# American Proctologic Society, 1917.

## PRESIDENTIAL ADDRESS.

## THE PLACE OF THE PROCTOLOGIST IN A DIAGNOSTIC GROUP.

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In 1907, at Atlantic City, through the courtesy of Dr. A. B. Cooke, then secretary, the pleasure was afforded me of attending for the first time a session of the American Proctologic Society. Today, a decade later, I am honored by being permitted to preside at its nineteenth annual meeting. Allow me to express my sincere thanks, and be assured of my grateful appreciation.

It is, however, in a most humble spirit that I approach my task, for I recall those who have been my predecessors, and am mindful that the name of each one stands out illustrious in the annals of proctology. Among them were the charter members of this Society: Lewis H. Adler, Jr., William M. Beach, A. Bennett Cooke, Samuel T. Earle, George B. Evans, Samuel G. Gant, Thomas C. Martin, Joseph M. Mathews, J. Rawson Pennington, and the late lamented George J. Cook and James P. Tuttle. These men were the pioneer teachers and practitioners of modern proctology. Through their tireless labors this special field of surgery, which before had been most woefully neglected by the reputable general surgeon, was rescued from the unworthy hands into which it had fallen. Through years of patient and continued effort, with the earnest assistance of all the other fellows of the Society, they secured from the medical profession that recognition of proctology, as a specialty, such as they always deemed it deserved. It is most gratifying to be able to state that with the creation, in 1916, of a Section on Proctology, by the American Medical Association, their efforts have been crowned with success. It may also be said, in passing, that the American College of Surgeons, acting in accordance with the broad and liberal spirit in which it was conceived, has also given recognition to this specialty by conferring fellowships upon a large number of the fellows of this Society.

Several of my predecessors, in their addresses, have deplored the fact that, with a few exceptions, none of the undergraduate medical schools give any adequate instruction in enteroproctology by qualified men. In sharp contrast to this, we note that in every postgraduate medical school in this country there is a department of rectal and colonic surgery, whose existence is amply justified not only by the number of patients which it treats, but by the large attendance of postgraduate students who come to obtain instruction in a subject which, owing to the negligence of their alma mater, they know very little about. Those of us who are teachers in these schools are able to corroborate the statement that to most of the postgraduate students the anorectal and colonic region is a terra incognita. Many have never made an examination, while some have never before seen one made. The majority have never been taught to do it properly, and consequently are unable to interpret their findings after making it.

It is a sad commentary on the boasted progressiveness of the university medical schools that they fail to teach at least the fundamentals of this subject, by men qualified by training to impart it. While it may not be any part of their functions to train students to become specialists, yet it seems to me it is their duty to give such elementary instruction in all the special branches of medicine and surgery as will be sufficient to prepare their graduates to diagnose and treat, with some little familiarity, the more common conditions with which they are most apt to come in contact after they have taken up their professional duties.

I believe you will agree with me that these schools should no longer remain enwrapped in conservatism; that they should begin to realize that failure to impart instruction in enteroproctology and the other recognized specialties which have arisen in late years, impairs their standing as thorough teaching institutions, and that they should now take heed of the demands and needs of modern medicine. The American Proctologic Society should exert its influence as a body in an effort to bring them to see the light. Instead of trying to persuade them to teach enteroproctology by qualified instructors, as we have done in the past, we should from now on insistently demand that they do so.

This brings me to the main subject of my address: "The Place of the Proctologist in a Diagnostic Group." Up to about twenty years ago all the medical needs of a community were attended to by the so-called family doctor. But few men were surgeons, exclu-

sively. Most of the latter, though often professing to be such, did not hesitate to treat medical cases. About the only specialists familiar to the laity were those who restricted their practices to the treatment of diseases of the eye, ear, nose and throat. As a rule, even these diseases were treated mainly by the general practitioner, who referred to the specialist in such cases only when he found it absolutely necessary.

There were already a few men who confined their endeavors solely to specialization in one or other of the specialties, such as we are today so familiar with. These pioneers received only slight encouragement from their colleagues, and, as the work they were doing was unknown to the laity, their practices grew slowly. Their patients were, in the main, those who were referred to them by the most progressive and conscientious practitioners in their community, such men who always place their patients' interests above their own, and who are always quick to recognize and encourage those of their colleagues whom they think are especially qualified and equipped to do the best work for their patients, when needed.

But year after year changes have been going on, until now we hear it said that, "Today is virtually the day of the specialist." The good old family doctor, as we knew him a quarter of a century ago, is rapidly becoming a memory of yesterday. His place has already been taken by the keen internist, who, knowing his own work well, is most appreciative of that of others who may be laboring along different lines.

I believe this era of specialism gives evidence of the advancement and betterment of the whole profession; that it means far more efficient service rendered to the public than it has received in the past.

In every specialty of medicine and surgery, earnest workers, delving ever deeper, are constantly adding to an already voluminous literature, so that it now has become almost impossible for a single individual to read it all, much less digest it. It now requires a close and almost undivided attention to that subject alone if one wishes to keep abreast with what is being accomplished in any special line of work.

With more knowledge and longer experience there comes to the specialist—if inspired by a true professional spirit—a better realization of the close relationship existing between his particular field and all the other parts of the body. He perceives that his labors form but a small part in the general scheme of medical practice; that it takes all the parts to make up the whole. Further, he learns

that he is not exempt from the laws of compensation, so that, while from devoting his entire attention thereto he excels in his own special work, he consequently lacks knowledge, experience and adeptness in that of others. As a result, lately among progressive men there has arisen a movement to form what is known as "Diagnostic Groups." By this plan a patient, perhaps one referred by somebody without the group, is given a complete and most thorough examination by each one of the group of consultants who are all presumably expert in their particular lines of practice. After the examinations are entirely completed, the findings are discussed by the assembled group and a final diagnosis arrived at, if possible. This form of procedure brings out the best efforts of the consultants. Each one examines the patient from a different angle, and later has the opportunity of learning from the discussions the relation of his findings to, and their value in, the ultimate diagnosis.

Group diagnosis has been hailed as a new idea. It may appear so to those practitioners who have not kept in close touch with affairs medical during the past decade. It may so seem to members of hospital staffs who have slumbered while the great changes in medical practice have been taking place. It may be so welcomed by some of those men in the university medical schools, who have eagerly taken up the movement and then have appropriated to themselves the credit for having originated it.

As a matter of fact it is the postgraduate medical schools and clinics of this country who really should receive the laurels. For many years they have made use of a plan of group diagnosis, in a modified form, but attaining the same ends. Being strangers to conservatism, they always have been the first to establish departments for teaching any special branch of the healing art which modern medicine demanded. Being the only institutions possessing a staff of clinicians in every specialty of medicine and surgery, patients seeking treatment at their clinics could always be, and were, referred from one department to another for special examinations. Therefore, I repeat, it was in the postgraduate schools and clinics that the plan of group diagnosis germinated. The present movement is simply an elaboration and an extension of the original idea.

Every diagnostic group should include specialists in every branch of medicine and surgery. Let us consider the advisability of including an enteroproctologist, in which matter we are particularly interested. It seems strange that a diagnostic group should pretend to offer the last word in a diagnosis, when the proctosigmoido-

scopic examination—granting for the sake of argument that there was one—was done by someone who was without training and experience sufficient to warrant the interpretation of his findings being considered of any value. It is this alone which counts: the mere instrumental examination means nothing.

There is some difficulty in understanding just why hospitals and colleges, which endeavor apparently to keep abreast of the times, as evidenced by the diagnostic groups which they have organized, do not aim to add to their staff a well-qualified enteroproctologist. Perhaps it may be owing to the objections of their surgeons, who, I regret to have to say, as a general rule have always been strenuously opposed to their field being further subdivided. But can they not see that, notwithstanding their protests, the eye, ear, nose, and throat surgeon, the orthopedic surgeon, the genitourinary surgeon, and the gynecologist, among others, have steadily come into their own. Perhaps it is because those in the group desire to keep their number as limited as possible, so as to make their financial returns proportionately larger. This I can hardly believe, as they are, for the most part—at least in the community in which I practice—men who are actuated by high professional and moral ideals, who aim to attain the utmost efficiency in their work, and who have always foremost in their minds the best interests of their patients.

As I have said before, the more adept one becomes in his specialty the more does he realize the very close relations existing between the parts in which he is particularly interested and the balance of the body in general, and special parts in particular. With longer experience more and more is this brought home to him; and so more and more does he find a need for the aid and co-operation of men expert along other lines.

The fellows of this Society, at our annual meetings, and at meetings of county and state societies, have repeatedly urged the value of, and the necessity for this co-operation. They have again and again pointed out that anal, rectal, and colonic lesions often give rise reflexly to symptoms which may be wrongly attributed to disease in other parts of the body, and vice versa. They have shown this to be especially true with regard to the reproductive and urinary organs of the male and female. Therefore we claim that, in the consideration of cases presenting symptoms in these parts, it is equally important to secure the opinions of the gynecologist, urologist, and proctologist before a correct and final diagnosis can be deduced.

On several occasions Gant and others have called attention to the important fact that a roentgenogram of the colon and rectum often gives the picture of an apparently serious condition, whereas a proctosigmoidoscopic examination shows the fallacy of the same. Within the past two years I have myself seen three cases where the sigmoidoscope cleared away the fears which the pictures had aroused. All this goes also to accentuate the need for an enteroproctologist in a diagnostic group.

Though there are many others, I will speak of but one more class of cases, such as we commonly meet with, where the services of the proctologist can be of great assistance in making a diagnosis. I refer to that symptom-group, constipation and its sequelae. By proctosigmoidoscopic examination an intestinal stasis often will be found even though there is a history of regular daily bowel movements. As for the sequelae, many apparently come solely within the domain of the internist, gynecologist, urologist, orthopedist, neurologist, dermatologist, or other of the specialists, so that, to those who have given the matter but little thought, it may appear rather ridiculous that the claim is made that a rectocolonic examination may be of such importance in making or clearing up a diagnosis. But it is the highclass men among the specialists just mentioned who best know the value of, and mostly insist upon the need for, these examinations. For example, it was Reginald H. Sayre, of New York, at the 1916 meeting of the section on Orthopedic Surgery of the American Medical Association, who brought out, in the discussion of a paper on "Sciatica," that all the previous speakers had mentioned having gone over almost all other parts of the body in their search for the cause of pain in the sciatic nerve, but no one had spoken of the necessity for looking for fissures of the anus, growths in the rectum, or a dilated and filled colon.

It was at the same meeting, in the Section on Genito-Urinary Diseases, during the discussion of a paper on "Retention of Urine," that Edward L. Keyes, Jr., also of New York, reminded his audience that sometimes the relief of a fissure of the anus, or of a linear stricture of the rectum, may be the only means of relieving the main symptoms of bladder irritation. In illustration, he told how the general service in Bellevue Hospital had sent him a case where the rectum was pronounced normal, but he had found a linear stricture, which was then incised, with a resultant cure of his patient's bladder trouble.

It is men of this type who best understand that, through long

and varied experience, skill in the use of the illuminated pneumatic sigmoidoscope, and ability to correctly interpret what is seen, the enteroproctologist is the one who should be relied upon to do this part in the diagnostic scheme.

The time has already arrived when even the laity recognize this, and they are now quick to take cognizance of the neglect of their medical adviser to secure for them an expert examination of the rectum and colon.

The American Proctologic Society has ever kept abreast with the progress made in medicine and surgery. From its ranks, through the labors of Tuttle, Gant, Mathews, Earle, Lynch, Hirschman, and Cooke, the medical profession has received its best text books on rectal and colonic diseases. These works, together with a wealth of literature contributed by the fellows of the society during the past eighteen years, have gone far in educating the whole profession to recognize and treat a class of cases which before was neglected and often mistreated.

The specialty of enteroproctology, having done so much, should in turn share the fruit of its labors. Every diagnostic group should include a competent proctologist. Only then will it be worthy of the name of "Diagnostic Group."

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## MEMORIAL ADDRESS.

## OUR LATE MEMBER, GEORGE J. COOK, M. D.

ALOIS B. GRAHAM, M. D., F. A. C. S.

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George J. Cook was born on the homestead farm of his father, near Nobleton, Alleghany County, Pennsylvania, February 12th, 1844. He was the youngest of six children. He attended the district school during the winter term and contributed his quota to the work of the farm during the summer season. Like many a successful man in later years, he laid the foundation for a strong constitution and rugged health in this outdoor work which developed his physical strength; but the intellectual side of his nature was not neglected, and having inherited mental qualities of a high order, he naturally improved every opportunity for broadening his education. He was seventeen years of age when his father died, and having completed