

The Sixtieth Anniversary of the American Proctologic Society *

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AN ANNIVERSARY is a time to pause and reminisce, to remember famous men of the past, and to review their works which form the foundation on which the present level of our proficiency stands. It also seems an appropriate time to analyze our present situation and to make predictions and plans for the future.

This is the sixtieth anniversary of the founding of the American Proctologic Society and proctology as a specialty. The first meeting of our society was called to order in Columbus, Ohio, June 4, 1899, by Dr. Joseph M. Mathews, who was at one time president of the American Medical Association. There were 13 original members and the society was organized "for the cultivation and dissemination of knowledge in whatever relates to diseases of the rectum and colon."

The ancient Babylonians reported treatment of fistulas and listed fees for such treatment. Egyptian Pharaohs appointed physicians who were held responsible for the condition of various parts of the body including those in our specialty. From this time until the fourteenth century, proctologic conditions are mentioned occasionally in medical literature, but little of interest is reported. St. Fiacre, a patron saint of those suffering from hemorrhoids, practiced in the sixth century, but it was not until 1376 when John Arderne published his "Treatise of Fistula in Ano, Hemorrhoids, and Clysters" that some of the present prin-

ciples underlying the treatment of fistulas were first described. The impetus which Arderne gave to the interest of physicians in these disorders was profound and did much to remove the treatment of anal and rectal conditions from the hands of charlatans. This was no easy task as modesty or prudery prevented "gentle people" from exposing themselves for examination, and many well educated physicians felt that they would degrade themselves by examining this part of the body. Some of this feeling of repulsion still exists among patients and physicians.

The most important proctologic event in modern times was the founding of St. Mark's Hospital in London by Frederick Salmon in 1835. In his original address, Salmon stated that this "infant charity" was being established exclusively for the diagnosis, treatment and study of diseases of the rectum. He also said, "The degree of personal distress from these ailments is a matter of deep lamentation and passes too often without regard because they do not and cannot obtrude themselves upon the public notice." Another remark of Salmon's was, "It may be doubtful whether there be any branch of medical knowledge for the acquisition of which less facility has hitherto been afforded," and this is true, to some extent, today. It is not yet 150 years since the establishment of this "infant charity" which is the humble source from which English and American proctology received its origin.

Many great names in proctology have come from St. Mark's Hospital. Its reputation and that of proctology have been estab-

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lished by such men as Salmon, Goodsall, Allingham, Miles and Lockhart-Mummery, and our present practice of proctology is built upon fundamentals laid down by them. They developed many of the basic surgical technics which are the foundation of our present day practices. The courage and wisdom of these men must be admired. It could not have been easy to direct attention to "ailments that do not and cannot obtrude themselves upon the public notice," and to treat diseases that are looked upon by many colleagues with disdain. A certain amount of these same attitudes must be tolerated by a young man today when he limits his work to proctology.

American proctology began to develop near the turn of the century, lead by such men as Mathews and his associates, Pennington and Tuttle. Some of the founding members of the American Proctologic Society and others who began to practice in the early 1900's, and who wanted to become proficient in proctology, went to London for their postgraduate work. These men were not deterred by inconvenience or expense in acquiring the best possible knowledge and training in their chosen field. It was from them—some of whom are still active in this organization—that many of us first learned of St. Mark's and Gordon hospitals of London. Because of the great admiration and respect that our American preceptors had for these institutions, many of us went to London to round out our training in proctology. It is particularly timely that our British colleagues should invite us to share a meeting with them on this, our sixtieth anniversary.

Meetings of the American Proctologic Society up to the time of the last war were almost as much social as scientific. Membership was so small that members knew each other personally and vied with each other in the type of entertainment presented at each meeting. Members were spurred to develop and present scientific knowledge and methods. The American

Proctologic Society continues to be a social as well as a scientific organization, and the competitive attitude remains although much of the intimacy has been lost in its present large membership.

One of the most important steps in the establishment of our specialty was the formation of the American Board of Proctology. This board was organized and incorporated in 1935, but was not activated until 1940 when it became the Central Certifying Committee of the American Board of Surgery. This arrangement was continued until the American Board of Proctology was given its autonomy on June 15, 1949. Thus, we are now celebrating the tenth anniversary of the American Board of Proctology as well as the sixtieth anniversary of the American Proctologic Society.

There was a tremendous increase in interest in proctology just after the last war. Many demobilized physicians realized the importance of proctology and wished to acquire more training in the specialty before resuming their practices. Some wanted training only in office procedures, but many desired full time residency training. These demands brought into focus the need for more opportunities for teaching proctology to physicians intending to enter general practice as well as for those desiring to become specialists.

There are still some members of the medical profession who are reluctant to accept proctology as a specialty. Some of these men occupy influential positions and, unfortunately, they use their authority to retard the progress of our specialty. In spite of their opposition, proctology continues to advance. No one can reasonably deny that the sum total of medical knowledge is so great that it is almost impossible for one individual to know and to practice all branches of medicine and do them well. A specialist can do superior work in his limited field. It is the function of our board to determine who is qualified to do supe-

rior work and to see that only those so qualified are certified as specialists.

For some years this society has realized that establishment of a specialty alone is not sufficient. There should be communication between its members, but contact with the rest of the medical profession is of equal importance. These needs are well fulfilled by our new Journal, *Diseases of the Colon & Rectum*. For years, committees appointed to study this problem were discouraged by publishing houses. In order to publish a Journal, the American Proctologic Society would have to underwrite it financially. It was with much concern that arrangements were made with the Lippincott Company to publish *Diseases of the Colon & Rectum*, but the result has been worth the effort. Our publisher now writes that "some show of enthusiasm is in order" and from many authentic sources have come words of commendation. No subsidy by our society has been required and the number of subscribers has exceeded even optimistic estimates. You are all aware of the editorial excellence of our Journal.

A Research Foundation of the American Proctologic Society has just been formed and has not yet had time to become active. Funds received by this Foundation will be used to stimulate members of our society and their associates to carry on investigations that would not be possible otherwise.

The American Proctologic Society also has its own health and accident insurance program. In group insurance, premiums are smaller and benefits are greater than could possibly be obtained through individual policies. Although our premiums are practically the same as those of other group medical insurance plans, our advantage lies in the fact that all transactions of the insurance company pertaining to our members are reported to our insurance committee. This allows a personal and sympathetic attitude that is not possible in customary insurance relationships.

A residency fund of \$10,000 has been set aside from which loans are being made to young men in approved proctologic residencies who might not be able to complete their training without this help.

Regional proctologic societies have been organized and are now engaged in carrying on activities at the grass roots of our specialty. Along with the study and discussion of purely proctologic subjects, these societies are dealing with associated problems which arise in local hospitals and medical groups before they could possibly be recognized by the national organization. The contacts these organizations are making are fulfilling a need that could not be reached in any other way. These societies have been of immeasurable value in bringing the specialty of proctology to the attention of the general medical fraternity and the laity in regions where specialties are not well recognized or accepted.

A library of colored 35 mm. transparencies has been compiled. Slides are available to any member who wishes to utilize them for teaching or lecturing.

Achievements of the past ten years are indicative of an active and virulent organization that is keeping abreast of the times. During this period there has been a tremendous amount of research and other accomplishments in various associated branches of medicine. Many antibiotics have been developed in the past ten years. Cortisone was first administered to a patient a little more than a decade ago. Its use externally has given relief to thousands of patients with pruritus ani; steroids administered internally have permitted us to perform operations successfully that were impossible previously. Chemical research in relation to intra and extra cellular fluids has allowed us to maintain fluid and electrolyte balances that would have been impossible ten years ago. Advancement in anesthesia has opened the door to operations that could not have been performed previously. Diagnostic methods have been discovered

and improved. Virology is rapidly taking its place in medicine, and great strides have been made in immunization. Truly, this is one of the golden ages of medicine.

All of these wonderful achievements are a credit to the scientists who made them possible, and are a blessing to patients who have been comforted and cured because of them. Without this newly acquired knowledge, we would not be able to perform the extensive operations that are now being performed and we could not employ some of the surgical technics that are now in use.

We are living in the midst of a social and economic upheaval that has brought with it a change in our sense of values. To attract attention now, things must be superlative; the largest, the highest, the greatest, the richest. Men used to be judged by their kindness, honesty, reliability and wisdom, and industry and frugality were considered to be virtues. Now a man's character seems to depend more on how much money he can accumulate and whom he knows. Some surgeons' reputations are based on the magnitude of operations they perform. Perhaps an anniversary such as this is a good time to reassess and weigh values. Is the old maxim "would I want this treatment or operation performed on me under similar circumstances" an obsolete rule?

Present trends portend future events to a great extent. People are living longer. The population of the world is increasing at an alarming rate. The increase of population will cause a change in dietary habits because there will be less land per person for the production of food. A change in diet may or may not increase the number of proctologic problems, but the fact that there will be more older people probably will. Many proctologic conditions are caused by aging. Will advances in geriatrics uncover something that will retard the aging process? A nuclear war could nullify all of this.

One of the most important problems confronting medicine today is the intrusion of the "third party" into medical care. This intrusion of the "third party" has always brought with it a decay in patient-physician relationship. Under these circumstances, choice of physician is restricted and the warm personal relationship between a patient and his physician is lost. As lamentable as this is, there appears to be very little that can be done to prevent it.

Surrender of personal freedom in order to take advantage of group benefits is part of the social upheaval in which we find ourselves. People are depending more and more on government, unions and employers to provide their social, economic and physical needs. In order to combat this trend, a fee schedule committee has been appointed to study and make recommendations concerning a relative value schedule for proctologic procedures. It is felt that such a schedule approved by the American Proctologic Society would carry weight in dealing with "third parties" in the future.

The intrusion of "third parties" in medical relations is due largely to the increasing cost of medical care. The fact that people are receiving better medical attention does not solve the problem of paying for it. Serious, or prolonged, illness is a financial catastrophe to most people. Many individuals buy insurance against such calamities while others demand that employers, unions or government assume this responsibility. It behooves us to be alert to this situation and to take part in policy formation wherever possible. Most retired persons are living on fixed incomes and are in an age bracket where long illnesses are not unusual. The American Medical Association has recognized the problems of members of this group and is taking steps to find a solution before the government forces one upon them.

Not all "third party" problems in medical relations have been instigated by the

consumer of medical care. Admitting a patient to the hospital brings a third party into the picture and medical care plans are widening the gap between the patient and his physician. The attention of more than one physician is often necessary for a patient to receive the best medical care. It is convenient and economical to maintain a group of physicians and offices as a clinic. Existing transportation facilities make such clinics accessible. Groups of physicians practicing together can provide better medical care at less expense, but the situation does restrict the choice of physician. Medical care plans appear to be here to stay and our obvious duty is to keep as much control as possible in the hands of the medical profession. Will it ever be necessary for physicians to convert their

organization into something similar to the labor unions? Would such an organization ever be justified in calling a strike?

One cannot ponder the future without wondering what influence space travel with its problems arising from weightlessness, ultrasonics, and increased radiation will have on the future of medical practice. Who can attempt to make accurate predictions at this time?

Proctology as a specialty has come a long way over a rough and rocky road and the foreseeable future seems to portend little relief. In view of the difficulties that have been surmounted there seems to be reason to believe that proctology will continue to progress and prosper as long as we do our work well, and the human body continues to show effects of age and wear.