

# Daily practice in proctology

## Introduction

What medical practitioner is not appointed on a daily basis of one of his patients saying: "I have haemorrhoids, could you prescribe me with an ointment".

Auto diagnosis is very dangerous, and there are no own symptoms regarding haemorrhoids, it should not be a matter of one to take the situation lightly. A well conducted interview and a well regulated examination, almost always gives an accurate diagnosis. [1]



**Image No. 1.** Enema practiced through the window, low-relief carved and painted in the late fifteenth century, now preserved in the Gruuthuise Brugges Museum.

For the family doctor, proctology is a daily concern. Too often, it is the subject of an almost clandestine course in medical school, when it's not omitted from the outset.

This discipline interests Individual practitioners, and the experience suggests that specific

ideas and well-conducted standards can adjust confusing situations, which are resented by patients. Proctology therefore, must not be just the seeking of basic knowledge; it should remain a "marginal" discipline, and should be treated with contempt and freed from its unjust taboo. [2]



**Image No 2.** Haemorrhoidal surgical treatment, miniature Surgery Code by Rogerio Frugardi (MS Sloane 1975 p93) during the fourteenth century, found in the London British Museum.

Current proctologic diseases are an important part of the practice. Most of them are curable and, if properly treated, the results are excellent. But bad treatment can have serious consequences for the patient. [3]

### Dedication

"He who boasts himself as being the servant of your grace, what shall he offer in subject terms and respect of the rear end. Though Your Grace may have such size, it can give to us all. If this treaty seems pleasant of interview, read it and take a snuff closer to your taste buds. If you find it dishonest, clean yourself with the..."

One traced satirical burlesque poem by Francisco de Quevedo (1580-1645), the greatest Spanish poet, of the Golden Age. [4]



Image No 3. Ligation and extirpation of haemorrhoid bleeding, illustrated manuscript "The surgery by Ilkhani" 1465 Ch. Ed-Din (L.II chap. 81, p124) found in the Paris' National Library.

## History

The accessibility to the anal canal has made it a much explored region that dates back to the period of the Egyptian Empire. When discovering a disease, they would use the likes of beer, honey, milk, oil and water to clean the area.

Hippocrates saw the haemorrhoidal bleeding as a protection against disease of the rea end.

Celsus, in the year 30 AD, describes the haemorrhoidal incision and indicates the necessity to avoid the multiplication of scaring to the anus area.

At the time, the treatment was essentially medical, made of local dressings (coated linen and placed in the anus, enemas). The Egyptians used especially beer, honey, milk, oil and water. Surgical treatment was not yet mentioned.

Hippocrates, at the time of saving blood loss, they see haemorrhoidal bleeding as a protection against disease and "it being necessary to not over-treat and leave it to its beneficial outcome: Carefully leaving it". We can already imagine the physio-pathology: "With the disease forming as follows: Bile or plegm fixing to the rectum veins, heat the blood in the veins, the overheated veins attract nearby veins, building up blood resulting to the formation of a tumor inside the rectum.



The heads of the veins are salient, and at the same time they are bruised by pushed out feces. Pressed by the accumulated blood, they project this liquid especially with feces, but sometimes without the feces. "

The Hippocratic ideas were taken over by Ambroise Paré in 1575: "If the blood flow is moderate then it should not be stopped at all, because it preserves melancholy, leprosy, pleurisy, peri-pneumonia according to the Hippocrates sentence. But if the blood flow is to be excessive, it is then stopped for it can cause hydropsy liver refrigeration."

In the eighteenth century, treatment becomes more aggressive "you can incise, excise, sew, burn, corroding the anus without causing damage." By Treating with hot white iron after placing a copper cannula; the cries of patients would provoke an outward push of the anus. Ligation occurs: "a needle passing through the haemorrhoid, linked to a very long and thick non-washed thread of wool".

Sells, in the year 30, describes the haemorrhoidal incision and points to the need of avoiding the multiplication of anus scars.

Some doctors, in 1460, became more imaginative. Louis XI, who suffered from haemorrhoids, was advised by Dr. Ferrari an Italian physician, to use leeches; "if the blood does not come out naturally from the haemorrhoids: use a leech or two. Introducing a leech inside a tube and choosing the place for the bleeding and then covering it with chicken blood. This is done without delay, and the tube is applied to this region. The imprisoned leech immediately then sucks the blood from the vein. The tube is removed leaving the taken leech. When she has gulped and is completely full, she is then covered with powdered salt in which she is placed above a small basin, falling and releasing the sucked blood. "

Pierre Donis, in 1740, speaks for the first time of poor vein return which is the origin of haemorrhoidal disease. He explains that this poor vein return is due to the extensive effort required to excrement exemption. At the time, Donis defends medical treatment and recommends non surgery which is already a resection of haemorrhoidal packages.

It was mainly in the twentieth century that asepsis, anesthesia and instrumental techniques, modern medical and surgical was brought to light. In the contrast, Dupuytren's sphincterotomy, in 1820, as for the anal dilatation described by Recamier in 1838, has now been abandoned.

The Milligan-Morgan intervention, the most popular surgical technique that is used now, originates back to 1744, described by JL Petit. It was improved by Parks in 1965.

According to the story, we must not forget the beliefs such as those inspired by St. Fiacre who suffered from haemorrhoids and whose anorectal pathology was relieved by sitting down on a stone at the church door, for his stay was imposed by the bishop for suspicion of witchcraft. This stone, having taken the form of the foundations of St. Fiacre, the stone was then known for its power of healing proctologic diseases. The likes of Ste Foys' church is also a pilgrimage place for patients suffering with haemorrhoidal pathology, the ritual is to burn a candle, at the anus, during the first moon quarter.

Conclusion: anal symptoms are extremely common and represent about a quarter of gastroenterologist consultations. Functional symptomatology is very univocal and is manifested by anal bleeding, pain, prolapse, dripping or pruritus. The haemorrhoidal pathology is the largest symptoms provider, it's not unique, it's therefore essential, before proceeding with any treatment, to have a proper conducted and established proctology diagnosis exam.

## References

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