A CENTURY of ACHIEVEMENT

A History Of The American Society Of Colon & Rectal Surgeons

Following is the second of seven excerpts Diseases of the Colon & Rectum will publish from a fully illustrated hardcover book, A Century of Achievement: A History of the American Society of Colon & Rectal Surgeons, 1899-1998. The book is scheduled for publication next year as part of the commemoration of the Society's 100th anniversary. This excerpt covers the second phase in the Society's drive to gain recognition for the specialty, 1930-1949. The complete history will be available for members at the annual meeting in Washington, DC, May 1-6, 1999.

II. The Second Phase of Recognition, 1930-1949: Creation of the American Board of Proctology

The Great Depression had begun when the American Proctologic Society, then 100 members strong, gathered for the 1930 annual meeting in Buffalo. During its first major period of growth, the members had a goal of establishing a journal dedicated to proctology (first mentioned by Dr. Bennett Cooke in 1908); they had recognized the need to create an objective certification process for specialists; and they were actively seeking ways to promote research and education in the specialty in the nation's medical schools.

In retrospect, it is clear that these goals might have been realized faster had there not been the catastrophes of the Depression, followed by World War II. As it turned out, the Society's plans to accelerate its growth had to be postponed. By 1939, it had only 178 members. Rapid growth was not to come until the second half of the next decade. Certification did not become a functioning reality until after World War II. The journal and the research foundation did not become realities until the 1950s.

Forty-six members and 41 guests attended the 1930 Buffalo meeting. Dr. W.W. Koch, Dean of the Medical Department of the University of Buffalo, welcomed members with the news that his medical school had recognized the importance of proctology by including a number of courses on the subject in its curriculum. The new president, Dr. Walter A. Fansler (1929-1930) of Minneapolis, was another of the giants of the Society's first 50 years who served two terms, returning to office 30 years later in 1960-1961. Dr. Fansler's presidential address was a discussion of quackery. He deplored practitioners who called themselves proctologists after taking only a two-week course on the subject and urged emphasis on educating specialists.

ATTENTION TO TEACHING OF PROCTOLOGY

During meetings throughout the 1930s, the Society gave considerable attention to the teaching of proctology. Most medical schools did not have separately organized sections of proctology, so instruction in the specialty was given by the departments of general surgery. That situation continued in most medical schools for the next 60 years.

The 1933 annual meeting was held in Chicago to coincide with the city's World's Fair, "Century of Progress." It was to have major historical importance, as President Dr. Curtice Rosser (1932-1933) of Dallas, devoted his presidential address to a discussion of the specialty board movement begun by ophthalmology in 1916. Two other specialties, otolaryngology (1924) and obstetrics and gynecology (1930), had also established boards, Dr. Rosser pointed out. He recommended that proctology establish a board and appointed a committee-three from the Society and three from the AMA-to initiate the process. When the American Board of Proctology finally achieved independent status in 1949, Dr. Rosser was elected the first President.

Dr. Rosser's life served as an inspiration for many. He started with the study of law and was admitted to the Texas bar in 1913 but never practiced. Instead, he pursued medicine, taking an M.D. degree from Northwestern University Medical School and later continuing his studies at the University of Vienna. He entered medical practice in Dallas with his father, Dr. Charles M. Rosser, a well-known general surgeon. His interest in proctology developed as it became his duty to see the clinic (nonpaying) patients in his father's practice and at what eventually became Baylor University Medical Center.

ELECTION OF FIRST WOMAN MEMBER, 1933

Another important milestone in 1933 was the election of the first woman to membership in the Society. She was Dr. Mary E. Spears, of Philadelphia. From our perspective today, it may be hard to believe that the Society was 34 years old before it elected a woman to membership. However, women's suffrage giving women the right to vote had only passed in 1920. Few women had entered medicine during the first part of the 20th century.

The committee formed after Dr. Rosser's address in 1933 had incorporated the American Board of Proctology (ABP) in Delaware on August 13, 1935. Soon after, the ABP requested approval of the Advisory Board for Medical Specialties (ABMS), so that it could begin to function.

A HOT DAY IN NEW YORK, 1939

On May 7, 1939, Drs. Louis J. Hirschman and Frank G. Runyon attended an American Board of Surgery (ABS) meeting in New York City to discuss the procedure for certification of proctologists. It was a hot day, in more ways than one. Here is how Dr. Hirschman later reported to Dr. Curtice Rosser on the meeting:

"...At five minutes to three (we) took seats outside the door of their conference room. Occasionally one of the men would come out mopping his brow and apologize for keeping us waiting. About 4:30 we were asked into
the meeting. It was so hot and sultry that everybody was stripped to their shirts and we were invited to do likewise.

"...in other words... they gave us to understand very clearly that the Board expected every applicant that we qualified as a Proctologist to be a man so thoroughly qualified in general surgery that he would perform be a colonic surgeon."

The ABP representatives agreed that future candidates should meet all the general surgery board requirements. In effect, this excluded any general surgeons. However, the American Board of Surgery did agree to permit anorectal surgeons of unquestionable standing and sufficient experience to be included in the Founders group. Finally, on December 13, 1940, the ABS approved the formation of the American Board of Proctology as a subsidiary board on condition that candidates meet all the requirements of the ABS in addition to those in proctology.

THE FOUNDERS GROUP

The first task facing the new Central Certifying Committee (CCC) was to prepare a list of proctologists to be considered eligible for certification as a Founders Group, an avenue of approval without examination that would be closed by January 1, 1944. It proved to be more difficult than expected because some prominent Society members did only anorectal surgery. Approximately 77 specialists were included in the Founders list. The first certificate in proctology issued by the ABS was given to Dr. Hirschman and the second to Dr. Rosser.

The Fellows expressed great appreciation to Dr. Hirschman, Dr. Rosser and other committee members for the work and time given to organize the Board and voted to reimburse their expenses from Society funds. The Society established a Committee on Military Affairs to assist the armed forces in choosing medical officers representing proctology in the organization of various hospitals and, in general, to obtain proper recognition of the specialty in the armed forces.

At the 1942 meeting in Atlantic City, President Dr. Frederick B. Campbell (1941-1942) of Kansas City, reviewed the steps that had led to the creation of the ABP and reminded members that the definition of proctology included colon and rectal surgery. He explained why the specialty had not been able to get its own board. One reason was lack of training programs, and he hoped we would soon have more. By 1946, there were nine approved training programs in proctology. The number grew to 17 by 1970 and 26 by 1980.

The certification process for specialists was proceeding very slowly. Application first had to be made to the CCC and, if approved, confirmed by ABS. If accepted, the ABS required that the candidate pass the same examinations given to all general surgeons. Then, the candidate had to pass an additional examination in proctology given by the CCC (the proliferation of certifying acronyms alone might discourage all but the most persistent candidates). In the period from 1942 to 1949, only eight candidates were certified in this confusing examination process.

Since they had certified only eight physicians in eight years, it would seem that there was either no interest in the specialty or the certification process was too tortuous that few candidates elected to submit to it. The evidence suggests the latter. The vast majority of those who were qualified elected to apply for certification in general surgery rather than in proctology. The ABS certificate could be obtained by passing only the general surgery part of the examination, and it appeared to be more valuable than the ABS certificate in proctology.

Curiously, the ABS Proctology certificate was not acceptable to the academic community. Many proctologists who obtained the general surgery certificate chose to become certified in the specialty only later, after it became a primary board. They received two certificates. Another problem with certification by the ABS was that trainees in anorectal surgery only were not qualified to take the ABS examination, so they could not be certified. The members of the CCC decided that these problems would only be resolved when ABP became an independent board.

The ACS DENIES REQUEST

After reviewing the CCC’s request, the ABP decided it should not change its examinations in the manner requested. Further, it would not certify physicians who wished to practice only anorectal surgery because the training requirements as proposed would be inadequate. ABS reiterated its position of requiring a minimum of three years of general surgery and two years of proctology (or four years of general surgery and one year of proctology) to be eligible to take the examinations. It ruled that the length of training for anorectal surgery was too limited for certification.

Informal meetings on certification continued during 1948, a year notable in world affairs for the founding of the state of Israel and in American history for scrappy, unpopular President Harry S. Truman’s upset election victory over New York Governor Thomas E. Dewey. The annual meeting was held in Chicago, where President Dr. George H. Thiele (1947-1948) of Kansas City, addressed the failure to get an independent board, the failure to establish enough training programs, and the failure to provide adequate opportunities for members.

On the eve of the Society’s 50th anniversary in 1949, the CCC presented a formal petition for an independent board first to the ABMS and later to the Council on Medical Education. The ABMS recommended that the ABS reconsider the proposal to permit certification in anorectal surgery, adding: "...in the event that the American Board of Surgery does not wish to accept that recommendation, the Advisory Board further recommended that the petitioning group be approved as an independent board."

AT LAST, AN INDEPENDENT BOARD

The Society held its gala 50th anniversary meeting in Columbus, Ohio, before the ABS had time to act on the petition. Just three weeks after this festive celebration, the American Board of Surgery upheld its previous decision not to accept the recommendation of the ABMS and act favorably on the CCC’s petition. Consequently, the ABMS, in a letter from its Secretary-Treasurer, Dr. B.R. Kirklin, informed the petitioners as follows:

"In view of the action taken by the Advisory Board for Medical Specialties at its annual meeting held in Chicago on February 6, 1949, and the action taken by the American Board of Surgery on June 21, 1949, it is my duty to inform you that the American Board of Proctology is now recognized and approved as an independent board. I see no reason why you should not start to function immediately."

The American Board of Proctology became the 18th approved primary specialty board, 14 years after its incorporation.

The establishment of an independent board in 1949 capped a half-century of progress in the specialty’s drive for recognition that continues to the present day. Many current leaders see it as the Society’s grandest accomplishment. "I’ve gotten down on bended knee and thanked the people who had the foresight to set up the American Board. Our forefathers deserve a lot of credit for setting up that mechanism that allowed us to have a specialty. I want to hand it to all the people who fought the battle," said Dr. Stanley M. Goldberg (President 1983-84).