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### THE APPROVAL OF PROCTOLOGY AS A SURGICAL SPECIALTY

*Presidential Address*

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FOR the past few years it has been customary for your President, in his address, to give some form of scientific or philosophic discussion on a definite phase of pathology encountered in our specialty. Many excellent papers have been presented by the members of this outstanding society on every variety of disease involving the anus, rectum, and colon. These articles have proved, fundamentally, the need of thorough anatomic knowledge, of basic physiologic study, and of careful surgical training, if satisfactory results are to be obtained.

Our organization, now in its forty-first year, is to be envied, and deserves the highest praise for the great strides that have been made in convincing a former skeptical laity and a none-too-helpful medical profession, that the diagnosis and treatment of proctologic disease in an ethical way can best be accomplished by assigning such particular ailments to those physicians who have been properly prepared to treat them.

Many of you have witnessed my best efforts in presenting scientific papers, and you have been patient and tolerant in a most respectful way. It is my desire to thank you for the consideration you have shown me in the past. To retain such favor, and invite your constructive criticism rather than invoke your displeasure, I have avoided speaking to you on some specific proctologic entity. It is my desire to request your consideration of a subject which concerns all of us, and one which has been uppermost in my thoughts during the past ten years, i.e., "Should the American Proctologic Society demand recognition as a surgical specialty under a national board or can greater good be accomplished by continuing the present strict demands of our organization before approved certification and diploma to Fellows are given?"

In looking back over the early years of this organization, and noting the care with which its constitution was formulated, then reviewing

the steady progress on, and up until the present day, one is particularly impressed by the quality and character of its membership. No group is without its black sheep and we have had some, but in comparison with the other specialties, the American Proctologic Society has a most satisfactory record. Slowly adding to its membership from a constantly increasing group of applicants, it has never endeavored to achieve enormous numbers, believing that a compact and qualified fellowship role was particularly significant of its objectives. The associate body of our society has permitted many of the younger proctologists to present their own ideas and participate in the discussions, whereby early recognition of the value and degree of their work is permitted, and fellowship more readily obtained. Particular emphasis is placed on scientific progress, presentation of approved papers, and the early application for fellowship in the American College of Surgeons. While a number of the earlier proctologists limited their practice to diseases of the anus and rectum, they gave little attention to the surgical pathology in the colon, probably because of inadequate preparation. Today it is noteworthy that practically every new Fellow added to our roster during the past decade has had an excellent general surgical training of at least three years. Such accredited individuals are qualified to enter the abdominal cavity, and, with their added specialized training in diseases of the rectum and colon, they have helped form the backbone of a newer proctology which today embraces all disease of the large bowel; yes, it may even include the appendix if you wish!

There has been considerable discussion recently regarding the most effective methods to be used in dealing with colon pathology. While some surgeons would prefer that the proctologist limit his endeavors "to the rectum," they seem to forget that this portion of the colon is 6 to 8 inches in length, with only its distal third devoid of peritoneal covering; and that the proctologist today has been trained to treat intraperitoneal as well as extraperitoneal infections. The important anatomic knowledge of this particular region has never been given much attention by either general surgeon or practitioner; and possibly its misinterpretations and false presentations by charlatans have misled them, just as many of the laity have been seduced in years gone by. But, the teachings of the founders of this organization have borne the good fruit and today we believe that only they should practice proctology who have been thoroughly trained in the fundamentals

of general surgery. Medicine demands a great deal of the physicians manifesting an idea still prevails among hemorrhoids, fissures, and to them the complaint of constipation conveys little. Their reactions indicate an abnormal return is to them a failure. Depression and strong the usual necessary di-

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of general surgery. Modern proctology, as well as that of the future, demands a great deal more than the mere desire on the part of physicians manifesting an interest in this specialty. Unfortunately, the idea still prevails among many practitioners that the treatment of hemorrhoids, fissures, and fistulas is really a very simple procedure; to them the complaint of a patient suffering with a diarrhea or constipation conveys little significance from a diagnostic standpoint; their reactions indicate an absolute lack of interest. I believe the monetary return is to them a far more important detail although eight years' depression and strong competitive practices may have interfered with the usual necessary diagnostic routine.

Another interesting fact which we encounter in our offices is the frequency with which we meet patients who have been told by physicians that they have colitis. In most of these cases, abdominal examination has never been done, and no request has ever been made for sigmoidoscopic investigation. We still have many roentgenologists who seem to think that when diagnosis points to large bowel pathology, no matter how near the anus it may be, it is more advantageous to fill them up with barium rather than study the recto-sigmoidal area through a lighted scope primarily.

The acceptance into society of the reputable and outstanding specialist oftentimes misleads some of our confreres into the belief that their own status may be improved if they did work along similar specialized lines. Their apparent interest is devoid of proper initiative, and to them a short course is the most productive method to attain recognition and success. It is to be regretted that the offering of short courses in proctology to gullible physicians is permitted by state legislation. No graduate in medicine can acquire a real understanding of proctology by spending a few days or a few week ends with some unknown, unrecognized mugwump. Let me urge you to first establish the identity of these so-called teachers of quack courses. Just take a few minutes of your valuable time and try to find their names in the *American Medical Directory*. It is interesting to note the school from which they obtained their medical knowledge, and you may wonder, because of their lack of recognition, that these individuals attempt to teach anything—particularly such an important phase of specialized work as proctology.

Meticulous care is taken each year by our organization in the selection of its invited guests. We take particular pains that no physician

is issued a guest card unless he bears the stamp of approval of at least two Fellows. I wish to welcome those to whom guest cards have been issued, and believe me when I tell you that your record has been reviewed most thoroughly before you received your invitation to attend this meeting in Richmond. I am confident that you will approve of the type of proctologists we are accepting from the observations you will make, and will thoroughly agree with me that the aims of the American Proctologic Society are of the highest degree. It is our object to help you; and, if at some future date you may be fortunate enough to be admitted into our fold, attribute it to your own honest efforts, your excellent surgical preparation, and the realization that even though an overcrowded condition exists, as in other special fields, there is much opportunity for the ethical proctologist, because he not only knows what he is doing but is ever receptive and cognizant of the complaints and the worries of those who consult him.

With such objectives and with a constituency composed of outstanding individuals, it is my sincere wish that the American Proctologic Society move cautiously when invitation is offered or possible intervention by any other group or board is presented, in the belief that greater recognition will be given. Such amalgamation or intrusion may lessen our own effectiveness and decrease the efficiency of future proctologists. Concerning the present fellowship, they have little to gain, whereas a newer order might add much confusion and financial obligation to ourselves, in addition to inheriting the headaches of others. Unless such group or board presents a better plan to include the same carefully selected setup and a continuation of our own rigid methods of selection and certification of Fellows (which cannot be improved upon), I would not recommend consideration, endorsement, or recognition of any newly established surgical board which might propose the acceptance of proctology as a surgical specialty.

Many of us have received our surgical background under master surgeons and only after further study did we engage in the intricacies of complete colonic surgery—a postgraduate course in itself—which very few general surgeons ever took sufficient time to investigate thoroughly or to review. I am not surprised that some general surgeons wish to limit the extent of proctologic practice. My own observations and contacts reveal the fact that very many surgeons have had far less fundamental surgical training than you or I.

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Experience and practice have shown us that most patients seek the specialist they want, and all the boards in the world, including attempted socialized medicine itself, will never change this American way of seeking the best man for the job.

We have molded a most unique organization after forty years of painstaking endeavor, and our society is in an excellent financial condition. I believe every one of us daily contributes unstintingly of his efforts to cure both WPA worker and Economic Royalist with equal zeal and enthusiasm. The ideals that have thus prompted us to achieve success in our specialty must ever remain uppermost in our minds. The far distant echo of guns tells us of the war and destruction which has brought untold horror and devastation abroad. We are continually reminded of a questionable element, a so-called fifth column, whose desire it is to disrupt all that is good in our own United States. Yes, we may even find this same element in our medical societies, but its real origin might be traced back to the time when Adam ate the first apple. As your President, I do have great faith in the membership of this society and know that in any crisis you would place politics, religion, and personalities in the background. Our ideals demand the utmost in truth and sincerity, combining with them a cooperative spirit which no other profession has ever demonstrated.

As a group we have been eminently successful, and as I think of my colleagues across the sea, I bow my head in prayer that our God may help us bring better and nobler ways of adjusting all differences.

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