

colon and rectal surgery for future generations of surgeons.

Until the establishment of the American Board of Proctology in 1949, later to become the American Board of Colon and Rectal Surgery, Most anorectal surgeons were self-taught, either by limiting their practices or by joining established anorectal surgeons. Many of these men became expert in the field of anorectal surgery, but few had acquired the basic training in general surgery so necessary for working within the abdomen. Today, applicants for the Board of Colon and Rectal Surgery are qualified and/or Board certified in general surgery and have completed a formal residency training program in colon and rectal surgery or an approved preceptorship program in this field.

In Pakistan anorectal diseases is a commodity vastly exploited by quacks for their financial advantage. These charlatans have opened hospitals where diseases like haemorrhoids are grouped with other sexual disorders and treated as such. Others use strong chemicals and

caustics inflicting burns to this area with resultant scarring and anal stenosis. Even among the medical community the concept of this speciality is new and rather vague. In many institutions anorectal surgery is still regarded as minor surgery which can be delegated to the junior resident staff. Such errors of allowing surgery to be performed by inexperienced operators, if perpetuated, can only yield results which leave much to be desired.

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The great advance in the treatment of anorectal disorders occurred with the opening of St. Mark's Hospital in London in 1835. Frederick Salmon was the founding father of that institution and served as its chief surgeon until 1859 when he was succeeded by James Lane and Peter Goulland. The first name of the hospital was The Infirmary for the Relief of the Poor Afflicted with fistula and Other Diseases of the Rectum..... In his address on the occasion of the opening of the Hospital, Salmon referred to anorectal diseases as disease "of which it may with truth be said that there are none more afflicting or distressing to bear, or which are productive of more serious consequences; whilst it may be doubtful whether there may be any branch of medical knowledge for the acquisition of which less facility has hitherto been afforded." Over the years an illustrious group of dedicated surgeons and pathologists have served St. Mark's Hospital with distinction and have made it the Mecca where surgeons learn the latest and best means of treating surgical diseases of the colon and anorectum.

The first published paper by Frederick Salmon was entitled "On the Causes, Symptoms and Morbid Anatomy of Simple and malignant Stricture of the rectum." This appeared in *The Lancet* in 1831.

In 1882, William Allingham, one of the early surgeons at St. Mark's Hospital, published the first comprehensive text on surgical diseases of the anorectum. In it he gives the description of Salmon's operation for internal hemorrhoids. This is the first published description of the ligature and excision method for the removal of hemorrhoids. In 1903, in Volume I of the *British Medical Journal*, A. B. Mitchell of London published a paper on the clamp and ligature method, which was a modification of Salmon's technique. Mitchell's technique is still in use today, while Milligan and Morgan's modification of the ligature and excision technique described in 1937 enjoys great popularity.

The story of the development of anorectal surgery in the United States is equally fascinating. Until 1878 there were no trained anorectal surgeon in the United States. The treatment of most anorectal diseases fell to the lot of the itinerant quacks and charlatans whose main method of therapy was the injection of sclerosing solutions into hemorrhoids. Doctor Mitchell of Clinton, Illinois, originated this form of treatment in the United States in 1871. He had gone to Europe to learn the technique and to acquire the formula of the sclerosing solutions which were being used in Ireland and Germany. Upon his return to Clinton he kept his formula secret, sold geographic franchises to other charlatans and sold his secret solutions at great profit. This disgraceful practice irked the ethical members of the medical profession and had the good effect of compelling their interest in learning more about anorectal dis-

eases. Thus it was that Dr. Joseph W. Mathews of Louisville, Kentucky, journeyed to London to spend a year in training at St. Mark's Hospital and returned to Louisville as America's first proctologist. Dr. Mathews struck out against the charlatans and their methods. He began to teach the principles of anorectal surgery and, in 1899, became one of the founders and the first president of the American Proctologic Society. Because of his dedication and leadership in his chosen field, Mathews became known as "The Father of Proctology" in the United States.

In 1837, Dr. George Macartney Bushe, who was affiliated with Rutgers Medical School, published a *Treatise on the Malformation, Injuries, and Diseases of the Rectum and Anus* that received international recognition. This book is known as the first American book on proctology.

At about the time of Mathews's return to Louisville in 1878, Edmund Andrews and E. W. Andrews, professors of surgery in the Chicago Medical College, published the first popular textbook on rectal and anal surgery in the United States.

It contains a description of the secret methods of the itinerants. Considering the era in which it was written, it was an excellent dissertation on anorectal diseases.

In 1931 W. A. Fansler of Minneapolis introduced a new method (which he chose to call the anatomic dissection technique) for the surgical removal of hemorrhoids. He did not close the entire wound, but preferred to leave the distal centimeter or so open for drainage; in use at the University of Minnesota hospitals since its inception, and refined by Ferguson and Heaton who in 1959 described it as the "closed hemorrhoidectomy." Because of its meticulous method of removing pathological tissue, controlling bleeding, and closing wounds, this operation has rightfully taken its place among modern advances in surgical techniques.

By the early part of this century the United States had developed many illustrious general surgeons and surgical teachers: J. B. Murphy, John B. Deaver, William S. Halsted, Charles and William Mayo, Frank Lahey, George W. Crile, Sr., and O. H. Wangenstein, to name a few. Many names could be added to the list. All of these men had great interest in surgical diseases of the gastrointestinal tract; however, none of them had a major interest in anorectal surgery. In due time, men such as L.A. Buie, Sr., at the Mayo Clinic, Tom Jones at the Cleveland Clinic, Harry E. Bacon at Temple University, Neil Swinton at the Lahey Clinic, and Patrick H. Hanley at the Ochsner Clinic became the alter egos of the chiefs of surgery in their respective institutions in performing surgery of the anorectum. These men and others worked diligently to improve the quality of anorectal surgery in the United States and to establish training programs in

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## HISTORICAL ARTICLE

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### Evolution of Anorectal Surgery as a Speciality.

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The history of the development of surgical treatment of diseases of the large intestine is long, interesting and, in some respects, very romantic. The abolition of barber surgeons as practitioners of surgery is directly related to the successful operation which cured Louis XIV of his fistula-in-ano and led to the teaching of surgery as a part of the medical school curriculum. In the post-Civil War period in the United States anorectal diseases were treated mostly by itinerant quacks and charlatans. This circumstance compelled the members of the medical profession to give more attention to these maladies and led to the speciality of proctology with its subsequent expansion to colon and rectal surgery. Operation on the anorectum antedated intra-abdominal colonic surgery by many centuries.

The first known treatise completely devoted to anorectal diseases is the Chester Beatty Medical Papyrus written about 1250 B.C. and translated in 1947. This treatise describes forty-one treatments for diseases of the anorectum. That specialists in anorectal diseases were present in ancient Egypt is attested to by the discovery of markers on graves of ancient Egyptian physicians, on one of which is inscribed "Shepherd of the Anus" and on another "Guardian of the Anus"

The writings of Hippocrates on hemorrhoids and fistula, circa 400 B.C., of Albucasis of Egypt on fistula circa A.D. 1000, and of John Arderne of England on Hemorrhoids, Fistula, and Clysters, circa A.D. 1367, testify to the surgical procedures in vogue in ancient days. The thought of using a red-hot iron, without benefit of anesthesia, to burn off protruding hemorrhoids is a shuddering thought in the 20th century. It was, however, an accepted method of treatment for Hippocrates. In the Hippocratic era fistulas were treated by the application of extracts of herbs and barks and by caustics applied to the interior of the fistulous track. Occasionally a seton was applied which was tightened daily until the tract was cut through.

The foundation upon which the present principles of good anorectal surgery are built was the Treatise on Fistula, Haemorrhoids and Clysters written by John Arderne of England in 1367. He stated that before any operation on the anorectum is undertaken, the surgeon should explore the anorectum with his finger to be sure that no hard masses are present. In the event that mass is found, a cancer is probably present and surgery should not be performed because the case is incurable. Arderne's treatise was written before the advent of the printing press.

His writings were read by few physicians and the treatment of anorectal diseases by physicians fell into disrepute.

The operation which cured Louis XIV of his fistula-in-ano in 1686 was the turning point not only for anorectal surgery but for surgery in general. That operation was of monumental historical importance for the following reasons. First, it established once and for all the necessity of laying open the fistula tract and the overlying

sphincter muscle to cure a fistula. Second, prior to this operation, the monarch's physician, Philip, at the King's direction, conducted a full year of clinical trials on the methods known for the treatment of fistula. Only when it was determined that fistulotomy was the only method which could cure a fistula did the King submit to surgery. This was the first recorded clinical research project supported by public funds. Third, by the official decree in 1715 of Louis XV, the grandson of Louis XIV, barber surgeons were forbidden to practice surgery and medical schools in France were ordered to include the teaching of anatomy and surgery in their curricula. Thus did surgeons gain their rightful place in the medical profession. The Royal Society of Surgeons in France came into existence in 1731, followed by the Royal College of Surgeons in England in 1800.