

PRESIDENTIAL ADDRESS

"QUO VADIS" PROCTOLOGIST?

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Whence proctology in America has come to its present estate is a matter more or less familiar to us all, but to none is the story of its development more intimately known than to our past president, Dr. Beach, a charter member and the first secretary of the American Proctologic Society; who has loved it and worked for it as but few of its Fellows have, and who follows me on today's program. Twenty-five years ago, within a few months of the first meeting of this Society, the then president of a Southern medical society delivered an address before his organization which was entitled "Quo Vadis?" It dealt with professional problems, then timely or prospective, but now largely retrospective. The quarter century is ended for us and it is an appropriate time to consider our own past and future. Hence I have frankly appropriated the title of the afore-mentioned presidential address, and, while leaving matters in retrospect to Dr. Beach, I shall have things to say of matters timely and in prospect. If at times I may appear rather caustic, it will be truths which have been forced upon me during my service as Secretary and Editor, and will be said only with constructive intent for the good of proctology, and for the good of a society which I value more than any other professional organization to which I belong.

Every medical and surgical specialty began because there was need and possibility of better work in that particular line than was being done by the general profession; it had, at first, to meet the disdain and often the antagonism of the profession, but with increase in numbers and perfection of work resulting from competition and from cooperation in its special society, gave better service to suffering humanity than ever before, and commanded the respect of the profession. The need for better work in ano-recto-colonic disorders is, or ought to be, self-evident to every

practitioner, but proctology has not yet reached the maturity and efficiency of other specialties for definite reasons. With the possible exception of genitourinary work, no specialty has had to meet such quackish competition as has proctology from the days of the itinerant pile doctor to those of the modern advertising proctologist or firm of proctologists, highly successful financially and claiming results (sometimes justified) not attained by the general profession; to the days of the peripatetic teacher of wonderful proctologic secrets, who gathers into his classes physicians of more or less shady repute, and imparts to them, for a substantial consideration, therapeutic methods which, on investigation, prove to be absurd or commonplace, and never anything not well within the knowledge of the well-trained legitimate proctologist. The very success of these irregulars shows the need and the demand for relief from ailments which the profession at large is neglecting.

Much has been written and is constantly being written, in the professional and lay journals and in the daily press, about the paucity of physicians in rural communities. This investigation has been particularly active in the New England states, and has revealed what inadequate, and sometimes incompetent, medical and surgical attention they are receiving. One can draw a close analogy between this state of affairs and the paucity of proctologists in cities of medium size. In all New England, more densely populated than most of the country, and with dozens of cities of from fifty to one hundred and fifty thousand or even more of population, there are, outside of Boston, only three such cities, so far as I know, where men are doing proctology exclusively and seeking the reference of such work from the profession. There is no reason to doubt that the same condition exists the country over, and I think my hearers from sections other than New England will confirm me in this statement. This being the case and admitting the premise, which needs no proof to any of us, that the general profession is not giving all that it might in proctologic service to the public, then the analogy which was drawn with the lack of doctors in rural communities is complete.

Providence, the city of second size in New England, with a population of nearly 300,000 and a tributary territory of at least half that number, has no one doing proctology only. Two or three such men, commanding the respect of the profession, would find there a most profitable field. Any one of the cities of fifty to one

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hundred and fifty thousand could well support one; and even lesser and more remote communities, which are important business and railroad centers, could do the same. They draw from their tributary territory patients seeking first class advice in surgery, medicine and the other specialties; and why not in proctology? The rest of the country is no different from New England. I believe that I have underdrawn rather than overdrawn the opportunities these cities offer, and that they are beckoning for at least as many, and perhaps more, men than I have suggested to grasp them.

Nor is this pure idealism. It is practical as well. It is not enough to prove that these communities need better proctologic service, but will it pay good men to go to such places and fill the demand? Most of us must consider this phase of the matter, and I answer unquestionably: "Yes, they will 'make a go of it'." It is axiomatic that, barring some special opening which a young medical man may find in a large city, the smaller the community where he locates, the more quickly he gets to earning a competency. It is also true that he reaches his limit the more quickly the smaller the community where he locates. I am not, however, advocating rural districts for beginning proctologists, but prosperous, medium-sized places, where the limit is broad enough to satisfy any reasonable man; where, though their fees may not reach those of metropolitan specialists, the margin over and above their much smaller overhead is just as great or often greater than those who practice in New York, Chicago or San Francisco, and where living is often more pleasant. It is more satisfactory to many to lead in a smaller community than to follow in a larger one, and there is real truth in the old comparison between the frog and the size of his watery habitat. Therefore it is to be hoped that not every proctologist, on emerging from his preparation, will locate in a large city, but will go where he is more needed.

Obviously proctology is the great under-worked field of specialism of the present day. The field should be worked, but how? The American Proctologic Society can and must be the chief instrumentality to this end, seconded by our activities in the Section on Gastro-Enterology and Proctology of the American Medical Association. Our Society and every one of our Fellows have a mission, which we are not pursuing to the best of our ability. Any where and every where, collectively and individually, we should preach the spread of proctology, but we are not all doing it. And to better

accomplish this end, we have a house of our own which should be in the best of order, but it is not.

My predecessors, in their presidential addresses, year after year, have advocated policies and made recommendations for the conduct and improvement of the Society, which have been considered and approved in a perfunctory way by a committee appointed for that purpose at each meeting, and there the matter has dropped. How many of the recommendations have come to any real fruition? How many have been put into the hands of Fellows, who were willing to give of their time and energy sufficient to make them fruitful? It would be hard to name many, and the fruit of these is none too perfect. Let each one of us look back over these addresses with their valuable recommendations and ask himself: "How much have I, personally, done to help the things I voted to approve?"

Many of the Fellows have worked, and are always willing to carry their legitimate share, or more than that, of the Society's activities, but some there are who are apathetic or indifferent, and a very few who are worse than that. Can it be that any one of us has reached such a point that he feels that he has outgrown the Society? Can it be that any one of us is so cynical as to the value of reporting the discussions at our meetings, that he will refuse to correct and return his portion to the editor as worthless, and blame the stenographers (of whom we have had some of the best in the country) for what is the result of his own faulty diction? It is only fair to compliment the Fellows on the promptness with which they pay their dues and assessments, but can it be that they think their duties end there, and that circular and even personal letters from the Secretary and program committees should be neglected, when perhaps the whole policy of the Society may depend on their replies? Other similar queries might be made, and if there be such Fellows, let them get back on the team and play harder to win for proctology a bigger place in the medical world than it yet occupies; for, as Kipling has said

It ain't the individual,
Nor the army as a whole,
But the everlasting teamwork
Of every bloomin' soul.

With your hearty cooperation the Secretary of this Society can do more for proctology than any other one individual in the

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country. Choose for that officer only the right type of man and one who wants the position; and, when you have him, keep him there from three to five years, for no Secretary reaches full efficiency in less than two years; and in that time he will make acquaintances and friends, personal and epistolary, which are priceless to him, and which he can, if so disposed, use to the utmost advantage for the spread of the specialty. Even without your cooperation he can do much, though seriously handicapped; but with it how much more!

The Transactions of the Society have a much greater value, I believe, than most of you think. There is a common feeling among us that the publication of our Society papers in a journal of considerable circulation is of much greater value to the writer than mere publication in the Transactions. This is probably true to a certain extent if you consider only the present, but probably not true in the long run. A sporadic article on some proctologic subject in the mass of general papers, found in a file of the Journal of the American Medical Association, is far less likely to be read than when bound with other papers of the same ilk in a file of our Transactions on the shelves of the same library.

You perhaps do not know that practically all the medical libraries of real importance in the country (about one hundred), in nearly every state and Canadian province, are receiving free copies of our Transactions, and many of them have complete files. Every year the number of inquiries for copies received by the Secretary from outsiders is increasing, especially from young proctologists, many of whom have told or written me that they were able to get from the papers and the accompanying discussions a breadth of view on proctologic subjects, which they found it difficult to obtain from text books only. Then, if we continue the present method of issuing them through a regular publishing house, we have altogether pretty good publicity for ourselves, the Society, and the specialty, and it behooves every Fellow to contribute his best in papers and discussions to the volume. I am not certain that there has not been a preference among some of the Fellows for presenting their best elsewhere, and frankly, if there be such, I think they are defeating their own personal and ulterior motives, because, by so doing, they deny themselves the privilege of including the papers in our Transactions, in addition to the privilege of publishing them in any medical journal which they now have, and will have

so long as we both have no official organ. Why not broadcast by both means?

The establishment of a journal to take the place of the publication of our late Fellow, Dr. Barnes, is a perennial recommendation, and as regularly found unfeasible for independent publication for financial reasons, incident to the probable small circulation. It is an unfortunate fact, for a widely circulated special journal would awaken the general profession to its need for proctologic advancement perhaps better than any other means, and files of such a journal in a library would be a mine of information for those seeking it. The American Gastro-Enterological Society has not seen fit to unite with us in publication, but this failure, or the lack of any official organ, is no unmitigated evil so long as we cannot have a good one. Better than a poor official organ is sporadic publication as long as the papers finally get together in the Transactions.

One thing which we would get in such a journal in addition to papers and discussions, would be a steady stream of information on current events in proctology. We need this and our Secretary, on his own initiative(has already begun such a department in one of the smaller journals, and has sent it to you gratuitously. I for one have enjoyed and profited by this, and I bespeak for him your interest and contributions to this laudable project. Let us make the most of even this small field of publicity.

Most of the worth-while books in proctology have come from the pens of our Honorary or Active Fellows, and in the past two years have seen our shelves enriched by the addition of several new ones, either complete works or monographs on special subjects. The opportunity and ability to do this is not given to all of the Fellows, but it is given to all to present valuable papers and participate in the discussions and should be given to all to have them combined in the Transactions in effective form. Those who write books have something to learn from those who cannot, should co-operate with the latter in making the Transactions worth while, and should be glad to give credit where it is due. The amount of material that can be drawn from these volumes is well shown in one of the recent books on proctology, and the generosity, with which the author gives credit to his sources, is commendable.

The establishment of proctologic teaching in graduate schools, is not beginning early enough in the training of the profession to the need of special knowledge in this subject. It should, but does

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not, begin in the undergraduate years. Of three class-A medical schools in Boston (the other two being too far below par to be worth considering) only one has any course in elementary proctology, and I doubt not that this condition exists in most states. The frankly admitted ignorance of the graduates of most schools, when they approach their duties as house officers in hospitals, is a pity; and the interest they often show, when properly taken in hand for instruction is surprising. This ignorance is further aggravated by the fact that so few hospitals have any rectal service, and that the general surgeons have no interest in such work and probably pass over, as unimportant, the rectal operations to these house officers to do. The latter find themselves confronted with work they know very little about, and the results are again a pity. This is the main reason for the truth of the now classical findings of Dr. Tuttle, as to the acknowledged failure of general hospitals in rectal and especially in fistula work. I have found this particularly true of two hospitals in Boston, one of them the largest and the other the richest in the city. How can we induce the medical schools to give at least elementary instruction in proctology, and how induce hospitals to establish proctologic services, either independent of or as a department of surgery? Only by showing our worth and the need of such work, and by developing a personnel large enough and widely enough distributed to meet the demands of such teaching and hospital positions.

There are many good proctologists scattered about the country, too inert, for the good of themselves and their specialty, to affiliate with others in the same field of work. The place for such affiliation is in the American Proctologic Society, and in the Section on Gastro-Enterology and Proctology of the American Medical Association. As Secretary, I was able to get run of such men occasionally, excite their interest, and in several instances get their applications for fellowship. The Secretary is best situated to do this, but every Fellow should lose no opportunity to do the same and communicate the names and addresses to the Secretary. I tried to secure from the American Medical Association and from the College of Surgeons some sort of a list of men, all over the country, who profess to practice proctology in whole or in part, but none was available, and I was only able to get information in a fragmentary way. Such a list ought to be in the hands of the Secretary for the good of all concerned, and would

go a long way toward accomplishing the desired result in spreading the gospel of proctology. Our present Secretary has already made a substantial beginning in compiling the desired list, and I bespeak your co-operation in furthering the work.

All proctologists of decent ethics ought to be affiliated with this Society in some way, and I believe the Associate Fellowship should be used for just this purpose. Two years ago, we amended our by-laws to raise this Fellowship to one hundred, which is adequate at present, and can be raised again if necessary. We also amended our Constitution as follows: "Each Associate Fellow, if not raised to Active Fellowship before, shall be subject, to re-election at the end of three years." This provision, I believe, should be used not to immediately drop one who has not proved himself especially worthy, but rather to drop those who have proved themselves definitely unworthy. I am not aware whether other special societies have such a fellowship, but, in the present state of immaturity of proctology, I believe that we should keep under our influence as long as possible all who are fairly deserving of the title of proctologist, for the good we can do them and for the good they can do the specialty. On the other hand I believe that the Active Fellowship should contain absolutely no "dead wood," and should be a prize which every Associate will look forward to and work hard to win, and to keep when he has won it. These views may not meet with the approval of all of the Fellows, but I do not believe that the present is time for too much conservatism and exclusiveness so far as the Associate Fellowship is constituted.

The only alternative to this, to accomplish the same purpose would be the suggestion which has been made that we have some third form of affiliation with the Society, which would include everyone in any way interested in proctology. At first glance this scheme seems rather complicated, and I have not given it enough thought to be willing to commit myself to it yet; but, if workable, it should be considered seriously, and I would commit myself to it, as I would to anything else which would put proctology on the map in larger letters.

You have honored me with the presidency of this Society, which I appreciate beyond words, yet I have not hesitated to "speak right out in the meeting." I realize that we have an atmosphere of fraternity possessed by few professional organizations, and realize too that we have much to congratulate ourselves for during

the twenty-five years of our existence, but we must not rest on our oars now, for there are obstacles in our way and much more has to be done before we reach a landing; which justifies the appeal, rather impassioned as some of you may think, which I have made today concerning the future. It is essentially an appeal for what our recent president, Dr. C. F. Martin, expressed in his address "Co-operation and Co-ordination;" for intensive and concerted action by the American Proctologic Society, by every Fellow, and by every one who ought to be a Fellow, to increase the numbers and improve the personnel of our specialty; to *command* the respect of the profession; to advise the laity of the existence of proctologic specialists; and by such a missionary campaign to give a satisfactory answer to the question: "Quo Vadis," Proctologist?

THE EVOLUTION OF PROCTOLOGY AS A
SPECIALTY IN THE UNITED STATES.

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To have a proper perspective of the development of proctology in the United States involves a consideration of specialism, together with the experiences and personalities synchronizing with the growth and development of the country. In the beginning the community was frontier and simple in its demands. Its population, increasing by successive generations, grew more complex, demanding more efficient service from all lines of activity. Professional service, as well as less exacting service, was thus affected and there ensued more and more division of labor to satisfy the public. Certain basic principles should be enumerated upon which American proctology was developed as an outstanding specialty and nurtured by organized activities.

Evolution in any line is the history of an empiricism. In matters medical and surgical, this is especially true, because from rapidly successive stages in the last century, we now live in a time of fruition brought about by intelligent interpretation and comparative analysis of disease by the clinician.

By experiment we have invoked the aid of the physiologist and physicist to determine normal mechanisms culminating in more