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IDEALS IN THE SPECIAL TRAINING OF PROCTOLOGISTS

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I would not avoid expressing the anxiety which I feel on this occasion. I have too high a sense of the importance of the many problems which confront us to feel easy in my mind as I set myself to the task of suggesting ways of meeting them, and I am conscious of a certain timidity in venturing to set forth my opinions before the many eminent men of mature mind whom this Society boasts of as members. But even in spite of this timidity I can still feel my zeal stirred by the recollection of those great men who conceived this organization, and my desire quickened to emulate them. Some of them are still in our midst; of many we have but the memory and the example they set.

It is the duty of each of us to devote coherent and constructive thought toward the advancement of our efforts in behalf of the sick. For this purpose we must give expression in each other's presence to constructive sentiment which obviously cannot be born spontaneously, but must be the child of our daily activities. It behooves us, therefore, to give attention to the problems of our Society, which are of national scope, at other times than during the few hours of these pleasant associations at our annual meetings. And further, it ill benefits any of us to become offended when others of our body, with sincerity of purpose, may appear to assail certain principles which we may sponsor. It is by such wit-matching that the truth is often best revealed and it not infrequently happens, just at the time when we may feel comfortably ensconced and secure in some apparently well established belief or method, that the clarity and precision of thought which discussion fosters will cause us to revise our former practices.

I am venturing, therefore, to offer to you certain recommendations which I believe to be for the betterment not only of our organization but of the proper development of our specialty in this country. I make no attempt to startle you with anything new or unusual. If one will review the addresses of our former presidents, the futility of such an endeavor will become at once apparent. In fact, I believe that much has been lost by a lack of consideration of the many valu-

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able recommendations that have been made by those men who have presided over our Society ever since its beginning. My first suggestion to you, therefore, is that a committee be appointed to review all the presidential addresses that have been presented before this Society and to prepare a written statement containing all the suggestions worthy of consideration that have been offered and not acted on. This record should be sent to the secretary before our next meeting in order that it may be presented in detail before the executive session for proper consideration.

Apropos of this thought I will mention one possibility and offer it to you for action at this time with the hope that it will meet with your approval at this meeting of the executive session and therefore save a delay of a year. During the first few years of the Society's existence, it was customary for one who aspired to membership in the organization to prepare a paper, a sort of thesis; and it was required that this article be read before the Society and approved before admission of the applicant. In none of our records have I been able to ascertain exactly when this requirement (which was never a part of the Constitution) was discontinued, but I believe the practice endured for at least five years after the charter meeting. I am unable to offer a plausible reason for its discontinuance, nor after mature thought have I been able to formulate any argument against its acceptance as a part of our constitutional code at this time. At a time when we are in danger of being overwhelmed with an accumulation of "chaff," due to our constantly and rapidly increasing numbers, it is necessary that we take advantage of all opportunity to insure the integrity of our membership. I would, therefore, counsel you to take immediate steps toward the incorporation, as a part of our by-laws, of this capital means of introducing each applicant to all of those whose approval he requires before being admitted to this body. Certainly it is our inalienable right to demand at least that much of an introduction to those whom we are appointing to direct the destinies of this Society.

It is just as true of the members of this Society as of any other, that "by their fruit ye shall know them." We shall bear good or evil fruit as a society just as we individually and collectively foster or neglect the ideals of this Society. One of the foremost of these is to promote the development of proctology in this country. It is not enough to hold ideals and to champion them in our own circles: they must be promulgated. Among you, in this meeting, are those who have best set out our ideals before the world; but not all of us have the gift of presenting the principles of proctology in so convincing

and inviting a form as to insure their acceptance. Inasmuch as it is only by such an exposition that an impression of our activities can be conveyed to those of the profession who are not a part of us, it would seem proper and possibly necessary that we should use all means to insure a representation of our practices and discoveries which is of the highest caliber and of proper dignity. In order to accomplish this I offer to you my next suggestion: that we make the appointment of the Scientific Program Committee a part of our Constitution. I would advise further that only one new member be retired and a new one appointed to fill his place each year and that the senior member, in point of service on this Committee, be the Chairman of the Committee and Ex-officio Editor of the annual transactions of the Society. Some objections have been raised to the existence of this Committee and some members have even gone so far as to express their unwillingness to prepare a paper if it must be submitted to the scrutiny of such critics. However, there are few of us who are always entirely correct in our beliefs. "If we could first know where we are and whither we are tending, we could better judge what to do and how to do it." But, as I have intimated, there are few of us so gifted; hence the function of this Committee. I am sure that none of us would be so biased by our pride (if you would call it that) that we would permit ourselves to become offended if our written effort should not find a place on the pages of our annual publication, especially if we would pause to realize that fair and competent criticism is far better than misconstruction by those who annually seek the pages of the Transactions for information concerning the proper conduct of their work. And mind you, a misconstruction due, not to any error in our views on proctology, but to too poor a gift of telling them correctly. With such an arrangement as I have suggested I am sure that the stability of our future publications will vindicate the rectitude of our present judgment.

Probably the most serious task which confronts us today is the problem of education. It is two-fold in its nature, inasmuch as it concerns not only the instruction of the undergraduate student but the physician who is selecting proctology as his life work. I believe that if we can properly arrange for the latter, the former will follow as a matter of course.

To become a capable practitioner of general medicine, the medical student requires certain instruction and demonstrations in some of the details of all specialities. The determination to specialize usually develops during the undergraduate's last year or two and is often in-

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fluenced by the attractiveness of some particular course that has been given to him. In the past, few young men have gone out immediately following graduation to engage in the practice of proctology. There have been few institutions which provided any teaching in this subject and, even in those in which such instruction has been given, the presentation has often been so ineffective that it has not only failed to inspire enthusiasm but has engendered a veritable antipathy on the part of the student for any consideration of the subject. The unattractive character of the teaching in any institution has, of course, usually been due largely to the reluctance of those in authority to permit of further specialization. They apparently have not realized the disadvantage, yes, even the disaster, which such an attitude entails. It is difficult to understand so inconsistent a situation. Daily one finds opportunity to visit recognized clinics and observe noted surgeons in the skillful performance of the most intricate and difficult surgical operations. In the next operating room one may find a sadly different spectacle. The procedure may be antiquated and the surgeon actually incompetent in the light of what science now teaches. The sight is not inspiring but it offers at least this encouragement, that such conditions are too bad to endure.

It is unfortunate that the undergraduate has avoided proctology. Because of this, I say, without the slightest intention of offending those who have worked to specialize in the past, that room has been left in our specialty for a group of men almost entirely drawn from the older physicians, many of whom might well be considered old, broken-down practitioners who have failed in their previous performances and are using a chance to pay a few dollars for a few weeks' instruction in order to be reborn, as it were. It does not require a sage to interpret their reasoning and it would go without saying that such men are more likely to be a hazard than a help in the communities in which they practice. And further, may I ask you, of what value are such men in helping to establish the teaching activities that we desire in our institutions? The answer is too obvious to require pronouncement. It is true that the specialists who are largely self-taught may become, and actually have in the past become, leaders and have played a tremendous part in bringing proctology to its present position. I do not feel, however, that I owe apology to these men who have come out of the ranks, so to speak; my respect for those who have proven worthy is too profound. And besides, is it not necessary that we speak plainly and acknowledge facts, if we hope for worthy accomplishment?

It has been true that the short-term, small-priced course has been a necessary evil. Out of it some good has come, but there is a better way, and to one of our colleagues is due credit for the origin of the first establishment of its kind. In 1921, Dr. Collier F. Martin told this society of the graduate teaching of proctology as recently outlined in that institution designated as "The Medico-Chirurgical College and Hospital, Graduate School of Medicine of the University of Pennsylvania." The school was founded in 1916 and the first regular session began in 1920. A comprehensive plan was arranged and it was with this organization that the course in proctology was instituted. It would be of great interest to this Society to hear a comprehensive report of the development in that work.

Recently there has been a similar development in the University of Minnesota. Students are admitted as applicants for the degree of Master of Science in the University under The Mayo Foundation and as such are permitted to major in proctology. These men are young, have been graduated from accredited medical schools for from one to three years, and have had the requisite training in hospitals. The course prescribed is for a period of three years and a fourth year may be awarded. Such students are given services in pathology, roentgenology, radium therapy, general diagnosis, regional anesthesia and diagnostic, therapeutic and surgical proctology.

The question might well be asked: Who would want to devote so much time to prepare himself for the practice of proctology? But the answer which justifies the entire procedure would be immediately forthcoming: Only those who are seriously inclined and who really aim at something besides the financial return, whether earned or not. After such men have begun to filter into our ranks we will begin to see a notable change. It is on them that we can rely for the future of our work. There may not be many at first, but of what fine caliber they will be! They will be leaders. They will, by their capability, command positions of responsibility and respect in our greatest institutions. Proper systems of undergraduate teaching will be developed and the medical student will visit the proctologic clinic with enthusiasm. He will be attracted by it and will consider it as a desirable specialty when he is young and efficient, instead of twenty years after graduation. Even those who do not specialize will learn enough to be "fool proof" and will give the early sufferers proper attention instead of forcing them, by negligence, to answer "patent" and "quack" advertisements.

We boast that we are doing our best for the sick; we point with

pride to our hospital facilities, to the army of men investigating the way of ameliorating pain and curing disease; we have been called the pampered darlings of the philanthropists. It is our earnest desire to put the practice of proctology everywhere on a par with the practice of medicine generally. When we reach even the ideal of our present means and capabilities, the patient will no longer dread the rectal examination, nor shrink from the recollection of his treatment. He will have full confidence in his general practitioner and his specialist and there will be nothing, either in the shortcomings of the profession or the extravagant claims of the charlatan to debar him from the early advice and skillful treatment that spell the difference between success and failure in the whole field of medicine.

DISCUSSION

DR. G. M. LINTHICUM, Baltimore: It seems to me that the recommendations contained in this Address should be at once submitted to a committee so that action may be taken. When we get into the discussion of scientific papers a lot of time will be consumed and we may overlook this important paper. If it is opportune I make such a motion.

(Motion seconded and carried, and the paper was referred to the following committee):

G. M. Linthicum
E. G. Martin
J. F. Montague

EXCISION OF PILONIDAL SINUS WITH PARTIAL PRIMARY CLOSURE

DR. C. W. MORTER

MILWAUKEE, WISCONSIN

The lesion known as pilonidal sinus is one with which all proctologists are familiar. No attempt is being made to advance a new procedure, but rather to call attention to a well recognized operation of excision of this lesion with primary closure.

The observations made are on a series of thirteen patients, subjected to operation, during the last eighteen months. All the sinuses of this series were complicated, being infected, with or without abscess of the cavity, and the formation of new openings—fistulous in character.