

American Proctologic Society, 1912.

FOURTEENTH ANNUAL MEETING.

Atlantic City, N. J.

Monday Afternoon, June 3rd, 1912.

The meeting was called to order at 2:40 p.m., and the first order of business called for was the reading of the minutes. It was moved that the regular order of business be dispensed with, and that the meeting go on with the regular scientific program. Motion was seconded and unanimously carried.

The Vice-President took the chair, and called for the reading of the Annual Address of the President.

PRESIDENT'S ADDRESS.

RELATIONSHIP AND DUTIES OF THE PROCTOLOGIST TO THE PROFESSION.

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It is with an extreme degree of timidity that I approach the subject of this address, being younger and less experienced than many of my auditors, yet the subject appeals to me, especially at this time. An address of this character must need be ultra scientific.

At its inception, this Society was something new—"a strange vessel on the high seas." In its embryonic state, its moulding was, after a fashion, to partake of the character and idiosyncrasies of those who organized it.

This child of American Medicine has now become a sprightly youth, and with ambition and strength of purpose, having and exercising authority.

The medical world has begun already to recognize authoritatively the expression of its Fellows, and is looking to them for light on the subjects involved in our specialty.

Our individual responsibilities, therefore, become the more distinct and the necessity of exercising discretion and thoroughness of

description, as also of perfection of technic, must be carefully observed. What we write or state in moments of extreme enthusiasm cannot be erased, and, if the deductions drawn are erroneous, may exercise incalculable harm.

I can safely state that you would advise and practice what would be considered the best technic for the relief of the patient.

As to some of the theories held in our science, inasmuch as they were born of dreamers and nurtured by enthusiasts, "I judge that no solid superstructure could be reared on foundations so infirm; and neither the honor, distinction nor the gain held out by them was sufficient ever to determine me to their use, for I was never, thank Heaven, in a condition which compelled me to make merchandise of theories for the bettering of my fortune."

I believe that I have spoken thus as truly of each of you as of myself. Before this Society came into existence, certain theories and practices were in vogue that since have been corrected and in many instances eliminated.

I witnessed the death-dealing injection of carbolic acid into a pile which any of you would have removed in a minute with no greater immediate pain and inconvenience; yet frequently a patient enters my office and begins to circumscribe my methods of treatment and departs without my service, yet leaves behind him an honest heart and a clear conscience. My reply to such as these is that my purpose in life is to save life, not to destroy it; relieve, not to produce pain. One such patient quite understood when, after six months continuous suffering, he had me remove the same pile and excise a fistula which his desired treatment, another surgeon having consented to give, had produced.

Our relationship grows closer to the general practitioner when some trivial pathology in the rectum or anal canal is causing a more serious train of symptoms, which for months have been treated by the general practitioner not suspecting the true origin of these phenomena, and we can well afford to share with him the glories of a relief.

Yet, too, our shoulders are broad and we can hold out the mantle of charity to the unsuspecting, who has treated with salves or washes a rectal cancer, the true nature of which is only revealed after metastases are so extensive as to preclude all hope of a permanent cure.

We all know how difficult have been the efforts, how tedious the task, and yet how patient have been those engaged in the work of teaching, that there is an unfortunate assignment of all malignant

rectal cases to untimely graves. Though, I believe, the better informed doctors are willing now to hold out the hopeful reference of those cases to competent proctologists.

In view of the great and apparently increasing number of those cases, I concede those engaged in this work most praiseworthy and signal victory.

The Symposium on Constipation last year needs only a review to warrant the assertion that much harm has been done by the profession in the establishment of drug habits among the American people, and that the procto-enterologist is prepared to take up the study of this class of cases with reasonable aid to the man in general work who cannot consume the required time to exercise scientific methods which will enable him to produce evidence of the underlying etiology, thus affording means of ultimate relief. The American people, who more and more are living in tin cans and cracker boxes, sparing time only to catch the next train or meet the next market report, are storming their nervous system with destructive toxins, filling sanatoriums and health resorts with wrecks, and lowering the scale of human usefulness and intelligence; yet none can more easily or more early observe the impending catastrophe than the scientist who calls together the aids of chemistry, physiology, pathology and bacteriology and a fair degree of understanding as to the results of the methods and habits of life of the average American citizen, who, by the way, is less careful in the selection of and preparation of his own food than that of his stock.

We do not like to engage in retrospection alone, therefore I promise a word for the future. The labors of this Society and its respective members have been of vast importance to our science, and, in my humble belief, there are not banded together a like number of men in the entire civilized world who can boast of more or greater attainments for science or humanity.

Not one among you can be found who has not contributed something to the science of medicine and surgery. Almost everyone of you have put your signature to standard works, some of which have been the text-books for years past. These and others will be acceptable in the medical colleges of the world as standard text-books for years to come, though, of course, our progress being so rapid, they will require almost yearly revision.

Several volumes have been written by proctologists, yet additions to these each year are required to fill out this important branch of our science, not so much to undo as to add something new.

Twenty years ago a description of hemorrhoids, fistula and fissure constituted about the limitation of proctology, while recently one of your members has filled a book of 550 pages, including 250 original illustrations, and mastering in these just two subjects, neither of which were considered of such vast importance until recent years.

In former years we taught and practiced the applications of salves and powders in treating that distressing, tormenting pruritus, which all but drove its victim to suicide; but one of your fellows has taught the profession another and more successful treatment—in fact, a treatment which in some cases is as nearly a specific in this as is diphtheria antitoxin in diphtheria, and which has robbed death of many victories; yet this treatment was based upon a scientific study and discovery of the etiology of this disease.

This study and the resulting deductions will be of chief benefit to the profession in directing attention to the possibilities of bacterin therapy in combatting infections and toxemias whose source was in or adjacent to the intestinal or anal canal, yet the procto-enterologist will recognize in many of these cases a "fons et origo-mali", which store-house he must get rid of to avoid a relapse of the distressing symptoms, which later are so promptly relieved by the autogenous bacterins.

Each Fellow should weigh his carefully selected subject, and more carefully still his recommendation, being mindful of the fact, the general profession is looking to this Society and its individual members for facts, not fancies, for proven remedies and technics and not fads.

Personally, I would prefer hearing one paper and subject thus selected, and the discussions which this paper will bring forth, than have you gentlemen listen to the very best I could offer in rehash and individual views.

The American Proctologic Society now has attained an individuality both nationally and internationally recognized, yet not without merit.

There is labor yet to perform—we must retain our progressive spirit and enthusiasm lest we lapse into a state of self-satisfaction, when, of course, retrogression will be our ending.

All progressive work is not done by Fellows of the American Proctologic Society; they are not the only contributors to the literature of this branch of surgery; good work is being done by competent men all over this and other lands. These men should be induced to

become associate Fellows, if not eligible for or desirous of having full fellowship in this Society. Your president would not deign to wish this Society a monopoly on the work done in proctology; but as any member of the profession contributes valuable work in proctology, thus justifying the honor, he would love to see the title of Associate Fellow bestowed, and he believes this would stimulate men to do research work and thus add to our resources for knowledge and advancement.

A committee of three could jointly pass upon the merits and confer these tokens of appreciation of valuable work, or recommend the same to the Society in session.

I should love to suggest some means of acquiring more recognition for proctology and for proctologists in the hospitals of this country, few of which institutions permit additions to their staff; yet proctology is practiced in these institutions by the general practitioner and surgeon as these men would practice ophthalmology or otology.

Your president would recommend the addition to the American Medical Association of a section in which the subjects gastro-enterology and proctology may be discussed jointly, these being clinically as also anatomically separated by imaginary lines and by symptoms often blending.

This being done, this Society should become a member of The American Congress of Physicians and Surgeons.

This latter must require discretion in the acceptance of applicants for active or full fellowship.

Our relationship to the profession should acquire greater individuality and our preparation and work receive for us their merited rewards. I believe that the confinement of our work more closely to procto-enterology will bring a greater volume of work from the profession, which sooner or later must acknowledge that it owes it to its clients to have them receive the best treatment by him who is best equipped to do a given class of work.

Strange as it may appear, the physician who has referred to me the greatest amount of work is a nose and throat man. He does not treat hemorrhoids, obstipation or amebic dysentery.

The general acceptance of life insurance as a necessary protection of families and estates, and the basis of rating of this insurance being dependent upon mortuary statistics and the careful elimination of hazardous risks, must need focus all branches of the medical profession.

The frequency of inquiries made of me by alert insurance exam-

iners has made the previous statement and fact more apparent, as I reported in professional confidence such conditions as amebic infections—adenomata and papillomata, tertiary syphilitic lesions and tuberculous diseases, any one of which conditions would probably have passed notice by the examiner; knowledge of these conditions though saved the policy holders of those insurance companies the necessity of carrying the burdens of bad risks.

Such instances must have brought to the minds of medical referees of life insurance companies the possible advisability of subjecting applicants for large policies to the scrutiny of a plurality of examiners.

Apropos, a singular fact is that during the last twenty years these inquiries have been made of me, no doubt also of every one of you; yet I have never received a dollar, or any kind of an expression of appreciation from either an insurance company or a policy holder for the relationships and confidence and knowledge, which alone their medical referee could have obtained through me.

I quite agree in the expressed opinion of one of your former presidents in the change of name of this Society to that of the American Procto-Enterologic Society. Not one of you has found he could eliminate from his work intra-abdominal intestinal surgery; yet, as the name implies, you are encroaching upon the field of the "abdominal or general surgeon," who also excises ingrowing toe-nails and removes sebaceous cysts from the scalp and of course never suffers a pile or fistula to escape his admiring "fee lance".

I judge that the most valuable and signal achievements this Society or its Fellows have attained during the last twelve months will have been done in intra-abdominal surgery.

Finally, I should add a word to those who would wish to join our ranks as active Fellows and, also, something for our own thoughts to dwell upon. However much time and means we procto-enterologists have expended, we may yet profit more, and the profession be aided more and our rank be exalted, by amassing a variety of experience and equipment and by continuously exercising in our own chosen methods with a view to increase our skill in their application.

Fellows, I thank you most sincerely indeed for your having conferred upon me an honor I shall all my life be grateful for. Indeed you have exalted the least among you to preside at this meeting.