surgical measures, when first proposed, were treated with such indifference or disapprobation that they were promptly buried for years, only to be resurrected after much unnecessary injustice and suffering had been endured. It is one of the inestimable advantages of this Society that the intimate relation existing among the fellows permits and fosters a thorough and valuable discussion of the papers presented. It is not at all probable that new surgical matter brought before this Society will receive its approval without investigation, and it is our duty to see that this investigation is given all the original work brought before us.

The positive side of the work of standardizing surgical measures is more difficult than the negative. Disapproval can be given without much consideration, but nevertheless it will travel fast and be quickly disseminated. On the other hand, to establish an operation and its particular technic several difficult conditions must be obtained. It must not conflict with known surgical principles, it must conform to the anatomy and physiology of the part, and it must be made as simple as possible. While all these are necessary, the great and ultimate factor in the production of a standard surgical measure is the results. The weight of these results is increased by their number, and by the number of surgeons contributing to the statistics.

In this connection the writer wishes to bring to the attention of the Society a suggestion in regard to the work it might do to improve

the treatment now generally accorded patients suffering with rectal cancer. At present the attitude of surgeons toward this disease varies from rigid non-interference to radical operation in all cases. It is the belief of a very considerable number of surgeons that there are certain cases of cancer of the rectum in which operation will afford cures or a fair percentage of cures. Probably it has been the good fortune of all of us to have such cases, and it would seem unjustifiable to refuse operation to these patients. At the same time there are other cases in which radical operation only inflicts new and greater suffering on these unfortunates. It is one of the most difficult problems of a surgeon to select the cases suitable for radical operation. It is also a very important question to determine the proper surgical procedure in a given case. Ultimate conclusions on these and other problems connected with this subject can only be obtained from large and reliable statistics, and I believe this Society is in a position not only to collect these statistics, but also to formulate therefrom rules and principles that would prove of great value in the surgery of rectal cancer. To carry out the suggestion would involve the appointment of a committee on cancer and a report from each of the members of the Society upon the cases of rectal cancer occurring in his practice, the reports to be made at each annual meeting. The work could be simplified by the use of forms giving age, sex, occupation, nationality, location of cancer, extent, duration, treatment, kind of operation, results and remarks. It is not probable that it is the fortune or misfortune of any one member of this Society to have sufficient cases to form conclusive statistics; whereas the combined cases of all the members would furnish most interesting and valuable information, such as the number of cases of cancer being referred to proctologists, the proportion of cases upon which operative treatment is used, and the kind of operation used in the different types of case.

I will not take up the valuable time of this Society by going any further into the details of this work, which may not in any way meet your approval; but the suggestion will serve to show my appreciation of the great problems that press for solution, and my belief that this society will meet them with sufficient energy and ability.