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Presidential Address
Colon and Rectal Surgery
1984 and Beyond

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IN THE YEAR 1949, George Orwell wrote a book entitled *1984*. His book predicted how life would be 35 years later. Nineteen eighty-four is here and, if we look back over 35 years of colon and rectal surgery, we can see how far we have come. A review of the past, stimulated by Orwell's predictions, compels us also to forecast the future and to predict what the next 35 years will hold. Where will the specialty of colon and rectal surgery be in the year 2019 and what will make it strong?

Before we attempt predictions of the future, let us look first at some of the key factors in the progress of colon and rectal surgery during the last 35 years. Although Orwell's predictions for the years spanning 1949 to 1984 were ones of gloom, those years contained many positive developments for colon and rectal surgery.

In 1949, the year Orwell wrote his book, the first examination by the American Board of Proctology was given. Twenty-two applicants were certified; these applicants had been trained in a variety of situations. There were only eight residencies. The majority received their training in an approved preceptorship. In contrast, today there are 27 approved training programs producing 50 candidates per year who are eligible to write the examination of the American Board of Colon and Rectal Surgery. All of these candidates have passed the qualifying examination of the American Board of Surgery.

Read at the joint meeting of the American Society of Colon and Rectal Surgeons, Section of Colo-Proctology, Royal Society of Medicine, and the Section of Colon and Rectal Surgery, Royal Australasian College of Surgeons, New Orleans, Louisiana, May 6 to 11, 1984.

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In building the number of training programs, the large private clinics have played a very significant role. They spearheaded the use of the private sector in training, teaching, and research. The pioneers in these clinics include such names as Gus Buie, Rupert Turnbull, Merrill Heins, Pat Hanley, and Neil Swinton, to mention a few. Their foresight and dedication established the foundation on which the training programs could flourish.

Support for the specialty of colon and rectal surgery came not only from pioneers within the field but also from additional enlightened surgical educators. One such individual was Owen H. Wangensteen, who encouraged the establishment of a section of Colon and Rectal Surgery under the direction of Dr. William C. Bernstein in the Department of Surgery at the University of Minnesota. Dr. Wangensteen stressed the need for complete general surgical training as a prerequisite for further specialization. In recent years, the American Board of Colon and Rectal Surgery strengthened the requirements for certification by specifying that all candidates must have completed successfully the qualifying examination of the American Board of Surgery in order to become eligible for the American Board of Colon and Rectal Surgery. This action stimulated substantial additional interest in the field of colon and rectal surgery on the part of young surgeons. Double Board certification made hospital privileges for major colonic surgery more readily available. The volume of major colon and rectal surgery increased for the trained and certified colon and rectal surgeon. The demand for more trained specialists in the

field grew. The result of this development was a need for more training programs. The specialty responded with the establishment of several new programs and the expansion of existing ones. In the 12 years from 1972 to 1984, the number of candidates taking the examination of the American Board of Colon and Rectal Surgery increased from 27 to 50.

Coinciding with the strengthened certification requirements was the introduction of flexible fiberoptic endoscopy into the armamentarium of the colon and rectal surgeon. This diagnostic and therapeutic tool heightened the need for instruction in the surgical treatment of colon and rectal disease. Another technologic breakthrough, which altered the treatment of carcinoma of the rectum, was the introduction of the intraluminal stapling device. A decreased need for colostomy in the surgical treatment of carcinoma of the rectum resulted from the use of this instrument. The development of these new instruments focused attention on the field of colon and rectal surgery; increased numbers of young surgeons were stimulated to seek additional training in the field.

Long before Orwell wrote *1984*, and long before the establishment of the Board of Colon and Rectal Surgery in the United States, St. Mark's Hospital was recognized as the mecca for training in colon and rectal surgery. In 1835, St. Mark's Hospital was founded by Frederick Salmon. St. Mark's Hospital has been a beacon to which surgeons around the world have turned for knowledge and training in our field. In addition to training opportunities, significant research has originated in the laboratories of such distinguished investigators as Cuthbert Dukes and Sir Alan Parks. One has only to look at the program of this combined meeting to see the tremendous impact of the work emanating for over a century from St. Mark's Hospital.

Major contributions in the field of colon and rectal surgery have come also from university centers throughout the United Kingdom. Professor John Goligher at Leeds recognized the necessity for prospective randomized clinical trials at an early date. This important research tool has provided invaluable assistance in establishing the most effective method for treatment of many colorectal problems. In addition to developments within the United Kingdom that have advanced the field, the

growth of the Australasian Section of Colon and Rectal Surgery has also been significant. Through the efforts of Sir Edward Hughes, Edward Wilson, and others, the Australasian Section of Colon and Rectal Surgery was founded in 1963. The Australasian Section of Colon and Rectal Surgery is now the largest section of the Australasian College of Surgeons. In 1982, the Canadian Society of Colon and Rectal Surgery came into existence and, on January 1, 1984, the first approved training program in colon and rectal surgery outside of the United States was initiated at the University of Toronto. Developments throughout the world indicate that the field of colon and rectal surgery is becoming increasingly recognized internationally. These past accomplishments in various parts of the world provide a firm foundation on which the specialty can continue to build and grow in the future.

Predictions about the future of colon and rectal surgery can be bright, but they must include attention to development in the area of training programs. Additional training programs must be created and existing ones expanded so that a broad colorectal surgical experience can be obtained by increasing numbers of young surgeons. Ideally, these programs should be affiliated with university departments of surgery so that maximum interaction with basic scientists can take place. In these settings, an increased amount of basic research relating to colon and rectal surgery is likely to be conducted. University affiliated training programs also enable colorectal fellows to participate in the teaching process as they help train younger general surgeons. It is hoped that a dedication to teaching will become a lifelong habit.

As intercommunication systems of people throughout the world become greater than even George Orwell could have envisioned, the demand for expert training in colon and rectal surgery will increase from all over the globe. As we attempt to predict the needs of our specialty 35 years hence, let us be sure that our present goals and priorities support the development of the necessary outstanding training programs for the future. We stand here in 1984, the year George Orwell made famous, and we look back on the strong history and dedicated pioneers of our specialty. Let us now take this opportunity, together with our colleagues from across both oceans, to rededicate ourselves to our specialty's future and its excellence.

Announcement

MEETING OF THE AMERICAN COLLEGE OF PHYSICIANS

The Eastern/Western Pennsylvania and West Virginia Regional Meeting of the American College of Physicians will be held November 2-4, 1984. For further information, contact Donald Kaye, M.D., F.A.C.P., The American Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Pennsylvania 19129 or telephone (215) 842-6950.