

WHAT ARE OUR PROBLEMS?

Presidential Address

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Our Hosts, Fellow Members and Guests: The object of a Society such as ours is primarily to gather together all the representative men who are in this line of work into one National Society. Of necessity it must include all the men who are teaching Proctology throughout the United States. It is 23 years since the Society last met in San Francisco. It is 28 years since the first survey on the teaching of Proctology in the medical schools of the country was made by the late Dr. Dwight Murray, of Syracuse. I have with me a copy of the 1910 National Proceedings. The meeting was held in St. Louis. The officers at that time were: President Dwight H. Murray; Vice-President T. Chittenden Hill; Secretary-Treasurer Lewis H. Adler, Jr. All three of these have since gone beyond.

Dr. Murray received replies to his questionnaire from 32 of the 52 different medical schools throughout the United States at that time. An interesting thing is that those replies showed that in 29 departments of Proctology the teaching in Proctology was done under surgery. In one it was done under gastro-enterology, and in one under gynecology. There was a definite Proctologic unit in but one of the colleges.

In 1936 I prepared a report and presented it to you. It never appeared in the "Transactions." Hence the material was sidetracked. This report showed a vastly improved standing in the teaching of Proctology. There were 12 absolutely distinct and separate Departments of Proctology in medical schools. The Department Head had the rank of Professorship, and gave adequate courses. There were 32 others that had courses established and proper men in the department. So you can see that from one real course back in 1910, we had risen in 1936 to a total number of 33 satisfactory and adequate courses. This marked a step forward.

As Dr. Murray stated, "We have to establish these departments in medical schools so that the students of our medical colleges may be properly prepared in treating or in taking care of, or at least in diagnosing these conditions."

Back home in Temple University we, since 1906, stressed the problem of diagnosis. If one knows a condition when he sees it, it will not be very difficult to get somebody to treat it, or to learn how to treat it.

This Society must necessarily be in a way a postgraduate school, and in meeting as we do, for an exchange of ideas, we certainly are returning to our homes a little better prepared to meet some of those problems that have puzzled us for a long time. We must continue to maintain a high standard, and in order to do that, there are two other things that come to my mind. While we have the "Transactions" yearly presented to us, it is three, four, five or six months, or oftentimes longer, before we get them. We would be more interested and the "Transactions" would be more timely, if we could get them earlier. A proposal has been made at our last meeting by Dr. Pruitt, in which he suggested we establish a journal. A committee has been appointed on that journal and has some definite report to make at this meeting. It seems to me that it would be an excellent thing for us to sponsor such a journal.

Back before 1910, Dr. Rollin Barnes published the *Proctologist*, a journal the older men were familiar with. I have some of those issues. If we would establish a journal under our control, not assuming too much of a financial responsibility, we might have this journal, experimentally at least, and published quarterly. As we have now in our "Transactions" a review of the literature for an entire year, the Editor could be appointed in the same manner as we have done heretofore, and issue his review in four installments quarterly. The articles presented to this Society at its annual meeting could be incorporated in the first two issues, possibly grouping them as a symposium in one or two issues. I feel sure that this membership will certainly be able to present to the Editorial Board sufficient satisfactory, good research work and other commendatory work which would fill at least two more issues, so that the material problem should not be a difficulty.

We have ample editorial ability among our Society members who would be glad, I am sure, to serve and give us valuable assistance.

In connection with the journal and in connection with the advance that we must make in our Society, there is one other thing that is very essential—that is—a National Board. We must consider not only the matter of establishing a proper board in Proctology but must come to some other necessary conclusions. I know that we have tried to do this before. There have been several hitches. Not the least of these has probably been the fact that there has been no real definite limitation, authoritatively stated, to Proctology. Most of us teach it as being limited to the medical and surgical treatment of diseases and malformations, etc., etc., of the anus, rectum and pelvic colon. This definition means we stop at the outer border of the left psoas muscle. There are many of us who, of course, are treating conditions such as ulcerative colitis and allied disorders. A limitation must be made,

and it must come through us. We have to decide by some resolution where Proctology begins and where it ends.

Our earlier authors have included material of other organs—have included gynecology, diseases of the stomach and liver. That does not mean that we should do likewise. We should have a crystallized idea and a resolution properly established and passed, limiting our specialty to a definite field. That limit you will have to decide. If we do that, and if we in addition have a sufficiently strong membership, I feel that we can present our endeavor with added force so that the proper authorities might constitute a board in Proctology which would, per se, mean that we properly would have a hand in the control of such a board.

If you are unfamiliar with the establishment of a board, look in the American Medical Directory on page 92 of this 1938 issue. It presents there the method of providing for these boards in the various specialties. It speaks of organization, a definition of the special field. It speaks of the qualification of candidates and the withdrawal of the privileges to those who have passed the Board and have later practiced unethically.

At the present time, I believe there are twelve boards. There are two boards that we would like to see formed. One of these is Gastro-Enterology, and the other one is Proctology. If, in order to get a Board, we have to define our specialty, why not let us get busy and give such a definition at this session?

There is one remaining subject that I feel we should consider at this time, although we are probably one year late. Last year in Atlantic City, a message was presented to the American Medical Association by a representative of the White House. The speaker, Senator Lewis, of Illinois, made it perfectly clear that he was a personal emissary of President Roosevelt and that he was there for a serious purpose. He told the doctors, "The question for you doctors is not whether you like it," speaking of the proposed new status of the profession, "or whether you don't. All your past has been that of the doctor and his patient, and that won't do. We know nothing about a patient, don't recognize his existence; it is your creation."

It is rather serious that the Government should enter into these things; it is serious for the man who is in general practice, and also for the specialist. Are we going to become a Fascist Nation? Are we going to establish Nazism, Communism or some form of "ism," so that regimentation of medical service will result? Do we want to have medicine as it is practiced in Germany, in Russia, in England, or in Italy? Do we value that personal relationship between patient and doctor which is the prime requisite of good medical work? The Medical Man in general has always been

ready in any emergency of peace or war to give without stint—his substances and services, yea even his life. No charge of failure can be honestly made against us.

As specialists, we must realize that our position in socialized medicine might be seriously affected. We realize that it is the general man who sends the special cases to us and we must for our own sake, as well as his, stand in line with him and fight his battle also. We *must* do it. It is true that some of us might, in socialized medicine through some influence, have positions of high place and power; but basically we have to stick together, just as those early men in American history stuck together or "be hanged separately."

It is a serious problem. It was brought up last year; it is being brought up in every county medical society. The state medical societies are trying to solve it. I don't feel we are going to solve it now, but I do feel that we must recognize a move which is coming to the fore through the instrumentality of those who are speaking for the more abundant life. I have a different viewpoint of the more abundant life. That is education.

We have a serious problem, therefore, for general medicine and for the specialties. How can we help? We are all members of our organic bodies. Besides using our influence there, we have contact with many patients. Only recently I attended a meeting of a business men's association in Philadelphia, and I had an opportunity to make a few remarks on that particular day. I spoke to the membership who are business men of the community in which I live, and I asked them whether they had ever heard of an attempt such as this extract I read indicates. I asked them point blank, "Will you give up that personal relationship that you have with your physician and when you become ill and go to panel Dr. Smith or Dr. Jones and have him take care of you in sickness? Are you going to lose the close contact with, and faith in, your personal physician? Do you wish to be told—where to buy your material; what Church you may attend; what people you must put in public office—that you have no free choice in anything?"

Bankers and others stated they had not thought of it as a possibility, and they certainly would give serious thought to it. We can influence in our public relations and arouse a feeling in regard to such public relation problems; and it behooves us at this time to get busy.

The socialization of medicine is essentially communistic in its basis. It defeats free choice. It is just the same as though the Government interfered with your religious liberties, with your right to free speech, your right to purchase where you wish. As American citizens, each one of us must combat

the importation of these foreign "isms" to our shores, not later but *now*.

One can visualize the end result of the socialization of medicine, in a future governmental control and ownership of the nearly 7,000 hospitals throughout the land; thereby adding a half-million persons to the general payroll, the necessary inclusion of several hundred thousand drug firms and pharmacists, together with the evils attendant to a stupendous governmental agency with all the evils of public ownership.

I present these few words to you, hoping that each one of these things receives your real consideration at this session so that we may get somewhere, protect our status and thereby give us the incentive for doing better work and, of course, advancing as we should.