

A Brief History of the American Board of Colon and Rectal Surgery*

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Editor's Note: In this article the author has prepared the first and what may well become the only authentic history of the American Board of Colon and Rectal Surgery. In it he has portrayed, courageously, an unbiased record of vicissitudes encountered by a group of earnest, forward-thinking persons, during a period of almost two decades, while attempting to establish an approved examining board to determine the competence of physicians specializing in proctology.

Unlike other specialties, proctology has not shared equally in the esteem of the medical profession, and there is no better evidence of the truth of this statement than the facts revealed by Dr. Ault. He was able to show that, despite adverse circumstances, the American Board of Colon and Rectal Surgery was established finally, and this is proof of the commendable zeal of its protagonists.

What he did not reveal is the fact that there is still room for improvement in graduate and undergraduate training in proctology, and that any hope of amelioration can only come about by emancipation of present-day teachings and practices in proctology from the persistent prejudices and notions embedded in the minds of purblind persons on the faculties of medical institutions to whom positions of eminence have been entrusted.

SINCE ITS INCEPTION, in 1899, the American Proctologic Society has been a creative organization. Its members have not been satisfied with past accomplishments, but are intensely concerned with, and deeply involved in, the quality of medical care provided by their membership. Their concern is not only with the present status of American medicine, but plans, efforts and commitments are constantly directed to-

ward elevating standards of the practice of proctology. This voluntary pursuit of excellence led to creation of the American Board of Colon and Rectal Surgery, which examines and certifies specialists in colon and rectal surgery. It is the only recognized examining and certifying board in this specialty.

Activities of the Board and the Society have been intimately associated with the development of proctology for more than 25 years, and I have prepared a history of the Board as a testimonial to our colleagues.

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1935 to 1940

More than 30 years ago, during the nadir of the great depression, eight members of the American Proctologic Society, inspired by a desire to develop and advance proctology, organized the American Board of Proctology. The organizational meetings of 1934 culminated in the incorporation of the American Board of Proctology on August 13, 1935.

The incorporators are listed in the following order in the Certificate of Incorporation: Louis J. Hirschman, Louis A. Buie, Collier F. Martin, Descum C. McKenney, Walter A. Fansler, Edward G. Martin, Frank G. Runyeon and Curtice Rosser.

The following paragraphs are copied directly, without additions, deletions or corrections, from the Certificate of Incorporation:

"The said Corporation is formed for the purpose of advancing, elevating and developing the practice of medicine in the United States of America and elsewhere by encouraging the study, improving the teaching, and elevating the standards of that branch of medical practice which deals with diseases of the colon, rectum and anus and which is known as Proctology. Furthermore, it shall serve the public, physicians, hospitals and medical schools by preparing and publishing, or causing to be published, lists of specialists and practitioners who have been certified by the Board as competent to practice Proctology.

"That in pursuance of furtherance of the above objects, this Corporation by its properly designated officers shall conduct examinations and issue certificates of proficiency or skill to licensed medical practitioners who shall qualify as competent to practice the said Proctology, and in the manner or procedure in doing so shall be regulated by its by-laws."

Thus, for the first time in the history of our specialty, the aims and aspirations of establishing a certifying Board appeared to be realized. It was the sixth specialty board to be organized, and the tenth to be incorporated.

Shortly after incorporation, several members of the Board believed that approval of the Council on Medical Education, at that time the AMA accrediting body for

specialty boards, should be obtained before the Board began to function. In the 5-year period from 1935 to 1940, much time and effort were expended by the incorporators in seeking this official recognition. In order to obtain approval to examine candidates and issue certificates, it was necessary for the Board to file an application and other appropriate documents and letters with the Advisory Board for Medical Specialties. After prolonged study and investigation, the Advisory Board submitted the application to the AMA Council on Medical Education and Hospitals. It was an exceedingly frustrating experience because an attempt was made to champion two types of certification in proctology—one, in which candidates whose training and practice were limited to anorectal surgery, were to be examined and certified in anorectal surgery, and another, in which candidates whose training and practice included colonic and anorectal surgery, were to be examined and certified as proctologists. Opposition to this plan was expected and the Board was prepared to defend the validity of its position. However, it did not have official representation on the Council on Medical Education and Hospitals, and it was not yet eligible for representation on the Advisory Board. In the early stages of discussions with the Advisory Board, those seeking approval of the American Board of Proctology were persuaded to wait until organization of the American Board of Surgery was completed. This did not occur until 2 years later, on January 9, 1937.

In November 1938, the Board was informed that it would be necessary to initiate discussions with the American Board of Surgery with the object in view of becoming a subsidiary board of that body; and in June 1939, the American Board of Proctology approved its reorganization as a subsidiary of the American Board of Surgery. Having complied with the wishes of the Advisory Board for Medical Specialties, it now became necessary to conduct further

negotiations with the American Board of Surgery. President Louis J. Hirschman and Secretary Curtice Rosser guided subsequent negotiations with the American Board of Surgery during the next few years. A list of the first Founders Group had been compiled in June 1939, and this was submitted to the American Board of Surgery. During this critical period, a number of members of the American Board of Surgery had been adamant in their opposition to approval of a specialty board in proctology. Some were openly contemptuous of anorectal surgery as a specialty; some insisted that there should not be a separate American Board of Proctology, and others did not want proctology to be an affiliate or subsidiary of the American Board of Surgery.

In summary, the American Board of Proctology had been incorporated in 1935 and it had sought recognition unsuccessfully. It had conducted prolonged negotiations with the American Board of Surgery and, after 5 years of dedicated effort, the American Board of Proctology existed in name only in 1940. Truly this had been a period of frustration and discouragement.

1940 to 1949

Late in 1940, a compromise arrangement was developed by creating a Central Certifying Committee in Proctology. Members of this committee were chosen from the American Proctologic Society and the Section on Gastroenterology and Proctology of the American Medical Association. The American Board of Proctology selected members who were recognized by the American Board of Surgery, but neither the American Board of Proctology nor the American Board of Surgery were entirely satisfied with the arrangement. Nevertheless, the Central Certifying Committee became an established body qualified to examine and certify proctologists.

One of the initial duties of this committee was to prepare a more complete list of proctologists whom they considered eligible

for certification as a Founders Group in Proctology. This task had to be completed before January 1, 1944, when the Founders Group would be closed.

Establishing a Founders Group in a specialty was not without precedent, for other specialties had encountered similar experiences. In fact, the committee conducted its investigation with the assistance of a member or members of the Founders Group of the American Board of Surgery. Our colleagues were acutely aware of the difficulties that might arise in compiling an acceptable list for the Founders Group because they were attempting to obtain recognition of two types of certification; namely, one for anorectal surgeons and another for proctologists. Approximately 51 proctologists and anorectal surgeons were approved by the American Board of Surgery from the initial Founders list. Dr. Louis J. Hirschman received Certificate No. 1 and Dr. Curtice Rosser received Certificate No. 2, both dated November 12, 1941. Owing to the fact that many of our members were serving with the armed forces during World War II, the Central Certifying Committee continued evaluation of proctologists and anorectal surgeons under trying and difficult circumstances during the next three years. When the Founders Group was closed, on January 1, 1944, only 72 certificates had been awarded. The certificates stated that:

"The American Board of Surgery, Inc., in 1937, hereby certifies that _____, having met the requirements and having been recommended by the Central Certifying Committee in Proctology, is hereby declared a member of the Founders Group in that specialty."

This was indeed an inauspicious beginning, but it did represent progress which had been attained, despite considerable opposition.

While the issues incident to establishing a Founders Group were being considered, the concurrent problem relating to certification by examination also required col-

laborative attention. The committee and the American Board of Surgery were struggling in an attempt to establish methods by which qualifications of candidates for examinations could be determined. Furthermore, they had to agree upon the type of examinations that would have to be passed in order for the candidates to become certified. Finally it was decided that the Central Certifying Committee would be permitted, after appropriate investigation, to determine whether or not a candidate was qualified by training and experience to take the examinations.

However, the American Board of Surgery reserved for itself the prerogative of accepting or rejecting the recommendation of the Central Certifying Committee. If the candidate was accepted for examination, he was required to pass examinations in general surgery conducted by the American Board of Surgery before he became eligible to take the examinations in proctology conducted by the Central Certifying Committee. The dual procedure of evaluation and examination by both the American Board of Surgery and the Central Certifying Committee was undoubtedly destined to fail. Not only could the American Board of Surgery accept or reject recommendations of the Central Certifying Committee, but the candidate was then required to pass examinations of the American Board of Surgery and the Central Certifying Committee. All this led to considerable differences of opinion and the cumbersome struggle to resolve the problem continued unsolved until 1949.

During the last few years of the war, and for several years thereafter, the American Board of Surgery was overwhelmed by demands of many general surgeons who were returning from service in the armed forces. Therefore, only a limited amount of time remained to be devoted to the special problems of a small number of proctologists. The American Board of Surgery demanded that all candidates for examination and certification in proctology or anorectal

surgery should be trained and qualified in general surgery, and it continued to insist that candidates pass examinations in general surgery before being examined in proctology by the Central Certifying Committee. This attitude was never changed, despite numerous requests that some modifications be provided that would enable some worthy candidates in both classifications to be examined without fulfilling these unreasonable requirements.

With realization by the Central Certifying Committee that only a few highly qualified anorectal surgeons had been approved as members of the Founders Group, it became acutely aware that some means of examining and certifying candidates in anorectal surgery had to be provided if the specialty of proctology hoped to survive. Members of the committee knew that many of their colleagues who were highly qualified in anorectal surgery deserved to be included in the Founders Group. The American Board of Surgery had denied them this privilege, so the Central Certifying Committee then recommended that they take the examinations. Of the small number of this group who were considered eligible for examination by the American Board of Surgery, only a few passed the examinations. This was not surprising because the number whose interest in, and knowledge of, thoracic and cardiovascular problems, and other surgical conditions unrelated to anorectal surgery, was limited. As a result, those who failed and those who refused to be examined submerged the Central Certifying Committee with correspondence and individual conferences during a period of several years, when examination of qualified anorectal surgeons came to a standstill on account of the lack of candidates, who considered an effort to obtain certification an exercise in futility.

During this period a few physicians, basically well trained in general surgery and in colon and anorectal surgery, were declared eligible to take the examinations.

Courageously they took and passed examinations by the American Board of Surgery and those of the Central Certifying Committee. In the seven-year period between 1942 and 1949, only eight proctologists were certified by examination. Dr. J. Edwin Alford was awarded Certificate No. 1 on May 23, 1942.

For several years prior to 1949, it became increasingly apparent that the specialty of proctology, as conceived by the Founders of the American Proctologic Society and by the incorporators of the American Board of Proctology, was threatened by extinction. This was a period of great despair, because proctology needed an opportunity to mature and develop as a recognized specialty and obviously this was not possible with such a small certified group. The American Board of Surgery acknowledged that this was true, but it maintained that it could not justify and accept anorectal surgery as an approved specialty unless candidates spent 3 years in general surgical training and 2 years in anorectal surgery. Few residency programs were available in colon and anorectal surgery, and even these were in jeopardy because of the return of many general surgeons to civilian practice after World War II.

In retrospect, it must be acknowledged that the American Board of Surgery was attempting to maintain high standards of surgical training and proficiency. However, it must also be recognized that their covetous attitude toward surgical practice, in general, precluded any possibility of a settlement favoring the small surgical specialty of proctology. It was contended that they would not, or could not, prepare and conduct a special examination for anorectal surgeons. It is just as pertinent to realize that the Central Certifying Committee in Proctology was just as dedicated in its effort to develop and maintain high standards of proficiency and training in colon and rectal surgery. It was willing to sponsor, supervise and evaluate training programs for

candidates so that their pursuit of excellence in proctology could not be questioned. An adequate nucleus of certified proctologists and anorectal surgeons had to be established to carry out future plans, and this could not be accomplished under existing conditions. The impasse that developed in the late 1940's was unfortunate because, during some of the meetings, discussions became acrimonious and unrewarding.

Great credit is due members of the Central Certifying Committee, who steadfastly maintained that proctology should be recognized as an approved specialty. Under the guidance of Chairman Louis J. Hirschman, Vice-Chairman Walter A. Fansler and Secretary-Treasurer Curtice Rosser, the following colleagues served with honor and distinction: Louis A. Buie, Edward G. Martin, Descum C. McKenney, Marion G. Pruitt, Frank G. Runyeon, George A. Thiele and Frank C. Yeomans. After the death of Dr. McKenney, in 1949, Robert A. Scarborough became a member of the committee.

On account of the impasse, the committee requested the help of the Advisory Board for Medical Specialties. For many years, Doctors Rosser, Buie and Fansler had been attending the open meetings of the Advisory Board for Medical Specialties in an unofficial capacity. This proved to be an invaluable experience, for they became familiar with the affairs and policies of both the Advisory Board and the AMA Council on Medical Education and Hospitals.

Results of their efforts are revealed in the minutes of the meeting of the Liaison Committee of the Council and the Advisory Board, dated June 20, 1948, a portion of which reads as follows:

"Dr. Kirklin reported that the Advisory Board recommended that there be established within the American Board of Surgery a subsidiary or affiliate Board in Proctology, so that those desiring certification in this specialty only could be certified in that field without having to take the entire examination in general

surgery; but that those wishing certification in Proctology and Colon Surgery should continue to take the examination in general surgery. This recommendation was not accepted by the American Board of Surgery. The American Board of Proctology, therefore, plans to file a formal petition with the Advisory Board, for independent status."

It is pertinent to note that the American Board of Proctology, acting on an earlier recommendation of the Advisory Board, had voted to become an affiliate or subsidiary of the American Board of Surgery in June 1939, and the American Board of Surgery had not accepted this recommendation.

At the February 5, 1949, meeting of the Committee on Standards and Examinations of the Advisory Board for Medical Specialties, the application for an independent American Board of Proctology was considered. It authorized the Board of Proctology to revise its training program so that all candidates, following internship, would receive 3 years of approved training in general surgery and that this period should be followed by 2 years of special training in proctology. The Board would be permitted to continue as an independent Board, but it could not grant certificates in the limited field of anorectal surgery after January 1, 1955.

On June 15, 1949, the Council on Medical Education and Hospitals of the American Medical Association, acting upon recommendations of the Advisory Board for Medical Specialties, approved the independent status of the American Board of Proctology.

In summary, proctology was capably represented by the Central Certifying Committee in the era 1940 to 1949. A small Founders Group had been certified in proctology, and a smaller group had been certified by examination. The American Board of Proctology had voted to become a subsidiary or affiliate of the American Board of Surgery, but this proposal had been rejected. The petition to the Advisory Board

for Medical Specialties for independent status was repeated and, on June 15, 1949, and by its approval, the American Board of Proctology became the eighteenth specialty board recognized by the Advisory Board for Medical Specialties.

1949 to 1961

The third important period in the history of the American Board of Proctology began in 1949 and terminated in 1961.

The Board had been granted independent status for, according to the Constitution and Bylaws of the Advisory Board for Medical Specialties, all specialty boards become autonomous as soon as they are approved. The Board was now assured of its identity, and its destiny appeared to be in its own hands. In prospect, it was evident that the collective wisdom of the board members must be applied creatively so that mature decisions and valid actions would lead to appropriate and enduring results. The heritage of thwarted plans and unfulfilled desires of the previous 9 years must not, under any circumstances, be responsible for vindictive and indefensible actions. The mandate set forth by the original incorporators directed the Board to serve the specialty, the medical profession and the public. It must not fail to carry out this mandate.

The Board had anticipated approval of its independent status and its first meeting was held in February 1949, 4 months prior to this approval. This was an organizational meeting, during which the following officials were elected: President, Curtice Rosser; Vice President, Walter A. Fansler; and Secretary-Treasurer, Louis A. Buie. Other members of the Board were Louis J. Hirschman, Harry E. Bacon, Louis E. Moon, George H. Thiele, Robert A. Scarborough, Marion G. Pruitt and Garnet W. Ault (Fig. 1).

Several prolonged and arduous meetings in early 1949 were devoted to organizational

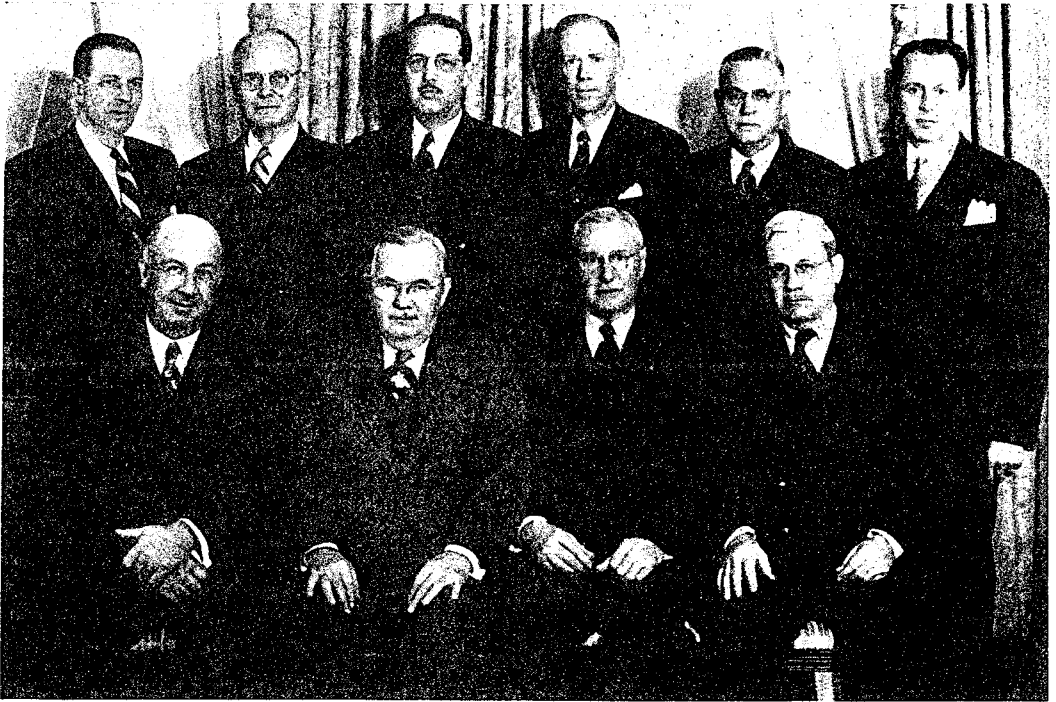


FIG. 1. Members of the American Board of Proctology (February 1949). *Front* (l. to r.): Louis A. Buie, Sr., Curtice Rosser, Louis J. Hirschman, Walter A. Fansler. *Back*: Harry E. Bacon, Louis E. Moon, George H. Thiele, Robert A. Scarborough, Marion G. Pruitt and Garnet W. Ault.

matters, committees were established and members were assigned various tasks to be reported upon at meetings scheduled for the fall of 1949. This was a monumental task which required changes in the Constitution and Bylaws. A booklet of general information was developed, and appropriate application forms for prospective candidates were prepared. Rules governing both the type and conduct of examinations required meticulous consideration, as did the format of the certificate to be issued to successful candidates. Preparation and approval of all of this material required a great deal of effort, time and discussion. It should be a matter of record that members of the Board were dedicated, conscientious physicians, whose efforts were voluntary and were directed solely to maintaining and improving the quality of proctologic training and practice. When necessary, legal counsel was sought, and the Board is

indebted to members of the Law Department of the American Medical Association for their guidance. Members of the Board spent many long and arduous hours between meetings studying records, preparing documents and outlines, reviewing pertinent material of other boards, and miscellaneous correspondence in order to present valid substantial material for consideration at Board meetings.

During this period, letters of inquiry poured into the Secretary's office. He was submerged by correspondence from innumerable candidates. The desire of candidates for immediate evaluation, examination and certification was evident, and, as time elapsed, hostility toward the Board for its failure to act immediately appeared in some of the correspondence. Members of the Board expressed their gratitude for the innate common sense and persuasive talents of Dr. Louis A. Buie, who so capably

filled the office of Secretary during this hectic period.

At each Board meeting, much time was devoted to evaluating the training, experience and other qualifications of candidates. Haste was not desirable or possible at this particular time. Many candidates were well known by members of the Board, and this was helpful in avoiding errors of omission or commission during the evaluation process. The severity of this procedure sometimes challenged lifelong friendships between Board members and prospective candidates. Many applications were given repeated consideration before all members of the Board were satisfied that no error had been made nor injustice committed. Because the decision to admit or reject an applicant for examination was the collective responsibility of all members of the Board, there were times when some Board members had to face the unhappy and sometimes tragic experience of witnessing rejection of the application of a friend or respected colleague.

A number of candidates were found eligible to take the examinations. A few, who were not eligible because of incomplete or inadequate training, were willing to take additional training to correct their deficiencies. This was a courageous decision, for the residency programs were filled and there were waiting lists. Many candidates made great personal and economic sacrifices in order to attain eligibility for examination. This made a deep and lasting impression on the Board members, who made every effort to guide candidates in their efforts to obtain proper training.

When certification in anorectal surgery was terminated on January 1, 1955, as agreed upon by the American Board of Proctology and the Advisory Board for Medical Specialties, a number of candidates had been evaluated, examined and certified. The Seventh Edition of the *Directory of Medical Specialists*, published in 1955,

listed 231 diplomates in proctology. This represented an increase of 159 certified specialists during the 11-year period from January 1, 1944, to January 1, 1955. When the Founders Group was closed on January 1, 1944, only 72 specialists had been certified. This increase was the result of diligent, arduous and painstaking work by members of the Board, and their colleagues shall be forever indebted to those who served so faithfully during this period. As a result, proctology then had gained a nucleus of recognized specialists who, by experience, training and national recognition, represented the best that could be offered to the public and the profession.

In the decade from 1950 to 1960, the American specialty boards discovered that their responsibilities were no longer limited to examining and certifying physicians as specialists. It became evident that they were inexorably involved in medical education. Although they were not equipped basically for this role, the ascendancy of specialization had thrust this responsibility upon them. Hospital administrators, residency review committees of the American Medical Association and the American College of Surgeons, committees on graduate medical education, and others responsible for the entire spectrum of postgraduate medical education now began to evolve around the question of "meeting board requirements." All this was destined to influence residency training programs and standards. It was a chaotic period of unsettled changing board and residency plans and policies, and physicians soon made it their business to seek an appointment in a hospital only if they could be assured that they would be eligible to take board examinations upon satisfactory completion of their training.

The American Board of Proctology was not an inactive observer of this changing scene. It had discovered that some candidates who presented themselves for exami-

nation had inadequate or incomplete training. This was occurring when the number of residencies in proctology was small and when competition for the staff surgical patient was increasing. As a result, it became progressively more difficult to maintain the high level of excellence of existing programs. The Board felt compelled to evaluate meticulously all training programs in proctology. Therefore, joint inspection and evaluation of all existing residencies in proctology was initiated in cooperation with a Residency Review Committee of the American Medical Association. The results proved to be almost disastrous because a number of residencies were disapproved and, on close investigation, it became evident that inadequate residency programs had been the source of inadequately and incompletely trained candidates. The few residencies that were approved had difficulty in obtaining sufficient residents to maintain their growth and development.

The expanding horizons of medical education were now encountering a shortage of teaching material and fierce competition among various boards to promote and develop residencies. This was occurring simultaneously with acceleration of both the efficiency and effectiveness of teaching methods. Some boards had sought temporary relief during this critical period by adopting a highly selective preceptorship system. The American Board of Proctology chose this method to complement its residency programs. The number of certified proctologists was still small and those who could qualify as preceptors were well known to members of the Board. Consequently, the Board could be assured of the quality of training the preceptor could provide.

When the preceptorship program was adopted, the Board established the qualifications, duties and requirements of the preceptor and preceptee. The preceptor-

ship program was closely watched and evaluated. It is of interest that all members of the Board did not, initially, favor the program, but its continuation is adequate testimony of its efficiency and its present unanimous approval. As a result of careful selection of preceptors by the Board and preceptees by the preceptor, a number of excellent proctologists were examined and certified.

Survival of the residency training program is a tribute to those who tenaciously fought for, and maintained, the quality of training and medical care in approved hospitals and teaching institutions. The number of residency programs is small and establishing them has been a laborious task, but it has been a rewarding experience for those who have conducted them. The Board is aware of the many sacrifices made by those conducting the programs under great difficulties, as well as by those undergoing training. As the demand for qualified proctologists increases, it is expected and hoped that there will be an increase in the number of residencies.

Combined results of the residency and the preceptorship programs became evident in the late 1950's and early 1960's when improvement in the quality of training was recognized. An increasing number of candidates had been certified by the American Board of Surgery before completion of 2 years of training in proctology under the residency or preceptorship programs. This development was in accord with the philosophy of the Board; namely, that proctologists should be well trained in general surgery before they were accepted for training in proctology. After a brief trial period, the American Board of Proctology decided that 2 years of training in general surgery was inadequate and, for some time since then, it has required that candidates for examination "shall have completed a minimum of three years of an approved surgical residency and one of the following:

1) Two years of a proctologic residency approved by the Board; or 2) Two years of a proctologic preceptorship approved by the Board."

The Board is thus continuing to fulfill its obligation to its incorporators and to the Advisory Board for Medical Specialties. It is also worthy of note that, at this time, the American Board of Colon and Rectal Surgery is one of only three approved American boards that requires 3 years of approved training in general surgery.

1961

The American Board of Proctology retained this name until April 15, 1961, when, with the approval of the Advisory Board for Medical Specialties, it formally adopted the name "The American Board of Colon and Rectal Surgery, Inc." There were valid reasons for making this change. It is of interest to recall that the division of proctology into a segment limiting its practice to anorectal surgery, and another which included colon and anorectal surgery, existed prior to the founding of the American Proctologic Society in 1899. There was a time when much confusion was caused by the ambiguity of the term proctology. At present, and certainly in the future, there should be no reason for such confusion. The American Board of

Colon and Rectal Surgery clearly defines the field of surgical specialization in which its diplomates are trained, examined and certified. Volume 12 (1965-66) of the *Directory of Medical Specialists* lists 346 diplomates of this Board.

It has been a pleasant and rewarding experience to prepare this brief history of the American Board of Colon and Rectal Surgery. The Board has served with honor, integrity and distinction. It has established the only recognized criteria for identification of approved specialists in colon and rectal surgery. It has provided guidance for the young physician seeking training in the specialty and it has creditably maintained and elevated the standards of approved residencies and preceptorships. It has contributed to improvement in medical education and to advancement of hospital care. Diplomates who are members of the American Proctologic Society have become a part of the creative and durable character of the Society. We can be extremely grateful for the efforts of these men for, in the pursuit of excellence in medical education, they have not and will not permit the Board to become an instrument of inefficiency and incompetence. On the contrary, we can be assured that, through their leadership, in the present and the future, the Board will continue to be an alert, constructive and efficient council of authority.