Fred W. Rankin, M.D.  
– A Man of medicine during a time of war and change  

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Supported by the Joseph M. Donald Archival Collection and Endowment Fund of the Southern Surgical Association

The presenter has no conflicts related to the material presented.
Fred W. Rankin, M.D.
President Southern Surgical Association, 1937
While cleaning my “new” office as chairman of surgery at the University of Kentucky (previously occupied since 1960 by all past chairs: Ben Eiseman, Ward Griffin, Byron Young and Bob Mentzer), a box marked “Fred W. Rankin” was uncovered. The box contained 6 large, leather bound scrapbooks, each dedicated to a period of his life.
Fred Rankin was born on December 20, 1888 in Mooresville, North Carolina. “He was sprung from strong Presbyterian stock of the John Calvin variety,” wrote his good friend Daniel Elkin, “the type that breeds strong tolerance – at least for their own opinions.”

His early education was heavily influenced by his attendance at the Statesville Female College. He was known to be disruptive to the faculty. Unfortunately, we have no recorded history of his impact on the female students. We do know he was admitted to Davidson College, a stronghold of Calvinism, at the age of 15.
After completing his bachelor of arts degree from Davidson in 1905, he received his doctor of medicine from the University of Maryland in 1909. He subsequently earned a master of arts in English from St. John’s College in 1913 while doing his residency at the University Hospital in Baltimore (1909-1912). Two decades later he received an honorary doctor of sciences from his alma mater Davidson and an honorary LLD from University of Maryland.
In 1916, Rankin joined The Mayo Clinic as an assistant surgeon; however, his appointment was interrupted by World War I.

1916 Cadillac
7 Passenger Touring Car
Rankin served 17 months as a major in the medical corps with the American Expeditionary Force combat divisions. Later, he was commanding officer of Base Hospital 26 in France, which was manned by Mayo Clinic faculty. Upon his return, he rejoined the Mayo faculty.
In 1923, Rankin married Edith Wharton Mayo, daughter of Charles H. Mayo. Upon their decision to marry, Fred told “Charlie” that Mayo Clinic was not big enough for the two of them. Not surprisingly, within months the young couple moved to Kentucky, where Rankin was professor of surgery at the University of Louisville School of Medicine and Chief of Staff at City Hospital.

1923 Duesenberg Model A Dual Cowl Phaeton
In 1924, Rankin moved to Lexington and set up a private practice at the Lexington Clinic.
In 1927, Rankin returned to Rochester and Mayo Clinic to head a section in surgery and was appointed as an Associate Professor.
In 1933, Rankin once again left Mayo, having disagreements with their team approach, and returned to Lexington, Kentucky; an environment he loved. His surgical prowess was now widely known.

Within a year, he became chief surgeon at St. Joseph’s and Good Samaritan Hospitals. He also was appointed Professor of Clinical Surgery at the University of Louisville.
In 1937, Rankin was elected President of the Southern Surgical Association.

Letter of congratulations from Charlie Vance, a KSMA councilor from Lexington, Ky.
That year, the Southern Surgical Association celebrated its fiftieth year. Rankin delivered the Presidential Address, entitled “Milestones on the Road of Surgery”, where he mourned the loss of the first generation of great surgeons who founded the Association.

PRESIDENTIAL ADDRESS

MILESTONES ON THE ROAD OF SURGERY*

FRED W. RANKIN, M.D.
LEXINGTON, KY.

To-day marks the semicentennial of the founding of the Southern Surgical Association. It is a day of remembrance. Fifty years ago in this City of Birmingham, leading surgeons of the South met to organize an association destined to become one of the outstanding factors in surgery of the Western Hemisphere. Since its organization a generation has died—a group of successors has been born upon whose shoulders has fallen the mantle of membership in this favored assembly.

The roster of the battalion of pioneers no longer holds the name of a single Founder on its list of the living; the last of the old guard, Dr. Isaac Scott Stone, answered the final rollcall in December, 1936. Through this half century the Southern Surgical Association has recorded in the deeds of its Founders and members a monument of service to science worthy of the men who, in November, 1886, met to discuss the formation of a society to be known as the Alabama Surgical and Gynecological Association. This
In his address, he reviewed important events that had affected surgery, from the development of anatomy through the founding of surgical organizations. Surgery had matured into a full-time specialty, and he expressed concern about the quality of instruction that specialization required and the responsibility of the medical profession to determine standards of proficiency.
He presented the three main objectives of modern surgery:

“First, elevate standards of graduate instruction; second, adequate certification of surgeons; and third, the controlled hospital.”

“the great trend toward specialization is unquestionably the most important single change in medicine during the last quarter century.”
In that same year, he helped found the American Board of Surgery.
In 1941, Fred Rankin was elected President of the American Medical Association. At the age of 52, six months before the attack on Pearl Harbor, Dr. Rankin achieved this honor by unanimous vote of the Association’s House of Delegates.

Dr. Rankin (President Elect) and Dr. Frank Lahey (President)
Rankin was elected AMA President one month after a reappointment as clinical professor of surgery at the University of Louisville.

He was expected to commute between the two cities to practice.
1941 Letter of appointment to University of Louisville

May 27, 1941

Dr. Fred W. Rankin
Harrodsburg Pike
Lexington, Kentucky

Dear Fred:

As one who admires you greatly and values your friendship highly, may I send you this congratulatory note upon your appointment as Clinical Professor of Surgery at the Louisville School of Medicine. I feel I should write this letter to the University of Louisville and congratulate them upon obtaining your services, and certainly it will mean much to the embryonic doctors who come under your influence. Your experience will give them training which perhaps no other man in medicine could impart from actual experience.

Hoping you will gain much joy in this new connection and the part you will have in training young men for your revered profession, with a sincere hope that God will always bless you and yours, I am as always

Yours sincerely,

[Signature]

W. Emmet Millward
In his AMA presidential acceptance speech, he remarked, “In these troublous times, the nation as a whole and the medical profession in particular face many and serious problems, and to whatever objective the medical profession of the United States has dedicated itself, I pledge you my sincere cooperation and wholehearted effort.”

1941 Studebaker
We have dozens of congratulatory letters, including:

The board of trustees at Davidson College

Dr. Fred W. Hunkin,
410 Security Trust Building,
Lexington, Kentucky

Dear Fred:

I just want to voice the sentiment of a man, with the hundreds of your other friends, in congratulating you on the highest honor that can come to a man in medicine from his co-workers.

You have many friends that are more intimate but none of them admire the fine work you have done and the many honors that you have been bestowed upon me.

At the present time I am still on the Executive Committee of the Board of Trustees at Davidson College. We have a new president and many of us are of the opinion that there are many good things in store for Davidson.

I hope that they will confer an honorary degree on you in the distant future.

Sincerely yours,

[Signature]

Hamilton W. McKay, M.D.
Dr. Fred W. Rankin,
371 West Short Street,
Lexington, Kentucky.

Dear Dr. Rankin:

I did not get a chance to more than give you the high sign of congratulation, at Cleveland, upon your election to the distinguished status of President-Elect of the American Medical Association. I don’t know that any more than that is required, but I feel so appreciative of the thoughtfulness of you in mentioning me to the directors of the American Medical Association, that I must say something about it to somebody, and perhaps a few written words of congratulation to you will give me an opportunity of letting off some steam. I hadn’t the remotest idea that your election was in prospect until Dr. McCormack advised me that it would not hurt his feelings if you were elected. We agreed that it wouldn’t hurt anybody’s feelings, and I don’t imagine it did. I think that even you will agree that this was the most spontaneous election of a President that has ever happened in many a day.

Incidentally, Dr. L.H. Reeves of Fort Worth, advised me a day or so ago that you were going to be invited to visit our Fort Worth Clinic this Fall, October 8, I believe it is. I hope you will find it possible to accept the invitation. While this is not a very large event, it is certainly not small. There will be two or three hundred doctors centering around Fort Worth, hungry for medical knowledge, and they will appreciate hearing from you, and they will listen to you. I believe Dr. Charlie Mayo has agreed to spend a day with us, and I think Dr. Harris, I have forgotten the name of him, a former teacher in Vanderbilt University, will be there. Dr. Reeves will be a guest speaker for the occasion. I told Dr. Reeves I didn’t imagine you would be able to get away for a meeting so restricted, but thinking the matter over, I really believe it will be an opportunity for you, if you can spare the time for it. However, I started out merely to drop you a line of congratulation and appreciation.

With personal regards,

[Signature]

Holman Taylor, M.D.
June 18, 1941

Dr. Fred W. Rankin,
271 W. Short Street,
Lexington, Kentucky

Dear Fred:

Your elevation to the office of President-Elect of the American Medical Association is a well deserved recognition of your diverse achievements in many fields of human endeavor. Among these are renown in the Science and Art of surgery and an enviable position, long enjoyed, in organized medicine—achieved through the assertion of a dynamic personality. But in writing to commit to record my congratulations and best wishes which were inadequately expressed in person, I want to commend a quality which has endeared you to a host of friends and which I believe will give you entrance to the hearts of the rank and file of your countrymen as you go about as the head of American medicine. I have reference to the human quality of unstilted friendliness. Such an attitude levels all barriers and makes all the world our kindred.

Of course, we of the South feel a peculiar pleasure because one of our own kind has been so signaly honored. My own pride is boosted a notch through the triple realization that an old friend, a fellow alumni and an unreconstructed rebel has scaled the topmost rung of world medicine.

With all good wishes for your health and happiness and looking forward with keen anticipation of working with you,

Cordially your friend,

[Signature]
June 21, 1941

Dr. Fred W. Rankin
Security Trust Bldg.
Lexington, Kentucky

My dear Dr. Rankin:

Please accept my most sincere thanks for the very fine letter you wrote to the Ridpath Historical Society and in passing, let me express my congratulations to the American Medical Association for being so fortunate as to have you as the next President of that great organization.

In talking to hundreds of doctors they all seem to be in accord as to your skill and ability. In fact, I've never known a man to be so truly recognized by his colleagues. Please believe me, my dear Dr. Rankin, most grateful and appreciative of your letter. In behalf of the Ridpath Historical Society, let me thank you for your cooperation in commending the Ridpath History. They are indeed proud to have your name listed as one of the distinguished owners of the work.

Please do me the honor to believe me,

Most cordially yours,

Robert Stobday
Vice-President
Ridpath Historical Society
University of Kentucky President H. A. Donovan

July 8, 1941

Dr. Fred Rankin
410 Security Trust Building
Lexington, Kentucky

My dear Dr. Rankin:

It has not been my pleasure to have had the privilege of meeting you personally, but for a long time I have had a newspaper acquaintance with you.

I want to congratulate you upon your election as President of the American Medical Association. Every Kentuckian is proud of the honor which has come to you and to the State of Kentucky in your election to this high position of responsibility.

I feel that Lexington is a safer place in which to live by reason of the fact that it has a surgeon of your eminence in its midst. I hope that I may have the pleasure of meeting you in the near future.

Cordially yours,

H. L. Donovan
President
A Telegram from Mother Mayo

VEU 14 49 NT = ROCHESTER MINN JUN 6

DR F W RANKIN=

CONFGRATULATIONS ON LATEST GREAT HONOR CONFERRED ON YOU AS LEADER OF AMA AT THIS CRITICAL TIME YOU WILL BE KEPT BUSIER THAN EVER HAVE MORE WORRIES AND WILL NEED DIVINE GUIDANCE. I'M PROUD OF YOU AND HOPE YOU WILL CONSERVE YOUR STRENGTH IN EVERY POSSIBLE WAY LOVE TO ALL=

MOTHER.
THE DOCTORS OF OUR COUNTRY ARE A HEAP SMARTER THAN I THOUGHT THEY WERE. I HEARTILY CONGRATULATE THEM AND YOU ON YOUR ELEVATION TO THE PRESIDENCY OF THE AMERICAN MEDICAL ASSOCIATION.

ALBERT B CHANDLER US SENATOR.
June 11, 1941

Dear Fred:

My warmest congratulations to you! It is a great comfort and satisfaction to us all to know that your hand will be on the helm in these difficult times.

With Lahey as president and you as president-elect, The American Medical Association will have safe guidance for another two years.

You have my very best wishes for success and happiness in your new responsibilities.

Always yours,

George Crile

GC:bl
Dr. Fred W. Rankin
271 West Short Street
Lexington, Kentucky

Greetings to the family reunions.

Little did he know what was soon to come.
Within months, the House of Delegates passed a resolution that “the United States arrange immediately for the establishment of a central assignment authority with representatives of the civilian medical profession.” The purpose was to lessen confusion by proper assignment of physicians to enable both civil and military populations to be served medically as completely as possible.

Rankin expressed “I am concerned there will not be enough single surgeons, less than 35 years old, to serve the needs of our military”
Rankin’s experience during World War I and the AMA’s Committee on Medical Preparedness made him an obvious choice. Following Pearl Harbor, he was appointed Colonel and Chief Surgical Consultant to The Surgeon General. He was charged with overseeing the induction of Medical Officers and organizing the Medical Department of the Army.

1942 Buick staff car
When Colonel Rankin arrived in Washington, he had no real job description.

He visited, not only hospitals, but also industries and companies related medical supplies and equipment. Shortly, there was a close liaison between the Office of The Surgeon General and the various Service Commands. His goal was "standardization of medical care".
Early in the war, the assignment of newly commissioned medical officers was urgently needed. Rankin personally knew the capability of many who were entering military service, and when he did not, his extensive personal network provided insight into their abilities. He insisted on assignment based on experience and ability, rather than the “good ol boy” network.

He demanded “the right man for the right job”.
A handwritten note, by Rankin, stating a promotion had been granted the same day a letter complaining about delays was received.
THE RESPONSIBILITIES OF MEDICINE IN WARTIME

By Dr. FRED W. RANKIN
LEXINGTON, KY.
“In the inescapable somber times ahead, often our fortitude will be challenged, often our ideals will appear frustrated by circumstance; but the true mettle of a profession emerges only when tried in the fires of adversity....

..... To serve is our destiny, to serve freely, faithfully and effectively is our wish and ambition. Our duty is plain to see: we shall go forward to our task, and we shall not fail.”
In December of 1942, Rankin was promoted to Brigadier General.

Rankin’s duties expanded to oversea theaters and field armies, surgical staffs, and the new auxiliary surgical groups.
At the onset of the war, Rankin and his consultants were expected to address only clinical problems. However, as Brigadier General, he established many more programs including:

• Revision of equipment lists
• Specialized surgical centers
• Central supply services in hospitals
• Supervised programs of medical education
• Establishment of required Essential Technical Medical Data reports from the theaters of combat
• Research and clinical studies
Rankin certainly did not fail:

In a 1945 analysis regarding the assignment of 922 surgical specialists, 96 percent were engaged in practicing their own specialties.

The overall mortality of wounded soldiers was reduced from 8% (World War I), to less than 4% in World War II.

He established the Civilian Surgical Consultant Program - that exists to this day.

Military citations included the Distinguished Service Medal, Victory Ribbon, ETO Ribbon, Asiatic-Pacific Ribbon, American Theater Ribbon, and the Cross of Chevalier of the Legion of Honor.
In a four page letter from Michael DeBakey:

“Your departure left in its wake the emotional turmoil which would inevitably result from the great loyalty, sincere devotion and deep love that you inspired in all of us........Accept as a tribute what we consider your greatness of character and intellectual capacity the lasting impression you have made both in our minds and in our heart.”
In 1948, Rankin was elected President of the American Surgical Association by unanimous vote.

Several assured him that the annual meeting, held at the beginning of May, would not interfere with the Kentucky Derby, held on the first Saturday of May. Apparently, no one really wanted to test his allegiance.

1948 Tucker Torpedo
His friends sent him the following telegram “collect”, and couldn’t help but goad him about the possibility of missing the Kentucky Derby, which he so loved.
“We still live in a twilight zone of tension. The guns may be silent, but there is still no peace. Conflicting ideologies, endless irritations, unfettered national ambitions and world-wide selfishness all seem to be driving inevitably toward World War III....We have no alternative but military preparedness, of which medical preparedness is an essential part.”

ASA Presidential address 1948
In 1953, Rankin was elected President of the American College of Surgeons.
His title “The Responsibility of a Heritage of Idealism.” cut deeply into the problems that were plaguing the profession calling for an end to a lack of ethics.

“There are some in our midst who do not recognize their obligations or who, recognizing them, lack the courage to live by them. They fall into the twin pitfalls of avarice and ill gotten gains. They persuade themselves that they are justified in what they are doing. It is regrettable that, for the most part, the men who are so conducting themselves are the younger, post-war generation. But that does not relieve us who are older of blame for what is happening.”
Also in his address, he stressed the importance of medical education and research.

“......we do not have too many adequately trained specialists and......too frequently surgery is inexpertly and incompetently done by men with too little training and experience...

...Minor surgery is major surgery when done by an unskilled hand...

..surgical operations...when you are the patient, are a very personal experience.”
Admired by most - Despised by a few

Reforms In Surgeon Ranks Are Demanded By Dr. Rankin

Chicago, Oct. 9 — The new head of the American College of Surgeons said tonight the college must end fee splitting, ghost surgery and the charging of exorbitant fees.

Dr. Fred W. Rankin, of Lexington, Ky., spoke after a ceremony at which he was installed as president of the college. About 1,100 new fellows were inducted.

"Let us admit," Dr. Rankin said, "that there are still men in our profession — fortunately their number is small — who practice division of fees, who do ghost surgery, who perform unnecessary operations, and who charge exorbitant fees for their services.

The responsibility of the College of Surgeons, he said, is "to make every effort to end these practices which have been condemned by the American Medical Association and by numerous state medical groups.

Dr. Rankin said that "in many respects surgeons carry the heaviest responsibilities of all physicians, if only because of the harm they can do."

"For that reason, he said, and because the field of medical knowledge is too broad for any one man to master it, specialization is necessary."

"I am convinced," Dr. Rankin said, "that we do not have too many adequately trained specialists, and I am equally convinced that surgery is too often done by men with too little training and experience."

"This problem will not be solved by attempts to delineate the boundaries between minor and major surgery. Minor surgery, when done by an unskilled hand, is major surgery."

Dr. Rankin said that high ethical standards, honesty, integrity and a sense of responsibility are "absolutely necessary to the maintenance of a high standard of medical care."
Doctor Rankin became only the third person, at that time, to be elected president of three outstanding medical societies: the American Medical Association (1941), the American Surgical Association (1949), and the American College of Surgeons (1953).

His predecessors in that honor were William J. Mayo and his father-in-law Charles Mayo.
Dr. Rankin’s American College of Surgeons Presidential Portrait
Over his lifetime, Doctor Rankin was a prolific writer with over 300 publications. He was an internationally known authority on cancer of the colon and diseases of the gastrointestinal tract. His articles appeared in such journals as Annals of Surgery, Journal of the American Medical Association, Bulletin of the American College of Surgeons, Science, Proceedings of the Royal Society of Medicine, as well as numerous publications associated with state medical society journals.
Cancer of the Colon: Its Surgical Treatment

By Fred W. Rankin, M.D., F.A.C.S.

(Lexington, Kentucky, U.S.A.)

Modern surgical attack on colonic cancer is predicated upon physiologic and pathologic considerations; a logical conclusion when one considers that the colon is a dual organ both embryologically and functionally. As a result of differences in function, as well as in type of pathology, cancer of the right half of the colon is manifested by phenomena secondary to disturbances of physiological equilibrium, while cancer of the opposite side of the large bowel presents a syndrome of obstruction in one of its phases, chronic, subacute, or acute. Eliminating that group of cases presenting most often in growths of the left colon as acute intestinal obstruction, we may consider carcinomas of the colon, in the vast majority of instances, as chronic problems for the surgeon. This is a fortunate circumstance, because malignant neoplasms of the lower part of the gastro-intestinal tract occur most frequently in middle-aged individuals or in persons in advanced years, and, remaining unrecognized for a considerable number of months before they are accurately diagnosed, undermine vitality by a subtle progressive intoxication.
ASEPTIC END-TO-SIDE ILEOCOLOSTOMY: CLAMP METHOD
TECHNIC AND STATISTICAL DATA

By Fred W. Rankin, M.D.

of Lexington, Ky.

and

A. Stephens Graham, M.D.

of Richmond, Va.

**Fig. 1.** — Application of clamp to ileum. The blood supply in the mesentery has been tied off and the special clamp is applied at an angle so as to obtain a wider lumen for the anastomosis. The bowel is divided with cautery.

**Fig. 2.** — The clamp is shown being applied to a point selected on the transverse colon for the colonic end of the anastomosis.

**Fig. 3.** — An elliptical portion of the colon is being removed by cautery to make an opening in its lumen and the small bowel is shown approximated at this point.
INTRATHORACIC ESOPHAGOGASTRIC ANASTOMOSIS FOR CARCINOMA OF THE LOWER ESOPHAGUS AND CARDIAC END OF THE STOMACH

Fred W. Rankin, M. D.

and

Lawrence E. Hurt, M. D.

Lexington

The esophagus and cardiac end of the stomach frequently invaded by cancer are the last segments of the gastro-intestinal tract to yield satisfactorily to radical surgical removal of the growth with primary anastomosis. While thoracic surgery and anesthesia were forwarded immeasurably by the exigencies of World War II few surgical specialties were more noticeably advanced than the surgery of the chest and anesthesia. It is to improvements in technique in both these fields and widening experience that radical operations upon the esophagus and upon part of the stomach have been more widely adopted recently. In these specialties the earlier
Surgical Treatment of Cancer of the Rectum and Rectosigmoid

Fred W. Rankin, M.D.

and

Coleman C. Johnston, M.D.
Lexington, Ky.

Cancer of the rectum is an easily diagnosed lesion which when extirpated radically by surgical methods has a most favorable prognosis. While there is small difference of opinion that radical surgery is the method of choice in its treatment, the rediscovery of the "pull through operation" has in recent years created a certain amount of controversy as to the type of procedure most acceptable in the majority of cases. A cursory survey of the literature of a quarter of a century ago would have revealed to the most ardent enthusiast for the sphincter-saving type of operation a paucity of data on favorable end results of such attacks.
Fred Rankin “had written and spoken and done, probably, more about cancer of the colon than anybody else,” said Branham Baughman as a Southern Surgical Association discussant for a presentation by Hiram Polk in 1977.

”Prior to the war, he devised a very unique, safe operation, before antibiotics and intestinal antiseptics, for colon resection. He was also one of the first to treat peptic ulcer surgically with gastric denervation, known as vagotomy. He developed the Rankin clamp, a three-bladed instrument for use in colon resection. Along with George W. Crile, he developed the Crile-Rankin forceps.”
Dr. Fred W. Rankin worked hard to establish "The University of Kentucky College of Medicine". His death in May 1954 may have precipitated the "go ahead" decision in June.

Groundbreaking in 1957
Chandler Hospital 1960

New UK Hospital 2010
That year, a celebration in Fred’s honor was planned at the Louisville General Hospital. An auditorium was to have been dedicated to him with presentation of papers by a few of his close friends. The papers were already written, so the Editors of the Archives of Surgery published them as a tribute to a...

“distinguished American surgeon whose career as a clinical surgeon and a military surgeon was one of outstanding achievement.”
Fred and Edith had four children: Frederic Wharton, Edith Graham, Charles Mayo, and Thomas Alexander. His son Charles, known to most by his nickname “Bo” and now 83-years old, recently described their growing up years as “privileged.” Fred loved horses and the Derby, and Bo remembered fondly his father taking them to the races and the many people they had the opportunity to meet, including Sam Snead.

The family graciously allowed me to present this information from his personal memoirs.
Fred W. Rankin, M.D.
– A Man of medicine during a time of war and change

Joseph B. Zwischenberger, MD

Johnson-Wright Professor and Chair, Department of Surgery
Surgeon-in-Chief, UK Healthcare
University of Kentucky
Lexington, Kentucky
The importance of cancer of the lower portion of the gastrointestinal tract in the whole picture of cancer is highlighted by the fact that approximately 50,000 persons die in the United States each year from cancer of this segment of the bowel. Such statistics are of necessity inaccurate and probably too low. Certainly a great many times that number of persons are suffering with various stages of the disease. This is a sad commentary on the physician’s ability to diagnose these cases earlier, although attention has been focused on this point for several decades. Actually, it is an indictment in part of medical practice, because many of these lesions are permitted to grow to large size and even to metastasize before an adequate examination of the patient is performed. In defense of the members of the medical profession, it must be admitted that many persons refuse to heed early signs of cancer, although the constant dissemination of propaganda and warnings concerning cancer would seem to make such an attitude impossible. The diagnosis of cancer of the rectum is simple and seldom is missed if the physician performs (1) digital examination, (2) proctoscopic examination and (3) biopsy.

point of its importance is that it should demand an adequate careful proctoscopic and even roentgenoscopic examination if it persists beyond a short time. The large number of cancers which are fully developed and frequently have metastasized before the patient seeks medical advice emphasize the lack of a sharply defined syndrome of which one can inform the public with assurance, and which will bring patients to the physician for diagnosis of their disease much earlier. The fact that pain is a relatively infrequent early symptom is perhaps one of the most distressing factors in the entire picture, and it is responsible for delay more than any other factor.

There is a seemingly close relationship between polyps in this portion of the gastrointestinal tract and cancer. It is an old theory which was first advocated by some German observers in the early nineties, and they based their opinions on histologic observations in a variety of polyps which were excised with cancers of the rectum and colon. In 1930 Fitzgibbon and I studied thirteen specimens of polyps of the colon and rectum in which we thought we showed conclusively evidences of changes from benignancy to malignancy. This has been the experience of many other observers; coupled with the facts that 70 per cent of the cancers of the rectum and colon taken together as one unit occur from the sigmoid to the anal canal and that 71 per cent of the polyps occur in the same region, the significance is important. All polyps are not malignant, but it is customary to divide them into three groups.

Group 1 includes only growths in which the epi-
URETERO-ENTEROVENTRAL FISTULA*

BY FRED W. RANKIN, M.D.

AND

CHARLES MAYO, 2nd, M.D.

OF ROCHESTER, MINN.

FROM THE MAYO CLINIC

To have either a urinary or a faecal fistula is unfortunate, but to have a combination of both, secondary to an infected ectopic kidney which necessitates operation, is almost unique.