
Diseases of the
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Presidential Address

Bicentennial Reflections*

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MEMBERS, ladies, and guests: I am very grateful for the recognition you have bestowed upon me by electing me to serve as your President. I am profoundly humble in following in the footsteps of our distinguished past presidents. I am most appreciative of this distinct honor.

During this bicentennial celebration of our country, we recall the meeting held on June 6 and 7, 1899, when 15 prominent surgeons founded our society and elected Joseph M. Mathews president. If we reflect on the last 77 years, we can appreciate the growth and accomplishments our society has made. The success was made possible through the determination and dedication of our members, who have developed our society into one of the nation's great surgical specialties, a recognition that extends worldwide. If we meditate on the government's intervention in medicine, the world-

wide violence, and the daily slanted interpretive reporting of information by the press, radio, and television, it engenders a feeling of apprehension and anxiety about the future. However, our specialty has risen to its present eminence during difficult times, and although the present time is filled with uncertainties, our future is brighter than at any time in our history. If we are to continue to grow and make substantial contributions to medicine, our members must be willing to come to grips with reality and to give financial support for our educational program — not simply to meet the requirements of HEW but to make our members more competent and efficient.

Our society is responsible for our educational program; fortunately, we are not fragmented by differing opinions from many competing societies as in many specialties. The Council of the American Society of Colon and Rectal Surgery, with assistance from its committees, has a single voice in setting guidelines, goals, programs,

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and appointments of representatives to many national organizations and important national committees. This gives us a strong advantage to guide our direction. This strength of purpose can be increased with improved liaison with our regional organizations.

Since the Millis report, great changes have evolved. The government's encroachment on medicine, in such ways as auditing a physician's performance, continuing education, recertification, and relicensure, will influence our way of practice in the future. The government and the community are more informed about medicine than at any time in our history. During the next decade they will demand quality medical care delivered by competent physicians. I sincerely believe that participation in continuing educational programs by physicians will be the greatest factor in determining the competence of a physician for relicensure and recertification in the future. Our society has already taken great leadership in continuing education through our self-assessment examination, postgraduate courses, and scientific programs. However, we do lag behind other organizations in many areas of continuing education. The cost of our society's continuing education program must be supported by its members.

The Council of the American Society of Colon and Rectal Surgery approved the formation of a Coordinating Committee in Continuing Education, which is composed of members from existing committees that are presently involved in the various phases of our educational program. The Committee will coordinate and develop educational programs, not only for our members, but also for other physicians who wish to improve their knowledge in the area of diseases of the colon and rectum. We have established our ability to teach and have already made, in the last decade, great contributions by attracting large audiences of physicians from other surgical specialties at the meetings of the AMA and the Ameri-

can College of Surgeons, and our annual meetings.

Physicians in the surgical specialties must participate in multidisciplinary educational programs to understand the problems of the other surgical specialties as they relate to their own. A postgraduate faculty that represents multiple disciplines will stimulate diversified interest and meet the needs of a greater number of physicians. Although the Committee on Continuing Education gives leadership, it would be helpless without the assistance of existing, hardworking committees. They give strength to our society. To broaden our foundation, I have made every effort to appoint well-qualified young members to important committees. I feel sure that their contributions will be of great help in the years to come.

The Committee on Continuing Education will work with our regional societies. In working together, our specialty will improve its identity and strengthen our position for future developments. The regional organizations are a great asset to our specialty; they are well-organized, autonomous, and have good scientific programs. The intimate, personal relationship of smaller groups permits freer discussion, such as was enjoyed by the founders of our society, but is difficult today because our national meetings are so large. Anorectal surgeons contribute greatly to the regional programs, for which they should be commended. We would like to assist the regional organizations in any way possible, and we welcome any suggestions they may wish to make.

Another function of the Continuing Education Committee is to devise a method to record member participation in continuing educational programs. The audio-visual committee will be a great asset to the educational program by developing medical motion picture programs, videotape scientific exhibits, and projection exhibits of 2 × 2 slides on colon and rectal problems. Having such scientific exhibits at large national meetings will not only furnish in-

formation to our members but fulfill our obligation to others who are interested in diseases of the colon and rectum.

The decision to publish our journal, *Diseases of the Colon & Rectum*, was a turning point in our society's history. The publication has contributed greatly to our recognition, and represents the most eminent journal on this subject. For the great success and the excellent quality of our journal, we are indebted to our beloved, late Louis Buie and our present editor, John Hill.

If Joseph M. Mathews were alive today, he would be very happy that one of the recommendations he made during his presidency 77 years ago, and repeated at the 23rd annual meeting, was adopted: *i.e.*, changing the name of our society to designate more precisely the type of surgery we do. I am pleased with our new name; however, we must recognize that there must never be a decrease in the emphasis on diseases of the anorectum. Our reputation and identity in the beginning of our specialty were established because we possessed expertise in the management of diseases of the anorectum. I wish to emphasize that disease of the anorectum must have a permanent place in our continuing postgraduate educational and training programs. The American Board of Colon and Rectal Surgery Residency Review Committee, in evaluating training programs, should place as much emphasis on the quality and quantity of anorectal surgery as they do on abdominal colonic and rectal surgery.

Although Mathews was the first member of our society to receive an appointment to the faculty of a medical school in the surgery department, we have too few training programs in medical schools today. In recent years there has been renewed interest in group practice in medical schools, and because most general surgeons do not have special interest in anorectal surgery, it behooves a university group to follow in the footsteps of the great clinics and have a

member with excellence in the diagnosis and treatment of diseases of colon and rectum. Some chairmen of surgery departments in medical schools today desire to train some of their faculty members in colonic and rectal surgery and have them return to the university. Perhaps the time is opportune to develop a dialog with general surgery chairmen of the universities that are interested in colonic and rectal training for members of their faculty in efforts to develop more university training programs.

In closing, I would like to quote one of Mathews' admonitions that has gone unheeded by a few of our Fellows who are Diplomates of the American Board of Colon and Rectal Surgery and/or the American Board of Surgery: "Why do they encroach upon other specialties? The general surgeons will acknowledge your right as a colon and rectal specialist to pursue those operations along the whole route of the colon, but will deny you the right in the name of justice to go beyond that field. To encroach on another specialist's field you place yourself in a position of personal criticism, and your personal image as an expert in colon and rectal surgery is tarnished. Diseases of the colon and rectum are of such magnitude that a surgeon limiting his practice to the specialty will not have an idle moment and will develop a specialist expertise recognized by his peers in the treatment that will make contributions to further aspiration in our specialty."

I wish to express my appreciation to the members, committees, and our efficient executive secretaries for their assistance to me. I wish to thank you, each and every one, for the kind attention you have given me, and thank you once more for making me your President, an honor I will cherish as the greatest reward for my work in our specialty. Thank you.

Reference

1. Mathews JM: Some admonitions, suggestions and criticisms. *Trans Am Proctol Soc* 24: 5, 1923