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*Diseases of the*  
**COLON & RECTUM**

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*Presidential Address*

**But There Is a Practical Side**

H. WHITNEY BOGGS, M.D.

AS THE AMERICAN SOCIETY of Colon and Rectal Surgeons enters its 87th year of service of our profession, I am proud to have been the 81st person to serve as your President. Indeed, I have had the unique opportunity to serve our specialty as a member of our specialty board or as an officer of this Society for more than half of my professional life. For this, I shall always be grateful, and I offer each of you my sincere thanks.

My predecessor advised me to prepare this address during the early days of my presidential year. I immediately began preparing a presidential address that I believed would have just the right blend of the historical and the philosophic. As events began to unfold, however, I realized that it was time to turn attention to the practical side of our Society's affairs, time to discuss some of the problems that we, as a Society, must face, and some of the problems over which we, together, have control. Thus, I called this presidential address, "But There is a Practical Side." When I told Harriette Gibson my title, her response was swift! She said, "How do you want me to spell *but*—with one T or two?"

I do not have the solutions to the vast number of complex problems confronting the medical profession today. Suffice it to say that ever-increasing manhours and money will be required of this membership just to keep informed and to try to prevent from being swept away by

*From Shreveport Medical Center,  
Shreveport, Louisiana*

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the political and economic tides now controlling the ebb and flow of our professional lives.

Both government and the so-called medical-industrial complex, with their vast resources, are determined to reduce the cost of medical care. But, on the other hand, they are determined to take a larger share of those reduced expenditures out of the hands of the providers. The incomes of surgeons will decrease as a natural consequence of this economic fact. Societies such as ours now will have to compete for the convention dollar. This competition already has had an effect on large national organizations and will grow even sharper in the years ahead. As a Society we must be ready to meet this challenge with new and innovative ideas.

One practical action that you, the membership, controls completely is the attention you pay to our exhibitors during these meetings. You must remember that it is the exhibitor fees that underwrite a large portion of our convention expenses. We request large sums from our friends in the pharmaceutical and manufacturing world. They are extremely generous and ask little recognition in return. Therefore, we should always remember to extend to our exhibitors that extra courtesy, that extra attention, that makes their stay with us not only personally pleasant, but also professionally rewarding.

I hope you will see the wisdom of the funding effort I

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Read at the meeting of the American Society of Colon and Rectal Surgeons, April 5 to 10, 1987, Washington, D.C.

referred to as "an escrow account" in my letter to you early this year. The response to our special sustaining dues was excellent, resulting in over \$100,000 in revenues. To those of you who responded so generously, I offer my thanks. To those of you who were unable or unwilling to respond, I urge your reconsideration. I hope the financial side of your Society's activities will continue to receive the attention and support it deserves.

Our manpower needs have never been clearly and accurately defined to my satisfaction. The Bureau of Statistics estimates that the number of our population 65 years and older will be 31.5 million in just 13 years. Over 3.1 million will be over age 85. If age is the most common factor when considering the predisposing factors in the cause of colorectal cancer, imagine the impact of our rapidly increasing aged population as it relates to our future manpower needs. How can we meet the challenge of this ever-aging population unless we plan for those increasing needs? Will our 50 to 52 residents currently completing training yearly be able to fulfill our obligations? I believe the answer is a resounding no. The surgical RBC's recent assault on our residency programs has already resulted in the loss of one program in the past 18 months. In spite of the addition of one new program last year, there no longer are 27 programs—there are only 26.

In 1983, our esteemed Past President Gene Sullivan, called for a return to academia. I suggest to you, from the *practical side*, that it is very difficult to return to where you "ain't been yet." While the university surgical departments eagerly embrace the addition of the trained colorectal surgeon to their faculties, I have noticed no rush to establish colorectal residencies in the university settings. We are, however, making progress in that direction. The majority of our programs are in university-affiliated settings. Of the 26 program directors, 21 have academic appointments.

We will out of necessity, however, find the nucleus for new residency programs through the members of this Society. Our need to increase the number of programs available to young surgeons will, because of practicalities, be fulfilled by those members of this Society in private practice and the larger private clinics in the university-affiliated and large community hospitals. Outstanding programs have existed for years in this environment and I challenge our members to establish those additional colorectal residency programs that our future obligations will require.

The idea of recommending to you a program to market our specialty would have been totally repugnant to me just a few years ago. Perhaps we have hidden our light under a basket long enough. Three events during this past year have led me to urge for more aggressive marketing of our specialty. These events were as follows: First, there was the complete lack of media interest in our

meeting in Houston, Texas. Maybe this was the Council's fault, but you would think that the largest gathering of colorectal specialists in this country and from world centers would have stirred some interest from the communications media. This year your Council has moved to remedy this.

Second, there was a request to our Society from a freelance medical writer for a patient education brochure on rectal cancer—none was available.

The third was the receipt of a three-page foldout, an expensive advertisement from a very prominent drug company, for a perfectly ethical product for the relief of anorectal discomfort. Their goal was laudable because the intent of the brochure was to educate the nonsurgeon in the diagnosis and treatment of anorectal disease. They chose, as their expert, *the chairman of a department of family practice*. The brochure's content was poor, extolling the virtues of examination of the anal canal by retroflexion of the fiberoptic sigmoidoscopy. *Has anoscopy become a lost art?* Our Society could have been of eminent value in the planning of this very expensive, but scientifically poor and ill-conceived, effort.

Our market efforts also should be directed toward patient education. The public—always eager to embrace any new technology—must be protected against abuse by those with no more special expertise in colorectal surgery than the acquisition of a new laser, a fiberoptic scope, and a shopping center location.

Our Society must continue to meet the educational needs of all its members. We must have well-balanced, scientific programs with equal emphasis on anorectal as well as colonic topics. While attempting to do this, we also must continue to emphasize basic research in both the clinical and laboratory setting. This year marks the beginning of the Norman D. Nigro Research Session of our program. To Dr. Nigro and those who will follow in his footsteps, this Society owes an enormous debt of gratitude. Our Research Foundation is at last alive and has made phenomenal strides in their fund-raising efforts. I can assure you that those active in the Research Foundation are aware of their ultimate obligations and I urge your support of their efforts.

Aside from the high personal and professional attributes of those dedicated surgeons practicing colon and rectal surgery, our specialty derives its strength from three factors. I have already stressed the importance of the role of our program directors! The second is our Board—one of the independent, primary Boards free from outside intrusions or dominations. Our Board, while meeting its obligations to constantly demand the highest qualifications of its candidates for certification, must always steer a course that will forever assure our specialty of freedom from any form of domination by others whose future interests may, indeed, conflict with our own. Our third

strength, of course, is this Society—a Society that does what few other national specialty organizations can do—to speak with a single, clear, unified voice to assure our members that their needs, and those of their patients, will be heard. Our Society has, in the past, welcomed those who expressed an interest in colorectal surgery. We must always continue to welcome all the educational benefits offered by this Society.

To survive and prosper as a specialty, perhaps we should listen carefully to the words of Coach Eddie Robinson, of Grambling University in my home state of Louisiana. He said, “To win, you need players who are mobile, agile, and hostile,”—*mobile* in our ability to move quickly; *agile* enough to change when change is indicated; and *hostile* toward those forcing changes that are not in the best interests of our specialty or to those entrusted to our care.

In closing, I wish to extend my sincere thanks to my

partners, to Dr. John Hill and his editorial staff, to our various committee members and chairmen, to those who have been our special representatives to a variety of other organizations, to our Council and the officers of this Society for their hard work and sage advice during a year not devoid of problems, and to Harriette Gibson and her staff for their always outstanding efforts. Our entire membership owes a very special thanks to Drs. Robert Rubin and David Rothenberger and their committee for the outstanding program they prepared for this meeting.

Past presidential addresses have closed with a variety of quotations from Latin, Greek and, on one occasion, the great Chinese philosopher, Confucius. If I may, I, too, would like to close with a quote attributed to Oliver Cromwell on an occasion completely unknown to me. The great Cromwell said: “Work hard, Praise God, and keep your bowels open at all times!”

**IMPORTANT NOTICE—ADDRESS CHANGES**

Effective July 25, 1988, the new address of The American Board of Colon and Rectal Surgery is:

8750 Telegraph Road, Suite 410  
Taylor, Michigan 48180  
Telephone: (313) 295-1740

Effective July 15, 1988, the new address of The American Society of Colon and Rectal Surgeons is:

800 East Northwest Highway, Suite 1080  
Palatine, Illinois 60067  
Telephone: (312) 359-9184