

1942

THE ROLE OF THE AMERICAN PROCTOLOGIC SOCIETY IN THE FUTURE OF PROCTOLOGY

Presidential Address

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AT THE outset may I say that I am deeply grateful for the honor and privilege of serving as president of this society. I keenly appreciate the heightened responsibility which these changing and troubled times place upon me, even as they do upon each of you. The forty-third annual meeting of the American Proctologic Society finds our society at a critical period of its development in the most critical period of our country's history. I say a critical period of our development because to the present time the founders and builders of this society have given us a position of leadership in our specialty and what we do with this position of trust and responsibility in a rapidly changing world has much to do with the future progress of proctology as a recognized specialty. The gains attained have been through the efforts of a comparatively few men, but the fullest development of our opportunities and possibilities will require the efforts of many. The American Proctologic Society is as great as the sum total of the achievements of the men who compose it. Presently I shall remind you of some of these achievements, but, first, especially the newer associates and guests may be interested to know something about the manner in which the society is run.

While we expect the officers of our society to show initiative in promoting those things which fulfill the object for which the society exists, namely the advancement of proctology, it is comforting to note that with us the principles of democracy are still operative, and that responsibilities are shared by all of us. In a world where democratic principles, by design or necessity, are almost abandoned all important decisions which determine the future of the American Proctologic Society are made by the Fellows in executive session. The work of this session is made infinitely easier by the Council which acts as a clearing house to eliminate details and to make recommendations to be acted upon by the Fellows of the society.

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I am sure the society is appreciative of the many hours that the council members give to this work. The unsung hero of this organization is the secretary whose duties are not only heavy during the meetings but who must give freely of his time throughout the year. We truly owe a debt of gratitude to Dr. Daniel who is now serving his second year. While this executive body, composed of the Fellows, determines all matters of policy, no small part of the power and prestige of the American Proctologic Society comes from the Associates, who contribute so much to our scientific program, and to the spirit of good fellowship, and from the invited guests, whom we are all glad to meet. By your attendance at this meeting you have shown your chief interest to be proctology. It is our hope that your contacts here may be fruitful and that you may leave us with renewed enthusiasm for your own work, and with a resolve to do your part in the advancement of proctology in general.

At present, the constitution limits the number of Fellows to seventy-five, and the number of Associates to one hundred. The qualifications for election to membership in the American Proctologic Society must be maintained at their present high level if the society is to retain its respected position as the official body of the specialty of proctology, and if it is to fulfill the obligations which its position implies. In fact, membership requirements will and should be more rigid in the future than they are at present or have been in the past. There is a vast difference in the training of proctologists today and those of twenty or thirty years ago. Most of the older proctologists drifted into the specialty and acquired their proficiency by the trial and error method, while most of the younger men are the product of planned proctology with specialization on a basis of thorough surgical training. For the most part the older generation to which I refer is gone, but they did their work well. A field which was only a neglected sideline of general surgery and which was the advertiser's delight has advanced to the place in which it is a recognized specialty on a par with most other specialties. It is being taught in most of the better schools by competent proctologists, and residencies are slowly being established. This leads to but one result. More and better proctologists are being produced. It follows then that increasing numbers of men are becoming eligible for membership in our society. In numbers there may be strength, but there may be weakness, also, unless we adhere to rigid rules. Naturally the future of the society is being deter-

mined when new members are elected. Men with proper qualifications should have the privilege of membership in this society. I believe the time has come when the number of Associates should be increased. The stimulus of association with this group might encourage some to limit their work to proctology. The role of the American Proctologic Society is to encourage better proctology in every way possible.

The American Proctologic Society may be considered the hub of the specialty of proctology. In all likelihood the founders little dreamed of the role which their society would play in the future. They gave proctology national recognition as a specialty. No doubt their chief aim at the time was the better dissemination of knowledge by personal contacts and the promotion of good fellowship among men with common ambitions. Out of such contacts, ideas are born. Men with initiative nourish these ideas, and, as time passes, potential spokes of the wheel become real. Many of our progressive steps made by proctology in general appear to be the action of a single individual but usually we will find that their stimulus has arisen from contacts traceable to the American Proctologic Society, and that their fulfillment has been made possible by the prestige and accomplishments of the American Proctologic Society.

In 1937 the Southern Medical Association gave recognition by granting a section on proctology. This has been a great success from its inception. It was obtained largely through the efforts of Dr. Marion Pruitt and Dr. Curtice Rosser but it would have been impossible if proctology had not been advanced to its present position through the efforts of the men who make up the American Proctologic Society.

At our meeting held in Philadelphia in 1931 in his address of welcome, Dr. George H. Meeker, Dean of the Graduate School of Medicine at the University of Pennsylvania, urged the society to consider the forming of the American Board of Proctology. At that time there were three special certifying boards, those of Ophthalmology, Gynecology and Obstetrics, and Otolaryngology. As you know, since that time a number of other boards have been formed and recognized by the Advisory Board for Medical Specialties. What most of us do not know about is the great amount of time and energy expended by three members of this society. Through

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the untiring efforts of an original committee composed of Curtice Rosser, Louis Buie, and Louis Hirschman representing the American Proctologic Society, recognition has been obtained to the degree that the Central Certifying Committee on Proctology has been formed.* This Certifying Committee is now functioning. One might ask why it has been so difficult for us to gain recognition for our Board, and comparatively easy for others. One of the main reasons was lack of uniformity in standardization in our specialty. We ourselves had not rigidly defined the term "proctology." Those of us doing anorectal surgery only were called proctologists. However, some of us were doing colon surgery as well, and the term colo-proctology appeared. This suggested that we were not limiting our work to proctology but were encroaching ever so slightly upon general surgery. The Advisory Board for Medical Specialties had repeatedly refused to approve the formation of a separate Board for Proctology and finally decided that if granted it would have to be as a part of the specialty of general surgery. This necessitated the definition of the term "proctology." Therefore, for the purpose of certification, proctology is defined as the specialty which deals with the diagnosis and treatment of diseases of the anus, rectum, and colon. Surgery could do no less than ask that we qualify as they do, and proctology requires proctologic qualifications. As a result, certification requires that the applicant shall pass the examination for general surgery plus an examination in proctology. It is assumed, however, that the general surgical examination will deal mostly with those subjects which are related to abdominal surgery and proctology. In order that our Board may be received on a plane of equality with other specialty boards the recommendations of the Advisory Board for Medical Specialties must be adopted. Having been ruled to be a surgical specialty by the Advisory Board, there is no justification for our specialty to be teamed with a medical one as is the case in our section of the American Medical Asso-

*After this address was given, additional information relative to the beginning of the American Board of Proctology was obtained. The original committee was composed of Dr. Descum McKenney, Dr. Louis J. Hirschman, and Dr. Curtice Rosser. In June, 1933, they appeared before a meeting of the Advisory Board on Medical Specialties. They were informed that they should incorporate and then apply. In 1934 this committee again appeared before the Advisory Board and before the Council on Medical Education of the American Medical Association at which time the Council approved the addition of proctology as a recognized specialty. Dr. Louis Buie became a member of the committee at this conference. After incorporation in 1935 the Council on Medical Education asked the committee to defer their application until after the organization of the American Board of Surgery. This board did not start functioning until 1937 and the approval of the American Board of Proctology under the American Board of Surgery was not obtained until 1942.

ciation at present. The Section of Gastroenterology and Proctology is one union in which I believe divorce is justified.

Another reason for delay of recognition was the lack of residencies and postgraduate instruction. The influence of the Proctologic Society should be used toward correcting this deficiency. I do not know whether or not a committee of this society could be effective in this direction. The establishing of postgraduate instruction would be the most difficult because even today in many of our Class A schools the undergraduate instruction is inadequate. It is a self-evident fact among men of equal ability that when one devotes his time and thought to a given field he becomes more proficient. However, in the schools in which proctology is absorbed by general surgery, this fact is ignored. In too many medical schools there has been a spirit of narrow-minded jealousy which has opposed the inclusion of various specialties since their inception. In such institutions properly applied pressure from the economic standpoint might be more to the point. The advertiser has been forced out of most of his lucrative graft except in proctology. In this field advertising still exists to an unbelievable extent. The theme of the massive literature is fear and the victims are charged "all the traffic will bear." This state of affairs persists because these advertisers are sometimes doing better work than the average general surgeon, and because the local doctor is not qualified to advise his patients properly in such common conditions. It might be of interest to the legislator if he knew that many of his constituents were mortgaging their farms and homes in order to visit a far-away, well-advertised establishment. We still lag behind other specialties in regard to this situation. As graduates from various schools over the country come to our hospitals for internships, it is enlightening to note the degree of their interest in proctology, and the extent of their knowledge of the subject. A few questions to the new intern will indicate to you whether or not he comes from a school with an efficient proctologic department, and it might tell you which school.

Our society as a whole, and each of us individually, should do our utmost to arrange for residencies in proctology. No doubt in the postwar period there will be many of the younger men wishing to take advantage of such an opportunity. Many of the older men have drifted into proctology, so to speak, and have been a credit to themselves and to the specialty, but the future must be a planned

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proctology with adequate training available. The role of the American Proctologic Society in the future of proctology, as it has been in the past, should be that of a guiding hand for a rapidly expanding specialty. Its present strength rests upon past accomplishments but its future strength will rest upon future accomplishments.

The progress that has been made since the founding of this society in 1899 has not been by a single effort but it has been the result of continuous, hard work. The work ahead may be even harder and the role of the American Proctologic Society must be to direct the momentum attained into channels for greater progress.

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