Presidential Address

THE PAST, THE PRESENT AND THE FUTURE

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THE final duty of the retiring president is to present a report to the Society. I believe that the report should concern itself with matters pertaining to the present status, to the improvement and to the future of our Society.

In 1948 at the Columbus meeting a historical review was given of the organization of our society from its inception. In my review I will consider some of the many recommendations which have been made by past presidents. I have reviewed their addresses since 1909. I wish to comment upon what has been done in regard to the accomplishment of the things recommended. All recommendations pertain in a way to the acquiring of our present status.

About every third or fourth year the definition of proctology was discussed, and it was slow in being defined to the satisfaction of all. A full and complete definition of what we believe now constitutes proctology was not decided upon until the charter for the American Board of Proctology was obtained. In that charter proctology is defined as that branch of medical practice which deals with diseases of the colon, rectum and anus. At the present time this definition seems to be adequate.

Repeatedly, past Presidents have made recommendations in regard to the size of the membership of our Society, each time urging that it should be enlarged so that proctology could be disseminated more widely. Many believed that the membership of our society was too limited, that we should have a provision for admitting any ethical physician who is interested in proctology. Our Affiliate and Associate memberships have provided that opportunity to all who are interested in proctology. Fellow membership is for the physician who wishes to devote his entire time to proctology. Provisions for our membership at the present time are adequate. Our Society has had a healthy increase in its membership in this last year.

The lack of a suitable publication or a journal for our Society repeatedly appeared. The publication of the transactions of our Society began in book form in 1909 and continued until 1947. It was at that time that The American Journal of Surgery took over the publication of the papers which were presented at the meetings of the American Proctologic Society. During the years 1947 and 1948 there were no bound volumes, but the proceedings of the 1949 meeting have been published in book form. The recommendations in regard to a publication for our Society have now been carried out adequately. The arrangement with The American Journal of Surgery provides a means of publishing our deliberations which cannot at present be bettered. This publication arrangement will also facilitate the publication of our transactions in the future.

There has been a division among our mem-
bers during these years in regard to when and
where we should meet. In the past the majority
has been in favor of meeting at the same time
and in the same city with the American Medical
Association so that members of our Society
might register and attend the meeting of the
Section of Gastroenterology and Proctology.
However, several meetings have been held
separately and independently of the American
Medical Association, and each meeting so
held has been reported as having been well
attended and a very successful meeting. It is
my recommendation that the American Procto-
logic Society should hold meetings at a time
when the American Medical Association is not
in convention. If a meeting must be held in
conjunction with the American Medical Associ-
ation, it should be in a nearby city immediately
preceding the American Medical Association.
The membership of our Society is large and
the importance of our meeting has become such
that it should no longer be one of convenience;
it should be a proctologic business meeting.
The problems of our Society should receive
your undivided thought and attention at this
annual meeting. The meeting is a report of the
work and thought that members have given
to the Society during the preceding year. Our
aim will never be accomplished unless the
Fellows and Associates assume responsibility
for the assignments given to them by the Presi-
dent. The affairs of our Society should be
thought of other than at this meeting. It is
a year-round job.

In 1912 it was suggested that we ask for a
Section of Proctology in the American Medical
Association. In 1913 a Section of Gastro-
enterology and Proctology was authorized. In
1916 Dwight Murray presented a resolution to
the House of Delegates asking that a Section
of Proctology be established. A Section of
Stomatoloby then existed, and the House of
Delegates agreed to include Gastroenterology
and Proctology in this Section. It was called
the Section of Stomatoloby, Gastroenterology
and Proctology. In 1917 the name was changed
to the Section of Gastroenterology and Pro-
tology. However, it was 1947 before proctology
was accorded full recognition as a specialty by
the Committee on Medical Education and
Hospitals of the American Medical Association.
They then listed proctology as a specialty in
all of their publications. Our relationship with
the Council on Medical Education and Hos-
pitals of the American Medical Association
has always been excellent. Gastroenterology is
a medical specialty. Proctology is a surgical
specialty. Internists and proctologists do not
belong in the same section. When proper teach-
ing facilities have been established in more
schools, we should ask that we be granted a
Section of Proctology. In 1937 the Southern
Medical Association authorized the establish-
ment of a Section of Proctology, and this
section has been well attended and its estab-
ishment justified.

In 1928 the high cost of medical care was
mentioned, and it is still with us. With the
increase of cost there has been an improvement
in the care of the patient. The cost is high
today, but the better care of the patient has
justified an increase. In 1931 we were warned
about the possibility of state medicine. In 1938
socialized medicine reared its head and our
Society sent a resolution to the House of Dele-
gates of the American Medical Association
voicing its unanimous opposition to socialized
medicine. Socialization plans are yet with us,
but Blue Cross and Blue Shield and other
voluntary insurance programs are demonstrat-
ing to the public that adequate medical care
is available to all for a nominal fee, with
free choice of physicians and without bureau-
cratic control. I believe that our Society should
cooperate in every way possible with the
American Medical Association in its construc-
tive programs. We should join them in every
possible way in combating the socialization of
medicine, and we should participate in the
National Education Campaign.

In 1916 the American College of Surgeons
permitted the submission of proctologic case
records in the fulfillment of requirements when
applicants were asked to submit case records.
In 1930 they recognized proctology as a spe-
cialty, and within the last year they have
approved two hospitals as being suitable for
proctologic residency training.

In 1932 the Philadelphia Proctologic Society
was organized. This was the first regional
society. In 1935 the New York Proctologic
Society was organized, and since that time
fourteen regional societies have been organized
making a total of sixteen. These are located
throughout all parts of the country, and each
is an independent society and not a subsidiary
of the American Proctologic Society.

Almost every year some part of the address

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was spent regretting the fact that teaching facilities were not adequate. In 1920 C. F. Martin said, "Let us make this society the mouthpiece of authoritative American proctology in so far as it represents good usage."

The next year he reported that proctology was being taught in the Graduate School of Medicine of the University of Pennsylvania as a two- and three-year course, a provision having been made for teaching proctology, and four special students had been enrolled. In 1929 Buie reported that the Mayo Foundation was permitting students to major in proctology for which they were to receive the degree of Master of Science. The course prescribed was for a three- or four-year period and Buie said, "I believe that if you can properly arrange for post graduate instruction, that the undergraduate instruction will take care of itself."

He pointed out that the lack of progress in the past had always been due to the lack of teaching facilities. The University of Pennsylvania and the University of Minnesota were the first schools to present acceptable postgraduate teaching programs.

Surveys in regard to the facilities for teaching proctology in medical schools began in 1910. Dwight Murray made the first survey. Fifty-two questionnaires were sent out and thirty-two replies were received. Proctology was taught as a specialty in one school. It was included in general surgery in twenty-nine. It was taught by special instructors in ten schools. Hibschman made the second survey in 1934. Seventy-seven questionnaires were sent out and sixty-five replies were received. Proctology was taught as a specialty in twelve schools. It was included in general surgery in fifty-three. The number of special instructors was not given. Hamilton made the last survey in 1948. Eighty-two questionnaires were sent out and sixty-six replies were received. Proctology was taught as a specialty in thirty-five schools. It was included in general surgery in fifty-five, and instruction was given by a proctologist in thirty-eight schools. Proctology is combined with general surgery in the majority of medical schools. Instruction in proctology should be given in all medical schools. The department or subdivision of surgery under which it is taught should be headed by a proctologist, preferably one who has been certified.

To bring about improvement I would like to see our certified men, who are located in cities where there are medical schools in which proctology is not adequately taught, become associated with general surgery. It behooves us to work more closely with the surgical departments in all medical schools. We should align ourselves with the leaders in surgery and work with them. Many of them know our problems and are willing to assist us, and we in turn can be of service to them. Proctology is essentially a surgical specialty. Let us have a harmonious coalition with our surgery departments but ask that proctology be supervised and taught by a proctologist.

George H. Meeker, Dean of the Graduate School of Medicine of the University of Pennsylvania, in an address of welcome to our Society in 1931 suggested that our Society apply for an examining board of its own to certify to the proficiency of men desiring to practice proctology. In 1933 Rosser recommended that we apply for a Board, and in 1935 a charter was obtained. In 1939 a Board was permitted to organize and to function and was called the Central Certifying Committee. This Board was a subsidiary of the American Board of Surgery. In 1942 the first examinations by the Central Certifying Committee were given. The Committee functioned as a subsidiary of the American Board of Surgery until 1949 at which time proctology was granted an independent Board by the Advisory Board of Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association. Proctology attained full recognition when it was granted this Board which is known as the American Board of Proctology.

The Board has five functions. The first is to encourage the study, improve the teaching and elevate the standards of that science of medical practice which deals with diseases of the colon, rectum and anus, and which branch of practice is known as proctology. The recognition and approval of proctology as a specialty by the Advisory Board of Medical Specialties and the Council on Medical Education has done more toward the advancement, elevation and development of our specialty than any other one thing up to the present time. The task of improving the teaching and training facilities will fall to you who are certified. You are the ones who must lead the way and make an effort to have proctology recognized in your hospitals and in your medical schools. With
your help in the teaching and training programs
the standards will be elevated.

The second function is to establish appro-
priate educational and training standards and
to determine that candidates for certification
receive adequate preparation. This is a func-
tion to be activated by the Board. Action
has been taken by the Board toward defining
what the educational training standards shall
be. Each year the Council on Medical Edu-
cation and Hospitals issues a booklet entitled
"Essentials of Approved Residencies and
Fellowships." In this will be found the require-
ments which have been prescribed by the
Board.

The third function is to encourage the study,
 improve the practice and elevate the standards
of proctology by assisting in perfecting the
quality of graduate education. We are defi-
nitely in a period of changing times. What in
the past was recognized as graduate training
now no longer suffices. Collier F. Martin in his
address in 1920 had this to say: "To teach
students to be effective, surely requires more
than six or twelve weeks." You will recall that
graduate training was started in 1921 in the
University of Pennsylvania, and in 1929 at
the Mayo Foundation, and in 1946 the Council
on Medical Education and Hospitals gave
approval for establishing residencies in pro-
tology in approved hospitals. We now have
ten hospitals approved by this council which
have provisions for conducting a residency
training program. These ten residencies accom-
modate approximately eighteen men and they
are located as follows: Allentown, Pennsylva-
nia; Buffalo, New York; Chicago, Illinois;
Detroit, Michigan; Milwaukee, Wisconsin;
Pittsburgh, Pennsylvania; Reading, Pennsyl-
vania; Rochester, Minnesota; Youngstown,
Ohio; and two in Philadelphia, Pennsylvania.
We should encourage all surgical residents
whom we contact to qualify for proctology by
spending the last two years in proctology.
We are fortunate in having as many residencies
as we do, but some of the most valuable teach-
ing facilities in the larger cities have not been
made available to us. Some of you in each of
the large medical centers should volunteer to
call the Fellows and Associates of our Society
and any surgeon interested in proctology to-
gogether to study the possibility of getting the
cooperation of your hospitals and clinics and
medical schools.

Extramural preceptors were suggested by
C. F. Martin to assist in completing the train-
ing of students who had enrolled in the Graduate
School of the University of Pennsylvania.
In 1947 and 1949 the establishment of pre-
ceptorships was again suggested. Provisions
should be made for finding preceptors for
residents who have had a year of formal pro-
tologic training and are desirous of having a
second year of practical training. The job of
determining who can be preceptors and of
defining the duties of preceptors is yet to be
completed.

Short postgraduate training courses are
being given by seven different groups—two by
medical schools and five by postgraduate divi-
sions of medical schools. Credit toward certifi-
cation cannot be given for attending these
courses. There are many in the Society who
have no desire to limit their work to proctology,
but they are desirous of increasing their knowl-
dge of the field. These men should attend
postgraduate courses of the aforementioned
type, visit proctologic clinics and attend pro-
tologic meetings.

The fourth function is to determine the
ability and fitness of candidates who seek
certification by subjecting them to compre-
hensive examinations. This is a Board function
but you can help. Those of you who apply for
certification should come prepared so that it
will be a pleasure for the Board to examine
you rather than a regret. The examining func-
tion has been established and is in operation.
The first examinations were held in Phila-
delphia, November 12, 1949, and two examina-
tions have been held since then.

The fifth function is to award certificates of
approval to those candidates who fulfill all
requirements, and to prepare and maintain a
registry of diplomates of the board which will
be available to all who may be interested in
its contents. This is a Board function.

The establishment of the Board brought
many obligations to all members of this Society.
The real responsibility rests upon the shouldle
of you who have been certified. You are the
members who must assume the responsibility
The American Board of Proctology is your
representative. The Board has a job to do
needs your help and depends upon you.

Our Society needs a permanent secretary.
We are asking too much when we ask one
our members to conduct the secretarial duties.

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incident to a Society of this size. It is hoped
that in the future some arrangement can be
made whereby a full-time secretary can be
employed by our Society, and that in the
secretary's office it will be possible to carry on
some of the duties of the secretary of the
American Board of Proctology. A central office
of that type would provide a repository for
our records and a library for proctologic books
and proctologic literature which could be used
as a reference library by our members.

In 1949 Bacon said, "Our society is anxious
to establish and to maintain a flow and ex-
change of ideas with professional colleagues
from other parts of the world." This inter-
national relationship should be encouraged.
We profited last year by the presence of our
foreign guests. Our Society should extend
invitations to the members of all proctologic
sections and societies throughout the world for
each of our meetings.

I would like to see the number of regional
societies increased. More physicians each year
are expressing an interest in proctology, and
many are asking how they can enter proctology
and where they can obtain instruction. Your
regional society should provide teaching fac-
tilities for the general practitioners in your area.
You should give lectures in proctology to
interns and residents in hospitals which do not
have proctologic sections. I would like to see a
committee appointed by the regional societies
to correlate the activities of their societies.

In 1920 Collier F. Martin had this to say:
"Your president feels strongly that a true
progress rests upon a basis of constructive
criticism. At the present time our country is
passing through a wave of reform, which un-
fortunately seems to trend toward deformity
and disintegration. Everything that we for-
merly believed in is being investigated and
reorganized, taxed and regulated. The resulting
uncertainty in economic conditions is even
being felt by the medical profession." Accord-
ing to that our problems or difficulties today
are no different from those of thirty years ago.
We do have some very serious problems for our
Society to solve today. We are living in a
troubled period of the world's history. Our
responsibility as a Society has never been so
great and the problems we face have never
been more difficult.

Our biggest problem is still, How are we to
provide adequate postgraduate and under-
graduate teaching facilities for those desiring
instruction in proctology? We cannot provide
these facilities without your help.

Our duty at present is to do that which lies
clearly at hand, but we must also have per-
spective and all plans should provide for the
future expansion of our Society. We should be
looking ahead and each established teaching
unit should act as a research laboratory in
planning for the future. You who head teaching
positions and residencies should assist those
who are trying to establish teaching units.
You should work with the Education Com-
mittee since our Society should be a school in
which the scholars teach each other. The oppor-
tunity is at hand for each of us.

Our past Board members never accepted
failure as permanent and thus obtained a
Board, so we now must not accept success as
permanent. When contentment enters progress
ceases, and defeat is for those who acknowledge
it. A lot of hard work is yet to be done. Con-
structive ideas are such funny things; they
never work unless you do.