

## SECTION VIII—*Editorial*

NOTE: The editorial contributions published in this Journal represent only the opinions of their writers. Such being the case, this Journal or the American Gastroenterological Association is in no way responsible for editorial expressions.

In January, 1935, *The Spanish Journal of Diseases of the Digestive Apparatus and of Nutrition (Revista Espanola de las Enfermedades del Aparato Digestivo y de la Nutricion)* began publication in Madrid, Spain, by the house of Espaso-Calpe, S.A., Rios Rosas, 26—Apartado 547. The Editorial Committee comprises over 20 well known Spanish gastro-enterologists and the directing committee is composed of S. Carro, T. Hernando, E. Oliver, and H. G. Mogen. The foreign subscription rate is 40 pesetas (\$5.10 at present). The material printed each month consists of original articles, Editorials, abstracts and Book Reviews. The journal is well-printed and well-illustrated. All Editorials and abstracts are signed by the authors. Conservative advertising and an attractive format, as well as the obviously high-grade editorial material used, promise a long future for this publication.

The American Journal of Digestive Diseases and Nutrition extend congratulations and best wishes for long-continued success to its sister Journal.

The Editorial Council.

### AMERICAN BOARD OF GASTROENTEROLOGY

**I**NQUIRIES are constantly being received regarding the activities of the American Board of Gastroenterology. Many are openly critical of the inactivity of the Board, the correspondents feeling that, with the large influx of incompetent practitioners calling themselves "stomach specialists," a method of "dividing the sheep from the goats" is urgently needed. These individuals feel that issuing certificates to qualified gastroenterologists is all that is required to accomplish this end.

The problem, however, is not so simple as it seems. Some of the already functioning qualifying boards have found themselves in difficulties. No board can compel a practitioner to take its examinations and no patient can be coerced into consulting only the experts approved by a board. To have each board or even a co-ordinating board advertise to the public would not only involve a prohibitive expense but would probably be considered unethical. It has been realized for some time that the American Medical Association is the only organization that could control the whole situation adequately, and, in the past few years, definite steps have been taken to insure its controlling or actually taking over the activities of the existing boards as well as the organization of new boards.

The American Board of Gastroenterology, organized over a year ago by the two recognized national gastroenterological organizations—The American Gastroenterological Association and the Section on Gastro-

enterology and Proctology of the American Medical Association—and composed of members from different parts of the country, had its annual meeting in Atlantic City on June 12, 1935, during the week of the American Medical Association meeting. The report of its president is published below. It expresses the belief of all the members of the Board that it would be well not to attempt to force the issue with the American Medical Association, but to await the approval, cooperation or even actual control of the certification of gastroenterologists by the American Medical Association. The By-Laws of the Board, conforming to the standards set up last year by the Council on Medical Education and Hospitals of the American Medical Association, absolutely require that candidates for examination shall have had training in schools, hospitals, clinics and laboratories approved by the American Medical Association Council as being competent in gastro-enterological work; also its fundamental requirement is that all candidates first must be qualified internists. Qualification of internists has not yet been accomplished, but the Section on Internal Medicine of the American Medical Association has just appointed a Committee to meet with a similar committee of the American College of Physicians to form a Board of Internal Medicine. Prominent internists who have hitherto opposed the recognition of gastroenterology as a specialty have expressed approval of this requirement of our Board and in the future we can expect an increasing interest in and support of our stand namely, that a qualified internist has the right to limit his (or her) practice to gastroenterology as a specialty, that such a person has the right to be considered a specialist and that the standards of the specialty must be maintained by the application of the principles expressed in the By-Laws of the American Board of Gastroenterology.

A. F. R. Andresen, Brooklyn.

### REPORT OF THE PRESIDENT

Following the organization of our Board on June 14th, 1934, with the adoption of By-Laws and the election of officers, the seven members then present went before a notary and signed original and duplicate copies of the Articles of Incorporation. Your President then wrote to the secretary of the Advisory Board for Medical Specialties calling his attention to the fact that the House of Delegates of the American Medical Association had instructed the Council on Medical Education and Hospitals to add Gastroenterology to the list of specialties approved for the certification of specialists and informing him that we would soon make application for approval by the Advisory Board. Some lively correspondence ensued, the Advisory Board contending that our Board had used crooked politics in

having the resolution passed by the House of Delegates and your President pointing out that the resolution had been passed in the regular way, following an open hearing at which the Council on Medical Education and Hospitals had had numerous representatives, and that the real purpose had been to enable the Advisory Board to confirm its previous approval of our Board.

In July, 1934, a meeting of the Board of Regents was held at the office of B. B. Vincent Lyon in Philadelphia, the three members necessary for a quorum to transact business being present (Doctors Gaither, Bockus and Andresen). At this time it was decided that the Board should not make any further efforts to gain the cooperation of the Advisory Board, but should confine its efforts to recognition by the Council on Medical Education and Hospitals of the American Medical Association. It was also decided that incorporation should not be completed until our Board had the complete approval and cooperation of the Council. At subsequent meetings in October, 1934, and January, 1935, this stand was further approved by our Board of Regents and by the Council of the American Gastro-Enterological Association.

Meanwhile, the Council on Medical Education and Hospitals has been studying the whole subject of certification of specialists, with a view to supervising or perhaps taking over this work. In a personal interview with Doctor W. D. Cutter, Secretary of the Council, last December, he assured your President that a careful and prolonged study was under way, and that the Council was not contemplating the recognition of the Advisory Board nor of any specialty Boards until the study was completed and a definite course of action had been decided upon. Your President then offered the full cooperation of the American Board of Gastroenterology in any way that the Council might see fit to use its experience and prestige in the furtherance of the aims of the Board as expressed in its By-Laws. Aside from encouraging gentle suasion and pressure on those in authority in the American Medical Association to make them favorable to our Specialty, no further work has been done. The efforts of the Board should now be directed to the establishment of recognized post-graduate courses in gastro-enterology in schools, hospitals and clinics.

A. F. R. Andresen, Brooklyn,  
President American Board of Gastroenterology.

#### REPORT FROM AMERICAN BOARD OF GASTRO-ENTEROLOGY TO THE SECTION ON GASTRO-ENTEROLOGY AND PROCTOLOGY OF THE AMERICAN MEDICAL ASSOCIATION

**I**N accordance with a resolution jointly passed by the Section on Gastro-enterology and Proctology of the American Medical Association and the American Gastroenterological Association each appointing committees of four members with instructions to form such a Board and to serve upon it, the American Board of Gastro-enterology was organized on June 14, 1934, at Cleveland, Ohio. A set of By-Laws, which previously had been approved by the Advisory Board for Medical Specialties and which conformed in every way to the requirements of the Council on Medical Education and

Hospitals of the American Medical Association, was adopted, and the following officers were elected:

President, Albert F. R. Andresen, Brooklyn.  
Vice-President, Franklin White, Boston.  
Secretary-General, Ernest H. Gaither, Baltimore.  
Treasurer, Frank Smithies, Chicago.

Additional Members of Board of Regents  
Henry L. Bockus, Philadelphia.  
George B. Eusterman, Rochester, Minn.  
Sidney K. Simon, New Orleans.  
Adolph Sachs, Omaha.

On the same day, the House of Delegates of the American Medical Association, after a hearing and on recommendation of its committee on Education, passed a resolution instructing the Council on Medical Education and Hospitals to add Gastroenterology and Proctology to the list of specialties approved for certification of specialists. Since this time the Council has been investigating the entire subject of certification and has not yet actively entered this field, although, logically, it may be expected eventually to include the certification of specialists in all fields among its manifold activities.

In view of the fact that the rules of our Board applying to the qualifications of candidates for certification, the investigation and approval of schools, hospitals and clinics engaged in post-graduate work and the publication of lists of such schools and specialists, requires the cooperation of and in fact control by the Council on Medical Education and Hospitals, the members of the American Board of Gastroenterology have decided that the Board shall not begin to function without the full approval and cooperation of the Council and have offered their services to the Council in an advisory capacity. The efforts of organized gastroenterology should now be directed to the establishment of recognized post-graduate courses in gastroenterology.

#### CHOLESTEROL

**R**ECENT studies in the blood cholesterol are apparently destined to have a tremendous influence upon the dietary habits of man. Of special significance is a recent article by Rabinowitch (1) on "The Relationship of Plasma Cholesterol and Arteriosclerosis." He concludes that excess blood cholesterol is an important etiologic factor in the production of arteriosclerosis in the young diabetic. Also that treatment with the high carbohydrate—low calorie diet has delayed development of cardiovascular disease in the cases investigated.

The work of Timothy Leary (2) is also of great significance. He was impressed with the high content of lipoids in atheromatous aortae. Cholesterol is the only sterol found in animal bodies. It forms the framework of all animal cells. It combines with fatty acids to form esters. In our dietary, eggs, milk, and pork fats are the main sources of supply. Leary concludes that the lesions of human athero-sclerosis can be reproduced in the rabbit by feeding cholesterol. The inheritance of a poor cholesterol metabolism appears to be associated with the tendency to early death from coronary sclerosis.

Joslin (3) suspects a high cholesterol blood content as the etiological factor in cataract and arteriosclerosis in the diabetic. He emphasizes the importance of