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*Presidential Address*

**Vital Signs**

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ST. MARK SAID "for you have the poor with you always." Alas, for you poor people today, the Presidential Address appears equally as permanent a fixture. In this, the 91st year of our organization, it appears that only one man has spared his audience. I shall not be the second.

Presidential addresses have run the gamut from scholarly scientific papers, attempts to foretell the future, predictions about the fate of our specialty, both gloomy and bright, exhortations as to what we could and should do for the specialty, philosophic looks at the past and our debt to our predecessors, to last year's eloquent plea for unity around the globe for those practicing our discipline. These addresses were sources of inspiration and consternation for me. What would hold the interest of this diverse group? Perhaps a summation of the current status of the one central interest that binds all of us together. The specialty of colon and rectal surgery.

Vital signs: vital from the latin *vita alis*, of life. Defined as existing as a manifestation of life. Thus, the

signs of life. I should like, as a good chief resident might, to recite for you, the vital signs of the specialty of colon and rectal surgery.

Let us begin our evaluation at the start of this specialty, with the candidates for training. Last year 91 men and women initiated the process to enter our programs. Ultimately, 57 of these were matched to our 30 programs. The quality of these candidates is clear from the number of AOA medical school graduates, their class standing, and their in-service scores. More telling perhaps is the sometimes rueful complaint from their mentors, the professors of surgery, that we are taking their best and brightest. These highly qualified young persons are not resting on their laurels either, as the number of programs offering or requiring a research year increases annually. Finally, the dramatic increase in academic posts filled by our graduates attest to the growing accep-

tance of our specialty by academic surgery. The battle is not won but we are giving a good account of ourselves.

One factor in the improved standing of our graduates is a very active and interactive program directors' association which functions as a clearing house for information and problem solving, as well as a counsel for those aspiring to begin new programs. The addition of four new programs in less than two years attests to the success of this effort. The Program Directors Association finally, serves as an unrelenting gadfly to the Board.

In this, its 50th anniversary year, the American Board of Colon and Rectal Surgery, one of only 23 primary boards recognized by the Advisory Board for Medical Specialties, is entering a healthy maturity. A computerized question bank consisting of several hundred questions, reviewed and revised annually, permits assembly of a tough, but fair examination. Utilization of a case book format for the oral examinations and a simplified scoring system permit a reproducible and fair oral examination. The addition of a senior examiner category made up of former members of the Board expands and enhances the Board's ability to deal with ever increasing numbers of candidates. The purchase of upgraded computer equipment through a generous gift from the Society will permit the Board to track the career activities of its diplomates and will enhance examination security.

Two important recent actions by the Board should be noted. First, a voluntary recertification examination will be given beginning in 1991 at the same time as the Board's written examination. The examination will be based on the core subjects presented at the annual meeting, the CARSEP examination, and the Board's written exam. This voluntary effort is envisioned as educational, allowing the practicing surgeon to identify personal strengths and weaknesses. Second, the Board has acted to require a stepwise process leading to full certification by The American Board of Surgery before full certification by The American Board of Colon and Rectal Surgery can be attained.

What of the vital signs of the Society itself, the central body of our specialty? Let us first examine some of its appendages. The Society's journal, *Diseases of the Colon & Rectum*, continues to evidence growth in all sectors. Circulation of the Journal has increased 5 percent over the past year. Articles submitted to the Journal are running at 10 percent ahead of the previous year in 1990. The Editorial Board is, however, apparently exercising more stringent standards for acceptance since the acceptance rate has fallen to an all time low of one in three manuscripts. A five year

cumulative index is in the works, as well as Journal supplements dealing with pouch procedures and the preparation of scientific articles. You will have already noted the abstract supplement in your registration package. Another first for ASCRS. Your Council has considered new contract offers from four publishers and has awarded the publishing contract to Williams & Wilkins for a three-year period. *Diseases of the Colon & Rectum* is, thus, no longer a burden, requiring an annual Society supplement, but is now making a profit for the Society.

The Colorectal Advisory Corporation, while off to a slower than anticipated start, should be recognized, by all, as a proud accomplishment of our Society, offering for the first time, as it does, to all attorneys, an expert and unbiased evaluation of malpractice claims.

Cause for even greater parental pride is the progress of another offspring of the Society, the Research Foundation of The American Society of Colon and Rectal Surgeons. In less than three years the Research Foundation's assets have tripled to a total of \$600,000 and 1990 is targeted as our million dollar year. Scholarships and grants totaling more than \$100,000 have been awarded. The recipients of \$50,000 in grants will be announced at this meeting. In a highly significant development for our specialty, the nation's first University Chair in Colorectal Surgery was announced in January. This professorship, at the University of Illinois, is funded by the U.S. Surgical Corporation and titled "The Turi Josefsen Chair in Colon and Rectal Surgery;" it is named for Mrs. Leon Hirsch. A more realistic goal for most of us would be to join the 105 members of the Gold Eagle Society who have donated or pledged \$5,000 each to the Research Foundation. Pretty impressive numbers for a society of less than 1,500 members.

Lastly, speaking of the Society, how would we assess its health, its vitality in this, its 91st year? Vigorous and full of life is my answer. Our membership stands at 1,493, an all time high, and shows steady and sustained growth. Financial strength can be summed up by telling you that the Society has in excess of \$1.2 million dollars in current assets, allowing your Council the luxury, for the first time, of considering options for utilizing funds for member service projects and projects to benefit the specialty as a whole.

The professional management of the ASCRS is clearly in excellent hands.

Lest we forget, in our euphoria over black ink, marvelous trainees, a highly respected scientific journal and burgeoning foundation, the central purpose of our Society is educational.

In that vein also, I can tell you, we enjoy excellent health. The Society's Public Relations Committee has,

for the education of the public, prepared brochures on colonoscopy, hemorrhoidal disease, diverticular disease, colon cancer, polyps of the colon and rectum, and a pamphlet explaining our specialty entitled, "Your Doctor is a Colon and Rectal Surgeon." These are all available at cost to members.

Our Standards of Practice Committee, working diligently on a mammoth task, has responded to Council's urgings, producing a practice parameter for hemorrhoidal disease for the April issue of *Diseases of the Colon & Rectum*. Other practice parameters in the works include colorectal cancer, colonoscopic screening, ambulatory anorectal surgery, fissure disease and antibiotic prophylaxis in Colon and Rectal Surgery. While practice parameters may be regarded by some as unnecessary intrusions, the Society's council felt that it was imperative that these parameters be written by practicing Colon and Rectal Surgeons, for there is no dearth of others willing to write them for us.

We come now to our Society's proudest and most visible activity, its annual scientific meeting. Two hundred twenty-five papers were submitted for this meeting. A large, diversely representative program committee, through a process of blinded selection, chose 74 for podium presentation and 45 for poster presentation. These papers were chosen and rated for scientific content and represent 17 of these United States and 12 foreign countries.

While no yardstick exists to measure quality before the fact, I believe at the end of this week you will agree that we are continuing to advance in this sphere also.

After such an unrelievedly positive report on the vital signs of our specialty, you say, "surely he will not have the temerity to suggest further therapy." Surely you jest. Even presented with a straight "A" report card, no self-respecting parent would miss the opportunity to point out needed improvements in social graces, driving skills, parental respect, etc. My list, you will be relieved to know, is not nearly so long as you might present your son or daughter.

What should we do? First, be an active role model for medical students and surgical trainees. Don't just tolerate them, show them by example what our specialty is like. Second, for those of you able, consider establishing a training program. For those of you involved in training programs, work constantly to improve their academic content. More is not necessarily better in regard to the number of programs but

strong programs that teach the art and science of our specialty will be forever in demand. Third, volunteer. A discouragingly large part of the work in our Society is done by a discouragingly small group. There is much talent here, unutilized. Next, support our Journal. We should submit our best work first to *Diseases of the Colon & Rectum*. Support the Colorectal Advisory Corporation by volunteering to review cases, by making your local and state medical society aware of the existence of the corporation, and advising any attorney who contacts you for case review to submit it to the CAC.

Next, support the Research Foundation of The American Society of Colon and Rectal Surgeons by contributions and solicitation of manufacturers and other foundations where you may have acquaintances. Simply notifying the Foundation staff of potential contributors can lead to an even better endowed Foundation.

Lastly, I would echo the plea from Dr. Abcarian's presidential address of a year ago, "United We Stand," to consolidate and solidify our relations with our colleagues around the world. Our success can bear no greater attestation than the recent formation of The Association of Coloproctology of Great Britain and Ireland. An organization whose aim is to be a single voice for the specialty in Great Britain and whose educational goals mirror our own. I would urge strong support for this group and for those other organizations around the world which bind us in mutual interests. In this light I have suggested to the Council, and they have agreed, to appoint an International Relations Committee of the Society, paving the way for our ability to interact with our colleagues worldwide.

Time precludes a full recitation of those who have contributed to our success. The hard working members of the Residency Review Committee, the Advisory Council of the American College of Surgeons, our representatives to the CMSS and AMA, the members who have contributed their time and effort to our Self-Assessment examination, and others to whom I am grateful for our continued success.

I would close by paraphrasing my fellow townsman from Oxford, Mississippi, William Faulkner, who in his Nobel acceptance speech said, "I believe that man will not merely endure: he will prevail." I believe that, in the surgical world, our specialty of Colon and Rectal Surgery will not merely endure but will prevail.