

# The Future of Proctology

PRESIDENTIAL ADDRESS

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I WISH to address you today, not as your president nor as a Fellow of the American Proctologic Society, but as one of a vast body of ethical practitioners of medicine interested in the economic and physical security of those among whom we dwell. This is a period of strong agitations, and we are surrounded by conditions which threaten the security of our institutions. It behooves us to take our bearings and to lay our course.

Among those sentiments which are most honorable and which are most productive of worthy emotions are those of veneration for our forefathers and of love for our posterity. If one respects the former, one cherishes their accomplishments and takes pride in their virtues. From roots deep in the loam of filial reverence are developed efficiency and power, and through parental interest and affection, the problems of one age are linked with those of each preceding age in constant growth. And so it has been with our organization. Each generation has considered its problems and each new generation has accepted the accomplishments of its predecessors as equipment to be used in achievement for the benefit of the next generation. By this method, empirical observations are converted into scientific facts, which become practical and usable equipment in our daily activities. By it, the affairs of the group are adjusted and regulated and the course of its actions prescribed.

Our problems today are no less significant than those which have been considered by our predecessors. It is true that the advances of science and invention have facilitated our every activity and have established cures which we employ regularly in our ministrations to the infirm. However, adjustments are still necessary; changes must yet be made for the improvement of our practices. A knowledge of these circumstances has induced me to pause and to subject my convictions to careful scrutiny. I am well aware that there are those, even among my most highly esteemed friends, and for whose judgment I entertain the greatest respect, whose opinions may differ from mine. However, all my reflections have conducted me to the same clear conclusion, and much as I value those friends and their opinions, I cannot hesitate when reduced to the alternative of making my actions conform to my judgment or to theirs.

Two major problems confront us today. The first concerns our every day practices and our conduct in the regulation of our individual professional activities. The second concerns our identity as a special group. Concerning the first, should we not be more uniform in our methods, and should we not all be guided by the same principles and motives in our

concept of ethical practice? There is room, there is even necessity, for experimental endeavor, and many methods must be tested or we must lose certain benefits which accrue therefrom. However, there is no apparent necessity for carrying such work ahead when even its most learned patrons and its most eloquent advocates, along with its brilliant promises, have been covered with the dust of silent neglect.

On the subject of "colitis" a great deal of misunderstanding exists, and few of us are entirely united in our ideas of the pathologic significance of changes seen in the course of examination of patients whose disorders we characterize by this all-inclusive term. We recognize malignancy, and the dissolution of the colonic mucosa under the attack of the *Endamoeba histolytica* and the bacillus of tuberculosis. We know how to recognize benign stricture of the rectum and lower sigmoid, single and multiple polyps, and polyposis. We have a uniform idea of fistulas, fissures, and hemorrhoids, and our conception of their management is equally uniform. The pathologic characteristics and the treatment of prolapse and pruritus are likewise clearly understood and catalogued accordingly. However, we are not united in our conduct with regard to the significance of the anal papillae and the crypts of Morgagni, and our practices are not uniform with regard to the significance of the valves of Houston and their relation to constipation.

There is no calamity equal to that which develops as a result of ignorance which has been set in motion. The more odious a vice appears, the more unlikely are we to perceive ourselves concerned in it, and although we understand the principle, we are not likely to make use of it in regulating our own conduct. We should pause, therefore, and consider, and make careful analysis of the sum of our knowledge and practices from time to time, continuing to use that which is of value, and discarding that which has been proved to be unworthy.

What have we to say or do about atrophic and hypertrophic proctitis and proctitis sicca? Do we believe in the significance of such names as applied to pathologic entities? Must we detain patients for daily treatment over extended periods because we find that the mucous membrane of the colon is a little darker, or secretes a little more or a little less mucous than usual? Shall we permit ourselves to attribute obscure and bizarre symptoms, such as nervousness, lack of energy, insomnia, general debility, and inefficiency, to a "catarrhal" or atrophic condition which we feel justified in describing when we tell our patient of what we have seen? That the anal crypts are the abode of bacteria which are the source of many pathologic conditions affecting the anus and rectum is proved, and one who is unaware of, or deliberately ignores, their significance in this regard is likely to fall into error. However, that they are responsible for the many obscure disorders attributed to them, or are even diseased in such instances, is extremely doubtful. Because one perchance believes that the answer to some of the foregoing questions is affirmative, does

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not improve one's position. We cannot be absolved of the malignity of our performance by the innocence of our intentions. We have full knowledge that those whom we are wont to characterize as "irregulars" are the captains of industry in the twilight zones I have mentioned. Over their actions we have no control. It is different in our own house. We need a complete understanding and a complete union of thought and action in such matters. Our practices should be based on sound reasoning, and on facts that are established as scientific and common sense truths.

Advance must be made in scholarship, and in this department I believe we will discover our greatest opportunity. It is corollated with the subject which we have just considered, and one which brings us to the second major theme which I propose to discuss with you. We are all, of course, aware of the advances which recently have been made in the various diagnostic, medical, and surgical specialties. Under the guidance of the Advisory Board for Medical Specialties, there is being developed a union of the separate specialties for the purpose of assuring the integrity of those who enter these specialties. The plans of the advisory board have been scrupulously made, and the effect, without doubt, will be far reaching. According to its purpose, representatives of a specialty will establish a qualifying board, composed of representatives of national organizations in that specialty, which shall act on the fitness of all candidates to receive the certificate of the qualifying board. Each qualifying board must prepare articles of incorporation, and a constitution and by-laws, which must be submitted, with a petition, to the Advisory Board for Medical Specialties. This board specifically maintains that it performs no executive function, but acts only in an advisory capacity and merely passes on the credentials of any group in determining whether or not the qualifications it lays down are acceptable. It is clearly evident, however, that the destiny of any group is solely and completely in the hands of this board, and if a petition is rejected, there is no recourse but to accept the decision and to proceed with such adjustments as are required before acceptance into the fold may be expected. There is no higher court. I bring these facts to your attention because of their peculiar significance in relation to the position which our specialty occupies at the present time.

Since that memorable day in 1899 when Joseph Matthews and a few immortal pioneers created the American Proctologic Society and began a work which was destined to bring proctology out of obscurity and establish it on a plane comparable to that of any specialty which we recognize today, enduring progress has been made. A field of work which was years behind all progressive departments of medicine of that day has been brought ahead and is now abreast of any that we know and in advance of some. In spite of this progress, however, and in spite of the satisfactory position which we now occupy, we have by no means attained that degree of perfection which we desire, or of which we are capable, and there are still objectives which have not been attained.

The idea of a qualifying board is not new. The American Board of Ophthalmology was established in 1915, and functioned independently until the Advisory Board for Medical Specialties came into existence. The ophthalmologists were the first to organize a board, and their board has held forty-six examinations for applicants desiring to receive its certificate. This board, from the first, has been very active in educational work, and now has attained a degree of efficiency which distinguishes it as the model qualifying board. Its fundamental purpose has been the development of a system of postgraduate education for students of ophthalmology, and at present thirty-five Class A medical schools in this country are equipped to provide postgraduate instruction and hospital internships for aspirants in ophthalmology. According to the principles of the Advisory Board for Medical Specialties, such arrangements are essential if any specialty expects to gain its favor. The ideals of the Advisory Board for Medical Specialties are altruistic, and there are many obstacles with which it constantly must deal, but its progress is forward, and at this time twelve qualifying boards have been incorporated and have proved acceptable to the advisory board.

Although for two years we have been considered by the advisory board, we have not yet been accepted, and now we find ourselves in a position similar to that in which the American Medical Association has placed us with regard to the establishment of a special section. We have, however, succeeded in establishing ourselves before the advisory board as a special diagnosis and surgical group, and if, and when, we are favored by recognition, it will be either as a separate specialty or as a part of the specialty of general surgery. The qualifying board has not yet been formed, and so we find ourselves at a standstill, with regard to recognition, as we await the organization of such a board, because it is the present attitude of the advisory board that our problem should be solved by linking us with general surgery.

While we await removal of obstacles over which we have small control, we have work to do. There are only a few institutions in this country which provide postgraduate instruction and hospital training in proctology. It was chiefly because of this deficiency that we did not receive favorable recognition from the advisory board last year. We have gradually gained admission to the teaching staffs of accredited undergraduate medical schools, until adequate courses in proctology are now provided in about twenty-five such institutions. This is a stepping stone toward the greater objective, and we must continue to extend our influence in this direction. We need not expect enthusiastic support. We all realize that our work along such lines is impeded. Excessive specialization is frowned on in hospitals and teaching institutions, even as it has been frowned on by the American Medical Association. Our task is discouraging, and we shall encounter much prejudice. We are not fully admitted to positions wherein we may advance our work, and yet we are

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held responsible for the inadequacy of opportunity for postgraduate training. Ultimately we shall accomplish our purpose, but time and persistent effort will be required.

If there is delay in the formation of a qualifying board in general surgery, we shall have to be contented to wait, but in the meantime, we need not remain inactive. We have made all preparation for incorporation of a qualifying board in proctology. Our constitution and by-laws have been prepared and legal execution is all that remains to complete our program. We can, then, proceed with our work, in the same manner as if we were approved by the advisory board.

I beseech you to exercise yourselves in the interest of development of postgraduate teaching facilities wherever, and as soon as possible. Through this means we shall promote scholarship and efficiency among those who will control the destinies of the American Proctologic Society and among those who will control our recognition as a specialty. Actions are, by an obvious division, separated into two classes, the virtuous and the vicious. These classes are correlative, and when put together compose the total of our moral conduct. If we increase one, we diminish the other. Obviously we must be greatly zealous in our efforts to extend our good influences. We have an ideal, and although we may not be able to make its execution fully equal to its conception, we may at least have the consolation of knowing that reverses shall not be considered failures, and that ultimately we shall be satisfied only with victory.

We are now able to look into the future, not indeed with certainty, but with a confidence which is infinitely great. We are conscious of our successes and we are, as I have said, humbly grateful to those great pioneers who conceived our organization and began its march from obscurity to the forward ranks of modern medicine. It is difficult to be at once victorious and humble, but it is not unbecoming. We must not, however, dwell too much on filial gratitude. Our veneration for the past must be succeeded by hope for the future. Of all the ways in which imagination has distorted truth and has retarded progress, none has been so destructive as an exaggerated reverence for antiquity. The only progress which is effective depends not on the bounty of heritage but on our energy. The apparent magnitude of such natural acquisitions is limited and is unproductive of advance, but the powers of man and of the human intellect are boundless. Such intellectual achievement influences the most distant posterity, becomes the heirloom of mankind, and the immortal bequest of those who are inspired by that fire of enthusiasm which spells progress.

The genius of this organization is work. The large mass of humanity will usually occupy a middle state. They are neither very weak nor very strong, neither very admirable nor very vicious. They amble along in a

soporific state of peaceful mediocrity, willingly adopting the opinions and judgments of their more dynamic fellows. They are not inquisitive, cause no wonder, and create no scandal nor excitement, but just hold themselves on a level with their generation and inoffensively conform to current standards.

This is not our part in society. We must constantly be on the alert for opportunity and must always be willing to perform our duty. That is our moral responsibility, and constitutes one part of our function. To know how to perform this function is the intellectual part. The closer these two parts are interwoven, the greater will be the harmony with which they will work. If I were to attempt to tell you how achievement may be assured, I should perhaps exceed my own capabilities. However, if we wish to effect anything of real moment, we must discard those old schemes, the insufficiency of which has been demonstrated by reason as well as by experience, and we must substitute in their place a comprehensive management of our practices which will identify us with the leading exponents of modern medicine. We must be inquisitive concerning new ideas, and we must be not only tolerant of, but cooperative with, those who are the exponents of new developments. Those things which may meet with disapproval and are attacked as paradoxical or even as heresy in one period, may at another time be embraced as conservative principles of axiomatic character. All facts are susceptible of erroneous presentation and criticism and are particularly likely to be contradicted by those who dislike the conclusions they corroborate. In the work which we have before us, we are certain to meet with such prejudices, but we have the consolation that "all fiction disappears before truth and every folly falls before reason."

I am well aware that my enthusiasm may deprive me of that accuracy of judgment which individuals of calmer passions may possess. Men of the profoundest learning, of the sublimest genius, of the purest integrity, after devoting their entire lives to research and investigation, may differ in their ideas on common doctrines. I therefore beseech you to hear me with caution in order that we may avoid mistakes into which we may be hurried by our zeal. If the plans I have outlined seem visionary, your unbiased judgment may best determine what portions are of practical value. We shall have courage and perseverance and before those irresistible forces difficulties shall disappear, and obstacles shall vanish.



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