

# American Proctologic Society, 1913.

FIFTEENTH ANNUAL MEETING,  
Minneapolis, Minnesota.

Monday Afternoon, June 16, 1913.

The meeting was called to order at 2:30 P.M. with the President, Dr. L. J. Hirschman, in the chair. The first business called for was the reading of the minutes of the last annual meeting. Being moved and carried that the regular order of business be dispensed with, the meeting proceeded with the scientific program.

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

## PRESIDENT'S ADDRESS. PROCTOLOGY AND PROCTO-ENTEROLOGY.

BY LOUIS J. HIRSCHMAN, M.D.,  
DETROIT, MICHIGAN.

It is a time-honored custom in all organizations such as ours, that the retiring president deliver an address to his Fellows on some subject, or subjects, of mutual interest. I feel that it would show base ingratitude on my part, in return for the honor you have done an humble worker in our specialty by electing me your presiding officer, to inflict upon you a long dry discourse on matters with which you are more familiar than am I. Instead, therefore, inasmuch as this is the age of expansion and enlargement and healthy growth, I wish to present a few thoughts on the subject of Proctology come into its own.

Since the organization of this Society some fifteen years ago, the fields of labor and endeavor on the part of the medical profession have been many and varied. One of the largest of these fields, up to the last few years, has been scarcely tilled at all.

The digestive system is subjected to more opportunities for pathologic changes in its anatomy and physiology than any other,

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and on account of the very nature of its function the eliminative portion of the gastro-intestinal canal is particularly prone to pathologic interference.

It is a wonderful thing to contemplate that an organization, such as the American Proctologic Society, could have been founded and have grown to its present position of commanding importance in the medical world, when its activities have been devoted to the study of conditions, both normal and diseased, affecting but the terminal few inches of the large bowel.

True, the diseases affecting the rectum and anus are many and varied, and those afflicted with anal and rectal diseases are frequent patrons of medical practitioners, both ethical and irregular. True, also, that a high degree of skill has been attained particularly by the Fellows of our organization in treating such diseases; and that by their original research and discoveries others have received instruction in matters proctologic. The fact remains, however, that the limitations which we have set for ourselves in the past have become so narrow that they finally must be widened by the importance of the greater work laid out for us by the demands of both patient and profession.

A medical practitioner, who is sufficiently skilled and competent to treat diseases affecting one portion of the intestinal tract, should be competent to treat all portions.

A modern proctologist in order to cope with the larger problems of surgery of his specialty, must perforce be an abdominal surgeon. First of all, he must be prepared to remedy any condition discovered when performing a laparotomy for a diseased condition of the intestinal tract.

A high-class specialist in diseases of the intestinal tract should not enter into competition with the gynecologist or general surgeon. By limiting his professional activities to the study and treatment of intestinal diseases he cannot fail to give better service to the sufferer from these diseases, than does the man who treats procto-enteric conditions as but an incident in his medical or surgical practice.

The human organism is such a complex collection of different functioning systems whose physiologic activities are all co-related, that the specialist should have knowledge of the newest facts regarding the body and its functions as a whole. He should have a correct conception of the relation of disturbed physiology elsewhere, upon the particular organs in which he is interested.

The laryngologist does not by any means confine his professional efforts to the treatment of diseases of the larynx alone. His studies include the whole respiratory tract from narès to lungs.

The urologist extends his field of activity up to and including the kidneys. What kind of a specialist would he be considered, who limited his practice to diseases of the urethra? In comparison to this a strict limitation of proctology to the rectum only would be just as apt.

In dealing with the question of increased or deficient peristalsis, which are two of the most common functional derangements with which the proctologist has to cope, must not the whole question of normal activity of elimination,—yes, and of digestion—be carefully considered before making a diagnosis? One cannot arbitrarily cut off six or eight inches of lower bowel and say, "Below this line I specialize, above it I am incompetent."

One might say, Proctology includes diseases of the sigmoid,—as Proctologists all treat sigmoidal conditions,—but the answer begs the question. Why stop at the sigmoid, and not include the colon, for we know that nine-tenths of all intestinal pathology occurs in the colon?

If we are competent to treat diseases of the large intestine, why not also the small? In other words, why should not he, who devotes his entire knowledge and activity to diseases of the large bowel, include the small bowel, and become truly a specialist in intestinal surgery and call himself an Entero-Proctologist; or leaving the title as it now stands, let the profession in general understand just what it includes?

From the standpoint of the patient, it is unfair to one who is suffering from a diseased condition in the upper colon or small intestine, to deprive him of the skill in intestinal surgery acquired by the specialist who is devoting his entire time to intestinal work. The arbitrary line of division of the bowel cannot increase or decrease the professional skill required to remedy diseased intestinal conditions. The Proctologist is not, or should not be content to remain a rectal specialist.

If one were to take a census of men recognized as specialists in Proctologic branches, he would find that the vast majority are including other than purely rectal diseases within the limits of their professional activities. Many are truly intestinal surgeons; others gastro-intestinal surgeons. Some include genito-urinary diseases, while a few include gynecology.

After all is said and done, any specialist should only do that which he is best qualified to do. Whatever special skill he possesses belongs rightfully to the patients who need it. The Proctologist of the present and of the future must be in a position to aid every patient suffering from any condition interfering with the normal physiologic or anatomic activity of the intestinal tract. He must be in every sense of the word an intestinal specialist.

The larger problems of intestinal stasis, chronic inflammatory conditions, and malignant disease of the small and large intestines, demand the best that is in every Fellow of our organization, that he may study and fathom out the problems of etiology, pathology, and proper therapy.

The movement on foot, at present, to establish a section on Gastro-Enterology and Proctology should have the earnest and enthusiastic support of every Fellow of the American Proctologic Society, to the end that a true and proper appreciation of the many diseases affecting the whole digestive tract may be shown by the members of our great American Medical Association. This greatest of all national medical organizations should encourage and foster the development of all endeavors to increase the fund of general medical knowledge and to enhance its usefulness to all of its individual members. I believe the formation of this section will do as much towards this end as has that of any section yet formed by the Association.

In conclusion, I wish to thank the Fellows for their kind cooperation during the past year to express my particular appreciation of the valued services of our retiring Secretary, Dr. Lewis H. Adler, Jr., Philadelphia; and to bespeak for the incoming administration the heartiest kind of enthusiastic support.

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MEMOIR OF JAMES P. TUTTLE, A.M., M.D.

BY  
JOSEPH M. MATHEWS, M.D.,  
LOUISVILLE, KENTUCKY.

James P. Tuttle, son of the late Warren W. Tuttle and Susan C. Dyer, his wife, was born in Fulton, Missouri, November 11th, 1857. He received his classical education at Westminster College, in his native town, from which he received the degree of A.B. and A.M., the latter in 1880. He obtained a scholarship, by competitive examination, for the Medical Department of the University of Pennsyl-