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PROCTOLOGY AS A SPECIALTY

Presidential Address

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IN THE last few years a conviction has arisen, both within and without the medical profession, that some means should be taken to compel those who practice as specialists to have had adequate training to warrant them in making use of the name of "specialist." This idea was forcibly brought forth in the *Survey of Education*, made by Willard C. Rappleye for the Department of the Interior of the United States Government in 1930. In one of the concluding paragraphs on this report on "Medical Education," he says, "the training of specialists is another phase of the larger problems of training personnel to meet the medical needs of the country. The time will come when the medical profession and the public authorities will devise ways and means of guaranteeing to the public that those who claim to be specialists are, in fact, competent by training and experience to perform the service they claim to be able to render." This conviction is not original in this country of ours, it is world-wide; and in fact, certain European nations have taken definite steps toward legalization of specialists. Here in our own country some states have introduced at various times legislative bills with a view to make definite rules as to specialists. It will indeed be a sad commentary on the profession in general and on our specialty in particular if we don't take the initiative in this progressive change. Let us hope that in this free country of ours we will never see the day that Federal or local government will deem it necessary to force legislation upon us.

Universities all over the country are appreciating that definite courses for advanced study in medicine and surgery should be offered leading to acquisition of special knowledge sufficient to justify a physician taking such courses to enter the practice of his specialty. To cultivate and encourage graduate training in surgery, the American College of Surgeons has established higher qualifications of training for admittance to Fellowship. Applicants for Fellowship whose qualifying medical degree shall have been obtained after the date of

January 1, 1938, shall be required to present evidence of having completed three years of hospital training in one or more acceptable hospitals of which two years shall have been spent in training in surgery in hospitals approved by the college. We recognize at once in this new ruling a step in the right direction. As long as we make Fellowship in the American College of Surgeons not only a desirable but almost a prerequisite to Fellowship in our association it will undoubtedly give us well-qualified young men and automatically raise the standard of our specialty.

Every day the world grows older and with it knowledge increases to such an extent that it is now beyond human possibility for any one individual to learn in this short span of life but a part of the existing information concerning any science or profession. Progress and efficiency are the products of concentrated study upon a limited field. Advance in science has resulted from intensified study and effort on one problem, the solution of which has opened the way to further progress. This progress, however, has created new responsibilities which must be shouldered not by society and the government but by the physicians themselves if the profession expects to retain its autonomy and independence. If we recognize this situation for the profession as a whole, we must also recognize it for every specialty for they are the component parts of the profession.

Specialization is imperative. Obviously no one man is capable of mastering all the techniques indispensable to the study of a single unit problem; therefore, progress in knowledge of ourselves requires the simultaneous efforts of various specialists. Even the specialties are divided into smaller parts. Today there are specialists in glandular physiology, in vitamins, in hygiene of factories and prisons, and in psychology of all classes of individuals in domestic economy. We ourselves in proctology find ourselves dividing our specialty into anal surgery and colon proctology. It is impossible for a specialist actively engaged in pursuit of his own task to understand the human being as a whole. Indeed such state of affairs is rendered necessary by the vast extent of the field of each science. This extreme specialization, however, carries with it a certain degree of danger. We are apt to treat one part of the human body as an entity and forget that it is a component part of a total entity. In spite of all that, modern civilization absolutely needs specialists in all the branches of human endeavor and activity. Progress is the result of specialization.

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We must not forget that intelligence and high scientific attainments are not always sufficient to make a successful physician or surgeon. With them must be associated a certain degree of personality engendered by understanding, human kindness and sympathy. Robert Louis Stevenson in writing about physicians places them in a class that stands above the common herd, not because of their great scientific accomplishments but because in them are exhibited the virtues of the race: generosity, discretion, tact, cheerfulness, and courage. Unfortunately in this age of feverish activity and struggle we have sometimes judged men by what they have and not by what they are. It is ever true that greatness and simplicity go hand in hand. Great men are never found suffering from a superiority complex. So far, our medical schools have given very little thought and consideration to the character of the young medical student; his background and his general make-up have been overlooked. All this is indeed an important and essential factor to the foundation upon which the scientific and technical knowledge should be built.

Nearly a half century ago our predecessors founded the American Proctologic Society upon the ideal of progress in this particular field of surgery, of a better service to the public and a more friendly cooperation amongst its members. To us, the Fellows and Associates of today, they repeat to us the words of John McCrae in his immortal poem, "In Flander's Field,"

"To you from failing hands we throw
The torch; be yours to hold it high."

Today our Society has reached a very important milestone in the history of its existence. The searchlights are focused upon us. Is proctology a specialty and if so, are we, the members of this Society worthy of recognition as specialists in this particular field of surgery? It is naturally our responsibility to give sufficient proof that proctology is a well-defined specialty and that the members of our Society possess all the qualifications that are required.

This country of ours has developed in a relatively short time with incredible speed. In fact, speed is the middle name of American enterprise. The medical profession has had to keep up with the tempo of development. Unfortunately our educational systems have had to sacrifice the finer points to make room for the more essential and necessary requirements of medical education.

In October of last year, 1940, the American College of Surgeons published a bulletin giving a survey of all the hospitals in the United States. The purpose of this survey was to study the existing facilities for postgraduate study and training in the different specialties of surgery. One hundred and fifty-eight hospitals in the United States and five in the Dominion of Canada were recognized as having proper facilities to train young men in the specialties of surgery. The following specialties were under consideration: general surgery, thoracic surgery, neurological surgery, orthopedic surgery, proctology, urology, obstetrics and gynecology, ophthalmology and otolaryngology. Proctology of course is the subject which is of interest to us. According to this bulletin, there is only one place in the United States where proper facilities exist to train men in the special field of proctology.

My predecessor in office in his address to the Society last year has given us a clear and concise idea of proctology, its activities and its limitations. I firmly believe that every member of our Society should be an accomplished surgeon capable of handling any surgical problem that may arise in the anus, rectum, and colon. The men who are the shining lights of our specialty both here and abroad and to whom we point with pride, are men of this type and caliber. They should be the pattern for all young men who will select the specialty of proctology as their life's career. I have heard it said from time to time that sooner or later we will have to divide the field of proctology into two distinct classes: one group made up of those who do surgery of the rectum and colon and a second group made up of those who limit their work only to anal surgery. This grouping has developed from not a difference in medical thought but a difference in fundamental training. About this idea I have the same feeling as Lincoln had about the nation at the time of the Civil War: "No nation can endure long, half free and half slave." In the same spirit I would say that our Society could not long endure half anal surgeons and the other half anorectocolon surgeons.

Quite frequently a man's success is controlled by surrounding circumstances just as a mold controls the size and the shape of its casting. In the hurry of everyday life and the ever-increasing burden of economic pressure, we have to become producers, sometimes at a premature state attempting in that way a short-cut to economic success. In spite of the ever-changing times the road to the attainment of

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excellence in any branch of medicine or surgery is still the same long route, good fundamental training with hard and tireless efforts. With this idea before us we should encourage all the future candidates in proctology to get a thorough training in surgery. As time goes on the profession and the public at large will require this kind of preparation in anyone who puts himself up as a specialist in proctology. I firmly believe that proctology will get more and better recognition from hospital staffs and university faculties if we have capable and well-trained surgeons representing our specialty in the different communities throughout the country.

The time is propitious and opportune for our Society to establish and determine definite standards for graduate training in proctology. This training should be so comprehensive that there could be no shadow of doubt about a physician, who has been so trained, being able to qualify as a specialist in proctology. It is my firm belief that it is not only the privilege but the duty of our Society to create proper facilities for this kind of training. I am sure that we could establish one or two centers in this country where young men who want to take up proctology could get proper and adequate training. It might be well to appoint a committee to study this phase of our future development. Let us make Fellowship in the American Proctologic Society the guarantee to our colleagues in the medical profession as well as to the public, that a physician possessing such a Fellowship has received the proper fundamental training and experience to qualify as a specialist in proctology.

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