

The Code of the Specialist

PRESIDENTIAL ADDRESS

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A time-honored custom of this Society since its inception has decreed that the President shall address it at the beginning of each annual meeting. This is a fine practice since the speaker usually is a veteran in its membership, one who has worked in it long and who loves it much.

This is the Thirty-fifth Annual Meeting, and I am deeply sensible of the honor of being selected to preside over its deliberations, and also as the successor to the long line of honorable and capable men who have preceded me in this office. I am asking for your unselfish cooperation and support in our deliberations. My happy acquaintanceship and contacts with you over a period of years completely assure me that this is forthcoming.

Since no one is endowed with the gift of prophesy, my remarks can only follow the general trend of the columnist in his daily letter bearing such captions as "It Seems to Me," or "I Dare Say."

A survey of our membership, both Fellows and Associates, should give us much satisfaction. It enrolls the names of the outstanding physicians who limit their practice to proctologic diseases. A bond of union cements honest, progressive and scientific men who have at heart one common aim, viz., the advancement and refinement of their art. By our standard and practices other groups do not qualify.

These standards under which we live and labor are not machine-made, by rule or formula; neither the product of spontaneous generation nor acquired by one favored with divine revelation; but are rather the result of evolutionary progress, brought about by the combined and continuous efforts of all those gifted workers who have gone before us. If one will take time to analyze his practice he will readily discern in it a composite of all that he has heard, read or seen of the art and workmanship of others. Hence this annual session is our opportunity to learn of the innovations brought by our Fellows, and to exchange experiences among this group of co-laborers. By means of discussion we unravel difficulties, clarify mooted points, and generate enthusiasm. We return home revived and refreshed.

What is our place in the field of medical practice, in the hospital or diagnostic group? Why should we assume the name of "specialist?" By what right do we demand "a place in the sun?"

Our present-day position was attained only by long, strenuous and continuous effort. The pioneers of our Society builded slowly, substantially and firmly. Each one has borne witness to this fact, as one may learn by rereading our Transactions which perpetuate their ideas and ambitions. No specialty was ever "needed" or requested by the medical profession at large at its inception. But the men who thus labored in a particular field, who loved its problems, who developed its ideals and its art, "needed" the specialty. Its cohesive forces erected the structure. Progress was the result. Our predecessors needed our specialty, through which and by means of which they could render suffering mankind more cures, quicker relief, refined nursing, and a wider education to those who would follow them. Our present-day position should be their memorial. May we keep it lighted, glowing and radiant.

There are twenty-five recognized specialties in the whole field of medicine. In 460 B. C., the Hippocratic Oath demanded in its ethics and admonitions to the novice his subscription to the following:

"I will not cut for stone, even for patients in whom the disease is manifest. I will leave this operation to be performed by practitioners."

This indicates of course a specialist in the art of surgery. Surgery was thus early accorded the distinction of being a specialty, and obstetrics and gynecology followed in order.

The first paper on Diseases of the Eye was written in 1771. The next specialty recognized was otology, followed by laryngology. Children's diseases was listed as such in 1794. S. Weir Mitchell was the first president of the American Society of Neurology. Orthopedics, dermatology, gastroenterology, genitourinary, cardiology, roentgenology and bronchoscopy as specialties followed in order. We date our beginning in 1899. I do not believe the list is nearly complete. Plastic surgery is in the making. Chiropody is certain to attain recognition. The names of seven different makes of shoes bear the prefix "Doctor." This alone evidences a popular demand for technical and scientific assistance in the mere fitting of shoes. Specialized novelties are continually forcing an entry into the practice of medicine and in time become part of the diagnostic or therapeutic machinery. Many of you recall the first x-ray laboratory. The allergy clinic and the recently proposed capillary laboratory are later developments. These simpler specialties have taken on a very definite diagnostic importance and entirely new equipments are needed for their study. Pittsburgh supports a physician who strictly limits his practice to hematology.

The term "specialist" has suffered much ridicule ever since its first use. The specialist has been described as one who begins his practice by knowing a great deal about very little, who gets to know more and more about less and less, until finally he knows practically everything about nothing at all. In contrast, the family doctor begins by knowing very little about a great deal, and as he goes along gets to know less and less about

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more and more, until in the end he knows practically nothing about everything. These thrusts are foolish, but they illustrate certain current lay opinions.

The basis of any scientific specialty is special training. The attainment of rank in a specialty is not by divine command, even though there are those who think they have been "called" when they have not even been whispered to. One who competent to give a true and accurate diagnosis and who will render detailed care in the cure of any bodily ailment is a specialist. Complete mastery of the fundamental sciences of anatomy, physiology, pathology and symptomatology is a prime requisite. With such detailed knowledge of a limited part of the human body in his possession, he becomes a specialist in that he can diagnose accurately and apply nearly specific cures. Some one has said that he must have invented a new instrument, or devised an original operation, or written a book on his special topic to merit the term. Not everyone is thus gifted. Howard Kelly devised the tubular proctoscope. Others have only modified it. Tuttle conceived the electrically lighted sigmoidoscope; others have changed it only in details. Hanes first suggested the accepted position for proctologic examination. These men were true originators, but others may so collaborate with groups of their fellows in a clinic as to be held indispensable in the making of a diagnosis and effecting a cure. Many a young man has carved his niche when he is given his first opportunity to participate in the formulation of a diagnosis. A referred case is a consultation. In addition to his ability to make an accurate diagnosis, modern therapeutics and all the artful aids of surgery should be at his command. With these qualifications, no diagnostic group is complete without him.

Human zeal and enthusiasm should ever attend him. "Nothing is so contagious as enthusiasm. It is the real allegory of the tale of Orpheus: it moves stones and charms brutes. It is the genius of sincerity and truth accomplishes no victories without it." The single symptom of diarrhea may have forty odd causes. Anemia in all its manifestations from purpura to Banti's disease, and the malignancies in all their protean forms, should be familiar to the proctologist. Emerson went further when he said: "There is no strong performance without a little fanaticism in the performer."

Proctology is a surgical specialty, and better proctologists come into it having a sound surgical experience behind them than when trained in internal medicine or in general practice. The day of a tired and aged general practitioner's entrance into proctology is past. While proctology is a surgical specialty, we recognize it has been a limited and a too mixed specialty. This latter adjective refers to the border line cases involving medical treatment after a proctologic diagnosis has been made. The majority of our cases require surgical treatment, minor or major. The history of our development bears the indelible stamp of the lives of

Cripps, Allingham, Edwards, Quenu, Mummery, Tuttle, Pennington, Lynch, Hirschman and Yeomans. These men were or are accomplished surgeons. We consult Rankin, Miles, Coffey, Daniel Jones and Thomas Jones for the ultimate in colonic and rectal surgery. These men are master surgeons.

Specialism demands more than the making of the diagnosis. Many internists are capable of making proctologic diagnosis. The laryngologist does not summon the general surgeon to correct the deviated septum, to drain the sinuses, or to remove the tonsils. He must be competent to give surgical treatment as well as to spray glycothymoline or to plug for hemorrhage. Our message to the novitiate in proctology is that progress in our specialty is made in surgical lines. The American College of Surgeons has lent encouragement to the recent graduate by specifically advising him how to prepare himself for Fellowship. After a two-year period following his internship he is eligible for Junior Fellowship. With this recognition and surgical guidance he becomes eligible for Fellowship after five years of surgical practice. By association with a general surgeon, together with the everywhere present opportunity to witness surgical diagnosis and technique, the path is well marked, fairly easy and smooth.

Since the laws have not yet been written to regulate the practice of specialties, and since it is recognized that many of those self-named specialists have not the adequate training which would fit them for such recognition, different agencies for the control of specialism have been organized in different sections of the States at about the same time. In 1915 the ophthalmologists organized the American Board of Ophthalmic Examinations for the single purpose of examining and certifying specialists. Their success in their field activated the formation of similar boards by the otolaryngologists, and more recently by the gynecologists and obstetricians, and by the dermatologists and syphilologists. Medical organizations and medical schools and State legislatures have attempted to constitute themselves judges of what should be the qualifications of a specialist. No acceptable nor satisfactory plan has been proposed by these groups. The solution of this problem will hardly be reached until some national organization, clothed with authority, shall by established rights take complete control. Early in 1933 the American Medical Association recognized this need and a conference was called preceding the meeting of the Association in Milwaukee to which representatives of all organizations interested in medical specialization were invited. It was decided that there should be formed a National Advisory Council of Medical Specialty Boards which should consist of representatives from such other national organizations as the Council on Medical Education and Hospitals of the A. M. A., the American Association of Medical Colleges, the Federation of State Licensure Boards, and the National boards. This Advisory Council was definitely organized in February. Dr. Hirschman and Dr. Buie represented our Society at that meeting. The Advisory Board will prescribe standards for the formation of all proposed new boards, and will pass on the legal

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status of new boards, and when approved, grant them representation on the Council. The American Medical Association has officially agreed to cooperate with this Council and to give recognition to the specialists certified by its member boards. Pediatrics, urology, proctology, neurology and gastroenterology are forming their boards. Their qualifications and plans will require approval by the Council before definite organization and incorporation can be effected.

During the past year our ranks have been depleted by the deaths of two of our Fellows. Dr. Adler was a charter member, was President of the Society in 1905, and Secretary for six years, 1904-1912. Dr. Van Meter was elected as Associate in 1927 and a Fellow in 1931. We can ill afford to lose such members. The former by his strong influence during the formative period of our Society and his continued wise counsel, the latter by his younger and growing enthusiasm, will continue to exert their influence on us who remain.

Our Society made a significant forward-looking step last year in electing our first woman member. We hope this is only the beginning of medical women's interest in the field of proctology.

The annual meeting is our great opportunity for the continuance and stimulation of our progress. If one be only a silent auditor here he may learn much and collect new fire for his altar. His participation in the reading of papers and in the discussions will reward him proportionally more. By your whole-hearted participation in the programs to follow, your knowledge, your enthusiasm, your worth to your clientele and to your medical group will be greatly enhanced.

Addison, in his "Cato," had this character declare:

"It is not in mortal to command success, but we'll do more, Sempronius, we'll deserve it."

It is our personal desire that every one who subscribes to our code will so perfect his practice and so charge his enthusiasm that his patients, his colleagues, and his community will give him the success he will have deserved.

