THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS

A Century of Achievement

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A CENTURY of ACHIEVEMENT

A History Of The American Society Of Colon & Rectal Surgeons

Following is the first 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 first phase in the Society's drive to gain recognition for the specialty, 1899-1929. The complete history will be available for members at the annual meeting in Washington, DC, May 2-7, 1999.

I. The First Phase of Recognition: Founders' Era to 1929

At the dawn of the twentieth century, 13 physicians with a special interest in proctology met in Columbus, Ohio, on June 7, 1899 to form the American Proctologic Society. William McKinley was in the White House. The gold rush was on, and Jack London had just published The Call of the Wild. The automobile industry had not started yet. A motor car might be found, but horse and carriage was the preferred mode of transportation. It would be four years before Orville and Wilbur Wright made their historic flight at Kitty Hawk, North Carolina. The 13 physicians were the only specialists in colon and rectal disease available to treat 75 million Americans.

The Columbus founders had been meeting informally for a number of years and discussing mutual problems. Proctology was not then a well known or respected medical specialty. The new Society’s charter members were pioneers who had chosen a specialty ignored by mainstream medicine, leaving patients with rectal diseases in the hands of quacks and charlatans. Reputable physicians of that time would not even examine the rectum. In part, this attitude was due to ignorance. The curriculum in medical schools had not included instruction in rectal diseases throughout most of the nineteenth century.

The young specialty’s most eloquent voice belonged to Dr. Joseph M. Mathews, of Louisville, Kentucky. Dr. Mathews was admired for his mental and oratorical ability. He was extremely popular with his fellow physicians and had recently become the first proctologist elected president of the American Medical Association. Virtually every organization he had joined, beginning with the Louisville Surgical Society, had elected him to its presidency. The charter members of the American Proctologic Society (APS) followed suit, choosing Dr. Mathews as its first president.

A prolific author and renowned orator, Dr. Mathews published the first professional journal devoted to proctology, known as ‘Mathews Medical Quarterly.’ His books included Treatise on Diseases of the Rectum, Anus and Sigmoid Flexure, 1890, and a popular volume entitled How to Succeed in the Practice of Medicine (1902).

THE FOUNDERS’ ERA

Eleven of the 13 charter members of the American Proctologic Society went on to serve as President, filling the new organization’s top leadership ranks for more than a decade. This period in the Society’s history, known as the Founders’ Era, extended until 1915. Dr. Mathews served twice, 1899-1900 and again in 1913-1914. He is one of only five leaders to serve two terms as President; the others are Dr. Louis A. Buie (1927-1928 and 1934-1935), Dr. Walter A. Fansler (1929-1930 and 1960-1961), Dr. Dudley Smith (1930-1931 and 1938-1939), and Dr. Robert A. Scarborough (1951-1952 and 1963-1964). Another leader who missed becoming a charter member by a quirk of fate, Dr. Louis J. Krouse, of Cincinnati, became President in 1914-1915. Dr. Krouse had come to Columbus to attend the founding meeting but was misinformed about the time of the session and so was not present to become a charter member.

In its early years, much of the work of the Society between annual meetings was the province of the Secretary, a position first held by Dr. William M. Beach, of Pittsburgh. It was the Secretary’s task to keep the records of the organization and to make all arrangements for the meetings, including the program. Moreover, until 1939, the Secretary also served as the chief financial officer in the combined office of Secretary-Treasurer. Even before the Society’s founding in 1899, Dr. Beach had organized preliminary meetings of proctologists at AMA conventions. He was in large part responsible for drafting the Constitution and Bylaws of the new Society. In 1903, Dr. Beach ascended from Secretary-Treasurer to President. Dr. Beach was respected for ingenuity in devising methods and instruments. He invented one of the first good sigmoidoscopes. He is also remembered for contributing to the informal, social side of the Society’s annual gatherings. The records note that at the 1905 meeting in his hometown of Pittsburgh Dr. Beach arranged an informal “evening smoker,” enabling members to meet a number of prominent local physicians.

Dr. J. Rawson Pennington, a native of Indiana who settled in Chicago after taking special rectal surgery courses at St. Mark’s, London, became the next APS President (1904-1905). His important compilation of proctology from an historical standpoint, Treatises on the Diseases and Injuries of the Anus, Rectum and Pelvic Colon, was published in 1923. Dr. Pennington was respected as a mechanical genius who developed many instruments for the diagnosis and treatment of diseases of the colon and rectum. He was given deference for his quick temper and the strength of his convictions.
At this distance in time, we may want to believe that gentlemanly decorum prevailed at Society meetings, but there is evidence that this was not always the case. At the 1907 meeting, it was reported, Dr. Leon Straus, of St. Louis, another charter member, made a remark critical of the Pennington clamp that quickly brought Dr. Pennington to his feet and beg forgiveness for the intemperate assault, believed to be unique in Society history.

In 1909, the year that William Howard Taft succeeded Theodore Roosevelt in the White House, Dr. Dwight H. Murray, of Syracuse, New York, became the first non-charter member elected to the Society’s presidency. He had joined APS in 1904 and never missed a meeting after that until his death in 1921. His presidential address discussed the status of undergraduate training in proctology, reporting on two surveys he had made. In one, he found that of 32 medical schools only one attempted to teach proctology. In a questionnaire survey of 110 young practicing doctors, he found that they knew little about rectal examination or treatment and wished they knew more. He repeated the call for establishing a journal and suggested that the specialty include the entire intestinal tract.

The period in the Society’s history that we might call ‘the founders’ era’ was nearing its end. In another area of scientific inquiry, Sigmund Freud had just published his landmark work, *Psychoanalysis*, when Dr. John L. Kelks, of Memphis, became President in 1911. Dr. Kelks joined APS just three years after it was founded and knew all the founding members, as did his successor, Dr. Louis J. Hirschman (1912-1913). The Society held a symposium on constipation at the 1911 meeting, with discussions on medical treatment and the management of obstruction. Acute obstruction was treated by cecostomy, while simple, long-standing constipation was handled by admitting the patient to the hospital “to teach him how to eat.” One speaker mentioned resecting the sigmoid colon for constipation in some patients.

Dr. Hirschman was the first active APS leader from Detroit, a city whose colon and rectal surgeons, many educated as he was at Wayne State University, would contribute much to the Society. Much later, in the 1930s, Dr. Hirschman played an important role in the development of the American Board of Proctology, and received its Certificate No. 1 from the new Board in 1944, becoming the first physician certified in proctology. He established a Department of Proctology in Wayne State’s medical school, directed it for over 30 years, and trained Dr. Norman Nigro (President 1965-1966), among others.

Dr. Matthews returned for a second term as President in 1913-1914. Dr. Louis J. Krouse (1914-1915), of Cincinnati, succeeded him. Dr. Krouse’s term may be said to mark the end of the founders’ era. His absence from the charter group was due to an error in timing, as we have noted. His presidential address reviewed the Society’s history to 1915, concluding that the most urgent need was better teaching of proctology in the medical schools.

**WHY PROCTOLOGIST A SPECIALTY?**

The subject of the next presidential address was “Why Proctology Has Been Made a Specialty.” The answer that Dr. T. Chittenden Hill (1915-1916) gave, in one word, was fistula, a common ailment caused by an infection in a cavity near the anal opening. Dr. Hill cited the fact that the two specialty hospitals in London used the word “fistula” in their name. He reviewed a survey made by Dr. James Tuttle, the Society’s second president, who found that in 2,000 cases of fistula, the cure rate was only 45 percent. The conclusion, of course, was that surgeons of that time had too little experience to be proficient in the management of fistula and other anorectal conditions.

Two important events in the Society’s history occurred in 1917: the first was the first meeting of the Section on Proctology of the American Medical Association, and the second was Dr. Walter A. Fansler’s initiation of a training program in proctology at the University of Minnesota.

The Society had 50 fellows at the time President Dr. Alois G. Graham’s address to the 1921 meeting in Boston. A then virtually unknown physicist, Albert Einstein, had just won the Nobel Prize. In his presidential address, Dr. Graham recommended that all meetings should include papers on cancer.

In the 1923 address, President Dr. Emmett H. Terrell (1922-1923), a native of Virginia who practiced in Richmond, talked about friendship among the Fellows and the frank discussion of the papers. He warmly praised the value of the meetings and the honorable place proctology had then begun to hold in medicine, largely through the efforts of Dr. Mathews and his associates. He urged the formation of a journal and suggested that someone present a review of current literature, as Dr. Samuel Earle had done many years earlier.

To celebrate the Society’s 25th anniversary in 1924, the annual meeting was held in two sessions—one in the United States (New York) and another in England (London) as guests of the Royal Society of Medicine. This was the first joint meeting of the two groups, and there was not another until 1949. The Society’s new President was Dr. Ralph W. Jackson, of Fall River, MA, a leader appreciated for his executive ability. At the first session, Dr. Jackson reminded members that the Society had been founded because of the need for better patient care for those with rectal diseases, an area previously treated largely by quacks. He spoke of the need for more proctologists, as many cities still had none.

The Society’s 1927-28 President, Dr. Louis A. Buie, of Rochester, MN, was to play a major role in the Society’s history. He had become chief of the Mayo Clinic Section of Proctology in 1919 and headed it until 1953, when he became a senior consultant. He served a second term as President in 1934-35 and later became the first editor of the Society’s journal, *Diseases of the Colon & Rectum*, when it was established in 1957. He was also one of the founders of the American Board of Proctology. Dr. Buie was an internationally recognized teacher of proctology and author of three textbooks on the specialty. He also designed several instruments for improving rectal examinations, including a sigmoidoscope, a proctoscope table, and a biopsy forceps used worldwide. He was chair of the specialty Section of the AMA and gained national acclaim in 1951 as a leader of a revision of the AMA Code of Medical Ethics.

The Society’s President in 1929, when the “Roaring 20s” ended with the stock market crash, was Dr. Edward G. (Ned) Martin, of Detroit, the first of several leaders mentored by Dr. Louis Hirschman. The annual meeting held in Detroit, was the first after the death in December 1928 of the Society’s first President, Dr. Joseph Mathews. His passing might be said to conclude the first phase of the Society’s drive to gain recognition for the specialty. Much had been accomplished, and much still lay ahead. Past President Dr. George Evans gave a short memorial speech for Dr. Mathews, and Dr. Granville Hanes prepared an extensive review of his life as a memorial for publication in the Society’s publication, *Transactions*. Exhibits are mentioned for the first time in the report of the 1929 meeting. They list the following: books on proctology and allied subjects, the Hanes table, the Buie table, proctologic instruments, exhibits showing circulation of the sigmoid and rectum, specimens of carcinoma of the sigmoid, and other mounted specimens.
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. Runyan 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 a colonic surgery."

The ABP representatives agreed that future candidates should meet all the general surgery board requirements. In effect, this excluded anorectal 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 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 so 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.

**ABS DENIES REQUEST**

After reviewing the CCC’s request, the ABS 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 obtain 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 acted 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 battles," said Dr. Stanley M. Goldberg (President 1983-84).
A CENTURY of ACHIEVEMENT

A History Of The American Society Of Colon & Rectal Surgeons

Following is the third 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, 1899-1999. The book is scheduled for publication next year as part of the commemoration of the Society's 100th anniversary. This excerpt covers the establishment of the journal, concentrating on the years 1949-1959. The complete history will be available for members at the annual meeting in Washington, DC, May 1-6, 1999.

III. Publications and Establishment of Diseases of the Colon & Rectum, 1949-1959

The Society's Constitution established as its principal objective "the cultivation and promotion of knowledge in whatever relates to diseases of the rectum and colon." To bring the knowledge shared in papers and discussions at annual meetings to a wider audience, it had always been the Society's intention to publish them. The proceedings of the inaugural 1899 meeting were published in a single volume called Transactions.

The Society discontinued publication of Transactions for the next several years. Then, at the 1907 annual meeting, the Society employed a stenographer to record the papers and discussions, so the Secretary could furnish a copy of the proceedings to the leading medical journals. Miss Lulu Gay, of Philadelphia, was the Society's first official stenographer, and she served in that capacity through 1912.

During the years after 1917, the Society employed several different publishers for Transactions. The publication of Transactions continued uninterrupted from 1920 through 1942.

FIRST CALL FOR JOURNAL: 1908

Expression of the Society's need for its own journal dates from the Founders' Era. One of the founding members, Dr. A. Bennett Cooke, suggested publication of a journal in his 1908 presidential address. His call was echoed in many later addresses.

However, no action was taken until the 1940 meeting in Richmond, Virginia, when the Society considered an offer from Mosby Publishing Company to publish a journal. A committee made up of Drs. Marion Pruitt, Louis Hirschman, and Harry Bacon consulted with Dr. C.V. Mosby regarding the editorial board, date of first issue, and other details. It is not known what happened to this recommendation, because minutes of the next several meetings make no mention of the Mosby contract or plans to publish a journal. One might assume that Council decided World War II was not the time to start a journal.

In 1947 and 1948, the Society decided to publish its papers in the American Journal of Surgery. Some members objected, because they no longer had a single bound volume containing all the proceedings of the meeting. In response to their concern, the Society published a separate Transactions in 1949 containing the complete proceedings. Meanwhile, the papers were also published in the American Journal of Surgery.

The Society's 1949 meeting in Columbus, Ohio, was a gala 50th anniversary celebration. It was a joint meeting with the Section of Proctology of the Royal Society of Medicine. The special Anniversary Program included special presentations by Dr. Louis Hirschman, "The First Fifty Years of Proctology," the Mathews Oration, in which he described each of the Society's founders, all of whom he knew personally; and "Proctologists in Review," a motion picture of Society events filmed by members and compiled and edited by Dr. Louis A. Buie.

DR. BACON: MAN OF SCIENCE AND VIRTUOSO

President for the 1949 golden anniversary meeting was Dr. Harry E. (Ted) Bacon (1948-1949), of Philadelphia, one of the Society's most colorful leaders. Dr. Bacon was a prolific writer with 15 major textbooks to his credit, plus many scientific articles. In 1957, he had a central role in the establishment of the Society's journal, Diseases of the Colon & Rectum. Dr. Bacon was not only a distinguished man of science, but a virtuoso with considerable literary and musical ability, publishing three volumes of poetry and copywriting words and musical arrangements for piano and organ.

Fifty years later, Dr. Bacon was still fondly remembered. "Dr. Bacon was a true dynamo. He was very good at organizing committees, and he was active in all committee meetings," Dr. Willard Bernhoff said in a 1996 interview.

"Ted Bacon had a marvelous memory, and he was a terrific organizer," said Dr. Eugene P. Salvati. "He was also an excellent speaker. Ted Bacon was the founder of Diseases of the Colon & Rectum. He is entirely responsible for that journal. Without Ted Bacon, I don't think there would be the journal we have today."

The 1952 annual meeting in Milwaukee featured a tour and buffet as guests of the Milwaukee breweries. In his presidential address, Dr. Robert A. Scarborough (1951-1952), of San Francisco, warned of an accelerating trend toward socialism in medicine and urged doctors to get involved in politics, a theme that received increasing
attention in the years following. Later in 1952, a U.S. Presidential Commission recommended a National Health Insurance program.

During 1955, the new President, Dr. A.W. Martin Marino, Sr. (1954-1955), of New York, urged the Society to establish its own journal, but the Executive Council maintained that publication of papers in the American Journal of Surgery was satisfactory. Council recognized that publishing a journal would require a considerable investment of time and expense.

Dr. Marino, by the way, was to be the first President succeeded in office by a son. Dr. A.W. Martin Marino, Jr., followed his father in a career in colon and rectal surgery and became the Society’s president in 1984-1985.

In 1956, the Executive Council became convinced that it would be in the Society’s best interest to publish its own journal, and investigations initiated 20 years earlier were renewed. But C.V. Mosby Company, which had shown an interest in publishing a journal some 15 years earlier, said a survey it had conducted showed that a Society journal would operate at a loss because of high production costs and low circulation. Lancet Publications said it would need $25,000 to subsidize initial publication. Yorke Publishing Company, publishers of the American Journal of Surgery, was not interested in publishing a Society journal, noting that pharmaceutical companies had started to drop advertising in specialty journals.

Dr. Bacon’s neighbor, J.B. Lippincott

Dr. Stuart T. Ross (1955-1956), of Hempstead, NY, then the Society’s President, reported that Williams and Wilkins had been approached regarding publication of a Society journal with negative results. At that time, Dr. Harry Bacon’s neighbor in Philadelphia was J.B. Lippincott, who owned a major publishing company bearing his name. Through this contact, a conference was arranged that included Jay Lippincott, the publisher’s son, and his associate, Walter Kahoe, and Drs. Bacon, Hyrum Reichman (the Society’s Treasurer), Ross, and Scarborough. The Lippincott organization was interested, and further meetings followed.

Discussion focused on two main concerns: the Society’s ability to provide the estimated 50 to 60 papers a year required to publish a bimonthly journal; and the need for financial support of approximately $10,000 per year from the Society for two or three years until subscriptions and advertising revenues would be adequate to support it. Finally, at a November 1956 meeting, the Council decided to proceed.

Drs. Harry Bacon and Stuart Ross comprised the journal committee. They did an exceptional job in their negotiations and submitted a contract for Council review in April 1957. Council submitted it to the Fellowship with a recommendation for approval at the 1957 meeting in New Orleans. The Fellows’ action gave the Society its own journal, still unnamed, with the first publication date set for January 1, 1958.

Dr. Louis A. Buie, who had already twice served the Society as its President, was named Editor of the journal and appointed to a committee to determine its name. After much discussion, the choices narrowed to “Diseases of the Colon and Rectum” or “Surgery of the Colon and Rectum.” The committee decided that “diseases” would convey a more inclusive connotation, and the Lippincott editor thought it would sell more copies. Thus, Diseases of the Colon & Rectum was born.

Dr. Buie carried most of the responsibility for editing the journal. He screened all articles so that material presented in DC&R would be of the highest quality. His criterion for selection was, “Will this article help the journal?” If an article on a worthy subject did not quite measure up to his editorial standard, Dr. Buie, a literary perfectionist, would improve it, frequently offering authors extensive rewriting suggestions. Indeed, his talent and skill in this area remains legendary today.

Dr. Buie was assisted in the operation of the Editorial Office by his secretary, Mrs. Mildred Truax, who started with the journal in July 1957. She served as a conscientious and dedicated employee for 33 years until succeeded by her daughter, Michelle (Shelly) Hewlett. Mrs. Truax served under three editors—Dr. Buie (1957-1967), Dr. John R. Hill (1967-1967), and Dr. Robert W. Beart, Jr. (1967-1996). DC&R was published bimonthly, or six times annually, from 1958 to 1974. In 1974, it expanded to eight issues per year, and in 1983, it became monthly. By the mid-1960s, the Executive Council decided that it would be a good idea to find a successor for Dr. Buie. As Dr. Salvati remembers the situation, however, it was extremely difficult to get Dr. Buie to agree. Finally, in 1965 Dr. Buie encouraged Council to address the matter of his successor. Dr. John R. Hill, who also practiced at Mayo, was chosen to succeed Dr. Buie in 1967.

Dr. John Hill’s “Working” Editorial Board

After some years on the job as Editor, Dr. Hill addressed members in a letter on editorial quality: “For the greater part of its existence the Journal functioned with a ‘nonworking’ Editorial Board. The board was composed of many illustrious surgeons from both this country and abroad, but they were not called upon to help with the selection and editing of articles for publication....In 1978, after consultation with the Society’s Council, it was decided that a change to a complete ‘working’ Editorial Board was essential....There was a gradual improvement in the Journal since its inception in 1958, but there is no question that the tempo has quickened impressively since the new board became involved.”

DC&R’s original contract with Lippincott had already been renegotiated several times by 1987, when Council asked Lippincott to renegotiate again and, this time, also invited bids from other publishers. They renewed the Lippincott contract for a three-year period. However, interest of other publishers continued, and the Society’s new Executive Director, James R. Slawny, advised the Executive Council that he believed they could renegotiate the contract for markedly increased financial benefits.

In 1990, Council again solicited bids from publishers. As Slawny remembers it, one publisher’s bid would increase by four times the revenue the Society was then receiving from the journal. The Council debated long and hard, discussions centering mostly on balancing the better financial return from another publisher against loyalty to Lippincott. The Fellows remembered that no other publisher had been willing to take a risk on the new journal back in 1957. In the end, practicality won out over loyalty. The Council accepted the bid of Williams & Wilkins to begin publication with the January 1991 issue.

Dr. Beart served as Editor until 1997, when he was succeeded by DC&R’s current Editor-in-Chief, Dr. Victor W. Fazio (President 1995-96), of the Cleveland Clinic.
The word proctology derives from the Greek word proktos meaning anus. Even at the time of the Society's founding, there was a difference of opinion among physicians over what they should call the organization. The founders agreed on the American Proctologic Society after some discussion. In 1923, the Society's first President, Dr. Joseph M. Mathews, said that when the name American Proctologic Society was chosen in 1899, he would have preferred the term rectum and colon instead because it clearly states what the specialty is. This disagreement continued through the 1930s and 1940s, as the Society sought to establish a certifying board. Would there be one board or two? Many believed there should be separate boards for anorectal surgery and colon and rectal surgery.

"Up through the 1950s, we had two different groups—a larger group of anorectal surgeons, and smaller group of colon and rectal surgeons who had completed five years of training in general surgery and an additional fellowship in colon and rectal surgery," says Dr. J. Byron Gathright, Jr., of New Orleans, who served as Society President from 1989-90. "The anorectal surgeons would confine the scope of practice to the anorectal area as far as you could reach with your finger. The other group defined the specialty by the entire colon, rectum, and anus. The Society got a little polarized."

In other words, a vigorous discussion of a possible name change held at the Society's 1959 meeting was not about semantics. It went to the heart of a serious difference of opinion over the identity of the specialty. Interestingly, the American Board of Proctology (ABP) discussed changing its name to the American Board of Colon and Rectal Surgery (ABCRS) in 1958. Board members said the reason was simply to state more clearly what the specialty includes. Most people defined proctology as only anorectal surgery, even though the definition given in the Board's Constitution and Bylaws included colon and rectal surgery.

FIRST TO CHANGE: ABP TO ABCRS

In 1959, the ABP notified the Advisory Board for Medical Specialties (ABMS) that it was changing its name to the American Board of Colon and Rectal Surgery. This was acknowledged without comment. The change was implemented on September 16, 1960. In 1962, the American Board of Surgery, then concerned about the name change, requested a meeting with ABCRS to discuss the reasons for it. The ABCRS representatives insisted that the name change did not represent any change whatever in the scope of the specialty.

The business meeting at the 1959 annual meeting was noteworthy for having the Society's first formal discussions—first in Council, then during the annual business meeting—of changing its name from American Proctologic Society to American Society of Colon and Rectal Surgeons. The fellows reached no conclusion, and the issue was to remain on the agenda for more than a decade.

Discussion of a change in the Society's name was revived at the 1960 meeting in Houston, TX. President Dr. Hyrum R. Reichman (1959-1960), who practiced in Salt Lake City, UT, referred to Dr. Mathew's 1923 statement in making a case for a name change. Again, they took no action, but the Council asked the Bylaws Committee to prepare an amendment to change the name to the American Society of Colon and Rectal Surgeons.

After lengthy debate, the amendment to change the name of the Society was put to a vote at the 1961 annual meeting in Pittsburgh and lost. Participants in this debate and others that followed during the 1960s remember the issues differently. Dr. Norman D. Nigro, of Detroit, for example, recalls that the main argument proponents made for the change was that the word "proctology" was not familiar to the public. "Changing the name was a difficult thing because there were many people—and I think perhaps I might have been one—who liked the old name, the American Proctologic Society. However, many others argued that most people didn't know what the word proctology means, and for that reason the change was necessary. It simply wasn't clear to most people that proctology meant colon and rectal surgery. Also, the academic surgeons defined proctology as anorectal surgery, while we defined it as surgery of the colon and rectum. A change became necessary to clarify that point."

NAME CHANGE AROUSED STRONG FEELINGS

Dr. Bertram A. Portin, of Buffalo, who like Dr. Nigro later became a Society President, remembers having strong feelings at the time that a name change was necessary. "The name American Proctologic Society had a
limiting force for us in the academic community. It was necessary for us to stamp out our turf and develop a name that better indicated what we do. I was very much for the change," he says.

Most remember the name change debates of the 1960s as an important milestone in Society history. Dr. Stanley M. Goldberg, of Minneapolis, MN, who later served as the Society's 1983-1984 President, remembers: "Some people wanted the Society to stay an anorectal society and focus all of our attention on the last two inches. It became obvious to me in the 1960s that the specialty was not going to survive unless it attracted bright, young people who were going to be trained as surgeons. I think the name change and focus on the entire colon was significant."

Dr. Eugene P. Salvati, of Plainfield, NJ, Society President from 1985-1986, remembers that the name change debate often became heated and intense. "There was a tremendous turmoil and opposition among a considerable minority of the membership. It looked as though the issue was going to tear the Society apart. The young surgeons who were training in colon and rectal surgery could see that the name change was the thing to do, but at the time we decided it was not worth it to make such bitter enemies between Society members." The name change debate continued during the next few years, but it was not placed on the agenda again for formal discussion until 1968.

The 1965-1966 President, Dr. Norman D. Nigro, of Detroit, became one of the specialty's most distinguished leaders. One of the Society's current leaders, ABCRS Executive Director and former Society President Dr. Herand Abcarian, of Chicago, remembers Dr. Nigro as the Society member who most influenced him. "Dr. Nigro taught me the importance of research as the way to elevate our academic stature. In a sidewalk conversation one day, he told me that if I could not help a patient at all, at least I should hold their hand. And I have always tried to do that," Dr. Abcarian says.

Dr. Nigro was trained by one of the Society's early leaders, Dr. Louis Hirschman, Society President in 1912-13. Now retired to Scottsdale, AZ, Dr. Nigro remains well known for the Nigro Protocol, a treatment for anal cancer that uses a combination of radiation and chemotherapy, avoiding a surgery that commonly resulted in a permanent colostomy. He had the honor of presiding at the 1966 Cleveland meeting where Rene Jules Dubois, Ph.D., delivered the first memorial lecture in honor of Dr. Hirschman. During the year, the ACS Board of Regents had denied a request to change the name of its Advisory Council for Proctology to the Advisory Council for Colon and Rectal Surgery.

Discussion of changing the name of the Society was revived at the 1967 annual meeting in New Orleans. The Fellows instructed Council to prepare the necessary amendment for action in 1968. Meanwhile, the AMA section changed its name from Section on Proctology to Section on Colon and Rectal Surgery.

1968: NAME CHANGE FALLS 11 VOTES SHORT

At the Society's 1968 convention in Denver, CO, vigorous discussion, pro and con, followed presentation of the proposal to change the name to American Society of Colon and Rectal Surgeons at the annual meeting. When the question was called, the spirited objections of a number of eloquent defenders of the past carried the day, and it fell 11 votes short of the required two-thirds plurality.

The Society's President for the 1969 joint convention, held in Boston and London, was Dr. Neil W. Swinton (1968-1969), a Michigan native who became head of the Division of Colon and Rectal Surgery at the Lahey Clinic. The newly elected President, Dr. James A. Ferguson (1969-1970), of Grand Rapids, MI (now of Ruidoso, NM), was installed in London.

The final banquet at London's Guildhall was an impressive, formal occasion, honored by the presence of the Right Honourable Lord Mayor of London, Sir Charles Trinder and Lady Trinder. Dr. Mark Killingback, of Hornsby, NSW, Australia, remembers an amusing anecdote from the occasion: "We had the Royal Toast. Neil Swinton made a very good speech, but toward the end he found it difficult to finish, because he was trying to express the gratitude that he felt for the warmth of the hospitality from the Royal Society. 'In fact, ladies and gentlemen,' he said, 'I think we should toast the Queen again.' Now that's not something that's done in the very strict protocol of England. And the Mayor sitting next to me went into a spasm. He reached across to his wife and said, 'My God, what'll we do now?' The room was in total confusion, with some people standing for the toast, others sitting, and some half up and down."

In 1971, the ACS Advisory Council for Proctology again asked the ACS Board of Regents to approve changing its name to Colon and Rectal Surgery, and the request was denied for the second time in five years. The ACS Regents' action brought the Society to the realization that it could not expect the ACS to change unless and until it changed its name.

At the 1972 annual meeting in New York City, the Bylaws Committee was again asked to prepare an amendment to change the name of the Society. President Dr. A. Jack McAdams (1971-1972), of Pittsburgh, entitled his address, "The Armed Savage." It was not published, but the title may have been prescient, as his hotel suite was robbed one morning while he was at breakfast and his wife was in the shower.

A 1972 milestone worthy of special mention was the election of Dr. Ernestine Hambrick, of Chicago, to the membership. Dr. Hambrick holds the distinction of being the first woman to complete an approved residency in colon and rectal surgery, and then go on to become the specialty's first board-certified woman.

AT LAST, CLOSURE TO DEBATE ON NAME: ASCRS

A debate that one might say had started at the Society's founding in 1899 finally ended the next year at the 1973 meeting in Detroit. The Fellows considered a bylaws amendment to change the Society name to the American Society of Colon and Rectal Surgeons d/b/a the American Proctologic Society. Again there was extended debate and discussion before it was approved, 63-12.

Unfortunately, Dr. Rupert Turnbull (1974-1975) became ill and could not deliver his presidential address to a record turnout at the 1975 annual meeting in San Francisco. The Vice President, Dr. John McGinvey, of Galveston, TX, presided very capably in his place. It was the first meeting to be tape recorded, with cassettes available for purchase.

The name change closed a chapter in the Society's history, but its undercurrents continued for many years. More than a decade later, Dr. Eugene P. Salvati used his 1986 presidential address to comment on how he had seen the Society change. It was relatively small, and the interest of most members was more anorectal than colonic until about 1950, he said. While pleased to see progress in the work of the specialty, Dr. Salvati expressed concern that the Society might be neglecting its responsibilities in anorectal treatment. He said that if colon and rectal surgeons fail to do good anorectal work, they will risk losing their identity.
A CENTURY of ACHIEVEMENT

A History Of The American Society Of Colon & Rectal Surgeons

Following is the fifth 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, 1899-1999. The book is scheduled for publication in 1999 as part of the commemoration of the Society's 100th anniversary. This excerpt covers the establishment and growth of the ASCRS Research Foundation. The complete history will be available for members at the annual meeting in Washington, DC, May 1-6, 1999.

V. The Research Foundation, 1958 to the Centennial Campaign

During its first half century, the specialty's need for a systematic and coordinated research program had been a common theme, along with the need for a certifying board, a journal, and more training programs in medical schools. Members recognized the importance of research in elevating the specialty's status in the academic community and so establishing its viability and credibility.

In 1956, Dr. Hyrum R. Reichman, Salt Lake City, UT, then a member of the Executive Council and later a President (1959-1960) of the Society, suggested organization of a research foundation for the purpose of encouraging and funding research projects in the specialty of colon and rectal surgery. The next year, the Society's incoming President, Dr. Julius E. Linn, decided to appoint Dr. Reichman as Chair of a special committee, the members of which might serve as Trustees of the foundation, if it were established.

With legal counsel obtained from Mr. Owen Reichman (Dr. Reichman's brother), the committee submitted an application to the State of Utah. The petition was granted in January 1958, and the Research Foundation of the American Proctologic Society was incorporated. However, the Internal Revenue Service said it would deny the Foundation's tax-exempt status until research projects were under way. This was a classic "catch 22," as the Society's lawyer pointed out: they could not raise funds to support any research until the Foundation could assure prospective donors of its tax-exempt status.

Neil W. Swinton, Boston, MA, Vice President and Trustee; Dr. Reichman, Secretary-Treasurer and Trustee; and Drs. Curtice Rosser, Dallas, TX, and Garnet W. Ault, Washington, DC, Trustees. The Foundation's first office was in Salt Lake City, UT. Its first annual meeting was held in June 1959 during the Society's convention in Atlantic City, NJ.

Having established the Foundation, the APS next sought to fund it. At the 1958 Society annual meeting, the members approved applying $1 of each member's dues to the Research Foundation. The initial contribution was $587, augmented by an additional $25 from a generous Society member. Fuller Pharmaceutical Company, a staunch supporter of the Society, contributed $1,000 to the Foundation in 1959, and one or two memorial contributions were also received. At the same time, though minimal funds were available, the Foundation Trustees approved several small research grants to aid in their application for a tax-exempt status.

SLOW ACCUMULATION OF FUNDS FOR GRANTS

The accumulation of funds from which to make grants was slow, relying primarily upon annual contributions from the Society. The Foundation did not solicit contributions from others until the IRS approved its tax-exempt status in 1962. Of necessity, then, grants made during the early years were small, mostly in the $50-$250 range, although in 1967 the Foundation made a $2,000 grant to Dr. A. Jack McAdams of Pittsburgh (President 1971-1972) for an animal study on large bowel anastomosis techniques.

The Society's decision to change its name in 1973 to the American Society of Colon and Rectal Surgeons (ASCRS) posed a problem for the Research Foundation. In 1982, the Foundation officially changed its name to the American Society of Colon and Rectal Surgeons Research Foundation.

For the first 25 years of its existence, the Research Foundation operated on a small scale, never generating enough financial support to make grants to support significant research projects. Most members had no contact with the Foundation and little knowledge of its activities. In fact, at the 1984 annual meeting, the Foundation's officers reported some questions about whether it should continue. Nevertheless, Council decided to carry on, because everyone agreed that research is important.

DRAMATIC CHANGE UNDER NEW OFFICERS

The Foundation's situation began to change dramatically in 1984, with the election of a young, more aggressive group of officers, headed by President Dr. W. Patrick Mazzier; Grand Rapids, MI (Society President 1992-1993), Dr. Thomas H. Dailey, of New York City, became Vice President, and Dr. James F. Guthrie, Norwalk, CT, Secretary-Treasurer.

In the fall of 1985, Dr. Mazzier and his wife, Paula, met with Dr. Guthrie and his wife, Sandra, in Chicago. Over coffee at the Mayfair Regent Hotel, they decided to have a Foundation exhibit booth at the next ASCRS annual meeting in Houston, TX. This would accomplish two things: one, give the Foundation a visible presence with Society members and others and, two, help raise funds through the sale of appropriate souvenirs and gifts.

"The ASCRS Research Foundation soared to..."
new heights of visibility in Houston,” the Society’s newsletter reported. This first booth was so successful that the Foundation continued and expanded it at succeeding meetings. Obviously, involving the women of the Society in the Foundation would be critical. To that end, they formed the Women’s Committee of the Research Foundation, chaired by Mrs. Paula Mazier.

During the Chicago meeting, Drs. and Mrs. Mazier and Guthrie had also decided that the Foundation should have a winter meeting. They held the first one in January 1986 at the New York Athletic Club, attracting about 40 people. This established a core of people dedicated to the Foundation’s success. At the same time, they selected a motto, “Excellente per Investigatorium,” (Excellence through Research), and a crest was designed. They set a fund raising goal of $1 million.

**THE “GOLD EAGLE SOCIETY”**

At the January 1986 meeting, the formation of the “Gold Eagle Society” was announced—a new idea Dr. Guthrie had proposed at the earlier Mayfair meeting. Making a contribution or pledge of $5,000 to the Research Foundation would earn membership in the Gold Eagle Society. Drs. Mazier, Guthrie and A.W. Martin Marino, Jr., became the first Gold Eagles, and the response from others was most gratifying. By 1989, the Gold Eagle Society had more than 80 members.

While the Foundation was seeking support from the membership, the officers also began an intensive effort to attract funds from outside the organization. In 1985, Dr. Mazier enlisted the support of Leon Hirsch, Chairman of U.S. Surgical Corporation, whose company generously made an initial contribution of $20,000. U.S. Surgical also agreed to make an annual contribution of $30,000 to establish the Traveling Fellowship Award. Additional support came from American V. Mueller, Lafayette Pharmacal, and Miles Pharmaceutical.

In the five-year span between 1984 and 1989, the Foundation achieved far greater recognition and success than in the previous 25 years of its existence. Not only did the Society membership support the Foundation, but it attracted significant corporate support. The Foundation was then able to provide $80,000 annually in grants and awards. When the Society’s Executive Council established the Norman Nigro Research Lectureship in 1988, the Research Foundation voted to subsidize it.

**FIRST ENDOWED CHAIR IN COLON AND RECTAL SURGERY**

A milestone that Dr. Mazier later called his proudest accomplishment was achieved through the efforts of the Research Foundation in January 1990, when the nation’s first university chair in colon and rectal surgery was established at the University of Illinois. The U.S. Surgical Corporation endowed it, and it is formally known as the Turi Josefson Chair in Colon and Rectal Surgery. The professorship honors Ms. Josefson’s role in developing the surgical staple. Dr. Herand Abcarian, of Chicago, was named the first to occupy the University’s Turi Josefson Chair in Colon and Rectal Surgery.

By 1990, Council recognized that the Foundation’s growing success was creating some problems. In particular, Council was concerned that the Society and the Foundation might simultaneously approach the same commercial firms for support, causing confusion. Many thought there was a lack of distinction between the Society and the Foundation, with the statements and actions of one often perceived as representing the other. During his term as Society President, Dr. J. Byron Gathright, Jr., argued that the Foundation’s title tells the story. “It needs to operate as an arm of the Society rather than an independent entity. It is the Research Foundation of the ASCRS,” he said.

Participants in the discussions of how to draw lines delineating Society and Foundation activities saw the issues as primarily misunderstandings of strong leaders working hard to achieve complementary objectives. The Research Foundation was originally incorporated as a completely independent organization to achieve charitable, scientific and educational goals. The Foundation and the Society shared the same membership roster, but officers and other members of the respective governing boards were elected separately. The founders clearly intended that it function as the research foundation of the Society, but it was a separate corporation.

**1993: ASSETS $708,000, $85,000 IN GRANTS**

Dr. Guthrie assumed Foundation leadership as its new President and, in 1993, reported that the Foundation’s assets had reached $700,000 and it had awarded $85,000 in grants over the year. The Foundation generated about $270,000 in income during the year, including $80,000 from Gold Eagles, $60,000 from the Society membership, and $45,000 in specific grants, Dr. Guthrie said. He reported that almost 200 physicians and lay members had achieved Gold Eagle status with gifts or pledges to the Foundation of $5,000 or more.

The Foundation’s 1995 annual meeting returned to New York City, after three years in Florida. Dr. Thomas H. Dailey, of New York, succeeded Dr. Guthrie as Foundation President at the meeting, and Dr. Ernestine Hambrick, Chicago, was elected Vice President.

**1996: MERGER PROPOSAL APPROVED**

In 1996, many months of negotiation between leaders of the Foundation and the Society paid off when a proposal to merge the two organizations was unanimously approved by the membership at the annual business meeting, June 13, in Seattle.

“There was confusion about the role of the Research Foundation, largely due to miscommunication,” Dr. Victor W. Fazio (Society President 1995-1996) said later. “Council took steps to forge a union of the two, creating a new beginning. It has all the earmarks of a successful reunification.”

**CENTENNIAL CAMPAIGN GOAL: $3.5 MILLION**

in 1997, the Society committed $1 million to help launch an aggressive $3.5 million fundraising initiative of the Research Foundation called the Centennial Campaign. Society President Dr. David A. Rothenberger (1996-1997) announced. The campaign was named in anticipation of the Society’s 100th anniversary in 1998. Its goal was to increase the Foundation’s endowment to $4 million.

By October 1997, commitments to the Centennial Campaign rose to nearly $3.9 million, with $500,000 commitments from Rhoone Poulsen Rorer, Ethicon Endo-Surgery, and C.B. Fleet Co. Dr. Dailey reported.

In November 1998, an additional $500,000 pledge from Genzyme Surgical Products helped the Foundation achieve its $5 million challenge goal.

In 1998, Dr. Herand Abcarian, of Chicago, (Society President 1988-1989) was elected to a two-year term as President of the Research Foundation, succeeding Dr. Dailey. As the Centennial Campaign neared its goal, the leaders gathered for a discussion of their vision of the future. “My vision of the Foundation’s future is to secure the place of colon and rectal surgery as a specialty,” Dr. Dailey said.

“Somewhere in the next decade or two some young man or woman in our specialty might come close to developing a cure for cancer of the colon and rectum. That’s what we all would like to see as the return on our investment,” added Dr. Mazier.
A CENTURY of ACHIEVEMENT

A History Of The American Society Of Colon & Rectal Surgeons

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The Society started as a meeting of physicians specializing in proctology and gradually grew to become an international organization that publishes a monthly journal, has an affiliated Research Foundation, and maintains a close working relationship with a certifying board. For the first half century of its existence, the Secretary was responsible for keeping all records of the organization and making all arrangements for meetings, including the program. Moreover, until 1939, when the office of Treasurer was established, the Secretary was also the Society’s financial officer, filling the combined office of Secretary-Treasurer.

For the Society’s first 30 years, the membership was not large. That was fortunate, because when a new Secretary was elected, all the records and files were transferred to his office. Beginning in 1940, a separate Treasurer was elected, relieving the Secretary of responsibility for financial records.

During the 1950s, the Secretary would take files of all members to each annual meeting. The increased membership had turned this into a considerable chore. In 1956, the Executive Council seriously considered hiring an Executive Secretary or a management company. The Council decided against making the change, primarily because of cost. Council concluded that hiring outside help would deplete the treasury at a time when the Society was about to take the important step of establishing its own journal. Losing the personal touch by employing someone outside the Society was a second concern.

HARRIETTE GIBSON HIRED AS RECORDING SECRETARY

In 1957, the newly elected Secretary, Dr. Norman Nigro, hired Miss Harriette Gibson as recording secretary. Years later, Dr. Nigro remembered that he found Miss Gibson through a mutual friend in Detroit. “Harriette decided to look into our position,” Dr. Nigro remembers, “so she came to Detroit and I interviewed her. She decided to take the job.”

Miss Gibson remembered the interview this way: “Of that interview, three things stand out sharply in my memory: first, the neat, tailored, blue suit I wore; second, walking through the grubby back alley to lunch at a nearby restaurant; and third, Dr. Nigro telling me the job needed someone who could say ‘no’ when the occasion demanded. I wasn’t too certain to what I might have to say ‘no,’ but I was positive I could.”

ESTABLISH CENTRAL OFFICE IN DETROIT, 1962

Having gained the full confidence of the Society’s leadership after five years as recording secretary, Miss Gibson proposed in 1962 that the organization establish a central office in Detroit. Her proposal had Dr. Nigro’s full support. Council agreed to have Miss Gibson establish a central office in Detroit on a trial basis. For the first time, an independent Society office, separate from the practice office of the elected Secretary, was set up and equipped. Finally, in 1964, considering the trial successful, Council approved maintenance of a central office in Detroit and designated Miss Gibson as Administrative Secretary.

In 1972, Dr. Nigro was elected Secretary of the American Board of Colon and Rectal Surgery, which asked Council’s approval to allow the Administrative Secretary (Miss Gibson) to also accept the position of secretary to the Board Secretary. Council approved the Board’s request that Miss Gibson serve a dual role. For the next 15 years (1972-1987), the Society and Board shared office space and staff.

At the 1979 convention in Atlanta, GA, the Society recognized that the size and complexity of the meetings had reached a point where the small Society staff needed assistance. Convention attendance from 1973 to 1974 nearly doubled, jumping from just over 500 to more than 1,000, and the number of exhibitors had increased from 35 to nearly 60 by 1978. The operation of the Society’s convention had become a big business, and the revenue it generated was then vital to the organization’s financial well being. In 1979, therefore, Council agreed to accept a one-year contract for convention services with P.M. Haeger & Associates, of Chicago. It was renewed each year thereafter until 1988, when a professional management firm assumed responsibility for managing all of the Society’s activities, including the convention.

In 1986, Executive Director Harriette Gibson informed the Society and the Board of her intention to retire in two years. The two groups agreed that the Board and Society offices should be separated, and the Board planned for an independent operation. The Council decided the growing diversity of needs and increasing demands in all areas, plus the escalating cost to maintain and staff an independent office, made it desirable to
employ a full service management company. Several companies submitted proposals, and four firms were invited to make presentations to the Council.

**EAA'S JAMES SLAWNY "DID HIS HOMEWORK"**

The incoming President, Dr. H. Whitney Boggs, Jr. (1986-1987), of Shreveport, LA, later remembered that the President of the management firm eventually chosen, James R. Slawny, of Executive Administration Inc., was "the first choice of many people on Council. He really sold himself. He did his homework and showed that he knew what our problems were." Mr. Slawny's firm then managed the American College of Allergy & Immunology, an organization in which Dr. Boggs' brother, Dr. Peter B. Boggs, also of Shreveport, had been very active, including serving a term as President.

Many of the Society's leaders today see the decision to retain a professional management firm as a critical turning point in the organization's history. "The Council had the courage to take a total, radical departure from past practice. I think that secured the future of the Society. In my mind, it was a very significant event," said Dr. Robert W. Beart Jr. of Los Angeles, who served as Editor of Diseases of the Colon & Rectum from 1987-1997 and President 1991-92.

Stella Zedalis was appointed ASCR's Associate Executive Director, with full-time responsibility for managing day-to-day aspects of the Society's affairs. Dianne Kubis was named Director of Membership/Registration.

At the 1990 meeting, Treasurer Dr. Phillip H. Gordon reported that for the first time the Society's assets exceeded $1 million. The Society's financial stability had increased steadily since Executive Administration assumed management responsibility. By 1997, assets had grown to $3,764,599. Under EAA's management, convention registration doubled and revenue from convention exhibits tripled.

The 1970s marked the beginning of a gradual shift in emphasis of Society activities that continues today. Until then, the primary focus had been educational. As the bylaws had established, the Society's purpose was to "promote the cultivation and promotion of knowledge in whatever relates to disease of the rectum and colon." By the 1950s and 1960s, the Society's British colleagues were warning them about socialized medicine and urging them to retain control of medical practice and resist the encroachment of politicians and others into the management of the delivery of medical care.

The government's intrusion into medicine grew during the 1970s, and the Society recognized a need to become more involved in socioeconomic issues. In 1988, the Executive Council formed a Socioeconomic Legislative Committee to advocate the Society's interests and keep members updated on the growing number of issues in this area.

In a January 1986 message to members, President Dr. Eugene P. Salvati (1985-1986), of Plainfield, NJ, decried changes that threaten the quality of medical care. "The maintenance of quality seems to have deserted the scene," he said. "In addition, funding of medical education is in a genuine crisis." The proliferation of Health Maintenance Organizations (HMOs) and malpractice concerns were also high on the Society's list of priorities.

As President, Dr. Boggs took a special interest in the need to educate the public "as to exactly what a colorectal surgeon is. The fact is that many of our citizens don't know we exist," he wrote with some annoyance in a message to members. "Those that do often have a very limited and distorted view of what our surgical specialty actually encompasses. To expand our services we must first educate those in need of these services." He expanded on this theme in a presidential address in Washington. Publicity in the media to heighten public awareness and the development of quality patient information pamphlets to respond to that awareness are essential, he said.

Incoming President Dr. Robert W. Beart, Jr. (1991-1992), of Scottsdale, AZ, led the Society's first Strategic Planning Retreat, the start of a long-range planning process that continues today. In his presidential address, Dr. Beart likened the Society's achievements during his term to a championship basketball team.

The work of Dr. Lester Rosen, of Allentown, PA, and his Standards Task Force was a "slam dunk," according to Dr. Beart. The three-pointer of the year was the evolution of our involvement in the socioeconomic aspects of medicine...We have developed the mechanisms to make sure that our team's game plan is presented in Washington," he said.

Former President Ronald Reagan, who was surgically treated for colon cancer in 1985, taped a television public service announcement for ASCRS in 1994, emphasizing the importance of early detection. It was distributed to television stations nationwide by satellite and reached millions.

Dr. Philip H. Gordon (1994-1995), of Montreal, Quebec, Canada, the first non-American to serve as ASCRS President, held office when Congress's defeat of national health care reform ended a year of acrimonious public debate. "At year's end, there was some sense that the best interests of our patients had triumphed over forces that might have imposed shackles of regulation. But it was not the kind of triumph that one savors. Instead, we were left feeling a little battle weary and anxious for the refreshment that comes with getting back to finding new and better ways to treat our patients," he said in a President's message to members.

In his presidential address, "View from the Bridge," Dr. Gordon, connected the Canadian and American experiences, providing a unique perspective on two very different approaches to health care. He spoke out strongly against "corporate domination and homogenization of our professional practice under the label of managed care. To put it plainly, the vulnerability of the individual patient is being exploited by the imposition of socioeconomic constraint on the specialists best equipped to deal with the serious illnesses that call for our skills," he said.

**FIRST WOMAN PROGRAM CHAIR: DR. PATRICIA ROBERTS**

For the first time, the Program Chair for the 1997 convention was a woman, Dr. Patricia L. Roberts, of Burlington, MA. In another important development, Dr. Ernestine Hambrick, of Chicago, announced her plans to begin a new career as the founder of a national colon-rectal cancer prevention foundation when she retired from active practice in 1998. "We need to educate the public. The incidence of the disease can be cut by 80-90 percent," Dr. Hambrick said.

It may be most appropriate to close this portion of the history with a vision of what some of the Society's leaders see ahead and a remembrance of what Society membership has meant.

Dr. Salvati believes the largest dividend of a lifetime of active participation in Society activities has been "camaraderie...The ability to talk with people each year and exchange ideas with them has been irreplaceable. During the early years of practice, I would have to cancel all surgery for ten days to attend the Society's convention. I have learned as much in social intercourse as in the formal sessions, because it was there that we talked about the nitty gritty. I think the Society is colon and rectal surgery, and colon and rectal surgery is the Society," Dr. Salvati said.
A CENTURY of ACHIEVEMENT

A History Of The American Society Of Colon & Rectal Surgeons

Following is the last of seven excerpts Diseases of the Colon & Rectum is publishing from a fully illustrated hardcover book, A Century of Achievement: A History of the American Society of Colon & Rectal Surgeons, 1899-1999. The book is being published as part of the commemoration of the Society’s 100th anniversary. This excerpt reviews the progress in treatment of colon and rectal disease from the Society’s founding in 1899 to the present day. The complete history will be available for members at the annual meeting in Washington, DC, May 1-6, 1999.

VII. A Surgeon’s Perspective On the Specialty’s Progress, 1899-1999

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From one perspective, the Society’s history is a story of the hopes, dreams, and aspirations of people. It is a story of the personalities, meetings, ideas, and fellowship behind the specialty’s 100-year drive for excellence. It is the story of a struggle for identity that culminated in the name change in 1973 and the perseverance required to establish a certifying board, a journal, and a research foundation.

From another perspective, the history of the American Society of Colon and Rectal Surgeons is a story of the triumph of medical science in a battle against disease. It is a story of the development of instruments, medications and technologies to improve diagnosis and treatment. It is a story of research and discovery that has vastly expanded the field of knowledge of diseases of the colon and rectum. In an important way, this story of medical progress and triumph represents the Society’s most lasting achievement. As an organization dedicated to education and research, the Society’s purpose has been to encourage these improvements in instruments, techniques, knowledge, and treatments and to make them known to a community of surgeons for the betterment of patient care.

The time of the founding of the American Proctologic Society in 1899 was an exciting period for surgeons and surgery. Ether anesthesia had been used first by Dr. Crawford Long in Georgia in 1842, but was not reported until several years later. In 1846 a dentist, William T. G. Morton, gave the first anesthetic in the Massachusetts General Hospital, allowing Dr. John C Warren to painlessly remove a tumor from the angle of the jaw of

Gilbert Abbot. Thus, the era of anesthetics for surgery was only 53 years old at the time of our Society’s founding, but what an incredible difference it had made in surgery. The object was gone, and surgery no longer had to be considered the final, desperate choice in treating illness and injury.

A second revolutionary development was not faring nearly so well. In 1865, Joseph Lister had developed a system of antisepsis which promised to remove another of the terrors of surgery—the nearly universal infection accompanying surgical wounds as well as traumatic injury. Lister’s system did not fare as well in other hands because many took up only a part of his system, and when it failed, abandoned it. In fact, in 1882 the American Surgical Association formally rejected Lister’s method.

We can only guess at the attitudes and thoughts of the Society’s founders as they convened their initial meeting in Columbus, Ohio. Antisepsis, however, slowly gained adherents and by the outbreak of World War I had become the practice of the majority of surgeons. Heat sterilization had been proven superior to carbolic acid for the cleansing of surgical tools and bandages and was almost universally used. By this time, of course, bacteria had been undeniably identified as the source of surgical infection. Photographs of operating theaters prior to World War I still are lacking the masks, gloves, sterile gowns and instruments that we take for granted. Halsted’s introduction of rubber gloves for operating room personnel was slow to catch on also. The operating room of today thus evolved slowly from Lister’s original work and a multitude of other contributors.

Thus, at the time of the 1899 meeting two of the three major forces combining to shape the future of modern surgery, anesthesia and antisepsis (later asepsis), were at work. The third, antimicrobials and antibiotics, lay in the future.

ANORECTAL SURGERY: FISTULA
St. Mark’s Hospital in London, established in 1835 by Frederick Salmon, was by this time recognized as the best center for treatment of anorectal disease. Treatment of fistula disease has actually changed little from principles established in the 14th century and refined by Mr. Salmon. He attempted to identify all of the infected tracts present and to lay them open. Though he professed to be little concerned about cutting the sphincter, the use of a seton was often employed. Sphincter division was generally practiced to a degree that might be frightening to today’s surgeon. The setons employed usually were intended for division of muscle, with the drainage seton arriving at a later stage of development. Use of elastic material for the cutting seton was practiced early, practically forgotten, and resurrected in the 1960s, principally by Dr. Patrick Hanley (President 1975-76).

HEMORRHOIDS
The operation of choice for hemorrhoids around the turn of the century consisted of ligation of the hemorrhoidal artery, allowing the distal hemorrhoidal tissue to eventually slough, with healing by secondary intention. External hemorrhoids were not removed at that time. Popular somewhat later, the “clamp and cautery” technique was still being used and vigorously defended into the 1960s.
Operative technique of hemorrhoidectomy was discussed at the first meeting of the Society and continues to be a subject of interest today. However, operative hemorrhoidectomy is now often replaced by non-operative methods. Perhaps one factor influencing the shift to non-operative treatment was the hospital stay. In the 1960s, stays of 7 to 10 days in a hospital following hemorrhoidectomy were the norm. Today, of course, managed care is dictating outpatient status for patients, even with operative hemorrhoidectomy. In the extreme, a 23-hour stay in the hospital is permitted.

Many will remember the enthusiasm with which cryotheraphy for hemorrhoids was greeted upon its introduction in 1972. There was a scramble by manufacturers to produce machines and by surgeons (and others) to obtain one. This method of therapy enjoyed a fairly short life and was exposed as a failure by Dr. Lee Smith (President 1988-90) who did a comparison study, each patient being his own control. Surgically treated wounds were found to heal faster and be less painful. Another modality which enjoyed enormous popularity with the public and some surgeons for a short time was laser treatment of hemorrhoids. Reputedly painless and quick healing, it proved to be neither, and so has been relegated to the status of an historic footnote.

PRURITUS ANI

Pruritus ani, a bothersome itching around the anal area, was apparent as frustrating to treat in the early years of our Society as it is now. A number of papers were given on it, including one at the 1899 meeting, and it inspired at least one presidential address. Treatments suggested included undercutting the skin, x-ray therapy, tattooing, vaccination and other remedies, none apparently so successful that it won favor with all concerned.

ANAL FISSURE

Anal fissure or anal ulcer had long been known, but Robert Lane in 1865 was the first to describe the triad of fissure, hypertrophied anal papilla and sentinel pile. The treatment was medical for smaller fissures and excision for the larger. Dr. Goodsell in 1892 noted the hypertrophied internal sphincter and treated fissure by division of the internal sphincter, a treatment that apparently disappeared soon afterwards only to be rediscovered in 1922 by Dr. E. G. Martin and forgotten again until the 1960s.

DIAGNOSTIC TOOLS

Diagnostic tools available currently include CT scanning and MRI imaging of the lower rectum, pelvic floor and anus as well as intra-rectal ultrasound. Coupled with manometry, EMG and defecography, an unparalleled look at the anatomy and physiology of the ano-rectal area is possible.

These modalities have permitted procedures unheard of until recently, including the overlapping sphincter repair, gracilis and stimulated gracilis neosphincter operations, and development of an artificial sphincter, which gives great promise of restoring continence in previously hopeless cases. Local treatment of neoplasms and accurate staging of rectal cancer are also enhanced with these technologies. These diagnostic procedures would astound our forebears and should bring a bit of awe to us all.

NEOPLASTIC DISEASES

Though undoubtedly dating from an earlier time, villous tumors were first described in 1874, when a report of excision of five which had persisted was published. By 1910, transanal excision of a large villous tumor was reported. It took until 1936, however, for a useable electro-cautery snare to be developed.

Continued refinements of technique have allowed higher and higher transanal removal of premalignant rectal growths. This has, at least for the moment, culminated in the utilization of an instrument system permitting air insufflation of the rectum and manipulation of instruments from outside using a magnified view of the operative field. Thus, lesions previously out of reach can now be removed.

A report of multiple polyps in siblings was published in 1882, and by 1895 the inherited nature of the disease was established. In 1910, Dr. Samuel Gant, one of the Society’s charter members (President 1906-07), recommended removal of the polyp-containing bowel, but most others stuck to treatment by frequent irrigations of the bowel. Interestingly, irrigation was also the favored treatment for colitis at that time. Treatment was often irrigation via appendicostomy. By the 1930s, most surgeons recognized the lethal nature of familial adenomatous polyposis (FAP). By 1939, there was consensus that total proctocolectomy was needed to control the disease. This, however, doomed the patient to an ileostomy, which then meant social death because of the lack of stoma appliances that worked and often real death from stricture, obstruction and other complications. The skin grafted ileostomy gave some measure of relief, but it, too, was subject to stenosis, and appliances still were primitive. It was not until Dr. Bryan Brooke proposed a turned back ileostomy that fistulitis, the cause for stenotic scarring, was conquered.

In 1903, Sir Ernest Miles, noting that none of the current (perineal) operations addressed the problem of upward spread of rectal cancer, began his series of abdomino-perineal operations. When results were published in 1908, they created a stir in surgical circles and were the subject of discussion at the Society’s 1909 meeting. Intra-abdominal operations were still considered, and rightly so, very dangerous undertakings-making the Miles operation a rarity. In fact, it was not until the era of World War II when the Miles operation actually became the standard operation for rectal cancer.

At about the same time that Miles was initiating his series of abdomino-perineal resections, the first proposals for using x-ray to treat rectal cancers began. The debate over whether or not to give adjuant x-ray, and if given, whether it should be given preoperatively or postoperatively, rages without letup to this day.

INFLAMMATORY BOWEL DISEASE: ULCERATIVE COLITIS

In 1888, Dr. Hale-White of Guy’s Hospital described 29 cases of ulcerative colitis, remarking that its cause was obscure and again emphasizing that dysentery did not cause it. Throughout the 1880s and 1890s, reports and descriptions of cases of ulcerative colitis flooded the literature. The Society’s founders, then, were surely aware of the condition and no doubt, in the light of other advances, would be astounded that we are little closer than they to identifying the etiology of this disease.

In the 1940s, ulcerative colitis was the predominant form of inflammatory bowel disease. However, an increasing frequency of what we now know as Crohn’s disease was reported. A increasing ability to identify Crohn’s and to distinguish it from ulcerative colitis has made it the leading form of inflammatory bowel disease today. No other explanation for the increased frequency of Crohn’s has been found.

Since the Society’s founding meeting, ulcerative colitis has gone from a poorly understood and basically untreatable disease with an unknown etiology to a somewhat better understood disease with unknown etiology. However, it is treatable.

Clearly, the progress in our specialty has not always been in a forward direction, but when comparing successes to failures, the progress in this 100 years has been incredible. Successes that the founding members could not dream of are commonplace today. Let us hope that the second hundred years will show equal progress.