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Presidential Address

THE PRESENT STATUS OF PROCTOLOGY AS A SURGICAL SPECIALTY IN THE UNITED STATES

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THE specialty of proctology in the United States was born in 1899 with the founding of the American Proctologic Society at Columbus, Ohio. For almost fifty years our members have worked in behalf of our specialty but it is true, nevertheless, that in all probability this Society will celebrate its fiftieth anniversary only as the parent of a subspecialty of general surgery, having failed to produce an independent specialty. We must admit that so far general surgery, foster parent of proctology, has controlled its destiny. The American Proctologic Society is not entirely without blame for this situation.

In three important respects this Society has failed to fulfill its obligations to its members: (1) It has failed in its efforts to obtain an independent Board of Proctology; (2) it has failed to promote and activate an adequate teaching program for the undergraduate medical student, to provide adequate residency training for the graduate student and to provide a broad educational program for the benefit of those general practitioners and surgeons who wish to learn more about proctology; and (3) it has failed to provide adequate opportunities for membership in this Society. Let us consider the first of these failures,

namely, the problem of certification through an independent Board of Proctology.

THE AMERICAN BOARD OF PROCTOLOGY

If we are ever to certify an adequate number of proctologists, we must correct the inequalities which now exist in the provisions for the certification of proctologists. The present requirements of the American College of Surgeons and of the American Medical Association make it almost mandatory that a recognized training program be under the direction of a specialist who is a diplomate of an official examining board. It requires no great intelligence to reason that without a Board of Proctology there can be no diplomates, hence no acceptable teachers, hence no students and, therefore, no new proctologists. It is as simple as that.

Therefore, we may properly spend some time considering the reasons why proctology has been unable to attain an independent maturity as have the other surgical specialties and to outline, if possible, the correct procedures to be followed if we are to attain the status of an independent specialty whose members are certified by an independent Board of Proctology.

As a matter of comparison we should review the histories of the other surgical spe-

cialties. I shall first name the specialty board, then give the date of its official approval by the Advisory Board for Medical Specialties and then follow with the number of diplomates as of July, 1947.

The American Board of Ophthalmology, 1917, 2,564; the American Board of Otolaryngology, 1924, 4,000; the American Board of Obstetrics and Gynecology, 1930, 2,137; the American Board of Orthopedics, 1934, 1,042; the American Board of Urology, 1935, 1,136; the American Board of Surgery, 1937, 2,904, of whom only 75 are certified in proctology; the American Board of Plastic Surgery, 1937, 171; and the American Board of Neurosurgery, 1940, 190.

The American Board of Proctology was incorporated in 1935, two years before the incorporation of the American Board of Surgery and immediately applied to the Advisory Board for Medical Specialties for official status as an approved independent Board of Proctology. Our representatives were asked to await the organization and incorporation of the American Board of Surgery and seeing no reason why this request should be refused consented to wait until the American Board of Surgery was approved. However, just as soon as the Board of Surgery was officially approved in 1937 our difficulties began. Even though our incorporation antedated that of the Board of Surgery by two full years the newly approved Board of Surgery maintained that proctology, being a subspecialty of general surgery, was not entitled to an independent examining board. Ever since 1937 proctology has been under the dominance of the American Board of Surgery upon which Board, however, we are not privileged to be represented. Finally, in 1941 we were granted a status subsidiary to the Board of Surgery through the formation of a Central Certifying Committee in Proctology but to this date we have no representation on the Board of Surgery and hence, no voice whatever in the formulation of the rules under which we function. As far as American medicine is concerned the principle of taxation without representation was not abrogated when the Colonies won the Revolutionary War. As matters now stand our diplomates are required to meet higher standards than are required of those of any other surgical specialty including those of the American Board of Surgery itself. Each diplomate of the Central

Certifying Committee in Proctology must first pass both examinations of the American Board of Surgery before he is qualified to take the examinations of the Committee. These requirements are imposed upon no other surgical specialty Board.

Let me make our position clear. We are not asking for nor do we want the "bars let down" so to speak. Proctology is a surgical specialty and as such its diplomates should first of all be thoroughly trained surgeons but they should not be required to be supermen. There is no reason why a proctologist should be forced to qualify in surgery of the thyroid or why he should be required to prove his ability to perform a gastric resection any more than should the orthopedist, the urologist or the gynecologist.

You are all familiar with the long-continued efforts which have been made by your representatives who have appeared before the Advisory Board for Medical Specialties with the request that we be granted an independent Board of Proctology. Year after year those representatives have been sent from the Advisory Board to the American Board of Surgery only to be referred back to the Advisory Board. To use a slang expression, we have been the victims of the most artful example of "buck-passing" in the annals of organized medicine. Our efforts have been dealt with on a basis of power politics rather than on one of merit and justice. The Advisory Board for Medical Specialties, composed of representatives of all of the specialties, has become so engrossed in its own problems that it has failed to appreciate the fact that as long as the Board of Proctology is under the dominance of the American Board of Surgery it cannot function efficiently.

Each of you received a copy of the petitions which were presented to the Advisory Board by this Society and by the Central Certifying Committee in February, 1948 outlining our position and our arguments. As a result of those petitions the Advisory Board recommended to the American Board of Surgery "the establishment of a subsidiary or affiliate Board within the American Board of Surgery and that those desiring certification in Anorectal Surgery only be certified in that field without having to take the entire examination in General Surgery, but that those who wish certification in Proctology and Colon Surgery

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shall continue to take the examinations in General Surgery as was recommended last year; and in the event that the American Board of Surgery should not wish to accept this recommendation, the Advisory Board further recommended that proctologists and colon surgeons be given an independent Board."

Apparently we have been successful in our efforts to provide for the official certification of those men who wish to limit themselves to anorectal surgery.

We may be sure that the reasons for our failure to obtain an independent Board of Proctology lie in part in our own shortcomings. We cannot remain idle for nine months of the year grumpily contemplating our troubles and expect to attain our objectives. We might just as well make up our minds right now that this job of securing an independent Board of Proctology is a year-around task which is going to require activation of all the latent ingenuity we have. We cannot secure an independent Board by complaining about the attitude of the American Board of Surgery. Boiled down the elements of the situation force us to one conclusion, namely, that we have not welded ourselves into a sufficiently powerful organization to demand and to get what we want. Thus it is that although our representatives have worked since 1932 for an independent Board of Proctology, it has not yet been granted. While hope has grown gray, accomplishment is still only adolescent.

Why is it that the specialty of proctology has been unable to keep pace with the other surgical specialties in the attainment of recognition? The answer is to be found in this Society and in seeking it we are brought face to face with the second of our obligations—that of providing teaching facilities.

TEACHING FACILITIES

Proctologic teaching has not kept pace with the constantly increasing fund of proctologic knowledge. In common with that of the other specialties proctologic teaching includes three phases: undergraduate instruction, postgraduate instruction, postgraduate residency programs and general educational programs through the use of scientific journals and medical meetings.

Undergraduate Teaching. For years this Society has had a standing Committee on Education which has done an admirable piece

of work. As part of its activities during the past year it has conducted a survey of proctologic teaching in Class A medical schools of the United States and Canada. Questionnaires were returned by sixty-five schools. This survey has revealed that proctology is being taught in fifty-four medical schools. In thirty-seven of these schools proctologic teaching is under the direction of a proctologist and in eleven schools there is a separate and distinct Department of Proctology headed by a proctologist with the rank of full professor. Questionnaires were not returned by sixteen schools, in seven of which it is known that proctology is being taught.

We must, therefore, follow up the work which has been done by our Committee on Education. In every city in which a Class A medical school is located one of our certified members should contact the Dean of that school and make every effort to initiate some kind of proctologic teaching if only the conducting of an out-patient clinic. It is a foregone conclusion that such a clinic will grow rapidly and will soon demand hospital surgical service. Increasing demands will eventually result in the organization of departments of proctology either independently or as divisions of the departments of general surgery. As a result of proctologic teaching some medical students will be attracted to our specialty. We should, therefore, make provisions for residency training programs.

Resident Training. Men who are associated with hospitals which provide acceptable resident training must provide proctologic training for residents. As of August 16, 1947, as published in the J. A. M. A., postgraduate proctologic training is limited to the facilities provided by only eleven different hospitals for thirty-four residencies and assistant residencies. In addition to the graduate teaching facilities provided by these residencies there are facilities provided by a few privately conducted short courses in several different localities and refresher courses by a few university medical schools.

Although forty-three different cities are represented by the diplomates of the American Board of Surgery in Proctology through the Central Certifying Committee, resident training is available in only eleven different cities. This means that thirty-two additional residencies could be instituted. The solution is

obvious. The conclusion is that we are simply not working hard enough to provide proctologic resident training in our own institutions.

General Educational Program. The scope of the educational program of this Society must include some provisions for the great mass of medical men who do not hope to qualify as certified proctologists but who have developed an interest in proctology, who have not had available training in medical school or as postgraduate students and who wish to improve the quality of proctologic practice which they are doing as general practitioners and surgeons. To this group of men we owe a distinct obligation and by raising their standards we shall raise the general status of our specialty. This field offers perhaps our greatest chance to make ourselves heard in American medicine.

My suggestion for a solution of this problem is that a subcommittee on curriculums be appointed to serve as a part of the committee on education. The members of this committee should be men who have been actively engaged in teaching proctology. This committee's duty should be to formulate an official course of study for the instruction of those interested in proctology. Teaching facilities should then be set up by this Society in approximately twenty-four cities throughout the country. The men within these areas can then be assigned the uniform course of study and can congregate once a month at these teaching centers for sessions with a diplomate of our board or with a fellow of this Society. Wet clinics can be held. At the end of two years of such supervised study it might be desirable to grant a certificate of some type after the examinee has passed a suitable examination formulated by the committee on curriculums. Thus the seeds of proctology can be broadcast.

I realize that this is a big program. Big tasks, however, demand big programs. Every privilege which we enjoy is conditioned upon a responsibility; if we are to have the privilege of seeing proctology attain what to us seems its rightful place, we must accept the responsibility for some such teaching program.

Medical Meetings and Scientific Papers. There is one more important way in which we can demonstrate to the medical profession our right to the status of an independent specialty. This is by the exercise of extreme care in the presentation of scientific papers before county, state, regional and national medical societies.

Nothing else will so quickly sound the death knell of the specialty of proctology as the publication of a mass of poorly written papers on time-worn subjects about which recent textbooks supply all of the authoritative information. Textbooks are written for just that purpose. I think we may use the subject matter of this meeting as a fair example. I believe that the papers presented at this meeting will go far in demonstrating to the surgical profession of this country that proctology has outlived its growing-pains and has at last reached a maturity where it may be expected to produce enough well trained proctologists to fulfill the need which exists. For the benefit of the younger men whose experience in medical writing is necessarily limited I believe that we should provide a consulting editorial committee to which they can submit ideas they may have about proposed scientific papers and whose help will be available in the composition and preparation of such papers.

MEMBERSHIP

The problem of membership in the American Proctologic Society has become one of increasing importance both to the applicants and to our Society. At this meeting we are entertaining as guests about 200 young men who because of their interest in proctology have requested guest cards. We are particularly glad to have these men with us but the problem of selection and of acting upon the applications for membership has become an increasingly difficult one. Your council has just spent the greater part of three days carefully investigating every one of these 200 applications for membership. The task has become too great to be assumed by such a small group. While the chance for error is small, I believe it is still too great. Not a single applicant should be done an injustice.

I suggest, therefore, that we divide the country into twelve zones and that a regional membership board be established in each zone. Such an arrangement will permit each of these boards an almost personal contact with its applicants for membership. Reports from regional boards may be made to the council and recommendations from the council made directly to the fellowship.

COMPONENT SOCIETIES

There are now eleven organized proctologic societies in the United States. This is a very

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healthful trend. No tree is any stronger than its roots. I would strongly advise, therefore, the organization of more local, state and regional societies and would further recommend that when such societies have been organized membership in the American Proctologic Society be contingent upon prior membership in one of these secondary organizations. This will help to provide the solution of the problem of selecting the membership of this Society from the applicants.

CONCLUSION

I have considered only a few of the more important problems pertinent to the present status of American proctology and have suggested what seem to be the obvious solutions. One fact is certain: The Society must make a more concerted and sustained effort to improve our present situation or be forever content to remain as we are now, a step-child of general

surgery and a half-brother to the other surgical specialties. Our situation is not hopeless. It can be improved and we can secure an independent Board of Proctology. The task is ours; we should carry on and accomplish it.

Since this editorial was written the secretary of the Central Certifying Committee in Proctology has been advised through a letter dated June 9, 1948, from Dr. J. Stewart Rodman, secretary of the American Board of Surgery, that the Board of Surgery decided at its annual meeting that it "could not accept the recommendation made by the Advisory Board to the effect that for one group, those wishing to practice ano-rectal surgery only, a special examination be arranged so that they would not have to pass the same examination in general surgery that has been required in the past."

This should mean that proctologists will be given an independent American Board of Proctology after complying with the requirements of the Advisory Board for Medical Specialties in the essentials and organization of such a Board.

