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## Presidential Address

### THE PAST, THE PRESENT AND THE FUTURE

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THE final duty of the retiring president is to present a report to the Society. I believe that the report should concern itself with matters pertaining to the present status, to the improvement and to the future of our Society.

In 1948 at the Columbus meeting a historical review was given of the organization of our society from its inception. In my review I will consider some of the many recommendations which have been made by past presidents. I have reviewed their addresses since 1909. I wish to comment upon what has been done in regard to the accomplishment of the things recommended. All recommendations pertain in a way to the acquiring of our present status.

About every third or fourth year the definition of proctology was discussed, and it was slow in being defined to the satisfaction of all. A full and complete definition of what we believe now constitutes proctology was not decided upon until the charter for the American Board of Proctology was obtained. In that charter proctology is defined as that branch of medical practice which deals with diseases of the colon, rectum and anus. At the present time this definition seems to be adequate.

Repeatedly, past Presidents have made recommendations in regard to the size of the membership of our Society, each time urging that it should be enlarged so that proctology could be disseminated more widely. Many

believed that the membership of our society was too limited, that we should have a provision for admitting any ethical physician who is interested in proctology. Our Affiliate and Associate memberships have provided that opportunity to all who are interested in proctology. Fellow membership is for the physician who wishes to devote his entire time to proctology. Provisions for our membership at the present time are adequate. Our Society has had a healthy increase in its membership in this last year.

The lack of a suitable publication or a journal for our Society repeatedly appeared. The publication of the transactions of our Society began in book form in 1909 and continued until 1947. It was at that time that *The American Journal of Surgery* took over the publication of the papers which were presented at the meetings of the American Proctologic Society. During the years 1947 and 1948 there were no bound volumes, but the proceedings of the 1949 meeting have been published in book form. The recommendations in regard to a publication for our Society have now been carried out adequately. The arrangement with *The American Journal of Surgery* provides a means of publishing our deliberations which cannot at present be bettered. This publication arrangement will also facilitate the publication of our transactions in the future.

There has been a division among our mem-

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bers during these years in regard to when and where we should meet. In the past the majority has been in favor of meeting at the same time and in the same city with the American Medical Association so that members of our Society might register and attend the meeting of the Section of Gastroenterology and Proctology. However, several meetings have been held separately and independently of the American Medical Association, and each meeting so held has been reported as having been well attended and a very successful meeting. It is my recommendation that the American Proctologic Society should hold meetings at a time when the American Medical Association is not in convention. If a meeting must be held in conjunction with the American Medical Association, it should be in a nearby city immediately preceding the American Medical Association. The membership of our Society is large and the importance of our meeting has become such that it should no longer be one of convenience; it should be a proctologic business meeting. The problems of our Society should receive your undivided thought and attention at this annual meeting. The meeting is a report of the work and thought that members have given to the Society during the preceding year. Our aim will never be accomplished unless the Fellows and Associates assume responsibility for the assignments given to them by the President. The affairs of our Society should be thought of other than at this meeting. It is a year-round job.

In 1912 it was suggested that we ask for a Section of Proctology in the American Medical Association. In 1913 a Section of Gastroenterology and Proctology was authorized. In 1916 Dwight Murray presented a resolution to the House of Delegates asking that a Section of Proctology be established. A Section of Stomatology then existed, and the House of Delegates agreed to include Gastroenterology and Proctology in this Section. It was called the Section of Stomatology, Gastroenterology and Proctology. In 1917 the name was changed to the Section of Gastroenterology and Proctology. However, it was 1947 before proctology was accorded full recognition as a specialty by the Committee on Medical Education and Hospitals of the American Medical Association. They then listed proctology as a specialty in all of their publications. Our relationship with the Council on Medical Education and Hos-

pitals of the American Medical Association has always been excellent. Gastroenterology is a medical specialty. Proctology is a surgical specialty. Internists and proctologists do not belong in the same section. When proper teaching facilities have been established in more schools, we should ask that we be granted a Section of Proctology. In 1937 the Southern Medical Association authorized the establishment of a Section of Proctology, and this section has been well attended and its establishment justified.

In 1928 the high cost of medical care was mentioned, and it is still with us. With the increase of cost there has been an improvement in the care of the patient. The cost is high today, but the better care of the patient has justified an increase. In 1931 we were warned about the possibility of state medicine. In 1938 socialized medicine reared its head and our Society sent a resolution to the House of Delegates of the American Medical Association voicing its unanimous opposition to socialized medicine. Socialization plans are yet with us, but Blue Cross and Blue Shield and other voluntary insurance programs are demonstrating to the public that adequate medical care is available to all for a nominal fee, with free choice of physicians and without bureaucratic control. I believe that our Society should cooperate in every way possible with the American Medical Association in its constructive programs. We should join them in every possible way in combating the socialization of medicine, and we should participate in the National Education Campaign.

In 1916 the American College of Surgeons permitted the submission of proctologic case records in the fulfillment of requirements when applicants were asked to submit case records. In 1930 they recognized proctology as a specialty, and within the last year they have approved two hospitals as being suitable for proctologic residency training.

In 1932 the Philadelphia Proctologic Society was organized. This was the first regional society. In 1935 the New York Proctologic Society was organized, and since that time fourteen regional societies have been organized making a total of sixteen. These are located throughout all parts of the country, and each is an independent society and not a subsidiary of the American Proctologic Society.

Almost every year some part of the address

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was spent regretting the fact that teaching facilities were not adequate. In 1920 C. F. Martin said, "Let us make this society the mouthpiece of authoritative American proctology in so far as it represents good usage." The next year he reported that proctology was being taught in the Graduate School of Medicine of the University of Pennsylvania as a two- and three-year course, a provision having been made for teaching proctology, and four special students had been enrolled. In 1929 Buie reported that the Mayo Foundation was permitting students to major in proctology for which they were to receive the degree of Master of Science. The course prescribed was for a three- or four-year period and Buie said, "I believe that if you can properly arrange for post graduate instruction, that the undergraduate instruction will take care of itself." He pointed out that the lack of progress in the past had always been due to the lack of teaching facilities. The University of Pennsylvania and the University of Minnesota were the first schools to present acceptable post-graduate teaching programs.

Surveys in regard to the facilities for teaching proctology in medical schools began in 1910. Dwight Murray made the first survey. Fifty-two questionnaires were sent out and thirty-two replies were received. Proctology was taught as a specialty in one school. It was included in general surgery in twenty-nine. It was taught by special instructors in ten schools. Hibschan made the second survey in 1934. Seventy-seven questionnaires were sent out and sixty-five replies were received. Proctology was taught as a specialty in twelve schools. It was included in general surgery in fifty-three. The number of special instructors was not given. Hamilton made the last survey in 1948. Eighty-two questionnaires were sent out and sixty-six replies were received. Proctology was taught as a specialty in thirty-five schools. It was included in general surgery in fifty-five, and instruction was given by a proctologist in thirty-eight schools. Proctology is combined with general surgery in the majority of medical schools. Instruction in proctology should be given in all medical schools. The department or subdivision of surgery under which it is taught should be headed by a proctologist, preferably one who has been certified.

To bring about improvement I would like to see our certified men, who are located in

cities where there are medical schools in which proctology is not adequately taught, become associated with general surgery. It behooves us to work more closely with the surgical departments in all medical schools. We should align ourselves with the leaders in surgery and work with them. Many of them know our problems and are willing to assist us, and we in turn can be of service to them. Proctology is essentially a surgical specialty. Let us have a harmonious coalition with our surgery departments but ask that proctology be supervised and taught by a proctologist.

George H. Meeker, Dean of the Graduate School of Medicine of the University of Pennsylvania, in an address of welcome to our Society in 1931 suggested that our Society apply for an examining board of its own to certify to the proficiency of men desiring to practice proctology. In 1933 Rosser recommended that we apply for a Board, and in 1935 a charter was obtained. In 1939 a Board was permitted to organize and to function and was called the Central Certifying Committee. This Board was a subsidiary of the American Board of Surgery. In 1942 the first examinations by the Central Certifying Committee were given. The Committee functioned as a subsidiary of the American Board of Surgery until 1949 at which time proctology was granted an independent Board by the Advisory Board of Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association. Proctology attained full recognition when it was granted this Board which is known as the American Board of Proctology.

The Board has five functions. The first is to encourage the study, improve the teaching and elevate the standards of that science of medical practice which deals with diseases of the colon, rectum and anus, and which branch of practice is known as proctology. The recognition and approval of proctology as a specialty by the Advisory Board of Medical Specialties and the Council on Medical Education has done more toward the advancement, elevation and development of our specialty than any other one thing up to the present time. The task of improving the teaching and training facilities will fall to you who are certified. You are the ones who must lead the way and make an effort to have proctology recognized in your hospitals and in your medical schools. With

your help in the teaching and training programs the standards will be elevated.

The second function is to establish appropriate educational and training standards and to determine that candidates for certification receive adequate preparation. This is a function to be activated by the Board. Action has been taken by the Board toward defining what the educational training standards shall be. Each year the Council on Medical Education and Hospitals issues a booklet entitled "Essentials of Approved Residencies and Fellowships." In this will be found the requirements which have been prescribed by the Board.

The third function is to encourage the study, improve the practice and elevate the standards of proctology by assisting in perfecting the quality of graduate education. We are definitely in a period of changing times. What in the past was recognized as graduate training now no longer suffices. Collier F. Martin in his address in 1920 had this to say: "To teach students to be effective, surely requires more than six or twelve weeks." You will recall that graduate training was started in 1921 in the University of Pennsylvania, and in 1929 at the Mayo Foundation, and in 1946 the Council on Medical Education and Hospitals gave approval for establishing residencies in proctology in approved hospitals. We now have ten hospitals approved by this council which have provisions for conducting a residency training program. These ten residencies accommodate approximately eighteen men and they are located as follows: Allentown, Pennsylvania; Buffalo, New York; Chicago, Illinois; Detroit, Michigan; Milwaukee, Wisconsin; Pittsburgh, Pennsylvania; Reading, Pennsylvania; Rochester, Minnesota; Youngstown, Ohio; and two in Philadelphia, Pennsylvania. We should encourage all surgical residents whom we contact to qualify for proctology by spending the last two years in proctology. We are fortunate in having as many residencies as we do, but some of the most valuable teaching facilities in the larger cities have not been made available to us. Some of you in each of the large medical centers should volunteer to call the Fellows and Associates of our Society and any surgeon interested in proctology together to study the possibility of getting the cooperation of your hospitals and clinics and medical schools.

Extramural preceptors were suggested by C. F. Martin to assist in completing the training of students who had enrolled in the Graduate School of the University of Pennsylvania. In 1947 and 1949 the establishment of preceptorships was again suggested. Provisions should be made for finding preceptors for residents who have had a year of formal proctologic training and are desirous of having a second year of practical training. The job of determining who can be preceptors and of defining the duties of preceptors is yet to be completed.

Short postgraduate training courses are being given by seven different groups—two by medical schools and five by postgraduate divisions of medical schools. Credit toward certification cannot be given for attending these courses. There are many in the Society who have no desire to limit their work to proctology, but they are desirous of increasing their knowledge of the field. These men should attend postgraduate courses of the aforementioned type, visit proctologic clinics and attend proctologic meetings.

The fourth function is to determine the ability and fitness of candidates who seek certification by subjecting them to comprehensive examinations. This is a Board function but you can help. Those of you who apply for certification should come prepared so that it will be a pleasure for the Board to examine you rather than a regret. The examining function has been established and is in operation. The first examinations were held in Philadelphia, November 12, 1949, and two examinations have been held since then.

The fifth function is to award certificates of approval to those candidates who fulfill all requirements, and to prepare and maintain a registry of diplomates of the board which will be available to all who may be interested in its contents. This is a Board function.

The establishment of the Board brought many obligations to all members of this Society. The real responsibility rests upon the shoulders of you who have been certified. You are the members who must assume the responsibility. The American Board of Proctology is your representative. The Board has a job to do, needs your help and depends upon you.

Our Society needs a permanent secretary. We are asking too much when we ask one of our members to conduct the secretarial duties.

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incident to a Society of this size. It is hoped that in the future some arrangement can be made whereby a full-time secretary can be employed by our Society, and that in the secretary's office it will be possible to carry on some of the duties of the secretary of the American Board of Proctology. A central office of that type would provide a repository for our records and a library for proctologic books and proctologic literature which could be used as a reference library by our members.

In 1949 Bacon said, "Our society is anxious to establish and to maintain a flow and exchange of ideas with professional colleagues from other parts of the world." This international relationship should be encouraged. We profited last year by the presence of our foreign guests. Our Society should extend invitations to the members of all proctologic sections and societies throughout the world for each of our meetings.

I would like to see the number of regional societies increased. More physicians each year are expressing an interest in proctology, and many are asking how they can enter proctology and where they can obtain instruction. Your regional society should provide teaching facilities for the general practitioners in your area. You should give lectures in proctology to interns and residents in hospitals which do not have proctologic sections. I would like to see a committee appointed by the regional societies to correlate the activities of their societies.

In 1920 Collier F. Martin had this to say: "Your president feels strongly that a true progress rests upon a basis of constructive criticism. At the present time our country is passing through a wave of reform, which unfortunately seems to trend toward deformity

and disintegration. Everything that we formerly believed in is being investigated and reorganized, taxed and regulated. The resulting uncertainty in economic conditions is even being felt by the medical profession." According to that our problems or difficulties today are no different from those of thirty years ago. We do have some very serious problems for our Society to solve today. We are living in a troubled period of the world's history. Our responsibility as a Society has never been so great and the problems we face have never been more difficult.

Our biggest problem is still, How are we to provide adequate postgraduate and undergraduate teaching facilities for those desiring instruction in proctology? We cannot provide these facilities without your help.

Our duty at present is to do that which lies clearly at hand, but we must also have perspective and all plans should provide for the future expansion of our Society. We should be looking ahead and each established teaching unit should act as a research laboratory in planning for the future. You who head teaching positions and residencies should assist those who are trying to establish teaching units. You should work with the Education Committee since our Society should be a school in which the scholars teach each other. The opportunity is at hand for each of us.

Our past Board members never accepted failure as permanent and thus obtained a Board, so we now must not accept success as permanent. When contentment enters progress ceases, and defeat is for those who acknowledge it. A lot of hard work is yet to be done. Constructive ideas are such funny things; they never work unless you do.

