IS OUR SOCIETY MAKING PROGRESS?

PRESIDENTIAL ADDRESS

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Thirty-seven years ago on June 6th, a group of thirteen physicians met in Columbus, Ohio, at the Great Southern Hotel and organized the American Proctologic Society. Prior to that time Proctology was practiced here and there by ethical, thoughtful and conscientious men. More frequently it was practiced by irregulars, quacks and charlatans. The formation of this organization was the signal for this specialty to emerge from its medieval state into the beginning of its renaissance.

The success of this first meeting was largely due to the energy and perseverance of Dr. William M. Beach of Pittsburgh, and to the activity of Dr. Samuel T. Earle of Baltimore and Dr. Thomas Charles Martin of Cleveland. These three men seem to have been the pioneers in the formation of the Society. Dr. James P. Tuttle was the temporary Chairman and Dr. J. Rawson Pennington the Secretary pro tem. Dr. Joseph M. Mathews was elected the first President and Dr. William M. Beach the first Secretary.

In looking back over the records we find the Presidential addresses were started in 1900 and have been continued ever since.

A small volume of Transactions was published the first year, then discontinued. In 1908 the publication was revived and appeared annually for a period of three years. In 1908 The Proctologist, a magazine published by Dr. Rollin H. Barnes in St. Louis was given the privilege of publishing the papers presented before the Society. This was continued to my knowledge, as late as June 1917.

In 1904 Dr. Samuel T. Earle made the first report on the Progress of Proctologic Literature, and each year a review of this kind has been presented.

In 1907 the first stenographer was employed to record the meetings.

In 1917 the Section of Gastro-Enterology and Proctology of the American Medical Association was formed, and some of our present members were very active in its organization and were responsible for its immediate success and popularity. In fact Dr. Dwight H. Murray of Syracuse was Chairman and Dr. Louis J. Hirschman of Detroit Secretary at the first meeting.
Is Our Society Making Progress?

In 1910 Dr. Adler in reviewing the history of the Society to that date said: “Criticism, favorable or otherwise, has been given with impartiality, but never in the history of the organization has one word been uttered to impair the harmony of fellowship which has endeared itself to the Fellows and strengthened as the years have gone by. This was probably due to the care exercised in the selection of Fellows.”

I have recorded these facts and events in the earlier life of this Society as of interest and also as a basis to estimate what progress we may have made in various lines.

The Society has increased in size. From 13 Fellows in 1899 we have grown to 70 Fellows, 61 Associates, 8 Honorary Fellows, 2 Honorary Associates in 1936—a total of 141 members. This growth does not represent only an increase in numbers; it also means a spread of influence to all parts of the United States and to other countries both in this hemisphere and Europe. Today our active members live in 72 different cities, carrying ethical Proctology into their communities and attracting a respect for our specialty by their bearing and accomplishments. It means more ethical men in this work; but I am not sure that it means greater interest in the individual members than was in the hearts of those pioneers.

Can you imagine what our possibilities might be in the advancement of Proctology if we could all be fired by the zeal of those pioneers, and each one of us do his utmost individually for the good of the group? We want a unity that does not spoil our individuality. We need cooperation without selfishness. We want all of us to look up to our Society, and with one ideal, feel a bond of unity in our determination to advance it without sacrificing anything of our individuality. By putting it first and striving for its success we can individually improve ourselves.

We must let petty ambitions and puerile bickerings out of our hearts and acts. We cannot make our society bigger if we are striving for personal advancement. We may not play insidious politics and undermine by a whispering campaign. Let us be men like the founders of this society and criticize (favorably or otherwise) but do it with an openness and a fairness becoming gentlemen and friends. I believe, with Adler, that to maintain such harmony and good fellowship, we must exercise great care in the selection of Fellows.

We have made progress in developing our transactions. They have been a faithful record of our meetings and have been edited with great care and thoroughness. I am proud of their progress. But I feel that they reach too few readers and that the material they contain has been too jealously guarded and not spread broadcast as it deserves. I approve of continuing these transactions but I do think that greater progress could be made if the papers read at these meetings could be published freely and without restrictions in magazines that will have a greater circulation than our little book.
Dr. Earle started reviewing the Literature of Proctology in 1904 and continued this work himself until 1915, each year presenting abstracts of the papers that he considered important. A similar review has been made almost every year, only changing in character from time to time. It has always tremendously broadened the author's horizon and has aided any one who wanted a bibliography on any proctologic topic. It has also been a ready reference for a summary of the year's contributions. A continuance of this work represents progress.

Much has been written during these thirty-seven years about the anatomic scope of our specialty. It is not my function nor my desire to expand on the limit or extent of our work along the gastro-intestinal tract. It seems entirely proper to me that each individual must choose in his own mind how much of this tract he proposes to study and treat. Some will choose to limit their work strictly to the anus and rectum. Others may include the sigmoid, or the whole colon. Still others will include the small intestines and stomach.

As represented in this Society and in our attachment to the American College of Surgeons we admit that our specialty is surgical in most of its aspects; even though most of us do supervise the diagnosis of some diseases that are treated medically, and many of us conduct the treatment. I suspect that the man who has had a training in abdominal surgery is probably a better colo-proctologist for that experience. I am sure that the man who has carefully studied diseases of the whole gastro-intestinal tract from a medical point of view has equipped himself with a foundation that will lose him nothing in diagnostic acumen, but will give him great help in many of his problems.

We are peculiarly situated in that we work between the surgery of the abdominal surgeon and the medicine of the gastro-enterologist. The progress that has been made in teaching proctology is in the recognition of these close relationships and in including gastro-enterology in the postgraduate curriculum even to the technique of diagnostic procedures and the reading of x-ray films. This attitude seems to justify our association in the American Medical Association Section and I know that we will all be better proctologists for attending the full section meeting. However, we must also recognize that we are very definitely associated with general surgery.

Have we made progress in our organization? Today, this Society brings together men from all parts of this country in personal, professional and scientific contact, for the exchange of thoughts and the advancement of proctology. It represents the best we have been able to develop and has organized an examining board for the certification of specialists in proctology. We expect this board will function before another year has passed. We hope to admit to our Associate Membership the men in good standing who are seriously interested in proctology. I hope we will reserve the fellowship list for those whom we choose to honor. I trust this group
will always closely guard its portals, admitting only those men who are imbued with the high standards that deserve honor, and who will help to maintain a standard for our specialty, regardless of friendships, influence and prejudice that would make the pioneers of this society proud of their successors.

Each of us might stop and take account of stock, and ask: What am I doing to advance the standing of proctology in the eyes of my contemporaries in other specialties, and in the eyes of the layman? Am I an asset or a liability in our group?

We must realize that our value to this society does not depend entirely on how many papers we read, or on how many papers we discuss, or on how many articles we write for medical journals. It does not depend on how prominent we become in the society’s activities or on how many offices we have held. Let the office seek the man. It does not depend on how many of the members we can sway to our ideas. We may be wrong. It surely does not depend on any selfish effort to advance ourselves, or on a successful coup in society politics. Important as some of these things may be, they are not fundamental. Our value to proctology depends on how earnest and serious we are in our daily work. It depends on how manly and honest we are in our casual associations; how fair we are to our associates and to our patients; how much of ourselves we are willing to give for the improvement of the group and for the development of modern proctologic teaching and practice. Even the least of us can do honor to himself and his Society.

We have made progress and it has been a healthy and sound advancement. We are trying to build soundly; to firmly entrench our specialty against insidious intrigue; to develop it into a profession of which posterity can be proud.

I have looked back on the long list of men who have been Fellows, on the group of men who have been my predecessors in this presidential chair and I have been inspired by their eminence and by their unselfish devotion to this organization. I have been awed when I sense that it is to us that they “from failing hands have thrown the torch, be ours to hold it high.” Be ours to carry on in the spirit of friendliness and co-operation.

Gentlemen, I am deeply sensitive of the honor you have bestowed on me when you chose me to serve this year as president of our society. There is something within me that entirely appreciates the confidence it implies and the friendship it represents. I thank you for this evidence of respect and from the bottom of my heart I can earnestly and sincerely say, “God bless you and our Society.”

THE SANITATION QUESTION

At the 1913 annual meeting, the committee on measures to control syphilis was named. This committee was charged to study the next meeting with the report of that year. The report seemed to be.

By reporting, a question was raised of various phases of the disease. It was agreed that our meetings should be placed under.

Your way, we have attempted to progress in technique, and careful reports.

Dr. P. buildup, where and through the specimens, the cauterization, the extensive case history to have all strongly. He says, however, that the case has been taken.

The therapy of diathermy to lymph nodes and fractures typical of goiter in goiter.

Gentlemens