
Diseases of the
COLON & RECTUM

Vol. 7

May-June, 1964

No. 3

Accomplishments and Challenges*

ROBERT J. ROWE, M.D.

Dallas, Texas

THE AMERICAN Proctologic Society is one of the oldest specialty organizations in the United States. Its first meeting was held at the Chittenden Hotel in Columbus, Ohio, in 1899. Fifteen persons attended that meeting but only 13, those who presented scientific papers, were admitted to membership. Even during that period of nascency, the highest standards were set for its activities, principles and policies. Since that first meeting, the Society has continued to hold meetings annually, with the exception of the wartime years—1918, 1943 and 1945.

In 1946 I attended my first meeting. It was held in San Francisco and, by coincidence, it has become my privilege and honor to attend this 62nd annual meeting again in San Francisco, acting in the capacity of the Society's President. It has been my privilege to serve as an official of the Society for the past five years, during which period I have experienced much pleasure and have enjoyed immeasurable benefits. I have learned much from the

accomplishments of my illustrious predecessors and have developed a profound respect and deep affection, not only for them, but for all those who have become worthy of membership and fellowship in the Society. We owe much to those who gave unstintingly of their time and effort during the burgeoning period of the Society. The manner in which they discharged their tasks, which were not as easy as ours, is responsible for the distinguished place now occupied by this Society among the national medical organizations of this country. More time than is available would be required for me to recount even a partial recital of these achievements.

Membership of the Society has increased to 722 members and, with this expansion, new problems that require our most diligent attention are encountered every year. During recent years, the Society has grown rapidly despite the fact that requirements for membership have become more stringent. For this, the American Board of Colon and Rectal Surgery has been largely responsible, and we can well be proud of its accomplishments. At the present time, the Society can boast of 327 diplomates of this board among its members. Thus, 45.3

* Presidential address given at the meeting of the American Proctologic Society, San Francisco, California, May 20 to 23, 1963.

per cent of the members of the Society can claim this distinction—a record that is unsurpassed by any national specialty organization. We can well be proud of this record and of the high standards of our American Board of Colon and Rectal Surgery, which is one of the only three surgical specialty boards that requires as much as three years of training in an approved residency in general surgery for admittance to its examination. Diligent application to duty by members of the Society has its rewards and nowhere has this been more outstanding than in the work of the American Board of Colon and Rectal Surgery.

The American Proctologic Society has attained a position of respect by its consistent determination to elevate and to maintain high scientific standards of surgery of the colon and rectum. This has been accomplished by the individual efforts of its members, as revealed in the high caliber of its annual scientific programs. The fruits of these programs appear in *Diseases of the Colon & Rectum*. This journal sponsored by the American Proctologic Society, is entitled to the claim by one of the medical profession's most distinguished editors that *Diseases of the Colon & Rectum* is the best specialty journal in America.

Further advancement has been accomplished by establishment of a research foundation which, although it is well on its way to success, is supported solely by a small annual fee which the Society contributes for each of its members, and it seems to me that our obligation to support so worthy an undertaking is much greater. The situation is the same with regard to the journal, for which the annual subscription fee of \$12.00 is paid for each member of the Society out of the treasury of the organization.

For many years, certain members of the Society have been interested in fostering a desirable relationship with reputable na-

tional organizations, among which the American College of Surgeons has been one of their chief objectives. Many of you are cognizant of what recently has been accomplished in our relationship to the College, and the Society proudly acknowledges the work of the late Dr. Walter A. Fansler, whose dedicated services are largely responsible for achievement of this goal. At the annual meeting of the American College of Surgeons in Atlantic City last October, members of our Society participated as one of its specialty groups and also later in various sectional meetings throughout the country. Although our first session at the October meeting was held the last afternoon of the meeting of the Clinical Congress, standing room only was available during the panel discussion. The Advisory Council is making arrangements now for participation in the October Clinical Congress of the American College of Surgeons, and in other sectional meetings which are to be held in 1964. In my opinion, this improved relationship with the American College of Surgeons has been one of our greatest accomplishments since establishment of the American Board of Colon and Rectal Surgery and our journal, *Diseases of the Colon & Rectum*. The Society is proud that it can number among its Honorary Fellows the President Elect of the American College of Surgeons, Dr. J. Englebert Dunphy.

I have said that each year brings new problems. This year it concerns establishment of the new Section of Proctology in the Scientific Assembly of the American Medical Association. For many years we have been encumbered by problems arising from the association of gastroenterologists and proctologists in the Section on Gastroenterology and Proctology of the AMA. Without any intention of placing the blame for this incongruous situation on the shoulders of anyone, especially of our friends among the gastroenterologists, I am

forced to say that from the viewpoint of the proctologists, functioning of the Section was never satisfactory and we were pleased when the movement was begun to establish an independent Section of Proctology. In this connection there was always considerable doubt that our objective could be accomplished, because the House of Delegates of the American Medical Association has always looked with disfavor on establishment of new sections in the Scientific Assembly.

Many of you are familiar with Resolution #50, which was introduced into the House of Delegates at its annual meeting in Miami in 1960. Briefly, this resolution recommended dissolution of the Section on Gastroenterology and formation of separate sections for the gastroenterologists and proctologists. This resolution was referred to a *Special Committee on Scientific Sections*, which recommended to the Board of Trustees of the American Medical Association that a separate Section on Gastroenterology be established and that original articles pertaining to proctology be delivered before a new Section on Miscellaneous Topics for a trial period of two years. The report of the Board of Trustees was referred to the House of Delegates, which appointed an *ad hoc* committee to study the problem and report to the House of Delegates in June 1963. This committee met on April 17, 1963, in Chicago, and was informed of the desires of this group; namely, that Resolution #50 be supported in the event the Section on Gastroenterology and Proctology be dissolved. We were hopeful that the committee would favor establishment of two separate sections.

Since this address was given, dissolution of the Section on Gastroenterology and Proctology has been approved by the AMA House of Delegates and a separate Section on Proctology has been established. Thus, a heavy responsibility falls upon the

shoulders of the members of this Society. First of all, they must realize the important obligations and responsibilities that accompany establishment of this new section. I can think of no greater calamity than failure of the new section, and you may be sure that its success is not something that will happen automatically. It can fail, but failure is something that cannot be tolerated. Its success will depend on the interest and the help of every member of this Society. This, indeed, I consider to be our greatest challenge at the present time. I repeat that it must not fail.

Another challenge which is essential to continuance of the forward progress of our Society revolves around the training of many young physicians interested in colon and rectal diseases and this type of education is dependent upon establishment of approved residency programs. Our Past President, Dr. Hines, has outlined for us the desirable type of training which must go into the education and certification of colon and rectal surgeons. It is our responsibility, particularly those who are connected with medical schools, to enter more enthusiastically and industriously into teaching programs so that those in authority at medical schools will be interested in establishing divisions or departments of proctology or of colon and rectal surgery in creditable institutions. Although affiliation with a medical school is desirable, it is not entirely necessary for the establishment of adequate training programs. Neither is it necessary for a physician to be associated with a medical school to be interested and inquisitive about the unusual and to review constantly his own results as well as unusual and interesting cases, and to make known the results of his experiences to his colleagues. In other words, residencies may be established; teaching and research may be carried out by an individual, regardless of his location, if adequate clinical material is available, since teaching may be directed

not only at the resident level, but also to our colleagues. I earnestly beseech all of our members to make every effort to contribute more diligently and enthusiastically along these lines, for the growth and appreciation of our specialty and its future contribution to American medicine depend on such factors.

Despite many obstacles, we have been able to develop character and stature which commands the respect of the medical fraternity. This has been accomplished more by the efforts of a few, rather than by participation of our entire membership. I fear many of us are too much involved in the economic phase of our practices. This, of course, is deplorable and if continued, may eventually result in disintegration of our specialty or absorption of it by larger groups, with a complete loss of our identity. Where does the fault lie? It is undoubtedly twofold: first, perhaps it is partially due to the reluctance of our older members to relinquish the reins of responsibility, or perhaps even more significant has been their failure to stimulate and encourage

initiative along the lines of research and teaching, as well as participation in specialty activities, among the younger group. Second, and possibly more important, has been the lethargy—the lack of initiative and the failure of the majority of our members, and especially the younger men, to enter into the various activities which are so essential to the continued successful growth of our Society and our specialty. We are now at the crossroads. If we accept the difficult and challenging road successfully, it will require the combined efforts of all of our members who must manifest interest in the future of the specialty and in constructive endeavor to create a continued need for the specialty of colon and rectal surgery instead of devoting our major effort to the economy of our practice. To these of you into whose hands the destiny of this organization is entrusted, may I be permitted to offer this quotation:

"To you from failing hands we throw
The torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep, . . ."

Errata

Volume 7, number 1, page 17, first column, last paragraph, the sentence: "Obstruction is associated with diverticulitis more often than not," according to a letter received from Dr. Gallagher, does not represent what he believes. In his judgment he says, "Complete colon obstruction *seldom* occurs because of diverticulitis. The most common cause of complete colon obstruction is carcinoma."

Volume 7, number 1, page 20, first column, the statement in paragraph 2: "Available procedures are right hemicolectomy and ileo-transverse anastomosis, but the anastomosis should be placed well away from the inflammatory or perforated process," according to Dr. Gallagher, "is erroneous, out of context, and certainly not applicable to left colon (sigmoid) diverticulitis. What I attempted to say was that emergency right colon resection with primary anastomosis should not be compared with emergency resection and anastomosis of the left colon for an acute extracolonic inflammatory disease (diverticulitis)."