
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.

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., then based in Palatine, IL, “wasn’t 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 ACSR’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 $3.784.599. 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 “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, deplored 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 the two very different approaches to health care. “We 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 1989. “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.