

The Antique Art of Proctology

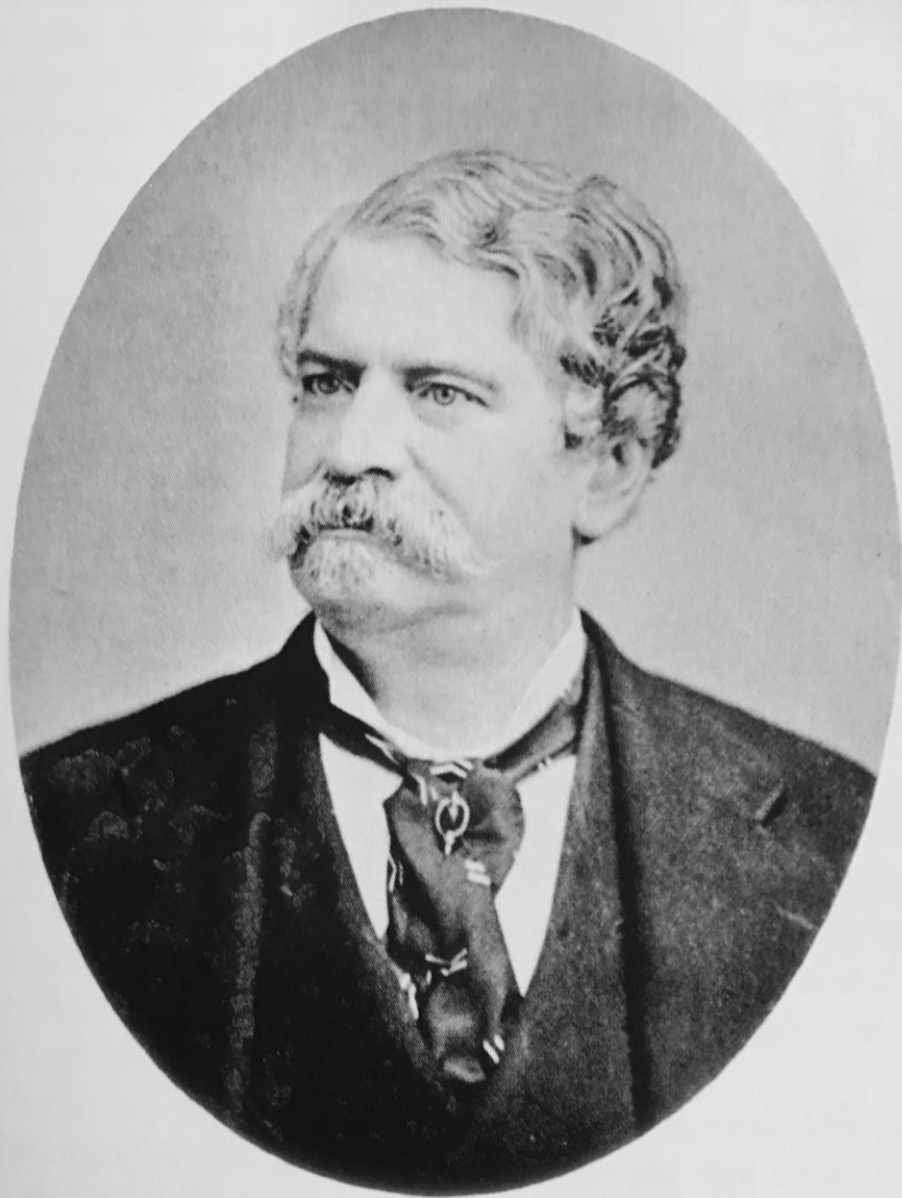
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Chief, Colon and Rectal Surgery
The Ohio State University Wexner
Medical Center

Dinner Conversation with Dr. Goldberg

- Me: I don't think there has been a significant advance in proctology since the 1950s.
- Dr. Goldberg: That's ridiculous. What about the LIFT procedure?
- Me: Okay, I'll give you the LIFT procedure. What about the stapled hemorrhoidectomy?
- Dr. Goldberg: That should never be done.
- Me: That's my point.

Bibliography

- 1. A Treatise on Diseases of the Rectum, Anus, and Sigmoid Flexure; Joseph M. Mathews, MD, Professor of Surgery and Clinical Lecturer on Disease of the rectum, Kentucky School of Medicine, 1892.
- 2. Lectures upon Disease of the Rectum and the Surgery of the Lower Bowel; W.H.Van Buren, MD LLD, Professor of the Principles and Practice of Surgery in the Bellevue Hospital Medical College, New York, 1881.
- 3. The Diagnosis and Treatment of Diseases of the Rectum being A Practical treatise on Fistula, Piles, Fissure and Painful Ulcer, Procerdentia, Polypus, Stricture, Cancer, etc.; William Allingham, FRCS, Eng and Herbert W. Allingham, FRCS, Eng, Late Senior Surgeon to St. Mark's Hospital for Disease of the Rectum, etc., New York, 1901.
- 4. A Practical Treatise on Rectal Disease Their Diagnosis and Treatment by Ambulant Methods; Jacob Dissinger Albright, MD, Philadelphia, 1909.



William H. Van Buren, M. D., LL. D.

THE DIAGNOSIS AND

OF

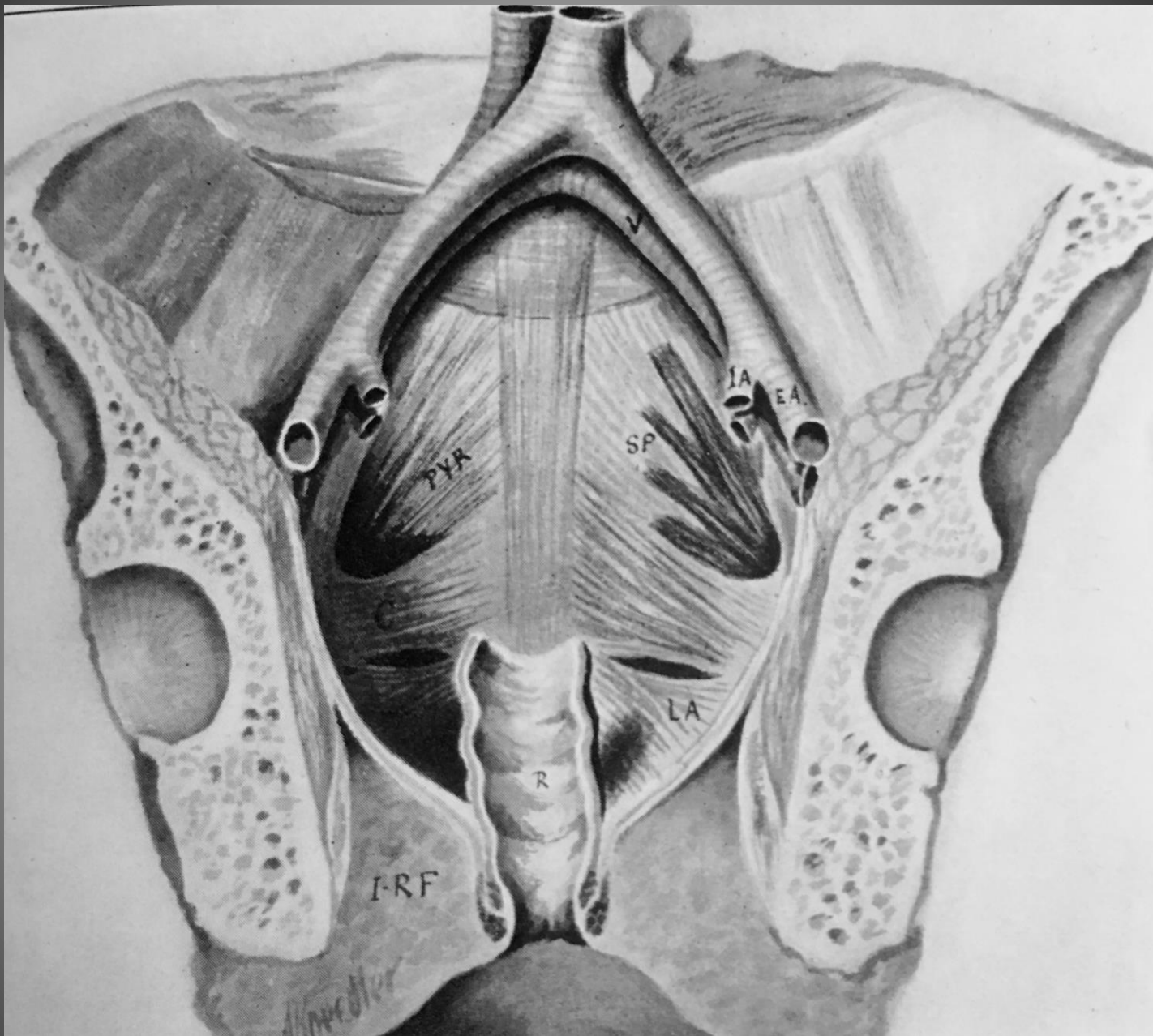
EASES OF THE RECTUM

BEING

*ACTICAL TREATISE ON FISTULA, PILES,
RE AND PAINFUL ULCER, PROCIDENTIA,
POLYPUS, STRICTURE, CANCER, ETC.*

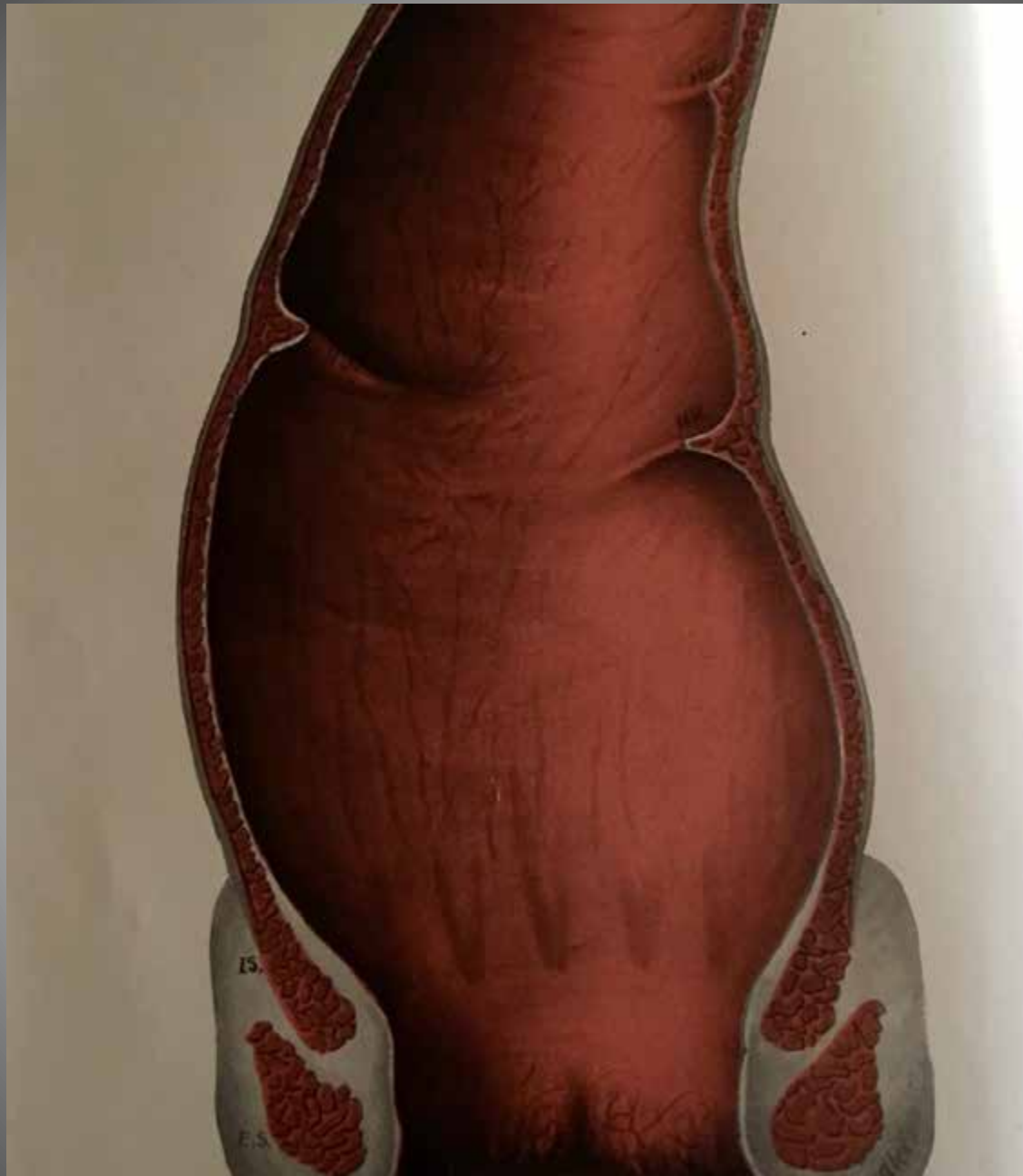


Obsolete?



Pelvic Anatomy

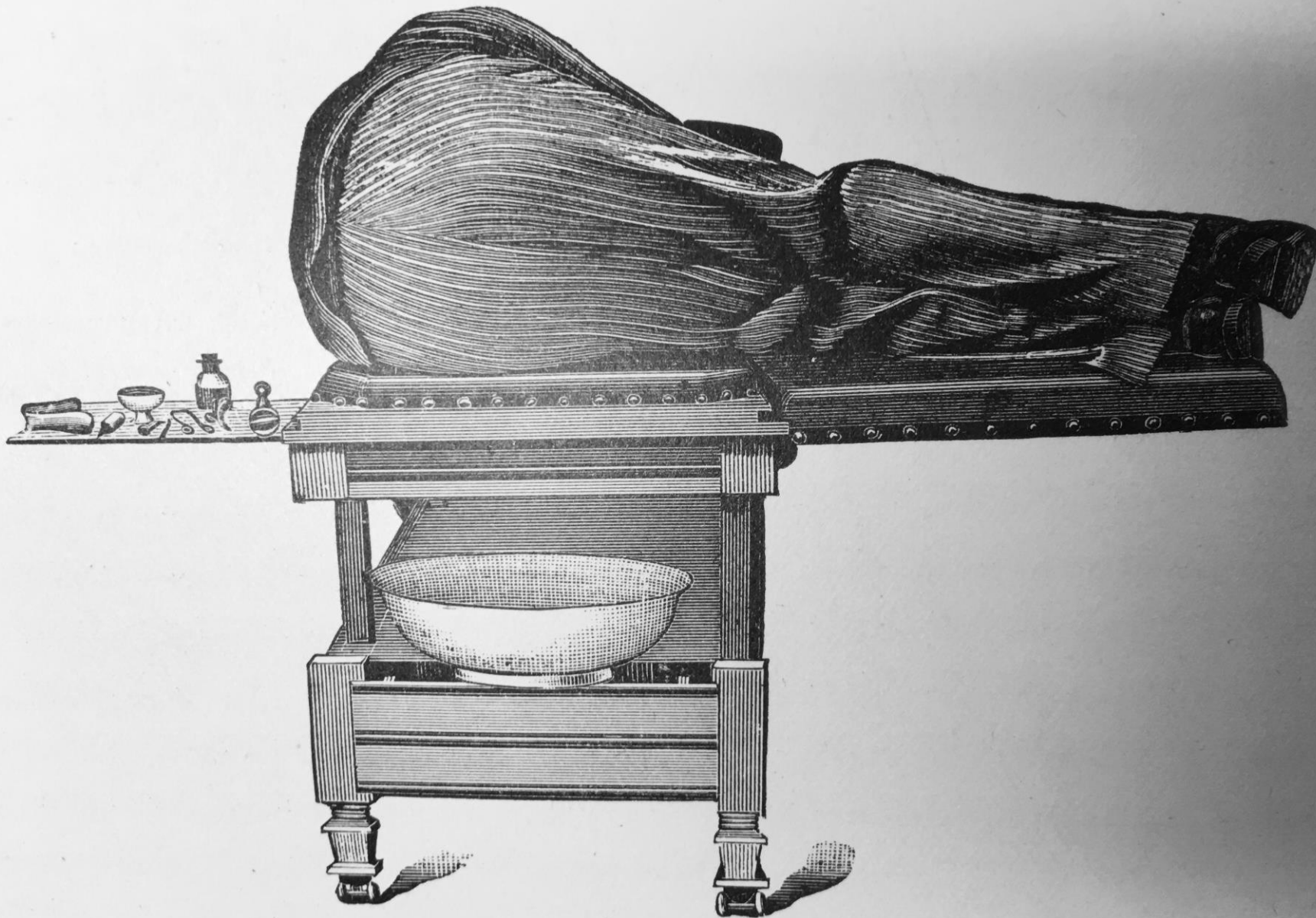
Albright



Normal Rectum and Anus

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Tools of the Trade

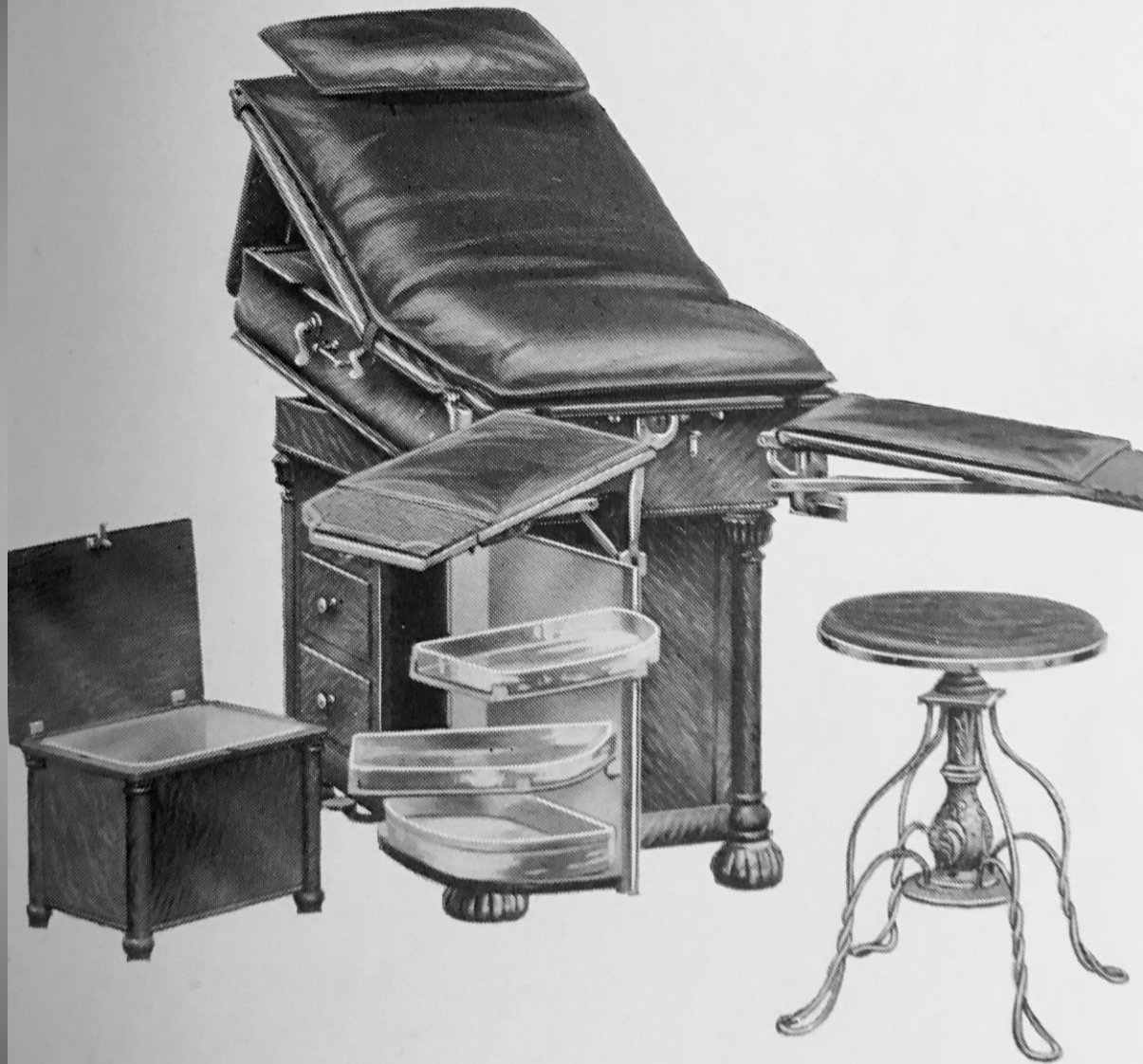


Position for rectal examination.

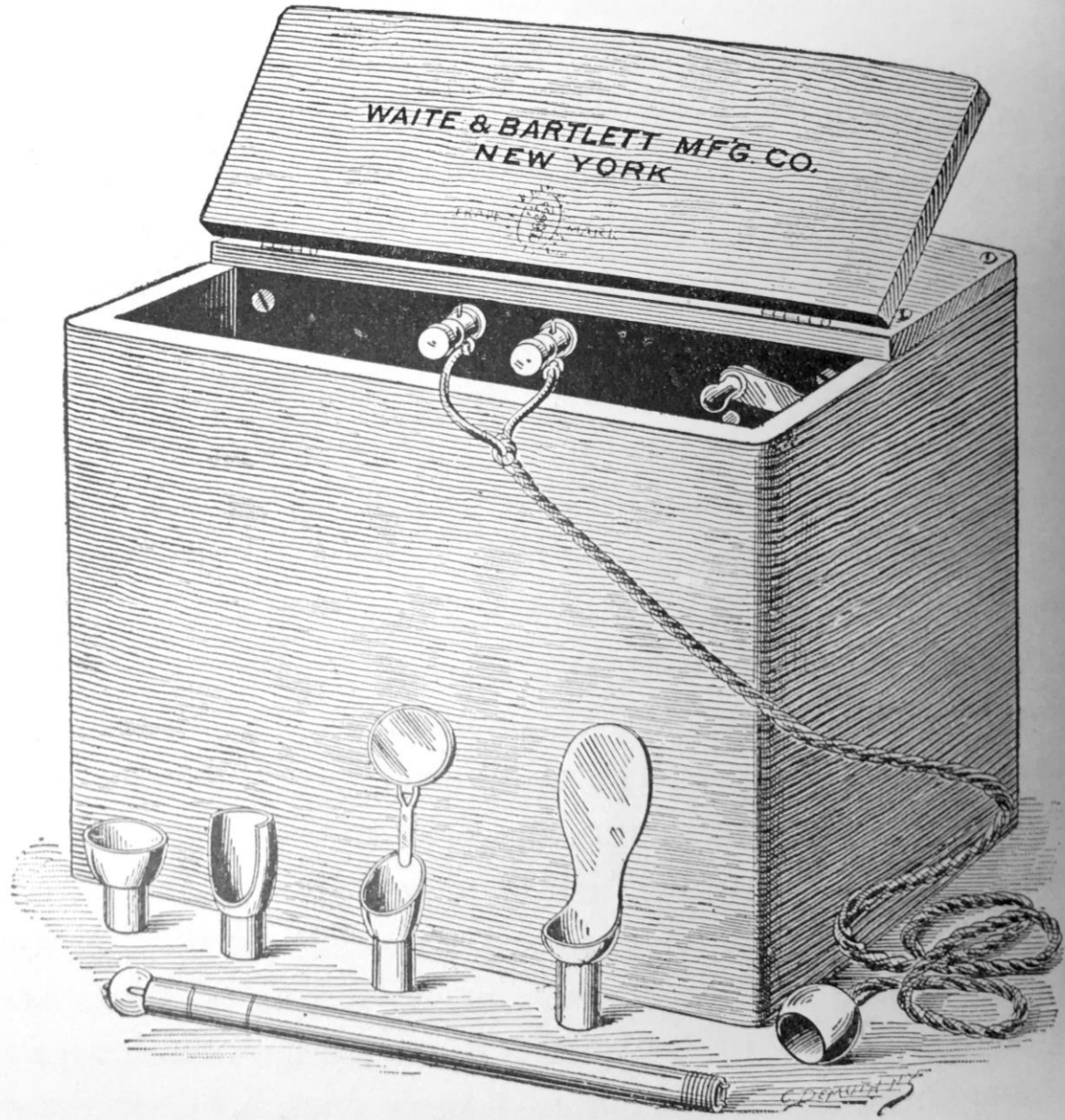
Proctologic exam table

Mathews

PLATE VI



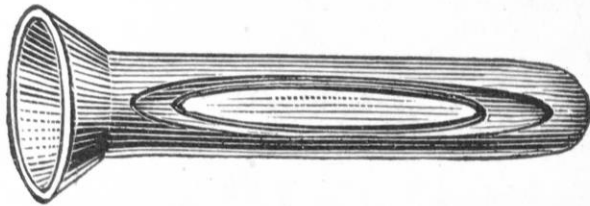
Allison's Physician's Table



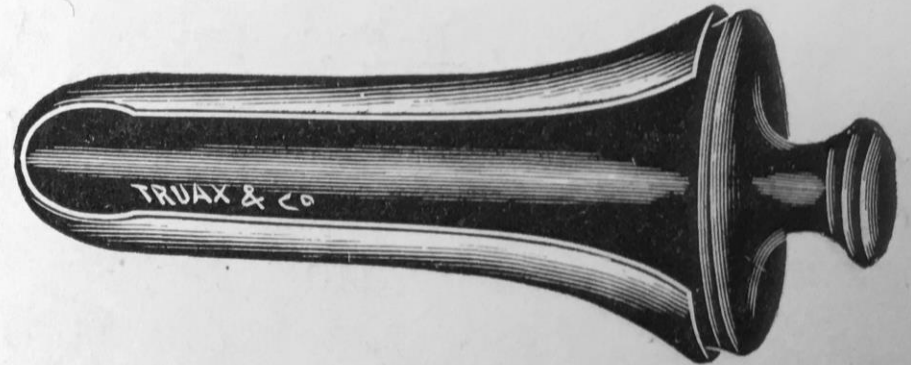
Electric light for rectal examination.

Proctoscope with battery light source.

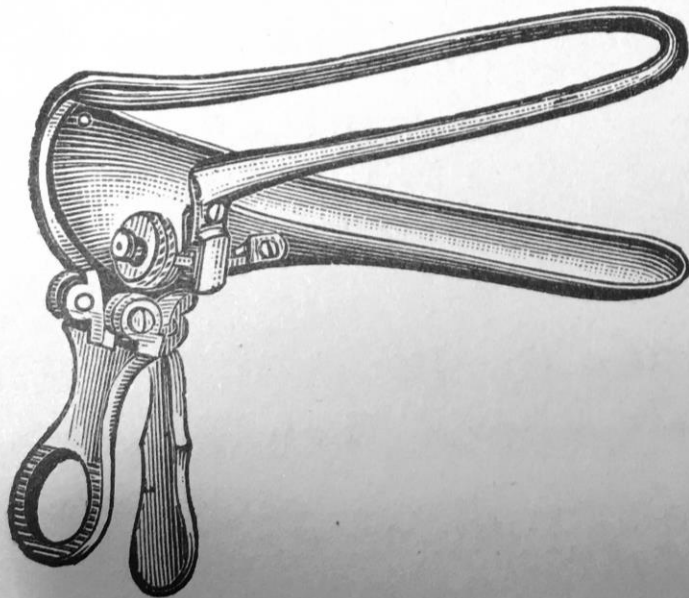
Mathews



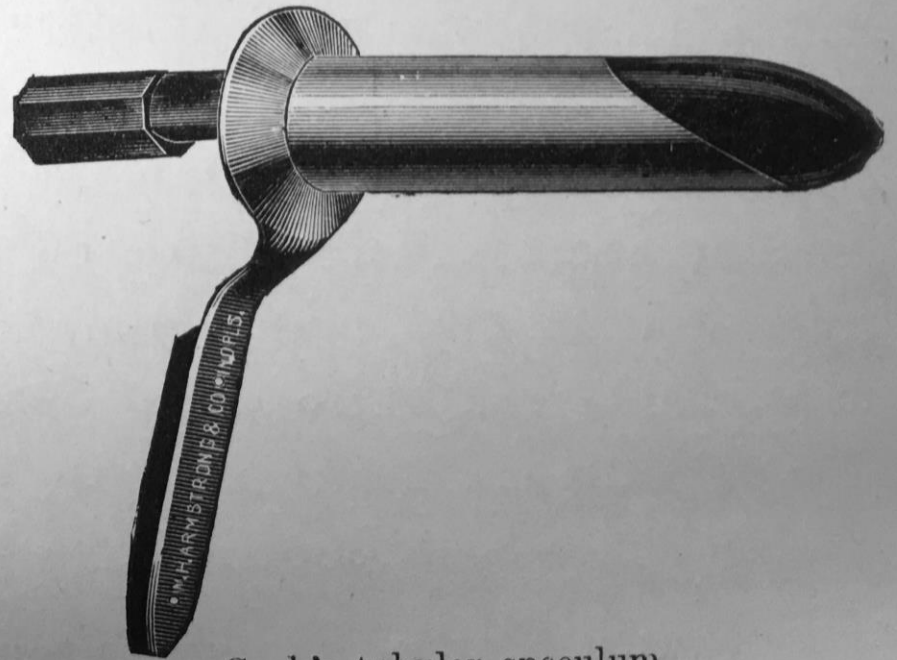
Speculum open at side.



A fenestrated speculum. (Allingham.)

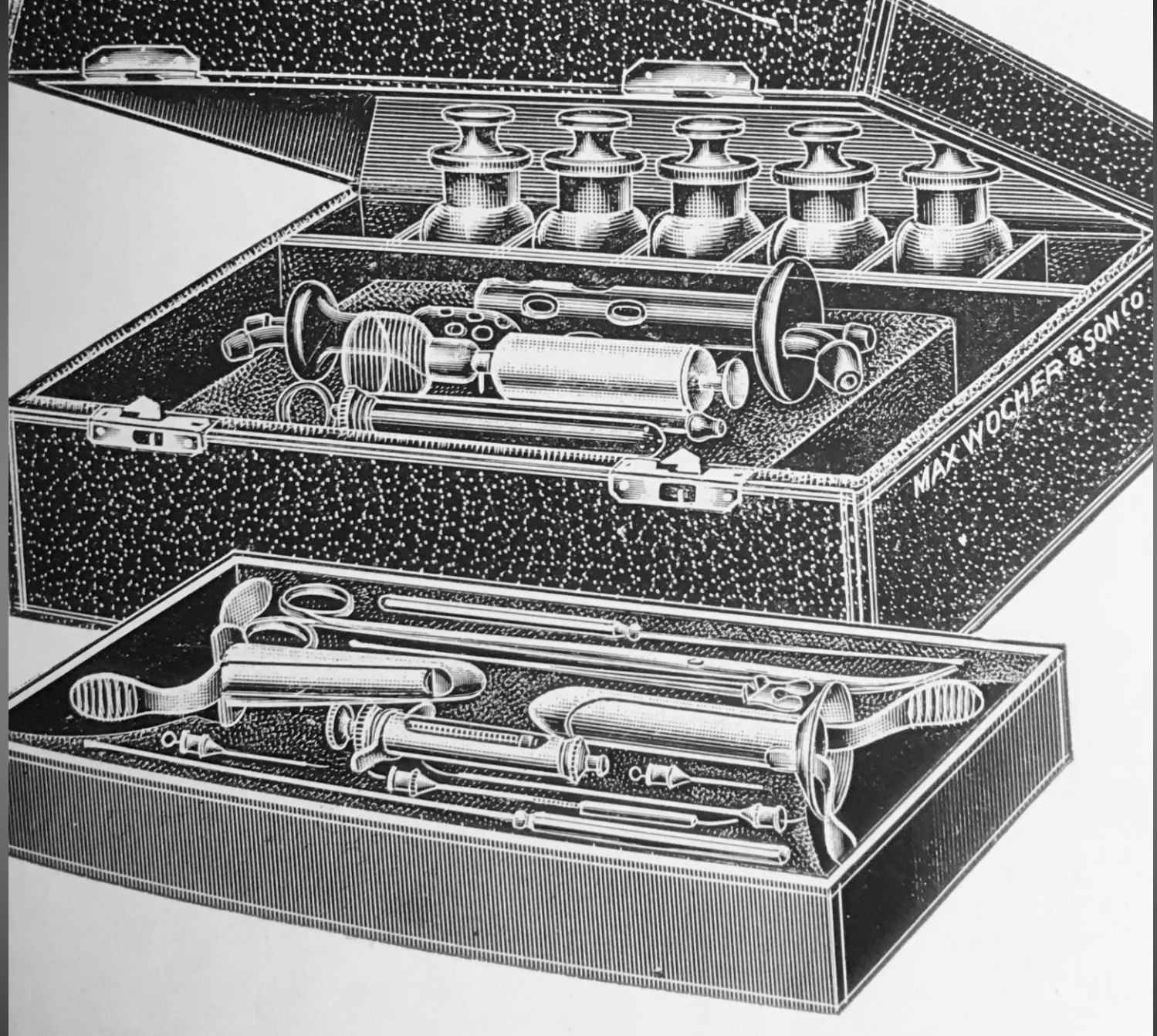


Kelsey's rectal speculum.



Cook's tubular speculum.

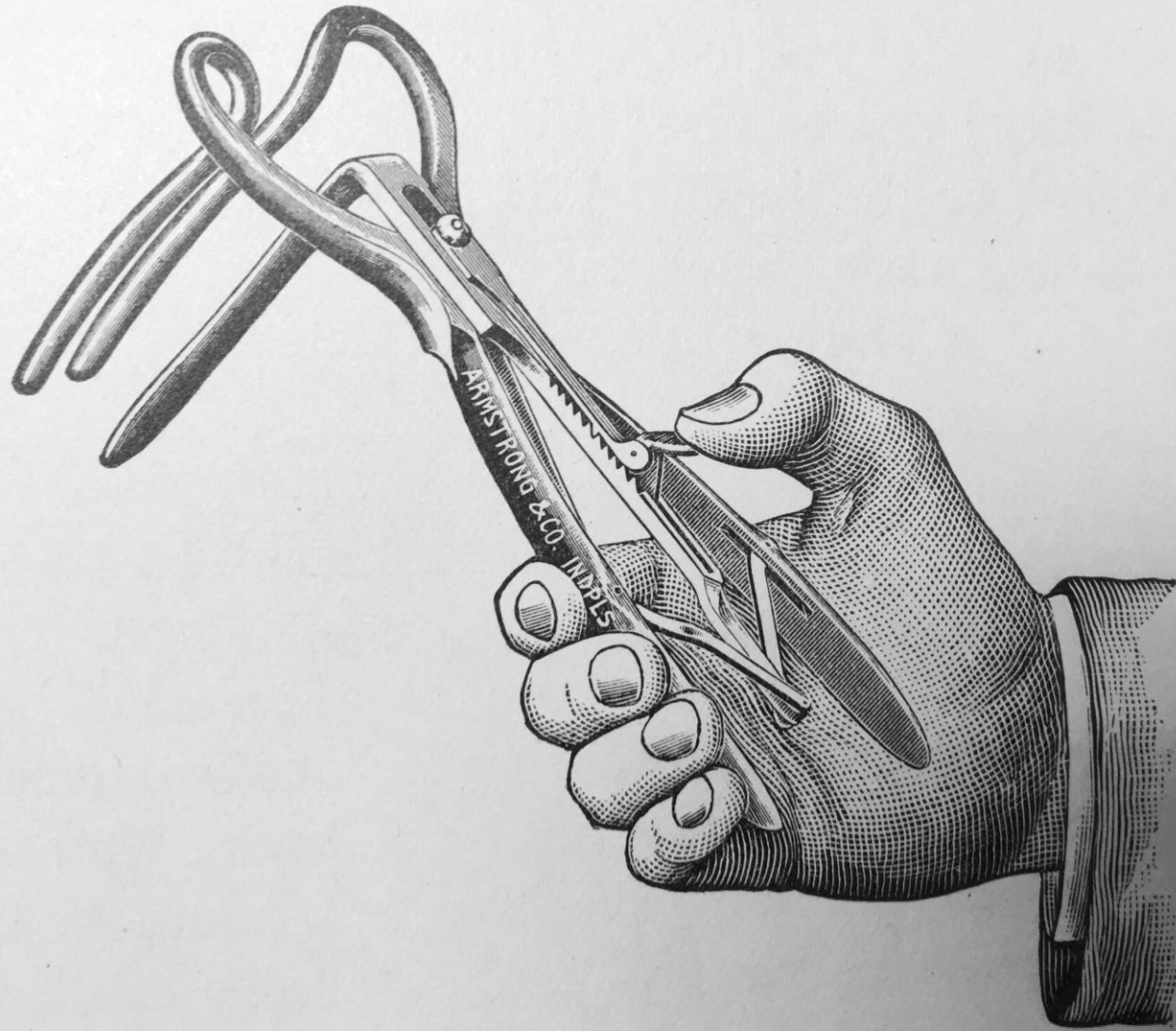
Anoscopes



The Albright Improved Rectal Set

Albright

l of a probe, especially its sharp point, we can thrust



Cook's rectal speculum.

Cook's rectal speculum

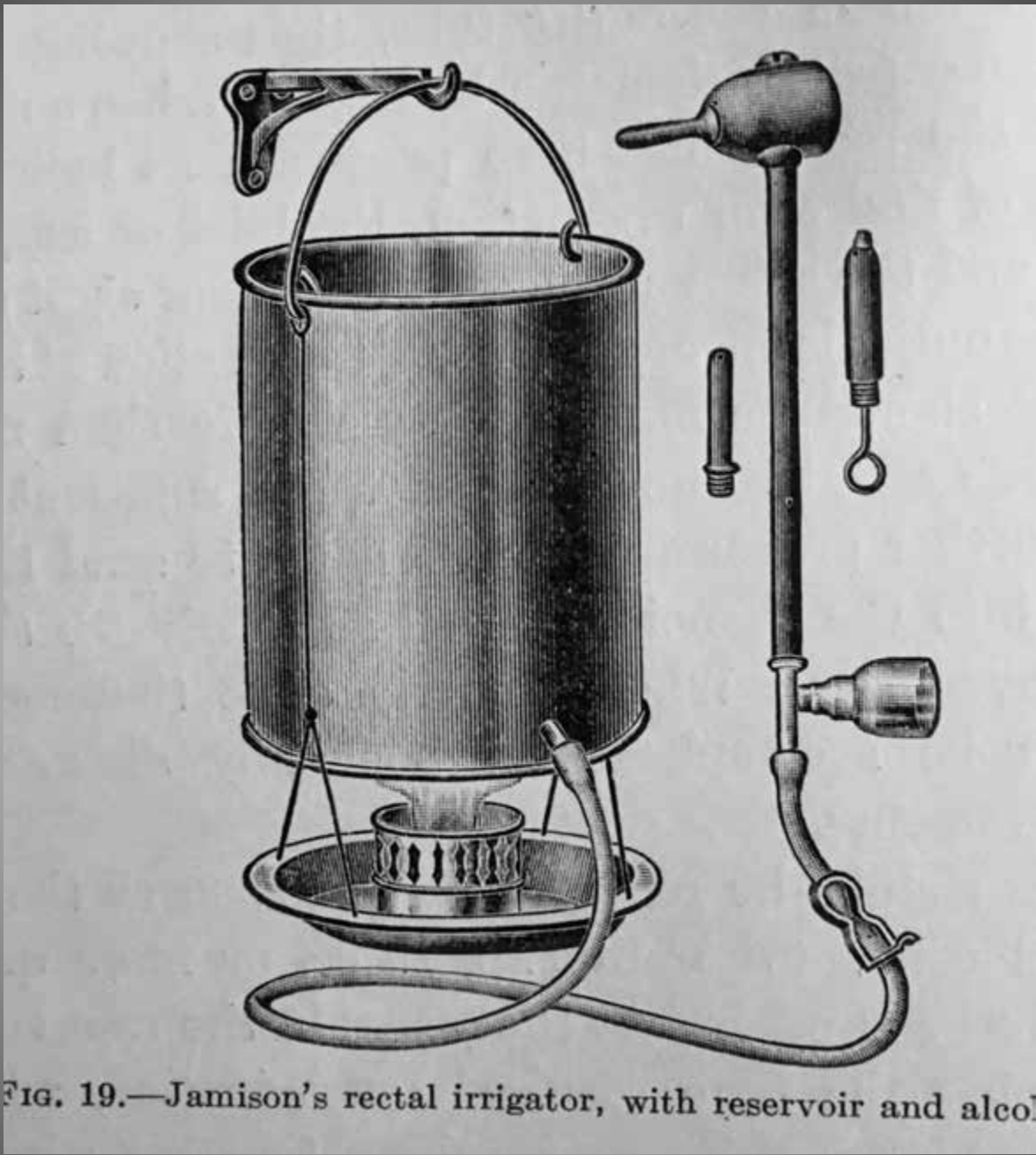


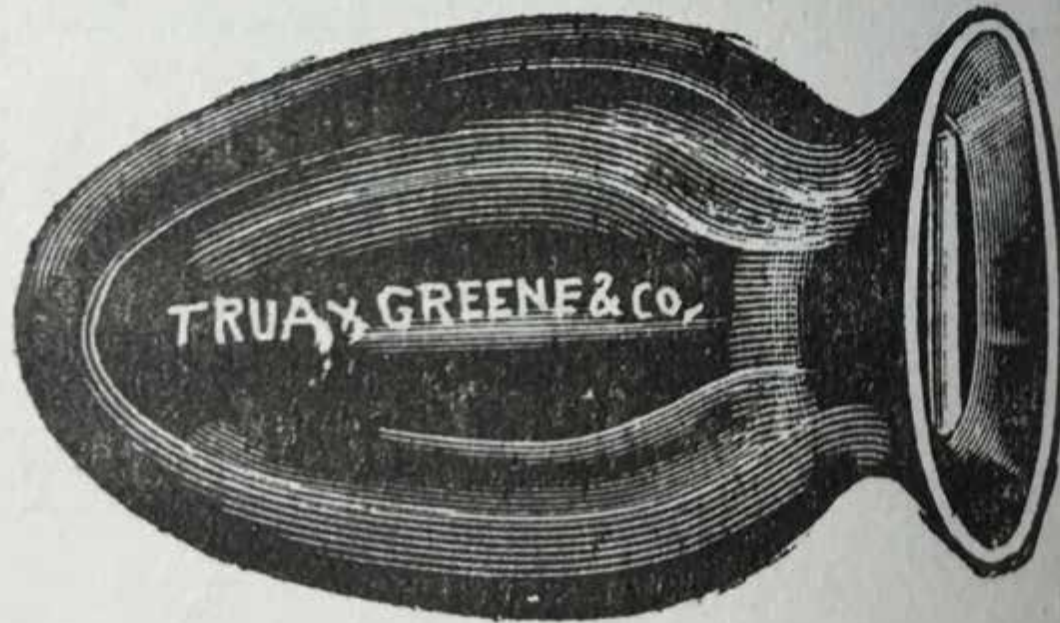
FIG. 19.—Jamison's rectal irrigator, with reservoir and alcohol

Rectal Irrigator

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Hemorrhoids

of local applications

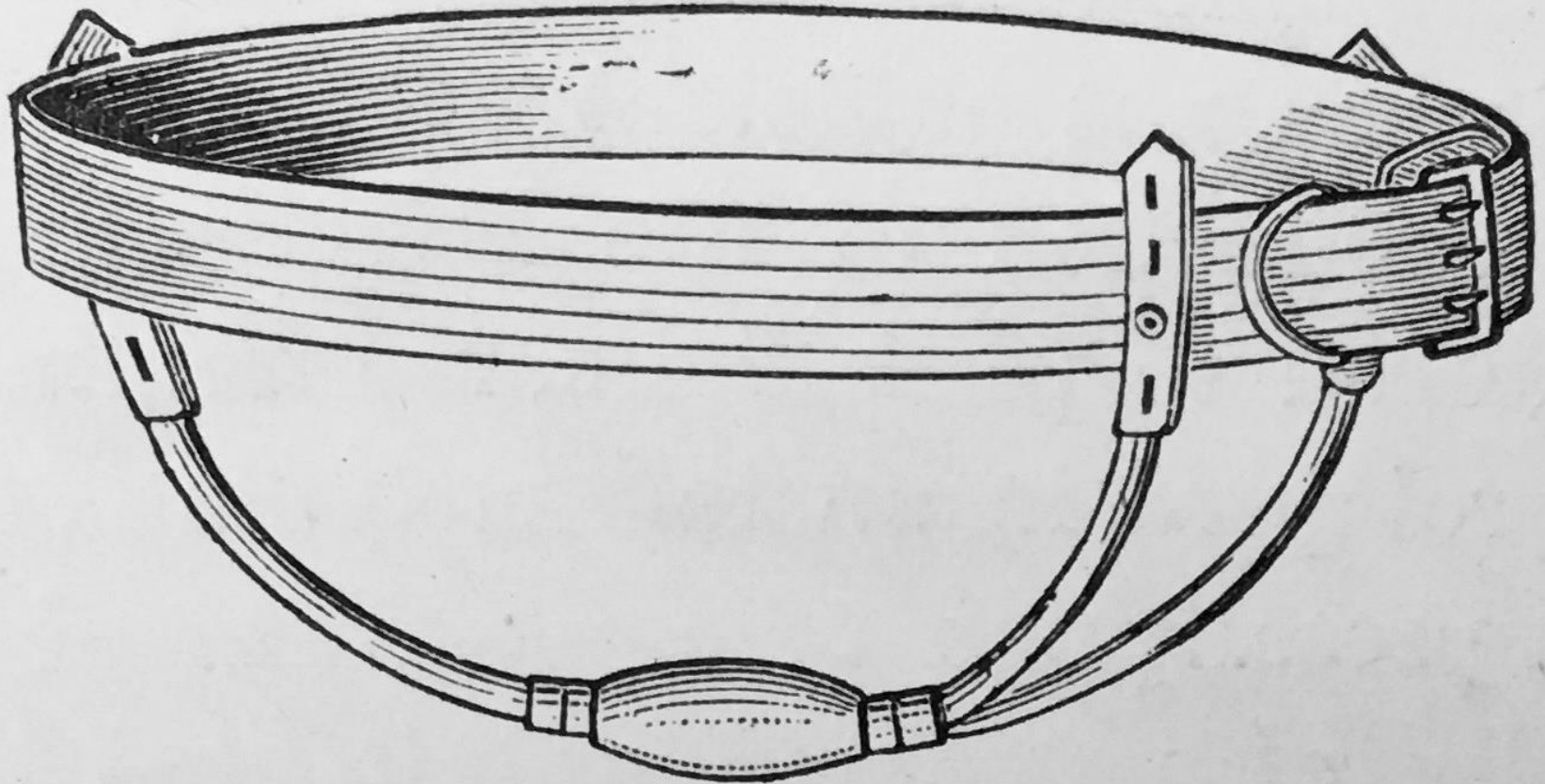


Metal pile plug.

Metal pile plug

Mathews

e of the bowel and blood-vessels



Pile supporter elastic.

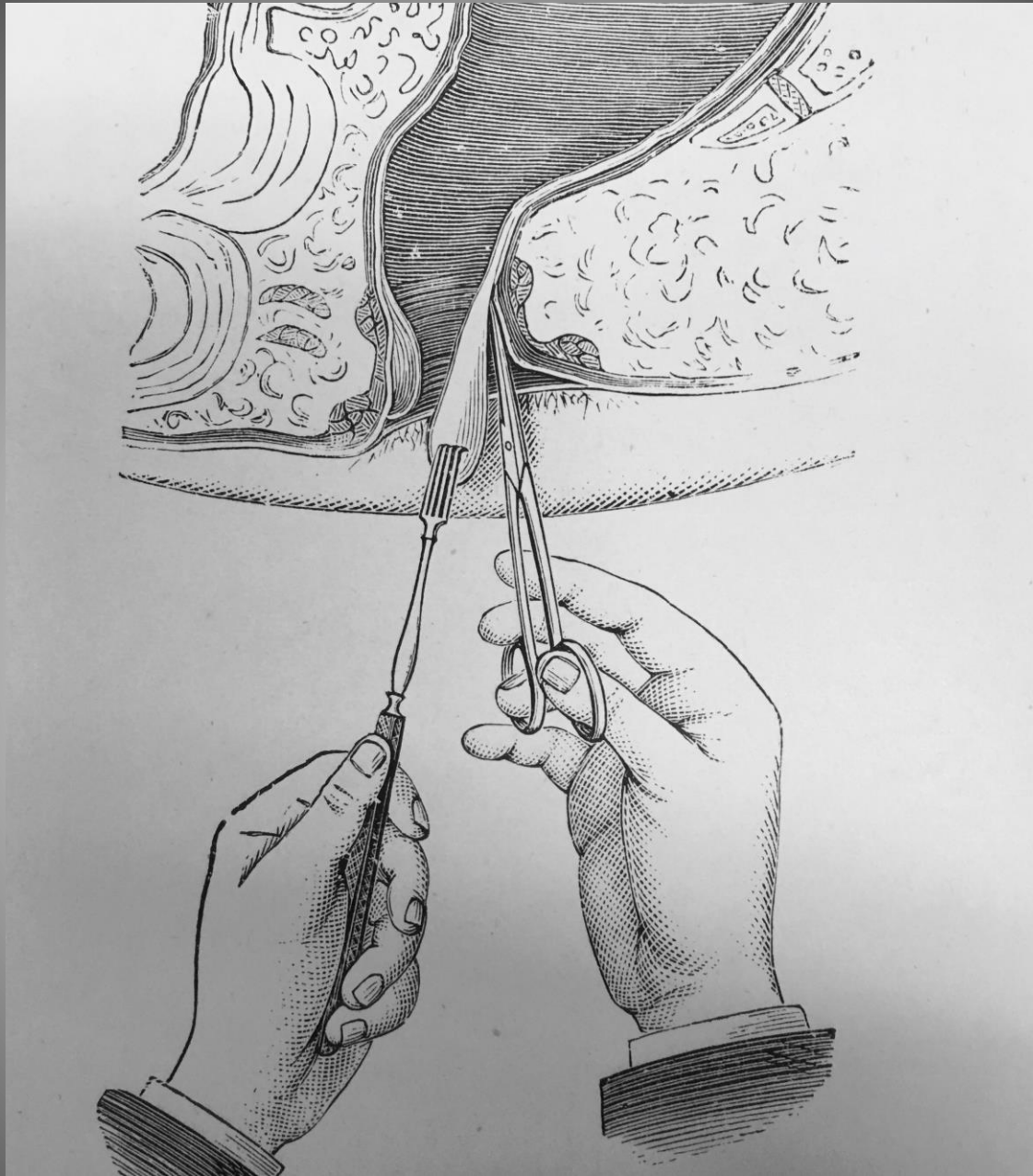
Hemorrhoidal truss



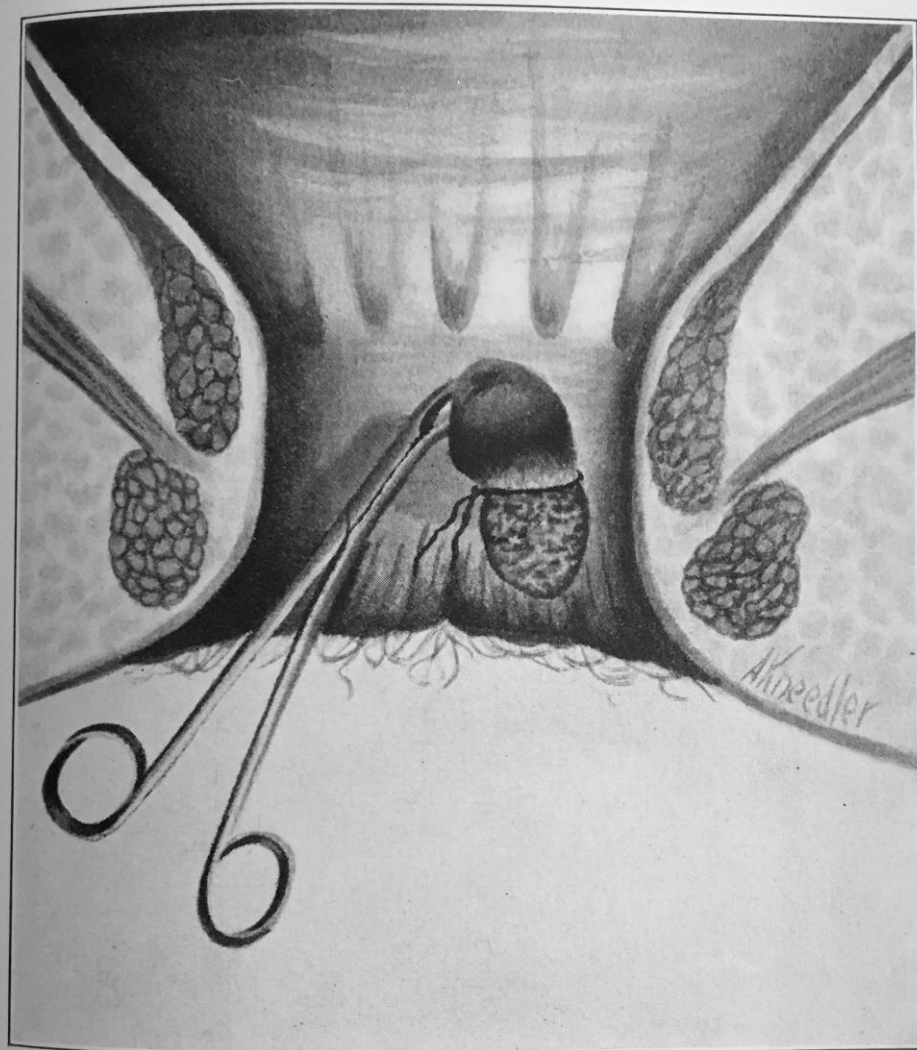
Injecting a Hemorrhoid.

Sclerosing a Hemorrhoid

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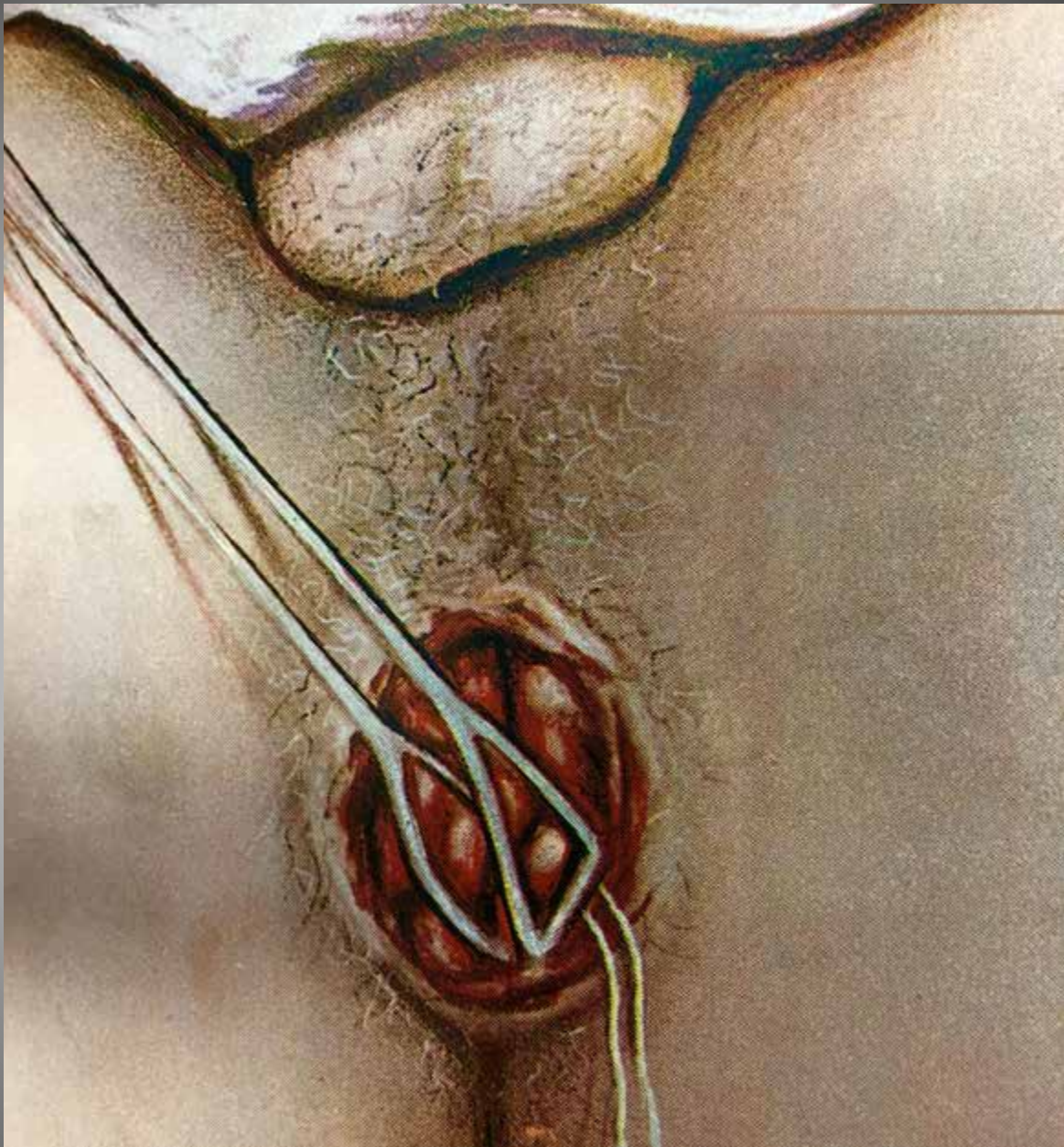


Hemorrhoidal excision

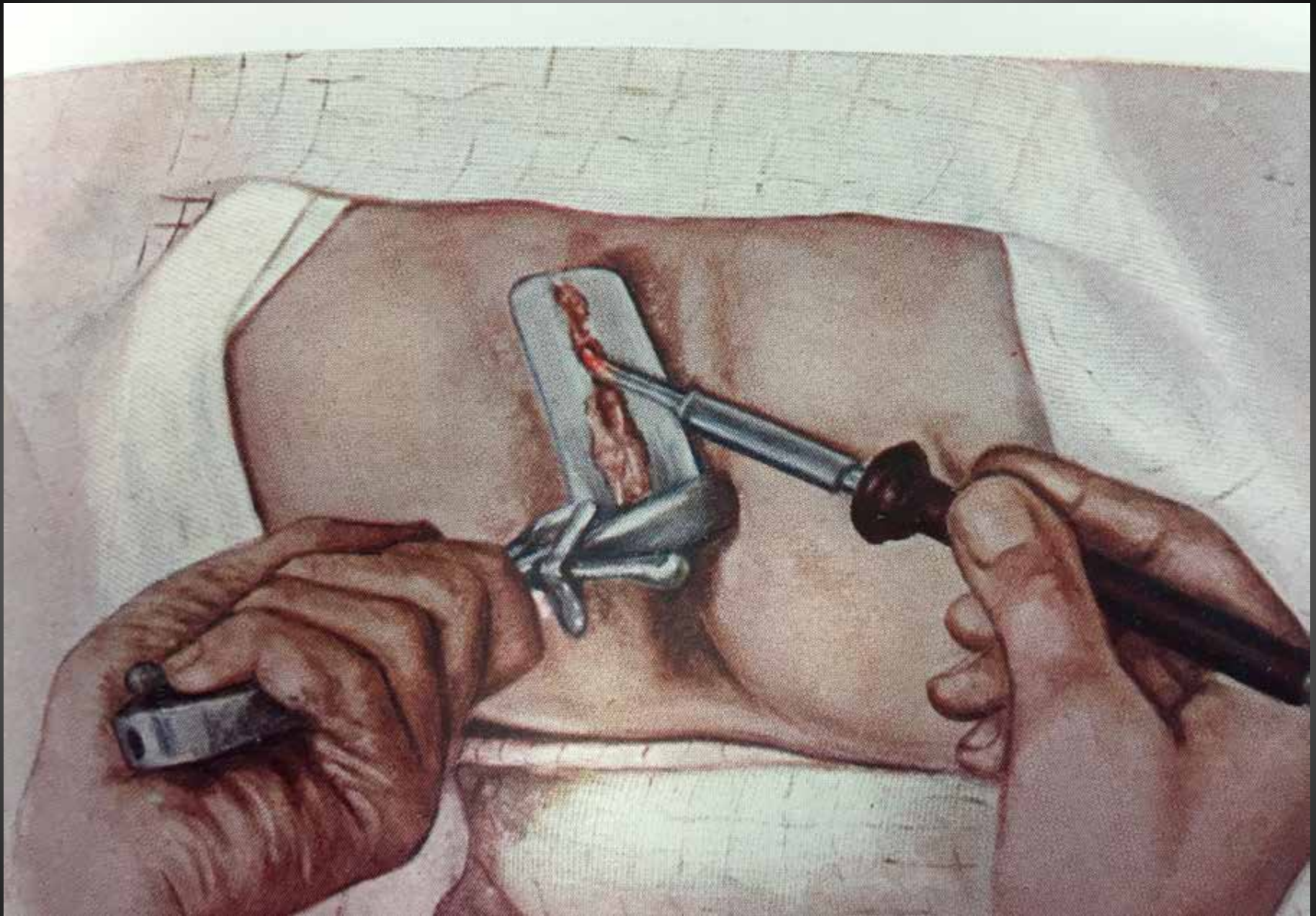


Removal of a Hemorrhoid by Excision and Ligation of its
Principal Vessels.

Excision of Thrombosed Hemorrhoid



Sutured hemorrhoidectomy.



Hemorrhoidectomy

Fistulas and Abscess

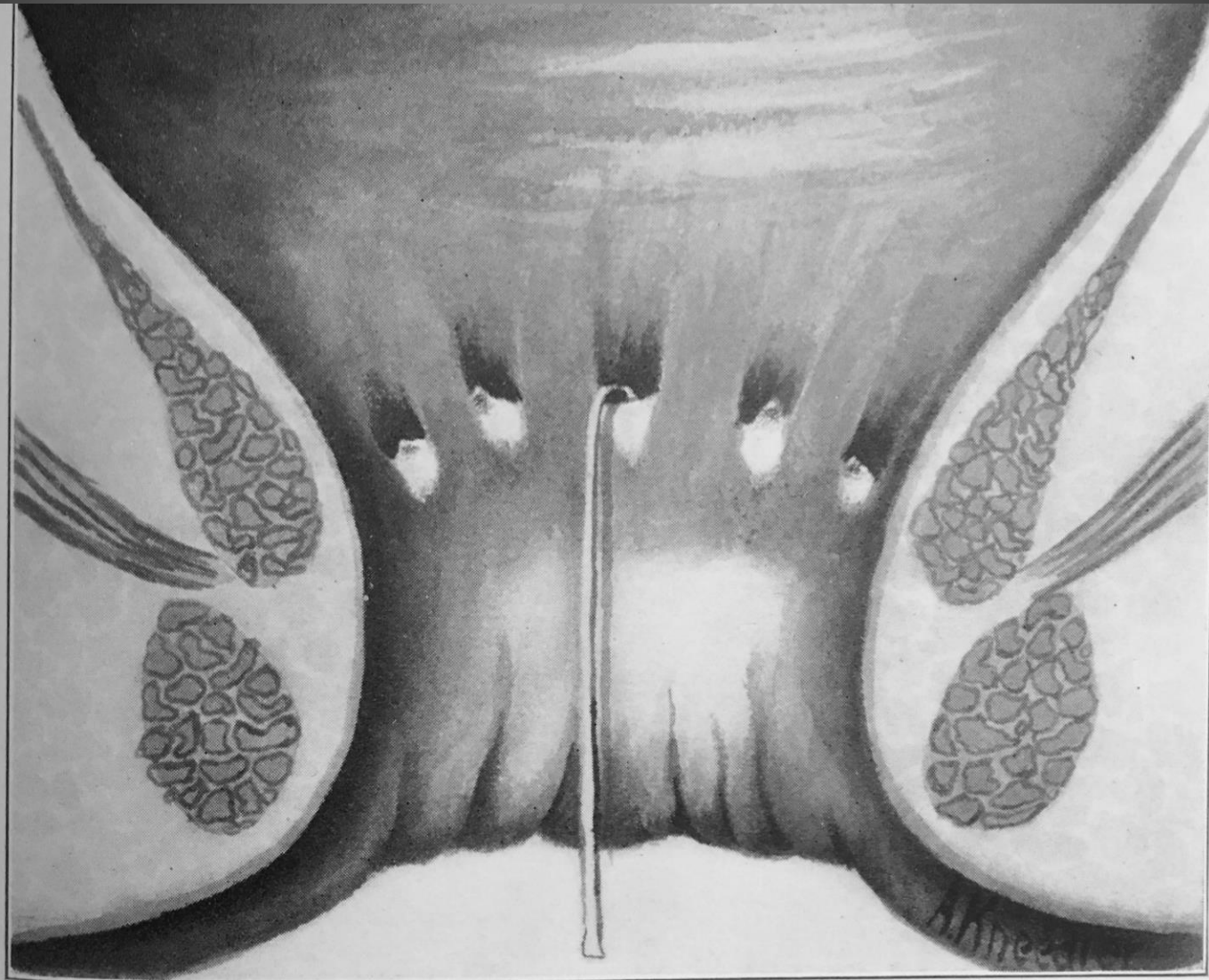
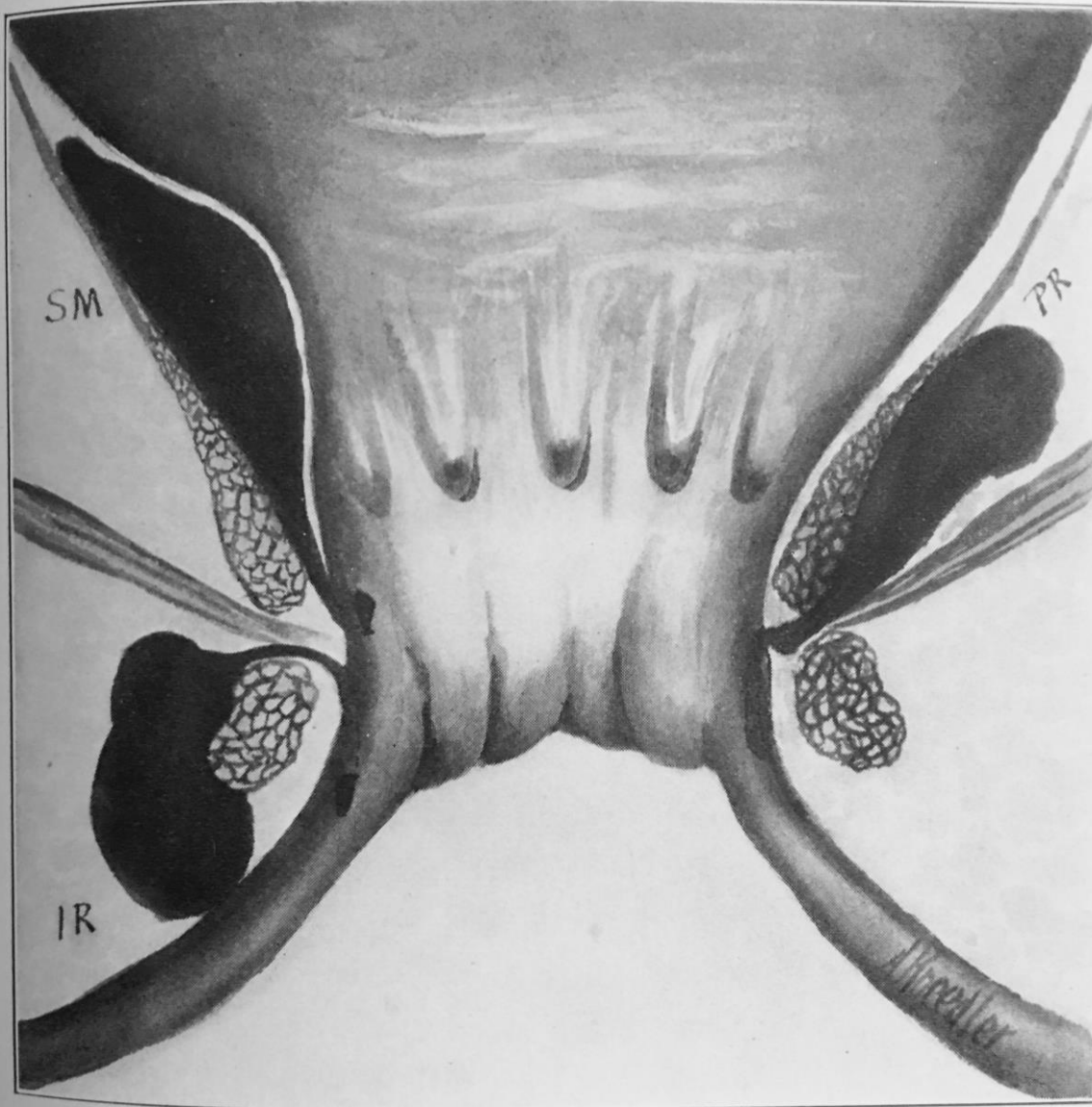


Fig. 1. Pockets and Papillæ. Blunt Hook Engaging Pocket. Papillæ Projecting from Margins of Pockets.

Cryptoglandular disease



Perirectal Abscesses

nal opening, if not, it should be ob
the probe comes to the mucous men

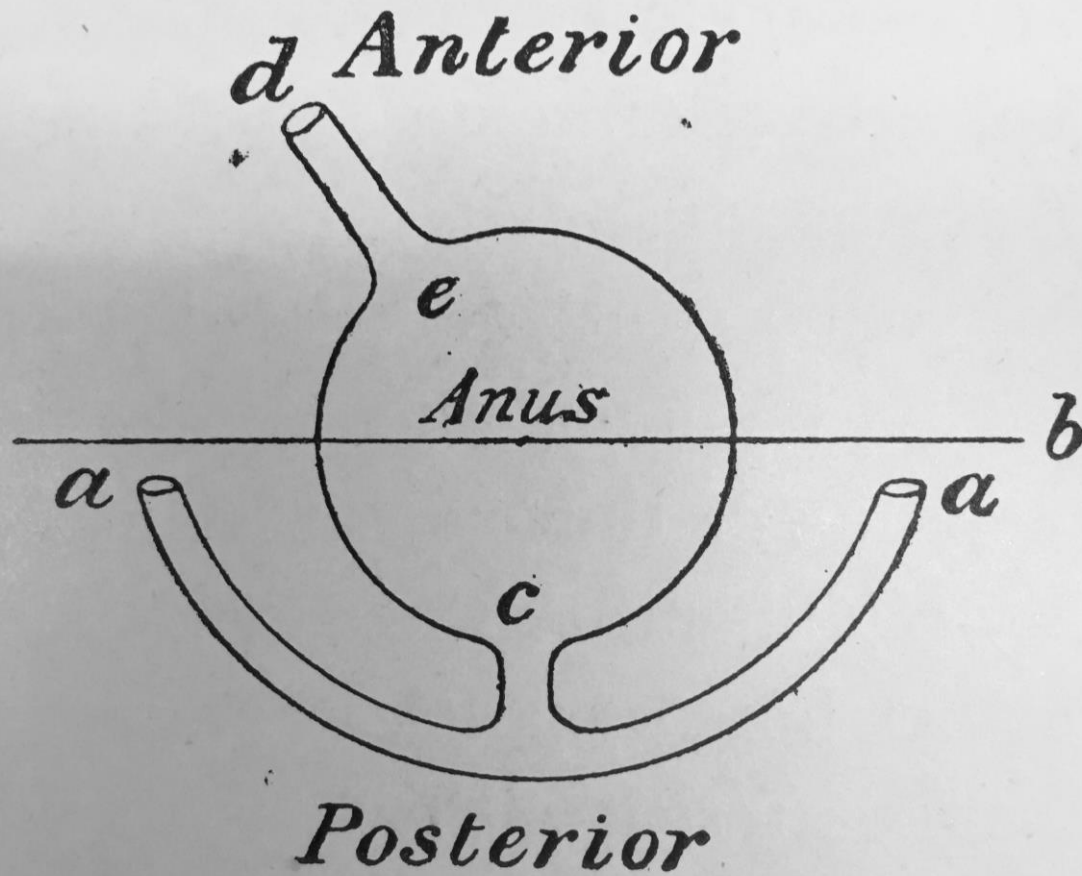
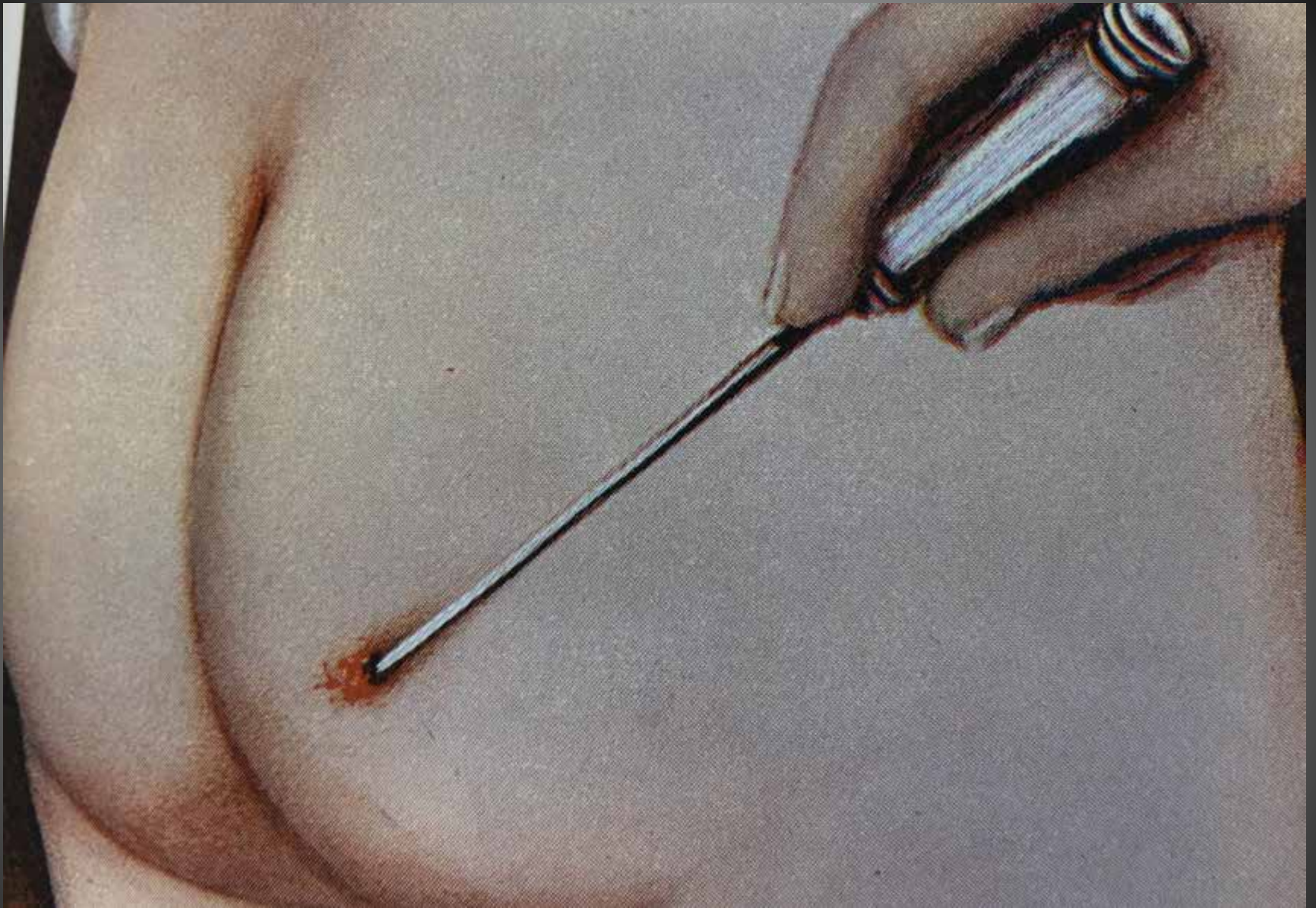


FIG. 7.



Fistulatome



ograph showing Perirectal Cavity and Channel after an Injection of Bist

Fistulogram Radiograph

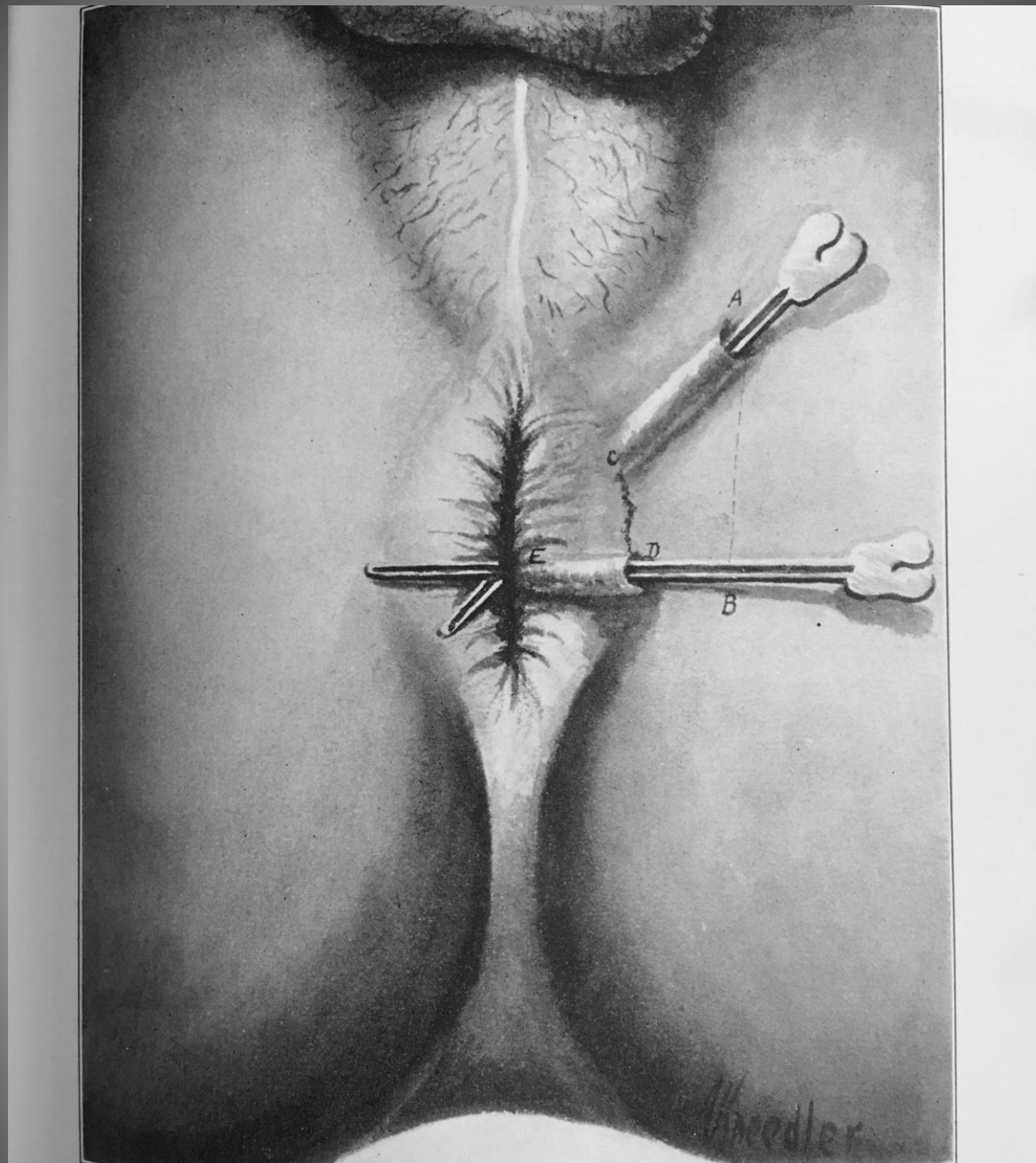
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Seton placement

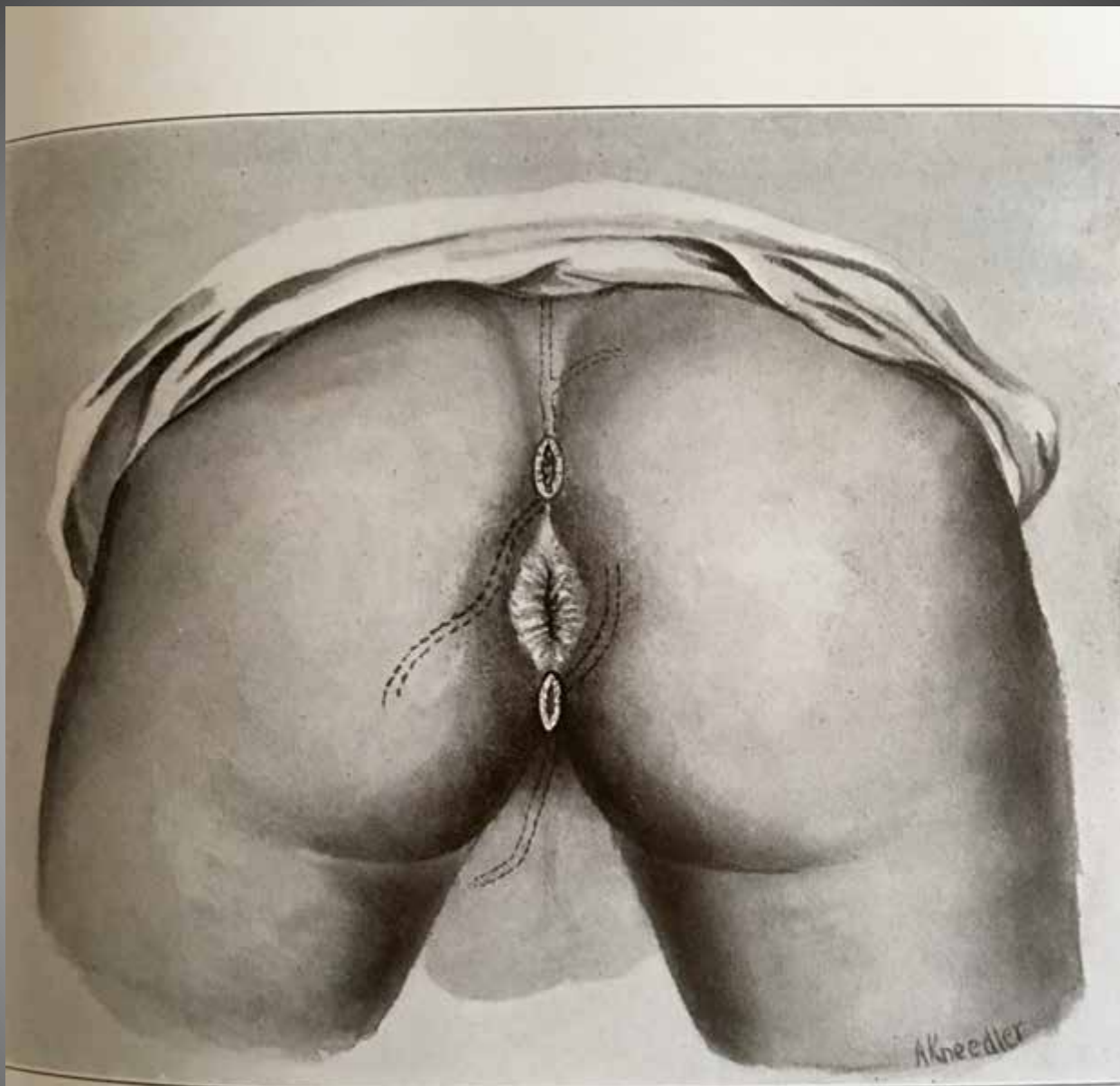


Fistulotomy



Fistulotomy

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Diagrammatic Illustration showing Subtegumentary Channels as found in

Fistula tracts found in Chronic Proctitis

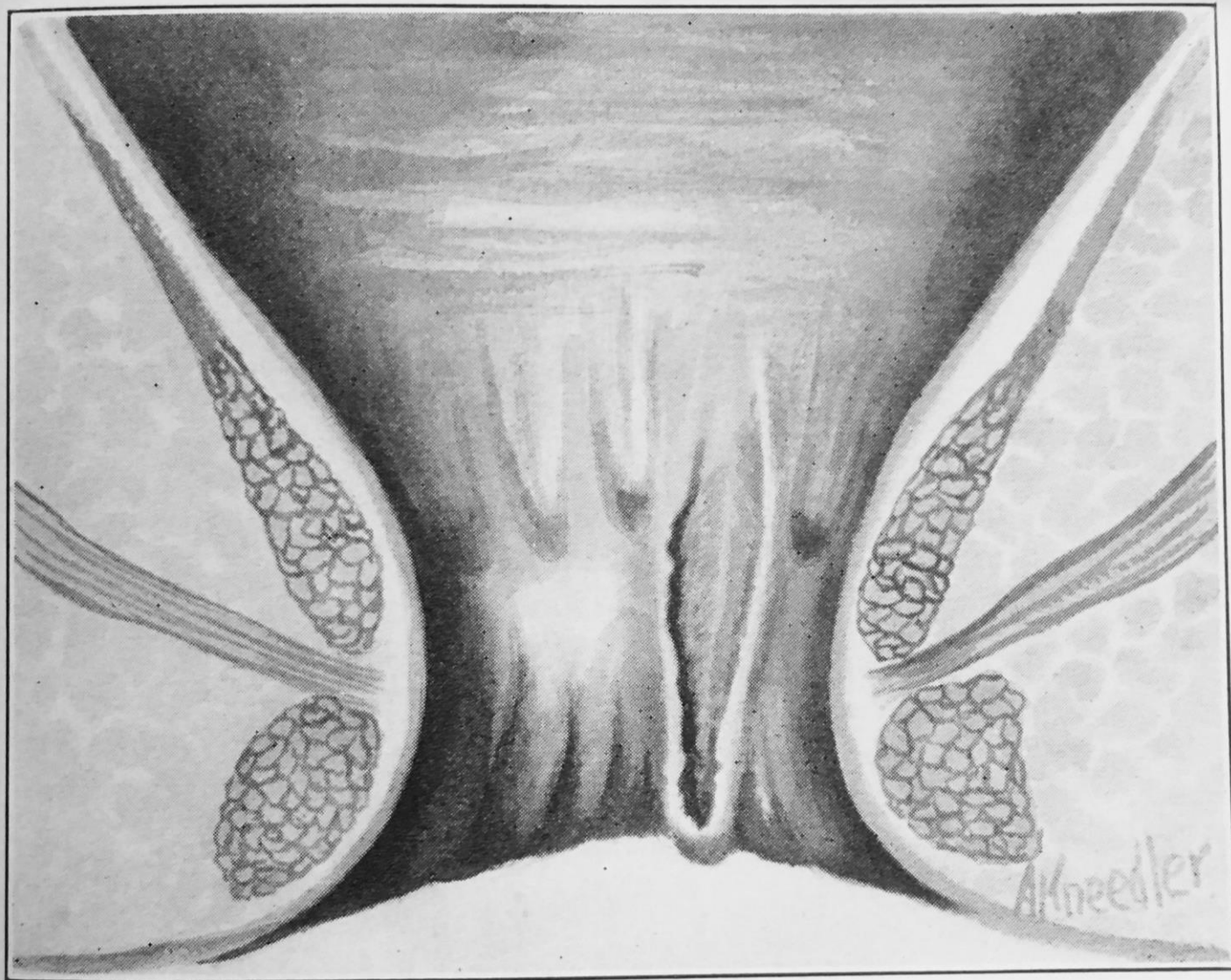


Fig. 2. Irritable Anal Ulcer caused by Tearing of Ulcerated Pocket.

Fissure-in-ano

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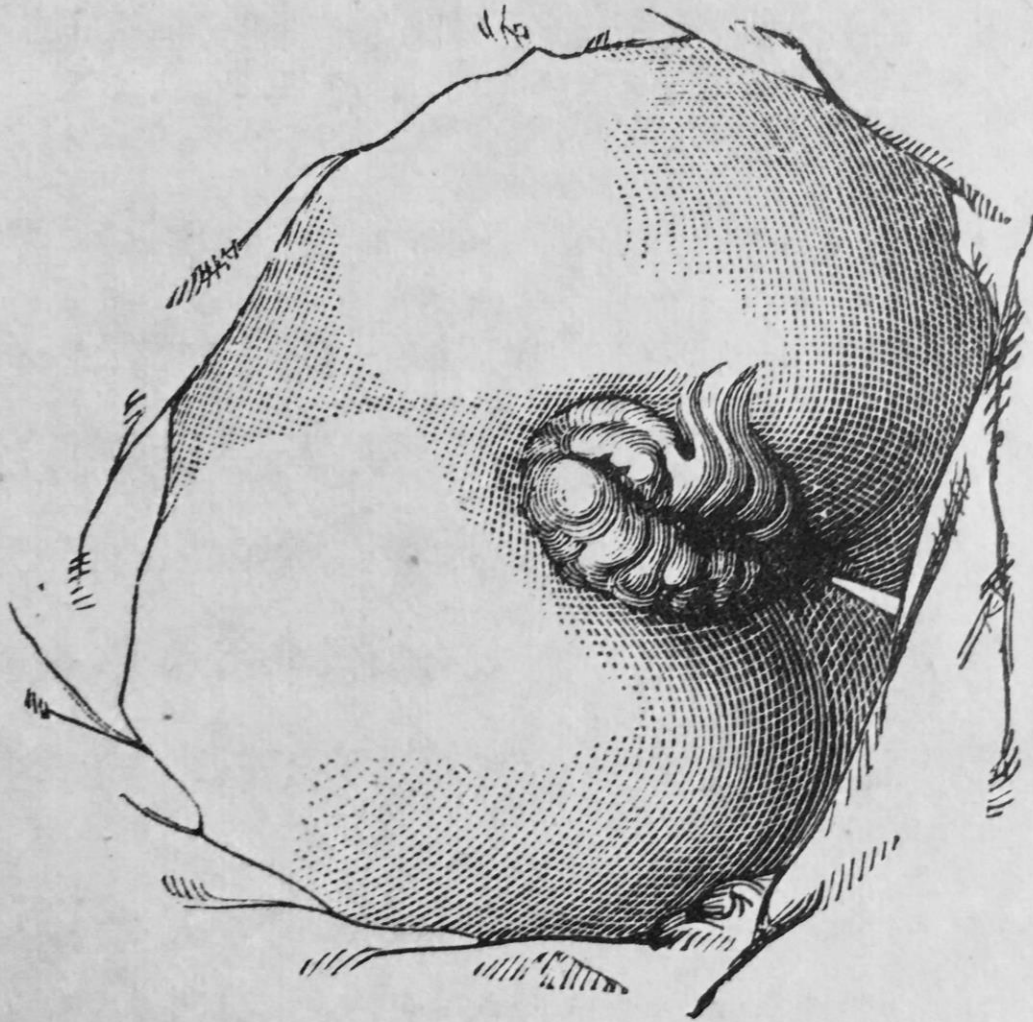


Anal Fissure and Sentinel Pile of Brodie.

Fissure-in-ano

Albright

Procientia



-Partial Prolapse, consisting of Mucous Membrane alone. (Br

Procidencia 1st Degree

Van Buren

are as follows : There is no prot

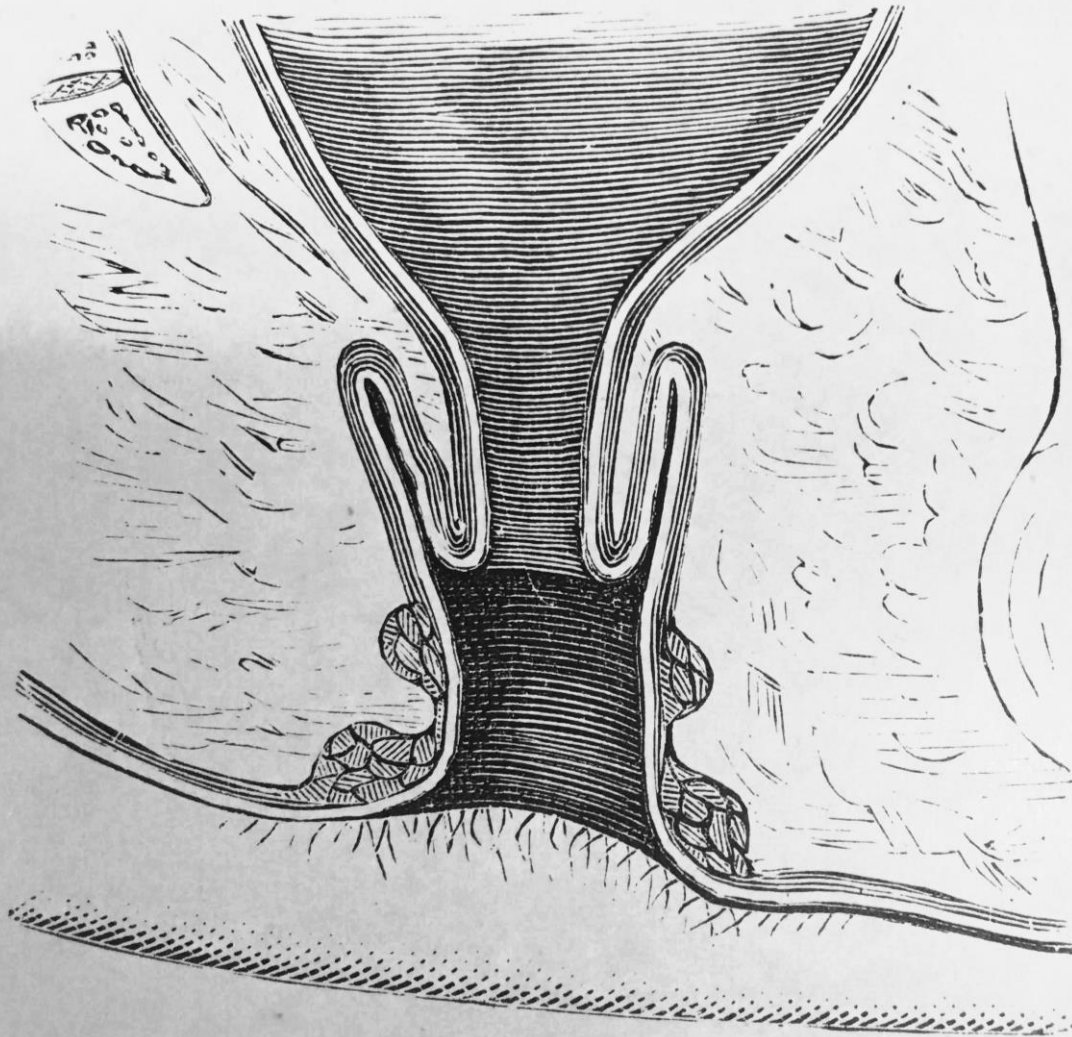


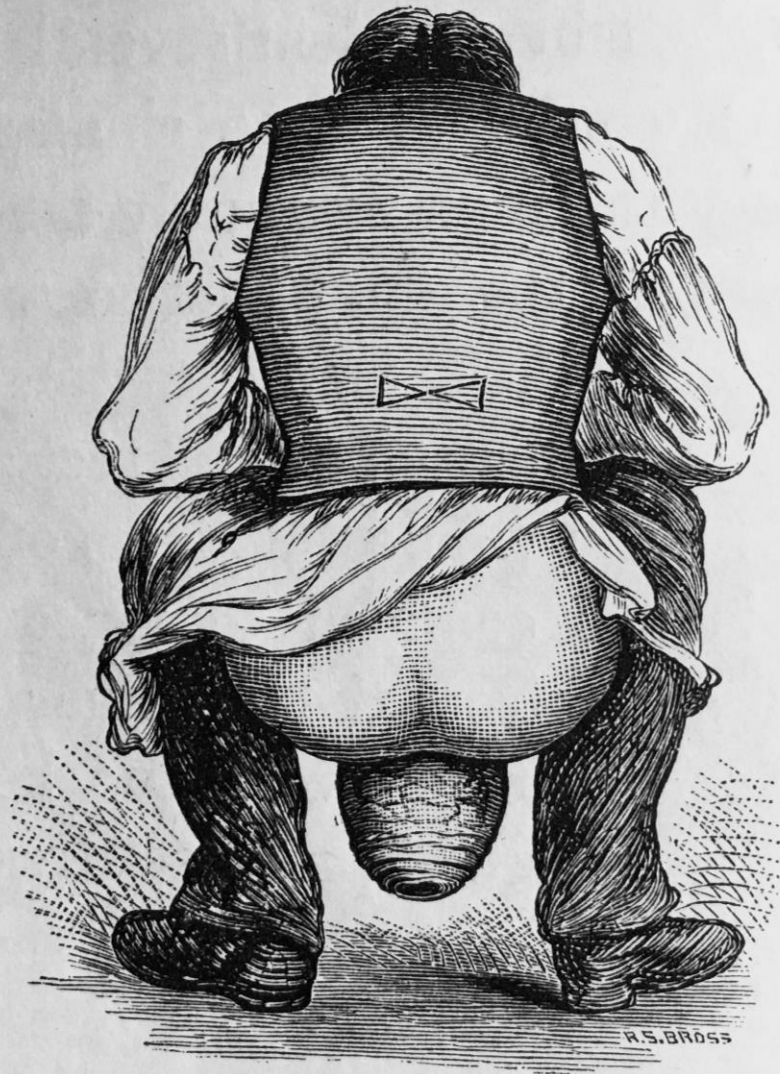
FIG. 32.

Procidentia

Allingham



Procidentia



. 4.—Complete Prolapse, comprising all the Coats of the C

Procidencia

Van Buren

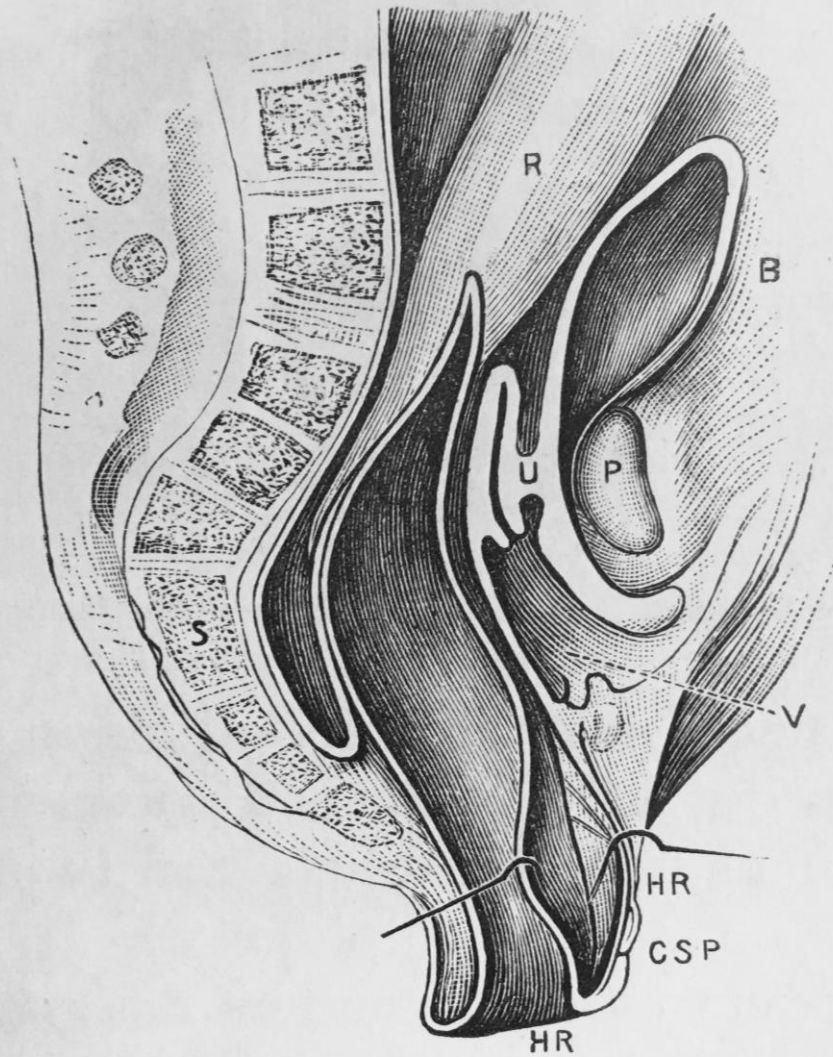
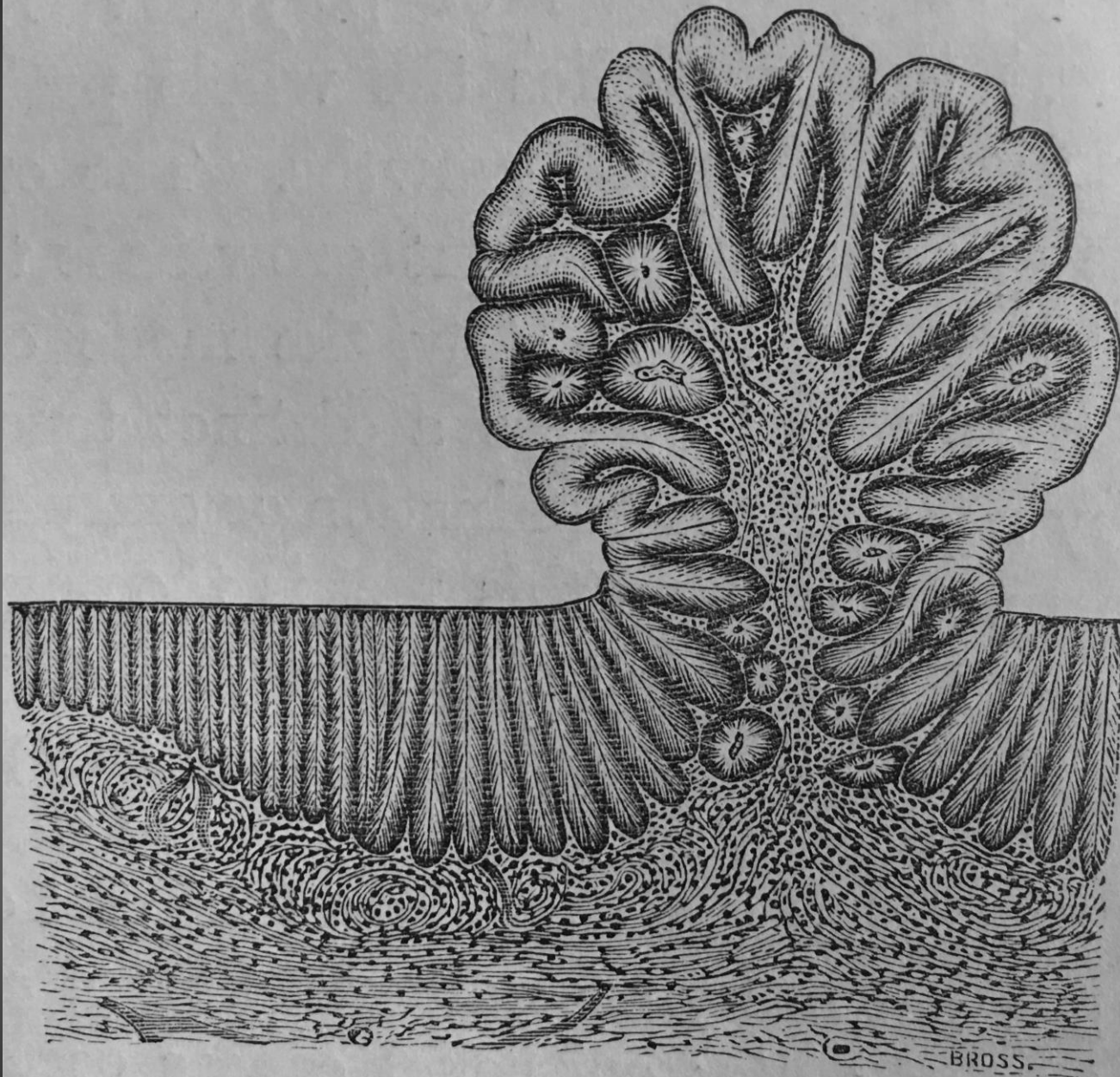


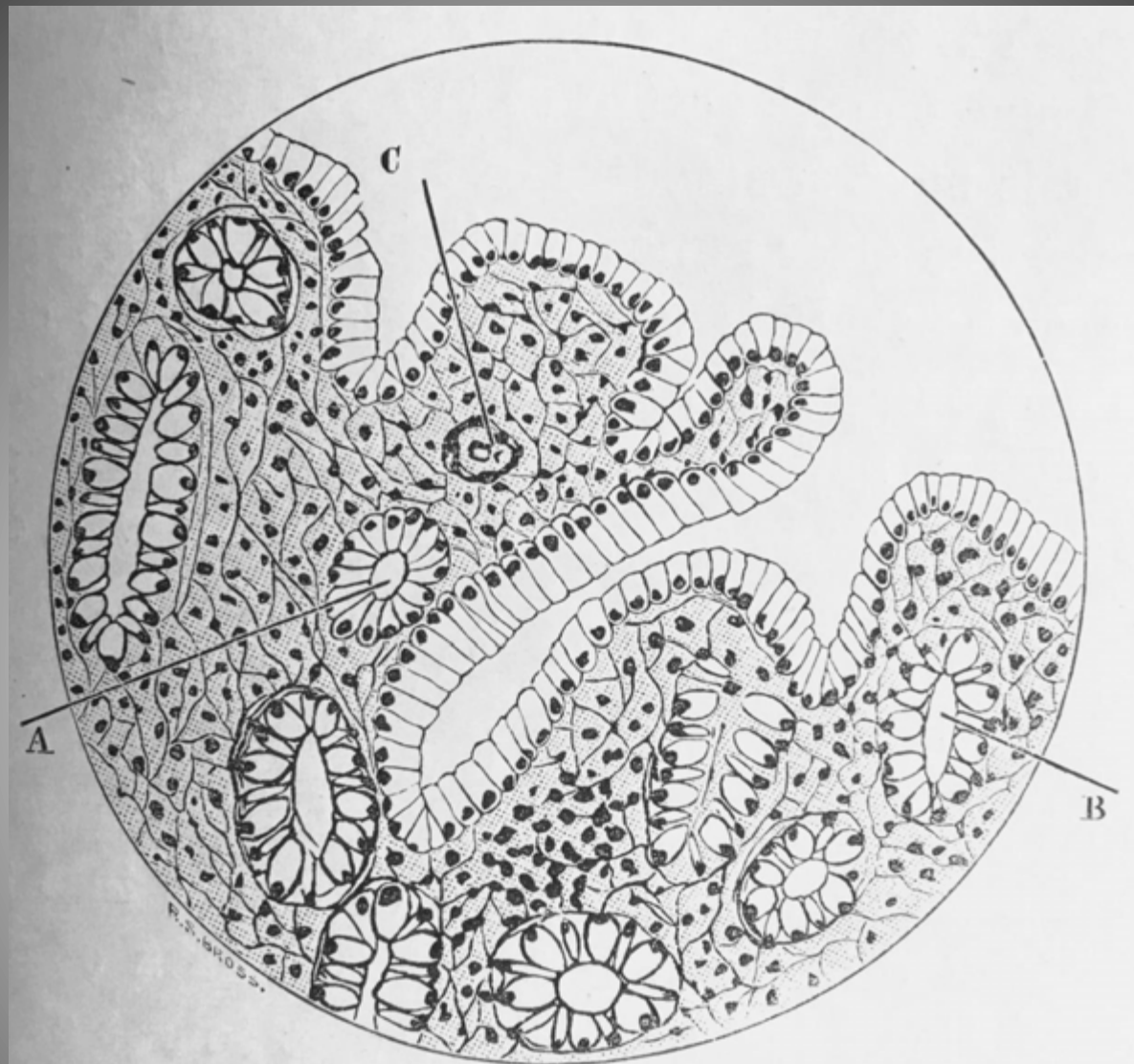
FIG. 5.—Complete Prolapse, with a Peritoneal Pouch, as shown in a Dissection of a Child. R, rectum; B, bladder; S, sacrum; P, pubes; U, uterus; V, vagina; H R, H R, the prolapse; C S P, the cavity of the peritoneal sac (displayed by hooks). (Cruveilhier.)

Procidentia

Polyps and Tumors



Benign Polyp



350 diameters.

Section of a Benign Polypus, at Right Angles to its Surface, showing the internal structure, and also Free Margin lined with Columnar Epithelium. Prepared and drawn by M. G. ...

Benign Polyp

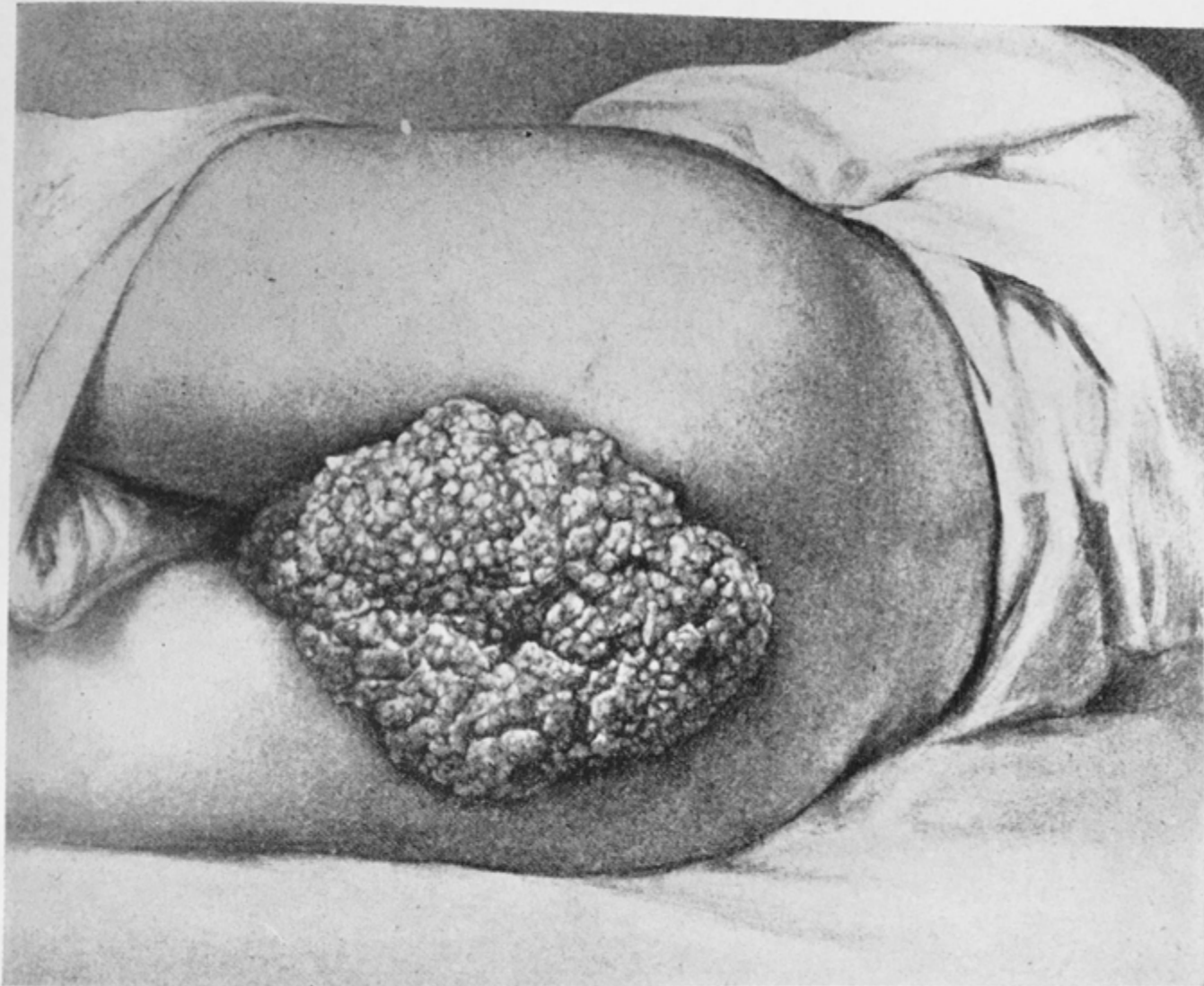


FIG. 12. HUGE PAPILLOMA OF THE ANUS.

Giant Condylomata/Squamous cell

Conclusions

- By the early 20th century, there was a sophisticated understanding of proctologic diseases and their treatment.
- This foundation provides the basis for most of current therapy.
- There have been many innovations in the interim, but few actual improvements.