

## PROGRESS OF PROCTOLOGY

*Presidential Address*

HOMER I. SILVERS, M.D.  
Atlantic City, N. J.

IT IS now two years since a meeting of the American Proctologic Society was held. It is well that we meet this year even though it may mean that some difficulties are encountered in arrangement and perhaps our traveling and living accommodations are not as comfortable as heretofore.

The life and growth of any organization depends upon the interest displayed by its members and this is accentuated in any scientific group that gives to its members the opportunity of presenting the results of their work and study. This is a critical period through which we are passing and what we do now will have a lasting effect upon the progress and life of our specialty, but I am confident that the same guiding principles of the right, justice and professional integrity will see us through this emergency.

Many of our members have been called into the various services of our armed forces and in many instances have been assigned work that is compatible with their training. The military affairs committee headed by Dr. Buie has accomplished much in its effort to see that the men prepared to do Proctology were given the opportunity to serve in that branch of medicine. This not only applied to members of our Society, but all men who in their judgment had the proper qualifications that would justify their assignment to Proctologic surgery.

To our members in uniform who have been able to meet with us in Chicago we extend a special greeting and to those whom duties prevent or distance makes impossible their attendance at this meeting we send a heartfelt appreciation of the work they are doing.

Forty-five years ago our society was organized. The moving spirits in the formation of the American Proctologic Society were Dr. William Beach, Dr. Samuel Earle, Dr. Thomas Martin, Dr. James Tuttle, Dr. J. Rawson Pennington, and Dr. Joseph Mat-

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thews. This was the first attempt to bring the field of Proctology under the guidance of men competent in their chosen work. For many years the diseases affecting the rectum and anus were largely treated in a more or less haphazard manner partly because of a lack of knowledge concerning the physiology and pathology of these structures and partly from the disinclination of patients to submit to what would be proper investigation.

Ailments of the rectum always afforded a chance for the quack and charlatan to ply their trade and they made the most of their opportunity. The formation of this Society did not rid the profession of the incompetent or poorly prepared proctologist, but it did form a nucleus of well trained and experienced men whose abilities soon exercised a definite influence in the education of men for this specialty.

Since that time, guided by the wise council of men in whom the Society put their trust, membership in this organization has come to mean the recognition of merit in the individual accepted upon its roster. I do not mean that all physicians properly trained are in our Society but rather that our membership has been properly processed and found to be acceptable. It would be my wish that eventually all properly trained proctologists be admitted to our group, but this must be by a gradual increase; too rapid expansion holds dangers not compensated by increased membership.

Mainly through the activity of members of this Society a method was evolved whereby all physicians properly prepared could be certified by the American Board of Surgery. This was secured by persistent effort upon the part of our members and financed by our Society.

Membership in this Society presupposes certain preparations and attainments and presents to the public proof that all members of this Society have attained a certain proficiency in this specialty. Membership is not lightly given nor should it be held lightly. Responsibility lies with each member to see that the ideals of the founders of this Society are upheld and that standards set up for admittance are not lowered. I welcome an increase in our Society. New blood is usually beneficial but as in all transfusions a healthy donor must be selected and suitability must be shown by typing and cross matching. We have reached a stage in our development

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where groups and cliques are bound to occur, but progress is still to be made. We cannot allow personal ambition nor petty jealousy to obscure the aim of this Society; that aim being to improve the status of proctology throughout this Country and to make possible the proper education of men who desire to become trained in this specialty.

We must first see that our own group is well prepared and experienced in treatment of disease and injuries that are peculiar to the lower intestinal canal. When we have accomplished this, we will be in a strong strategic position. From here we can advance to the education of the public with proof that much can be expected from the physician who has been carefully trained in proctology. Unfortunately the need for this education is not confined to the laity, many physicians are lacking in the understanding of the primary physiology and pathology of the rectum and this lack of knowledge coupled with a superficial examination or no examination whatsoever often gives rise to procedures that are unnecessary or even harmful. An example of this is the ordering of a gastro-enteric study without first having ruled out by visual examination diseases that are within easy reach of the proctoscope.

The medical man who will first see these patients must be impressed with the importance of a simple rectal examination and the amount of information to be gained by a digital exploration. It is true that the hesitancy of the patient to submit to examination is a factor but much the larger factor comes from lack of sufficient interest on the part of the physician since he must suggest or instigate an examination.

Those things that seem simple to us are the fundamentals upon which good proctologic surgery is done. It thus becomes a matter of education of our associates in medicine that they may appreciate the need of closer investigation of the lower intestinal tract; this education should extend to those in control of teaching in medical schools that there may be more detailed instruction in Proctology during the undergraduate course.

There has been a gradual increase in the number of hours devoted to undergraduate teaching of rectal diseases as well as the enlargement of teaching staffs to include men prepared to teach Proctology. Too often this work is left in the hands of someone

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who neither has the proper preparation for instruction nor the inclination to enlarge his field. Eleven years ago in this city, Dr. L. D. Moorhead, Dean of Loyola University School of Medicine, in his address of welcome to this Society said in part,

"other specialties find a place in the curricula of our different medical schools, but with Proctology we find the situation is somewhat different. In the majority of our institutions this subject is not treated as a specialty; it is taught by someone in the department of general surgery, or in the department of general medicine. In only a few institutions do we find the subject definitely represented and treated in a special way by specialists of your organization.

"I have said that proctology is, first of all, neglected in our curricula; second, it is oftentimes treated in a haphazard manner and poorly taught, while in the field of medicine we find no subject more worthy of consideration, nor more important insofar as the practical comfort of the patient is concerned."

That there has been some progress since 1933, I admit, but sometimes wonder if a full measure of return was secured. If not, then there is all the more reason why we should lay greater stress upon proctologic teaching.

In this present armed conflict many men prepared to do proctologic surgery have been placed in positions that allow them to pursue their specialized work and here is an opportunity to show the results of their technical training. The personnel of the Medical Corps shifting as it does gives them the chance to come in contact with a greater number of physicians than would ordinarily be possible. Hence they become in a sense ambassadors of this branch of the profession.

Much will be learned by these men of diseases and injuries occurring within a certain age group and their experiences will be invaluable when correlated with the information now available. To many now in the service, the time spent will represent an opportunity thoroughly to establish confidence in their ability to carry on work in this special field. This will mean that when they return to private practice they will be in a more advanced stage of training than when they left private practice. There will

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be, however, some proctologists less fortunate than their fellows in that the opportunity to do proctologic surgery will not have been evenly distributed.

We who remained home and maintained our contacts with private practice and with teaching institutions must make every effort to see that men returning from the medical services of the armed forces are reinstated, if not in their old positions, then in similar ones. This is a mere matter of justice, but were it not so then the needs of our profession would demand that they be properly placed to insure a steady flow of capable men.

Proctology is one of the younger specialty groups and as yet is not overcrowded, therefore there is need of well trained men, those who are capable of carrying on and advancing the work of those who established this department of medicine. We are capable of absorbing a reasonable number of men trained in our special field and to produce those men an educational plan must be endorsed that will allow graduates who have been deprived of their opportunity to secure a post graduate education, a chance to secure such a training after discharge from the armed forces. The American Medical Association has entered into an arrangement for such a program. Some of this effort no doubt will be expended in giving what will amount to refresher courses. What concerns us particularly is that graduates taken into the armed services after their interne year be given an opportunity after discharge to pursue a course that will fit them to become certified Proctologists. We must encourage them to take or, where their studies have been interrupted, to complete their basic studies and then accept them as assistants or make a place for them that will lead to a thorough preparation.

Medical education has been curtailed for the past two years and should this war go on for a few years longer the results of telescoping medical preparation will be acutely felt. We of this Society from a sense of fairness must individually and collectively make every effort to place men from the services as quickly as possible in places that will allow them to qualify for admittance to an organization such as this one.

Only graduates of approved medical schools are admitted to our armed forces; this leaves at home a number of physicians with

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insufficient training. In many instances because of the shortage of doctors, the public has turned to these men for medical care. They have been given an opportunity of which they make the most, and do not think that after the war patients will automatically return to legitimate medicine. This must be counteracted by giving returning physicians every possible assistance in re-establishing themselves in previous locations and by offering to the public better trained men in their fields.