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Presidential Address

THE AMERICAN PROCTOLOGIC SOCIETY

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AS we come to the close of another year in the history of our society, it is natural and fitting that we should pause to consider how much we have accomplished of what we set out to do and the means to achieve those things we have left undone. In approaching such an appraisal it is tempting, particularly for one of my age, to become reminiscent or to dwell at length on the future. Let me assure you this is not my intention. Many years ago Sir William Osler advised that man's life span should be contained in three lock boxes, one labeled "The Past," the second, "The Present," the third, "The Future," and that only the one labeled "The Present" was ever to be opened, on the theory that if one concerns himself diligently with the present, the past and future will take care of themselves. It is this pattern, the present, the immediate present, which concerns us.

It is apparent that times have changed since the organization of our society in 1899. The placid days when we had time to work out our own salvation are gone. We find ourselves living in an era of racial,

religious and political confusion and unrest, with recurring wars and rumors of war that threaten the annihilation of the peoples of the earth. Our own government tended to go leftist, repudiating many of the principles upon which our democracy was founded and instituting bureaucratic regimentation in many phases of public relations, including our own profession. Any conclusions concerning our standing as physicians or special groups of physicians must take into consideration the effect these changes have had and will continue to have on the practice of medicine.

One who has had the honor and distinction of being president of this society for a year must of necessity have been impressed with the problems which confront our organization, a fact no doubt which explains the time-honored custom of the president addressing the society at the opening of each annual meeting. With this thought in mind, I would like to submit some of the important questions that have thus impressed me as being vitally in need of immediate solution.

MEMBERSHIP

The American Proctologic Society was conceived by a group of able, conscientious physicians who set out to establish proctology as an organized specialty of medicine. Through the succeeding years since its founding, the tradition and influence of this group have reached out like the ripples on a pond where a pebble had been tossed, touching the professional life of every member of this society. During the war doctors had an opportunity to see and evaluate the work of trained proctologists. Military patients, too, became aware of the difference between trained and untrained men in this field, all of which helps to explain the present growing interest in our specialty.

The most valuable asset of any organization or society is its membership. The American Proctologic Society has been a conservative organization but to keep abreast of its growing need, we have seen fit from time to time to increase our membership. At present there are over two hundred active members, the largest enrollment in the history of our society. We have reason to be proud and to believe this is the beginning of an expansion which will see our total membership equal that of the other organized specialties. In this connection I would warn you of the danger of carelessness or indifference in the selection of prospective members. So far we have kept the faith of our forebears by zealously adhering to the requirements for membership as set forth in our constitution which provides for membership by application. As long as we continue to adhere to our constitution we may be assured of the future. However, I firmly believe that we have reached a period in our growth when membership by invitation might better serve our society and better maintain our high standard of membership.

RECOGNITION OF PROCTOLOGY

This year marks the attainment of one of the most cherished ambitions of this

society—recognition by the Council on Medical Education and Hospitals of the American Medical Association of proctology as an organized specialty of medicine. In a communication received by the chairman of our educational committee, Dr. Louis A. Buie, from Dr. B. R. Kirklin, the secretary-treasurer of the Advisory Board for Medical Specialties, Dr. Kirklin says:

"This is to notify you officially that the Advisory Board of Medical Specialties at its annual meeting held in Chicago on February 9, 1947, recommends to the American Board of Surgery that those desiring certification in Proctology *only* be certified in that field without having to take the entire examination in General Surgery, but, that those who wish certification in Proctology and Colon Surgery should continue to take the examination in Abdominal Surgery."

Dr. Buie also stated, "This is not all that we asked for, but I believe that it indicates that we are making some progress."

In an evolutionary growth such as we are making perhaps it is just as well we do move slowly, with time to adjust ourselves to the drastic changes incident to full recognition and the establishment of our own board, which are our ultimate aims. Thus, it will be seen we have by no means reached the top of the ladder. There are many and difficult problems to be solved and no doubt some tough sledding ahead before we reach this goal.

In the past there has been a fundamental requirement that every Fellow of the American Proctologic Society have good training in general surgery and proctology while no stipulation has been made as to the length of time required for this training or the conditions under which it was obtained. The caliber of the men who have composed our membership, the quality of their work and the exemplary conduct of our society have given our organization a prestige that has enabled us to press for and gain the recognition our specialty deserves. However, in the future, Fellowship in the American Proctologic Society must

be restricted to those men who are qualified to meet the newer requirements this recognition automatically demands.

Associate membership should be limited strictly to ethical practitioners, only those considered who are truly interested in proctology and who have sufficient training to be eligible to Fellowship when the time comes, that is, to men of ambition, with something to give to the society. We should not be content with a large part of our membership consisting of those satisfied to remain as associates or those seeking associate membership only for self-aggrandizement. Our society must continue to be interested in quality, not quantity.

RESIDENCIES

It is our responsibility to provide the facilities for the training required by the American Board of Surgery, namely, approved residencies. At first glance this would seem to be a simple matter. In reality it is one of the most difficult tasks that has ever confronted this society. First, there are not enough hospitals of approved standing to furnish sufficient residencies to meet the demand. What few residencies were available have been taken over by returning servicemen with priority based on previous service in said hospitals. Second, most of our hospitals, in an honest effort to cooperate in this emergency, have taken on more residents than they have work for and this has resulted in complaints from the residents that they are idle and not getting the experience they need. Third, with the exception of a few large institutions, the majority of hospitals state that they have not sufficient proctologic work to justify a resident in proctology. Fourth, another serious obstacle in the way of securing residencies is the attitude of the general surgeon toward proctology. The chief of the surgical staff of the hospitals which we must contact is usually a general surgeon, whose attitude only too frequently is that he is qualified to do all the necessary proctology. Therefore, there is no need for a specialist or a resident in

this field in his hospital. However, by proving to the general surgeon that we can do better proctology than he is doing, through better preparation, we have gained some recognition and cooperation from this group, as exemplified in the endorsement of proctology by the American Board of Surgery. This recognition by the surgical chiefs and surgeons who compose the surgery staff is a necessary step in obtaining the training facilities we need and constitutes an added responsibility for this society to continue to make good. Furthermore, many of the hospitals that we are asking to create new residencies in proctology have no well organized proctologic service. This is our opportunity. It is up to us to raise the standards of proctology in these hospitals or whenever the opportunity presents itself and by so doing create a demand for residencies.

A campaign should be launched to create dispensaries and, later, proctologic services in non-recognized hospitals located in cities and towns where Fellows of the American Proctologic Society are available to take over the responsibility of organizing and training interns and residents. I know of three hospitals which previously had no certified residencies where this was done by other specialties. Later, these services were approved and certified by the examining board of the Council on Medical Education and Hospitals of the American Medical Association. If other specialties can succeed in this manner, so can we. This is a gigantic task to be taken seriously by those who are assigned this work. I would urge that the committee fostering these residencies in proctology continue its contact with the Council on Medical Education and Hospitals with greater activity for it is not fair for us to require training with no available facilities to provide this training. I further would urge each member of the American Proctologic Society to dedicate himself to the task of helping in this crucial matter, that he consider himself a committee of one to spread the propaganda of good proctology in his state and local medical societies,

in his hospital staff society and among the interns, residents, nurses and his private patients for there is nothing as effective as united effort.

PROCTOLOGIC JOURNAL

On numerous occasions it has been proposed that this society publish a proctologic journal but nothing has ever been done about it. Formerly, these proposals were made when the need for a journal was not as apparent as it is today, when our society was small and the expense of such an undertaking did not seem in keeping with our financial standing. However, the most likely explanation is that societies, like individuals, hesitate to depart from established custom. If we are to keep in step with the acceleration of our day, it is time we seriously consider the advantages of a monthly, bi-monthly or quarterly proctologic journal instead of being satisfied with the outmoded publication of our yearly transactions.

First, we are a national organization. We encourage the formation of city, group and sectional societies, yet we have no cohesive intercommunication between these groups and the parent organization, the American Proctologic Society. Political, labor, church and other societies have demonstrated the value and need of united effort. A journal would provide this missing link in our national society.

Secondly, our membership meets once a year with no contact between the meetings except occasional terse announcements from our secretary. At each executive meeting vital measures concerning the policies of our society, about which our membership has had little or no previous knowledge, are presented and voted on. If we had a journal, these questions could be publicized, giving each member time to formulate a just opinion. This would minimize confusion, lessen the chance of mistakes and promote better understanding which makes for a better society.

Third, for those who attend our yearly meetings the material in our transactions

is dead copy—a reference book only. Papers of value are being read before groups and sectional societies through the year that should be available to our membership at large. For example, I had the pleasure of attending the March meeting of the Philadelphia Proctologic Society. Three excellent papers and a review of the literature for the previous month were presented. Each of the papers read were of national society caliber and could have been accessible to all of our members if we had a journal. Yet I dare say only those present will profit by what was presented.

Fourth, our annual program of necessity is limited in the number of papers to be presented. This excludes many who would like to appear on the program and many who should appear. A journal would remedy this difficulty by providing a means for surplus new papers to reach the membership and it would encourage the new members, with little experience in writing papers, to develop this art.

Fifth, our honorary members, composed of men of outstanding proctologic knowledge, could be invited to contribute papers to appear in our journal. This would not only be another source of valuable material but would provide contact with a group of our society which has been neglected in the past.

Sixth, publication of announcements, obituary notices and open letters addressed to officers of the society, chairmen of committees or individual members on professional, political, legislative or personal problems, would make for a better informed membership.

Seventh and finally, the establishment of a Journal of Proctology is imperative in order that the aims and importance of the American Proctologic Society may receive full recognition. Had we possessed a journal such as is proposed during the past ten years, our struggle to place proctology in its rightful place with the other recognized specialties of medicine would have been accomplished in less time and with more decision than has been the case.

Having stated but a few of the arguments for a journal, and I dare say each member present could add to this list, the next consideration is the expense involved in such an undertaking. Last year our transactions cost this society \$4,800.00.

An estimate from two reputable publishing houses on 300 monthly copies of a journal of one-hundred pages, paper and type to be the same as used in the average state medical journal, was \$4.00 per page, or \$400.00 a month, or \$4,800.00 a year. Some of this cost would be absorbed by revenue from advertising. The printing bill, labor and postage incident to the reports and announcements sent out by our secretary is an item that could be deducted from this cost as such material would appear in the journal. Thus, it will be seen that the actual cost of publishing a journal would not materially exceed what we are expending for our transactions. There will be additional costs, of course, but the advantages to be had will be well worth the added investment.

The far-reaching influence of a Journal of Proctology upon the future development and growth of the American Proctologic Society, both within its own organization and in its contacts with other branches of surgery, must be evident to all of you.

FINANCIAL STATUS

It is an established economic fact that the cost of operation increases inversely with the expansion of a business or organization. The truth of this maxim was brought home to the Council of the American Proctologic Society at its Miami meeting. Here our treasurer announced we could no longer operate our growing society on the present hand to mouth financial basis; some new source of revenue would have to be found to carry on. The Council's reaction to this statement explains the unpleasant news you will receive in the form of an increase in dues and initiation fees, but this in itself is not sufficient. A growing society needs reserve capital for

new projects which are a part of any expanding program.

In discussing with our secretary ways and means to build up such a reserve fund he offered this pertinent suggestion—that we interest our members in providing for the American Proctologic Society in their wills. It occurred to us that since gifts are deductible from income tax, our past presidents might be interested in making a direct gift which would be available to the society for immediate use. Also the membership in general might be interested in some form of life insurance with the American Proctologic Society as the beneficiary. This is done frequently by individuals who desire to leave something to a church, lodge, fraternity or some other organization. For those of our members who might be interested in this plan ordinary life insurance, with the society as beneficiary, could be purchased on their lives to cover any amount they wished to designate for a nominal annual premium. Such a plan would give those members the assurance and satisfaction that at their death the society would receive a legacy from them that would help build the future financial stability of the American Proctologic Society.

The foregoing suggestions are made merely to show the way for a new, sound financial policy with a definite budget system, which I maintain is imperative if we are to go forward.

SUMMARY

In closing, I wish to pay tribute to the sincere, active Fellows of the American Proctologic Society whose prolonged pioneering efforts in the years past, since the inception of our society, have been responsible for the remarkable achievement in the proctologic progress that has been attained. Time does not permit giving mention of those Fellows. Suffice it to say their names will always be a source of inspiration to those who will carry on. Whether or not this progress shall be sus-

tained is solely dependent upon the future activity of our younger Fellows.

As president of the American Proctologic Society I want to thank the officers, members of the Council, those who have served on committees and our genial and efficient secretary and his secretary for their earnest consideration and cooperation during the past year in making, what at first seemed to me an insurmountable task, one of the most pleasant experiences of my professional career. I wish to express my appreciation to those of our members and guests who are contributing of their time and energy by appearing on our program.

Also I want to thank the wives and sweethearts of our members for their gracious presence which always has added so much to the success of our meeting.

Last but not least, I want to express my sincere thanks to the members of this society for the privilege and honor of serving as your president during this past year. As retiring president, I pledge my best effort to the administration of our president-elect, with a prayer that 1948 will be one of the most successful years in the history of the American Proctologic Society.



PROLAPSE (rectal) is a condition of abnormal downward mobility or laxity of mucosa membrane. Actual protrusion through the anal orifice is not essential, for the prolapse may involve the mucous membrane lining of the sigmoid of the rectum and be obvious only upon digital or endoscopic examination.