

FROM MATHEWS TO THE MILLENNIUM ~ A CENTURY OF ACHIEVEMENT

*A History of the American Society
of Colon & Rectal Surgeons
1899-1999*

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The President's Preface

The 100th anniversary is particularly exciting when I think of the development of subspecialties in the United States. Our specialty has deep roots! Colon and rectal surgery has had a development similar to other specialties and, in fact, could be a template for the development of any new specialty. Our organization and institutions are the basic pillars necessary for continued success in making the strategic plan continue for centuries to come.

Having been in the military for half of my career, I tend to mark times in history based upon wars, which have been instrumental in creating surgical innovation. The life of the American Society of Colon and Rectal Surgeons has seen the Spanish-American War, World War I, World War II, the Korean War, and the Vietnam War come and go. To put the specialty in context to surgery, it would be 10 years after the founding that Sir Ernest Miles would publish his technique for the abdominoperineal resection.

It is fitting that a book commemorate 100 years of hard work, and may the American Society of Colon and Rectal Surgeons serve as a model for those countries in the world where our specialty is evolving.

Lee E. Smith M.D.

ASCRS President, 1998-1999

Happy Birthday, American Society of Colon and Rectal Surgeons

The celebration of the 100th anniversary of our organization is clearly an auspicious event. Our specialty has matured from its fledgling beginning in 1899 to its current status as a leader among leaders in the world of medicine. To commemorate this historic event, a multitude of activities and programs has been organized.

The documentation of the history of our Society provides a clear picture of the sometimes rocky road we have traveled to arrive where we are today. On behalf of all the members of the Society, I would like to thank Dr. J. Byron Gathright, Jr., and Mr. Dick Bragaw for compiling this information and synthesizing it into a well-organized and well-written document that highlights the important landmarks of our development. They have combined historical facts with observations, interviews, and anecdotal stories to provide the reader with a balanced view of who we are and what we represent.

Publication of this book is only one aspect of our celebrations, of course. Other activities include the creation of the 100th Anniversary logo, design of new Society stationery, creation of a videotape on the history of the ASCRS, provision of attractive memorabilia, drawing of a commemorative poster marking the centennial celebration, and special decorations, ceremonies, and entertainments during the annual meeting.

I would like to thank the members of the Anniversary Committee—Drs. Herand Abcarian, Stanley Goldberg, Bertram Portin, Daniel Rosenthal, and Eugene Salvati—for their numerous ideas and contributions to ensure that this historic occasion is observed in a fitting and enjoyable fashion. I would also like to thank the Society for the opportunity to serve in this capacity.

Philip H. Gordon, M.D.

Chairman

100th Anniversary Celebrations

Acknowledgements

It has been our privilege over the past few months to spend many hours reliving the founding, growth, and development to maturity of the American Society of Colon and Rectal Surgeons. The experience has deepened our respect for the achievement of the hundreds of dedicated people who have made the ASCRS the international organization that it is today.

The Society's story is interesting. Granted, it will be of most interest to physicians, especially surgeons, and particularly specialists in colon and rectal disease. However, our effort has been to present an interesting story that tells a part of the history of a nation and the progress of medical science as it documents the Society's milestones.

We owe a great debt to Miss Harriette Gibson and Dr. Norman Nigro, who painstakingly compiled the information from which most of this history is drawn. They deserve credit for doing the most difficult basic research, and none of the blame for whatever we may have done to misinterpret their work.

We have many others to thank—far too many to list in this brief preface. We would be remiss, however, not to mention the many Society leaders, past and present, who patiently answered our questions and offered photographs and other historical artifacts, adding perspective and life to the story. For background on the history of ostomy appliances, we wish to acknowledge the contribution of Elizabeth A. Cunningham, of Hollister Incorporated. We deeply appreciate the support and encouragement of Dr. Phil Gordon, chair of the Society's Anniversary Committee, the members of the Committee, the Society's Executive Director Jim Slawny and Associate Executive Director Stella Zedalis—all of whom reviewed, corrected, and critiqued the text. Again, we should like to emphasize that none of these contributors should be held responsible for any oversights or errors that can inevitably creep into a presentation of this length and scope.

With a note of sarcasm for which he was well known, Thomas Carlyle called history "a distillation of rumor." We hope that what you have before you rises far above the level of rumor, while recognizing that the historian has to leave things out. No one has the ability to recall everything, and even if someone did, no one would want to read it all. We hope that in contributing to the understanding and enjoyment of where the Society has come from, we will help the leaders of the future see better where they are leading.

J. Byron Gathright, Jr., M.D.

Richard S. Bragaw

December 1998

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1899-1999

I.

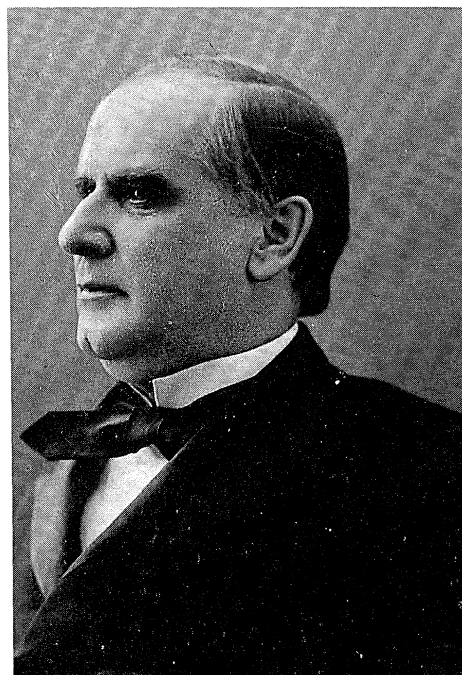
The First Phase of Development: Founders' Era to 1929

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 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."

The young specialty's most eloquent voice belonged to **Dr. Joseph M. Mathews**, of Louisville, Kentucky. Dr. Mathews was



William McKinley was U.S. President when the American Proctologic Society was founded in 1899. Archive Photos



**Two-Term
President's
VISION**



Dr. Joseph M. Mathews
(1899-1900, 1913-14)

- Create separate medical school department for colon and rectal disease
- Improve teaching of colon and rectal disease
- Remove treatment from charlatans, elevate care
- Preferred name American Rectum and Colon Society

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 their first president.

Dr. Mathews responded to his election by delivering a Presidential Address, a tradition at the Society's annual meetings that continues to this day. A part of the first meeting was spent in a clinical session with **Dr. Thomas C. Martin**, of Cleveland, showing improved methods of inspection of the rectum with new mechanical devices. Several scientific papers were presented. The meeting continued the next day, June 8, with a clinical session during which **Dr. Samuel T. Earle**, of Baltimore, demonstrated a new operation for hemorrhoids. The published *Transactions* of the 1899 meeting show that **Dr. Joseph B. Bacon**, of Chicago, presented a paper at the meeting but did not become a charter member. The new Society's bylaws established its purpose as "the cultivation and promotion of knowledge in whatever relates to disease of the rectum and colon." The primary means of achieving this purpose would be meeting together to share knowledge and experience.

For the record, the other charter members of the Society, besides Drs. Earle, Martin, and Mathews, were:

Lewis H. Adler, Jr., Philadelphia
 William M. Beach, Pittsburgh
 George J. Cook, Indianapolis
 A. Bennett Cooke, Nashville
 George B. Evans, Dayton
 Samuel G. Gant, Kansas City
 J. Rawson Pennington, Chicago
 B. Merrill Ricketts, Cincinnati
 Leon Straus, St. Louis
 James P. Tuttle, New York City

On June 8, 1899, *The Ohio State Journal*, a Columbus daily newspaper, published the following account of a portion of the meeting:

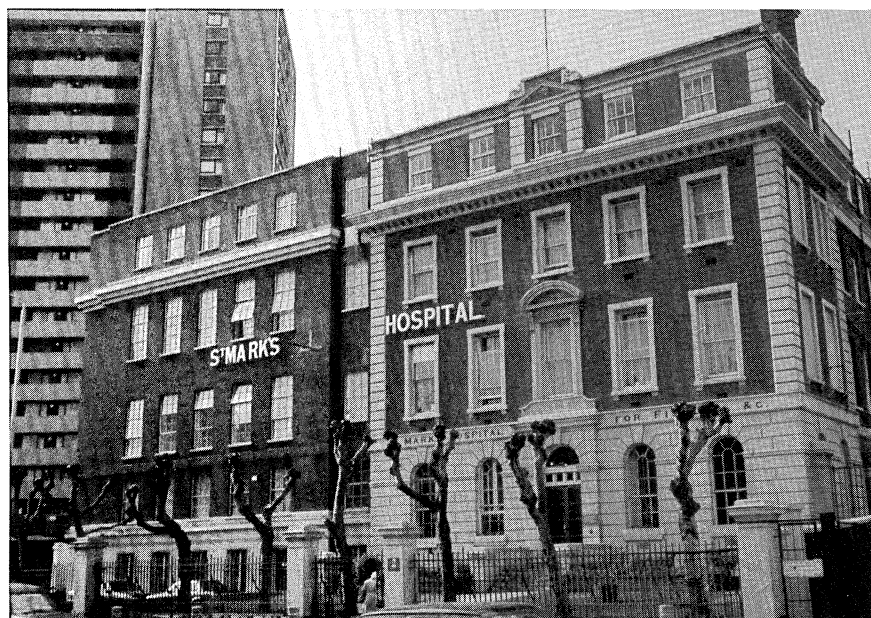
"In the morning a clinic and operations were conducted at St. Anthony's Hospital. The latter were in charge of Dr. S.T. Earle, Dr. J.R. Pennington and Dr. T.C. Martin. Another clinic will be held at the hospital this morning.

"During the evening session an X-ray exhibition of methods

of examining the large intestine was given by Dr. Pennington of Chicago. The exhibit was an entirely new feature, never before demonstrated, the principal feature of which was the use of a solution of bismuth into the stomach and intestines, which makes these organs plainly visible and shows their outlines.

“The work required very high power of penetration, which was made possible by the recently invented mica plate static machine. All the inner organs were fully shown and the action of any agent on the stomach can be fully demonstrated by the new invention which originated with Dr. Metcalf of Chicago. The physicians who witnessed the exhibition claim the new invention will be of great benefit in the practice of medicine, as it enables complete and thorough examination of the stomach and functional organs of man.”

Some 20 years before that charter meeting, Dr. Mathews had decided to limit his practice to treatment of diseases of the colon and rectum, becoming the first U.S. physician to do so. He had been born in 1847 in Henry County, Kentucky, into a family of distinguished physicians, taking his middle name (McDowell) from Ephraim McDowell, the renowned pioneer abdominal surgeon. After completing the one-year course then required at the Medical Department of the University of Louisville in 1867, he practiced general medicine in his hometown and later in Louisville.



View of St. Mark's Hospital for Fistula in London, where Dr. Joseph Mathews studied in 1878.

The lack of interest and attention shown by doctors for patients suffering with rectal problems inspired Dr. Mathews to go to London in 1878. There he studied with William Allingham and his

associates at St. Mark's Hospital, then the world's leading medical institution in treatment of colon and rectal disease. A British surgeon, Mr. Frederick Salmon, had founded St. Mark's in 1835 to respond to the deficiency in care of rectal diseases. St. Mark's attracted excellent surgeons and continued to make great progress in patient care, teaching, and research in diseases of the rectum and colon. Dr. Mathews was one of several charter members of the American Proctologic Society to train there.

After returning to Louisville, Dr. Mathews became a lecturer on diseases of the colon and rectum at the Hospital College of Medicine in Louisville. He later became Professor of Surgery in the Kentucky School of Medicine, where a Department of Proctology was established in 1883. It became the first recognized medical college to regularly teach rectal and colonic diseases in a separate department. 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.

"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."

The bylaws limited the early meetings of the Society to two days in length, and attendance was not large. In fact, records show that only seven members attended the 1901 meeting in St. Paul, MN. That seems to have been the nadir of the Society's meetings. If it

The First 100 Years

Milestones in the History of ASCRS

The Founders' Era

1878

Dr. Joseph Mathews studies at St. Mark's Hospital, London

1899

June 7, Society founded in Columbus, Ohio

1909

Attendance at annual meeting passes 100

1910

Membership of 31 Fellows

1913

American College of Surgeons organized

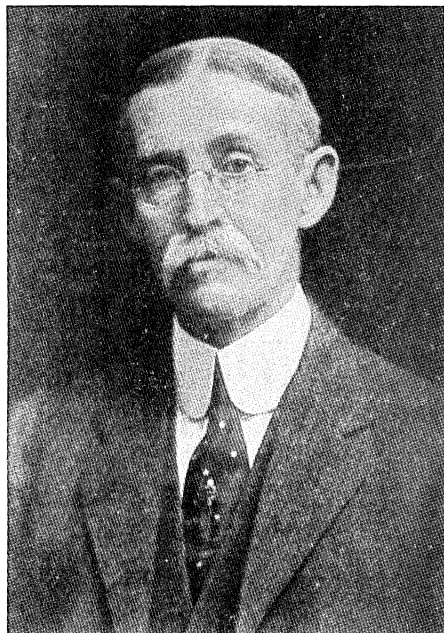
1916

American Medical Association establishes Section on Proctology

were not for the unflagging interest and energy of its Secretary, Dr. William Beach, the Society might well have failed after that session. Fortunately, attendance improved the following year, and the Society's continuing existence was assured. Indeed, in 1909, just eight years later, attendance at the Atlantic City meeting was over 100 members and guests.

Because of its close relationship with the American Medical Association, the Society held its early annual meetings in conjunction with the AMA annual meetings, either in the same city or at a nearby location. This enabled members to participate easily in both programs. Coordination of APS and AMA meetings was not always possible. In 1905, for example, the AMA met in Portland, OR, and APS in Pittsburgh, PA. The Society held some meetings on a major transportation route to AMA meetings (in Memphis when the AMA was in New Orleans or Chicago when the AMA met in Milwaukee, for example).

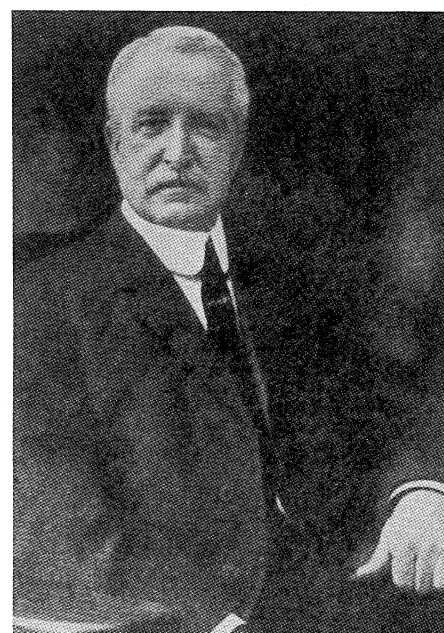
The original bylaws created three membership classifications: Ordinary Fellows, Honorary Fellows, and Corresponding Fellows. The number of Ordinary Fellows was not to exceed 25, and the number of Honorary Fellows was limited to 10 American and 5 foreign. Election to any type of membership required a unanimous vote of the Fellows present at the annual meeting. Candidates for Ordinary Fellow had to submit an original paper on a subject concerning proctology at least two months before the annual meeting. Each newly elected Fellow had to pay an initiation fee of \$5, which included annual dues of \$2 for the first year.



James P. Tuttle
1900-1901



Thomas C. Martin
1901-1902



Samuel T. Earle
1902-1903



William M. Beach
1903-1904

The Society, and its annual dues, grew very slowly at first. Dr. Krouse's election in 1900 raised the membership to 14. At the end of the first decade, APS had 31 Fellows, showing they must have changed the bylaws to expand membership beyond 25. Dues were still \$2, where they remained until 1928, when Fellows approved an increase to \$15. By 1930, the Society had 100 members.

"Each newly elected Fellow had to pay an initiation fee of \$5, which included annual dues of \$2 for the first year."

Dr. Mathews was succeeded as President by **Dr. James P. Tuttle** (1900-1901), a native of Fulton, Missouri, elected at the second annual meeting in Washington, D.C. Dr. Tuttle had established the chair of rectal and intestinal surgery at New York Polytechnic Hospital. His contributions to surgical literature included a monumental work of the time, *Diseases of the Anus, Rectum and Pelvic Colon*, published in 1902. His untimely death in 1913 at the age of 55 marked the first break in the ranks of the Society's founders.

Dr. Thomas C. Martin, of Cleveland, became the Society's third President in 1901. It is reported that Dr. Martin kept members puzzled with new names which he invented for many of his procedures and instruments. He was the first to emphasize and publicize the then believed important factor in constipation represented by enlargement and fibrosis of the valves of Houston.

Dr. Martin's successor, **Dr. Samuel T. Earle** (1902-1903), of Baltimore, was a student of medical literature who later wrote an important textbook, *Diseases of the Anus, Rectum, and Sigmoid*, published in 1911. His work led to the establishment of a chair at the Baltimore Medical College (University of Maryland), where he was the first Professor of Proctology. He occupied the chair until his death in 1931.

"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 Beach. It was the Secretary's task to keep the records of the organization and to make all arrangements for the meetings, including the program."

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 Beach. 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. A. Bennett Cooke succeeded him as Secretary-Treasurer, serving until 1907. 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.



J. Rawson Pennington
1904-1905

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's temper to a boil. He knocked Dr. Straus to the floor with a well-directed blow. To his credit, it is said that Dr. Pennington was the first to help Dr. Straus to his feet and beg forgiveness for the intemperate assault, believed to be unique in the Society's history.

The Society's next President, **Lewis H. Adler, Jr.** (1905-1906), of Philadelphia, was known for his abiding interest in the hundreds of medical and surgical interns he tutored and his generous helpfulness to any of the less fortunate among his medical associates. One of the first physicians in Philadelphia to limit his practice to proc-



Lewis H. Adler
1905-1906



Samuel G. Gant
1906-1907



A. Bennett Cooke
1907-1908



George B. Evans
1908-1909



Dwight H. Murray
1909-1910

tology, he was Professor of Diseases of the Rectum at Philadelphia Polyclinic Hospital and Postgraduate School.

Dr. Samuel G. Gant, the Society's next President (1906-1907), practiced in Kansas City before coming to New York City as Professor of Proctology at the New York Postgraduate Medical School. Dr. Gant published the first of his several books on rectal diseases after a book salesman who called on him in Kansas City happened to mention that his publisher suffered from hemorrhoids. Their conversation led to a referral, and the publisher was so well satisfied with the surgery Dr. Gant performed that he suggested a second career as an author. Dr. Gant was one of the first proctologists to advocate the use of local anesthesia in rectal surgery and gained some prominence for his advocacy of sterile water alone as an anesthetic agent.

Dr. A. Bennett Cooke (1907-1908), of Nashville, Tennessee, like Dr. Beach, rose from Secretary-Treasurer to President. He was the author of an early textbook on diseases of the anus and rectum. He later moved to Los Angeles, where he was a Clinical Professor of Surgery at the College of Medical Evangelists. In his presidential address, the first of which we still have record, Dr. Cooke suggested the establishment of a journal to give papers presented at the meetings wide distribution to the medical profession. He urged consideration of some form of union with the AMA. His death in 1946 at the age of 79 marked the passing of the last of the founding members of the Society.

The Society's next President, **Dr. George B. Evans** (1908-1909), liked to recall that it was during his tenure as 2nd Vice President of the American Medical Association when the AMA House of Delegates approved a resolution by **Dr. Louis J. Hirschman** (APS President 1912-1913) to establish a Section on Proctology. In his presidential address, Dr. Evans made a plea for more clinical research. Dr. Evans was also a founding member when the American College of Surgeons was organized in 1913. The Coolidge x-ray tube was developed that same year.

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. In 1911, he began a series of papers on the causation and treatment of pruritis ani, a common and bothersome itching around the anal area, which he continued without interruption for the next eight Society meetings. Dr. Murray's theories were opposed, even derided at first, but later gained wide acceptance.

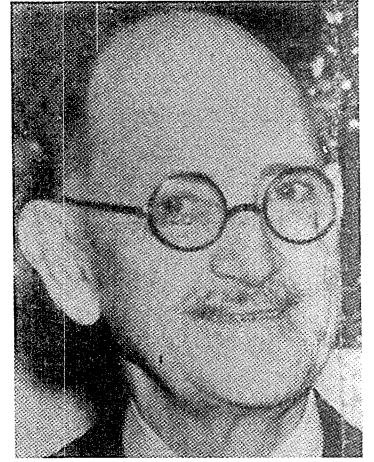
"Dr. Cook's presidential address suggested that the specialty include the entire intestinal tract and the Society's name be changed to The American Enterologic Society."

The membership returned to a charter member for the presidency in 1910, with the election of **Dr. George J. Cook**, a Pennsylvanian who moved to Ohio, Kentucky, and finally Indiana, where he practiced in Indianapolis for many years. While in Louisville, he had established a lifelong friendship with the Society's first president, Dr. Joseph Mathews. Dr. Cook was respected as an outstanding teacher at Indiana Medical College, where he was Professor of Gastrointestinal and Rectal Surgery. He was recognized as the leading diagnostician of rectal and abdominal diseases in Indiana, and his trivalve speculum was widely used in the days when general anesthesia was commonly employed in rectal surgery. Dr. Cook's presidential address suggested that the specialty include the entire intestinal tract and the Society's name be changed to The American Enterologic Society. He repeated a suggestion of Dr. James Tuttle that the meetings be held at a time and place different from the AMA's.



*George J. Cook
1910-1911*

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. Jelks**, of Memphis, succeeded Dr. Cook in 1911. Dr. Jelks 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). Dr. Jelks was the author of the theory of intestinal parasitic infection as the etiology of pellagra. He contributed a chapter on dysentery to Dr. Hirschman's book, *Disease of the Rectum, Sigmoid and Colon*, and a chapter on intestinal protozoa in man to the *Cyclopedia of Medicine*.



John L. Jelks
1911-1912



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 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. Mathews 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. Dr. Krouse organized and conducted for many years a polyclinic at the Medical College of Ohio and established a proctologic service at the Jewish Hospital in Cincinnati. His presiden-

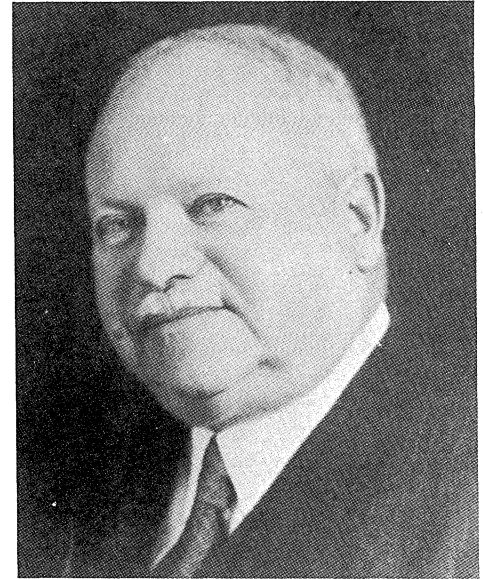


Louis J. Krouse
1914-1915

tial address reviewed the Society's history to 1915, concluding that the most urgent need was better teaching of proctology in the medical schools—a need still largely unmet.

WHY PROCTOLOGY 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 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. Dr. Hill, who practiced in Boston, received his medical degree from the University of Vermont College of Medicine and took specialty training at St. Mark's in London. He wrote a textbook on rectal diseases that was widely used in U.S. medical schools.



*Alfred J. Zobel
1916-1917*

*“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 Society's next President, **Dr. Alfred J. Zobel** (1916-1917), of San Francisco, was its first leader from the West Coast, although Dr. Bennett Cooke had moved to Los Angeles during the latter part of his career. Dr. Zobel received his medical degree from Cooper Medical College (now Stanford University Medical School) and opened the first clinic devoted to proctology in San Francisco. His presidential address mentioned the lack of instruction in medical schools and asked for support for the newly formed specialty section in the AMA. Years later, Dr. Zobel had the honor of giving the first Joseph M. Mathews Oration, entitled “Three Decades of Proctology,” at the 1938 meeting.

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.

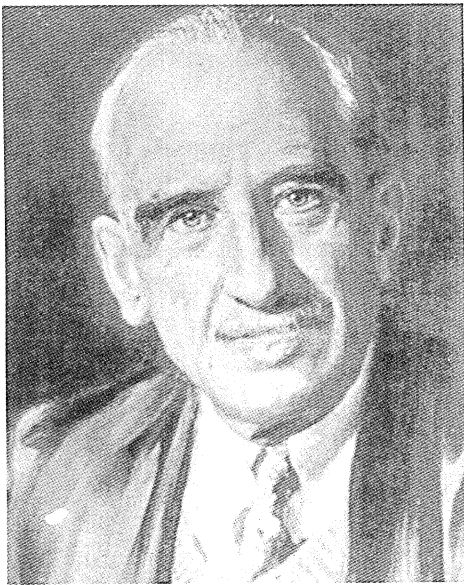
In April 1917, U.S. President Woodrow Wilson asked Congress to declare war on Germany. The German government did not believe

America could arm fast enough to alter the course of a war of attrition which had then dragged on for four years. But the nation responded to the call and helped turn the tide of an Allied victory that led to armistice on November 11, 1918. While American soldiers fought and died in Europe, a severe flu epidemic swept the nation at home, taking more than 500,000 lives.



U.S. President Woodrow Wilson, France's Clemenceau, and Britain's Lloyd George leave Versailles after signing the World War I peace treaty. Archives Photo

There was no APS meeting in 1918, because of the war effort, and the next President, **Dr. Jerome M. Lynch**, served from 1917 to 1919. A native of Ireland, he practiced in New York City for many years. His presidential address advocated that proctologists include the small intestine and be trained as general abdominal surgeons.



*Jerome M. Lynch
1917-1919*

"His talent in photography led to the presidency of the Philadelphia Photo Society; his skill with the rifle and shotgun filled his library with trophies from the ranges and from the field; fishermen along the New Jersey coast envied his skill; and he was said to be the despair of the most expert shots at the billiard table."

As the nation returned to peacetime and the raucous decade known as "The Roaring Twenties," the Society elected **Dr. Collier F. Martin**, of Philadelphia as its President (1919-1920). Admired as a specialist and educator, Dr. Martin became Vice Dean and Professor of Proctology at the Graduate School of the University of

Pennsylvania. He was also well known for talents outside the medical profession. His talent in photography led to the presidency of the Philadelphia Photo Society; his skill with the rifle and shotgun filled his library with trophies from the ranges and from the field; fishermen along the New Jersey coast envied his skill; and he was said to be the despair of the most expert shots at the billiard table. Dr. Martin's presidential address spoke of the effects of the war on the practice of medicine, particularly increased interest in the specialties. He recommended specific improvements in the Society's effectiveness, including starting a quarterly newsletter and forming a committee to suppress charlatans and quackery.

The year 1920 also brought two important constitutional amendments. Congress passed the Volstead Act, and for the next 13 years the U.S. conducted an unsuccessful experiment in prohibition of the sale of alcoholic beverages. The second amendment had more long lasting effect on American society—women's suffrage. After August 1920, the Constitution forbade the federal government or any state to deny the vote to a citizen on account of sex. It was not until 1933, by the way, that the first woman was elected to membership in the Society. Dr. Mary E. Spears, of Philadelphia, became an Associate that year.



*Collier F. Martin
1919-1920*

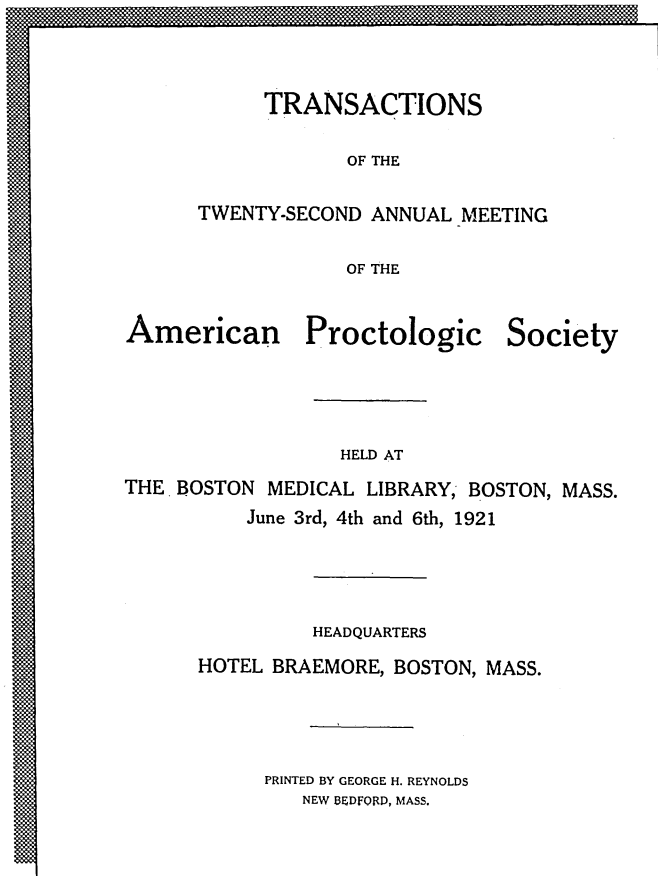


Flappers helped give the decade of the Roaring '20s its name. Archive Photos

The Society had 50 fellows at the time of President **Dr. Alois B. Graham**'s address to the 1921 meeting in Boston. A then virtually unknown physicist, Albert Einstein, had just won the Nobel Prize. Dr. Graham, who had studied in Germany at universities in Berlin and Bonn, practiced with Dr. George Cook, one of the Society's founding members, in Indianapolis. He held faculty positions at the Indiana Medical College and at the School of Medicine of Purdue University. In his presidential address, he recommended that all meetings should include papers on cancer.

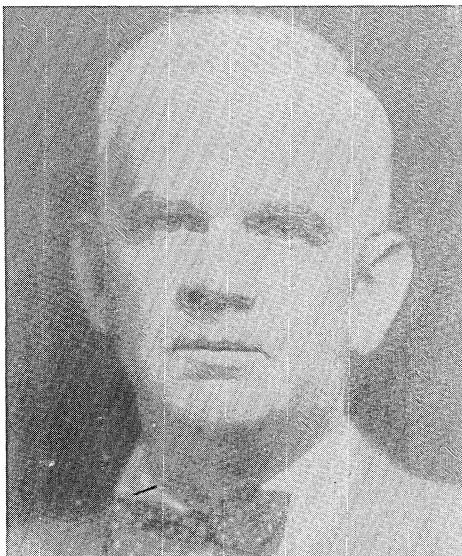


*Alois B. Graham
1920-1921*



Granville S. Hanes
1921-1922

During the 1920s, the Society extended its annual meetings from two to three days. In 1922, they offered a special clinical program at the Mayo Clinic in Rochester, MN, for members en route to the annual meeting in St. Louis. The President that year was **Dr. Granville S. Hanes**, of Louisville, who presented a long paper on the management of pruritus ani. He thought the condition was bacterial in origin, and he described in detail his treatment, which consisted of the subcutaneous injection of a dilute solution of hydrochloric acid. His was the first presidential address on a clinical subject.



Emmett H. Terrell
1922-1923

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 appraised 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. A popular leader, Dr. Terrell was known for introduction of the use of Quinine and Urea Hydrochloride in the injection treatment of hemorrhoids. He proved Quinine Urea HCL to be the drug of choice in injection treatment at a time when the treatment had fallen into

disrepute. Dr. Terrell was largely responsible for making sclerotherapy of hemorrhoids a scientific and ethical procedure and a most valuable adjunct to proctologic surgery in the U.S.

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. He expressed concern that recommendations of previous presidents had not resulted in action. As the retiring Secretary-Treasurer (1919-1923), he suggested that it would be more effective if Secretary-Treasurers were elected to serve for several years, a tradition that still survives.



Ralph W. Jackson
1923-1924



Raids on illegal "speakeasies" like this one in New York City became common during prohibition. Archive Photos

Nineteen members made the trip for the London session. The program included papers by members of both organizations. There were clinical sessions at both the Cancer Hospital and at St. Mark's Hospital, plus a special visit to the Royal College of Surgeons. Dr. Jackson thanked the Society's hosts for the opportunity to meet in the "Mecca" of proctology. He discussed differences in the practice in the U.S. and England. In America, proctology had become a distinct specialty, while in England general surgeons who took a special interest in the field did the work. Each approach has its pros and cons, he said. Interestingly, the forerunner of the Royal Society of

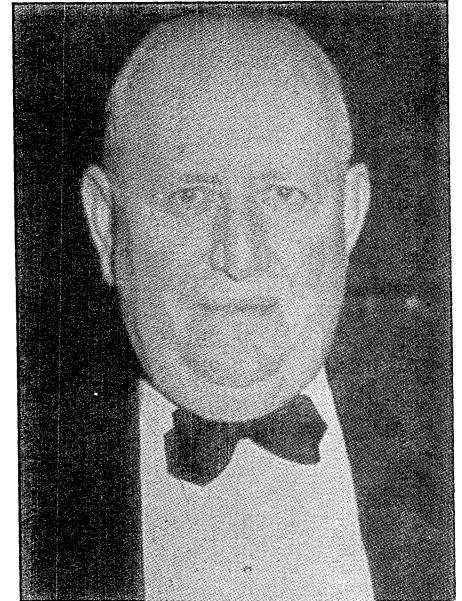
"He discussed differences in the practice in the U.S. and England. In America, proctology had become a distinct specialty, while in England general surgeons who took a special interest in the field did the work."



Frank C. Yeomans
1924-1925



Descum C. McKenney
1925-1926



William H. Kiger
1926-1927

Medicine's Section of Proctology was the British Proctological Society, organized in 1912. However, the British Proctological Society had existed for less than a year when the members decided to accept an offer from the Royal Society to become the Sub-section of Proctology of the Surgical Section of the RSM in 1913.

The first President to put the Society's growth and admission of more members at the top of his agenda was **Dr. Frank C. Yeomans** (1924-1925), a graduate of Yale University and Cornell University Medical College who practiced in New York City. The Society, he said, should look to teachers of proctology and doctors who have taken postgraduate work in the specialty for additional members. He suggested the formation of a credentials committee to stimulate growth.

Dr. Yeomans' successor, **Dr. Descum C. McKenney** (1925-1926) repeated the need for more proctologists and more members. He urged members to increase their knowledge and skills, and to give papers and clinics to general physicians and students whenever possible. He suggested the Society give an annual prize of \$100 to a medical student for the best paper on a proctologic problem. A Canadian native, Dr. McKenney took his medical degree at the University of Buffalo (New York), also doing postgraduate work at St. Mark's in London. The first of a succession of Society leaders from Buffalo, he interrupted his practice to serve in World War I. At the University of Buffalo, he became a full Professor with an interest in the work at Roswell Park, the first cancer research center in the U.S. An affable man with a well-developed sense of humor and



Suffragettes campaigned for women's right to vote, finally granted by the 19th Amendment to the Constitution in 1920. Archive Photos

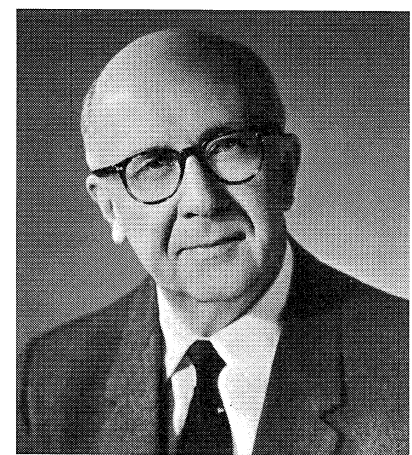
a wide circle of friends, he often arranged entertainment after medical meetings.

The 1926 meeting in Indianapolis included two separate clinical sessions at the Indianapolis State Hospital, with seven patients examined and operated upon by selected members. Dr. Joseph Ricketts of Indianapolis, who was to become the Society's President 20 years later, reported on the results of these cases at the 1927 meeting in Philadelphia.

Dr. William H. Kiger (President 1926-1927) studied under Dr. Joseph Mathews in Kentucky and practiced in Los Angeles. Unlike his immediate predecessors, he advised caution in selecting new members, saying that it was better to grow slowly with quality material. The 1927 meeting in Philadelphia featured a clinical conference at Polyclinic Hospital, where patients were presented and operated upon. Discussions in the scientific sessions included intestinal hemorrhage, sarcoma of the rectum, fistula surgery, appendicitis in patients with colitis, and the management of patients with inoperable cancer. Most interesting was the first of many papers on a bacterial (diplococcus) etiology for chronic ulcerative colitis. As Society members



**Two-Term
President's
VISION**



Dr. Louis A. Buie
(1927-28, 1934-35)

- A founder of the American Board of Proctology
- Leader of 1951 revision of AMA Code of Medical Ethics
- First Editor of *Diseases of the Colon & Rectum*
- Receives honorary fellowship in 1959
- Emphasized concern for identity of specialty
- Teacher, textbook author, designer of medical instruments

shared advances in the treatment of colon and rectal disease, they marveled at achievements in other fields. In aviation, for example, Charles A. Lindbergh made the first solo flight across the Atlantic in 1927, just 23 years after the Wright Brothers flew for the first time.

“As Society members shared advances in the treatment of colon and rectal disease, they marveled at achievements in other fields. In aviation, for example, Charles A. Lindbergh made the first solo flight across the Atlantic in 1927, just 23 years after the Wright Brothers flew for the first time.”

The Society’s next 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’s Section of Proctology in 1919 and headed it until 1953, when he became a senior consultant. He is one of only five leaders to serve two terms as President (1927-1928 and 1934-1935) and 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 proctoscopic table, and a biopsy for-



Members attending the 1929 meeting posed for a group picture outside the Detroit Yacht Club.

ceps 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.

“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 proctoscopic table, and a biopsy forceps used worldwide.”

The 1928 meeting in Minneapolis at which Dr. Buie gave his first presidential address featured a special train from Chicago that made a one-day stop in Rochester for a diagnostic clinic. This is also the first year in which much was reported about the social program. The ladies took a sightseeing trip, had lunch at the Rochester Golf Club, and played bridge that afternoon, according to the archives. The men, after luncheon on the Arthur Hotel Roof and a short afternoon program, took part in a golf tournament. The banquet that night apparently featured some kind of an historical address, as the archives contained the photograph, “Evolution of Proctology.”

In his presidential address to the 1928 annual meeting, Dr. Buie suggested appointing a committee to review suggestions made by all presidents that had not been acted upon and that Council give them





Edward G. Martin
1928-1929

proper consideration. He discussed the need to improve the still primitive state of training in proctology, pointing out that most courses lasted no longer than two or three weeks.

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 *Transactions*. Exhibits are mentioned for the first time in the report of the 1929 meeting. The following exhibits were listed: 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.



**Society
Firsts**

1879
Dr. Joseph Mathews is first U.S. physician to limit practice to colon and rectal disease

1917
First meeting of AMA's Section on Proctology

1917
First training program in proctology at University of Minnesota

1918
No American Proctologic Society meeting because of World War I


1924
First joint meeting with Royal Society of Medicine, London

II. The Second Phase of Growth, 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. The exceedingly harsh terms of the Treaty of Versailles, which ended World War I, and President Wilson's failure to win ratification of the League of Nations, had left the world on a course that would inevitably lead again to war. 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.



The Great Depression, which forced millions into breadlines like this one, was one of the catastrophes that slowed the Society's growth. Archive Photos



**Two-Term
President's
VISION**



Dr. Walter A. Fansler
(1929-30, 1960-61)

- Started specialty's first training program, 1917
- Deplored quackery, urged emphasis on educating specialists
- 1959: Receives Honorary Fellowship in the Royal Society of Medicine, London
- 1960: First Society member named a Governor of the American College of Surgeons

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.

"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."

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. He was also a Fellow of the American College of Surgeons, representing the Society on the ACS Board of Governors for several years. 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.

The 1930 annual dinner was reported in detail as follows:

"...the annual dinner was held at the Chinese Room, Hotel Statler, and was a carefully arranged affair. Dr. Fansler was toastmaster or president of the Corrida. He introduced John L. Jelks, who spoke at length on the inception and development of 'The Yelek Skumink Ranch, Inc.'....The new animal-Skumink-is surely a most wondrously made varmint, bred in the Southland of Jelks by a fanciful and forceful farmer, and raised by the aid of copious droughts of some potent cerebral stimulant....Dudley Smith anecdoted and recited in his characteristic manner and we were all glad to hear his rendition of 'Hamlet.'

"Senor Granville S. Hanes dilated on Tauromachy and by the aid of McKenney's photography and invention, took us to Spain with the venturesome pair and showed us a bull fight as they saw it....We are all indebted to Dr. Descum McKenney for his delightful entertainment."

Interpreting these notes 69 years later may be difficult, but there is no doubt that all enjoyed a highly entertaining dinner, an experience repeated many times since then.

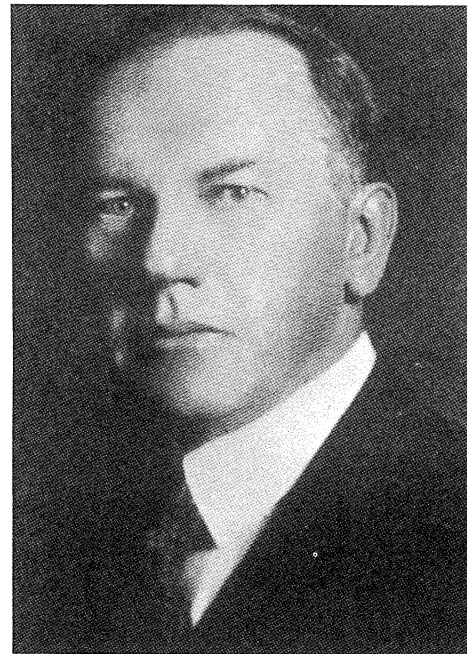
When the Society met in Philadelphia the following year, Vice President Dr. Samuel E. Newman presided in place of President **Dr. Dudley Smith** (1930-1931), of Oakland, CA, who was ill. Dr. Smith was to preside in person at the 1939 meeting, when he served a second term (1938-1939). In Dr. Smith's absence from the 1931 meeting, no presidential address was given, but the annual banquet speaker, Dr. George H. Meeker, Dean of the University of Pennsylvania Graduate School of Medicine, gave an important address. He suggested that the Society might be instrumental in establishing a national examining board to certify the proficiency of men to practice the specialty of proctology. The banquet was not all seriousness, as *Transactions* duly reports, "Dr. Samuel G. Gant in his characteristically adept manner entertained with sleight of hand tricks with coins and cards."

ATTENTION TO TEACHING OF PROCTOLOGY

During meetings throughout the 1930s, the Society gave considerable attention to the teaching of proctology. A committee was appointed to investigate this, and its report indicated that few medical schools had adequate courses. 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.

In 1932, Franklin Delano Roosevelt was elected President, after promising "a new deal for the American people." As he took office, Congress repealed the Volstead Act, ending prohibition, and Adolph Hitler rose to power in Germany.

The Society's 1932 meeting was held at the Peabody Hotel, Memphis, TN, at the invitation of Dr. John Jelks (of Skumink fame) and Dr. Victor Allen. President **Dr. W. Oakley Hermance**, of Philadelphia, repeated the need for a journal in his presidential address. Later, he established an annual award and plaque for the best scientific paper presented by an Associate Fellow or Affiliate Member and arranged for its continuance after his death in 1953. [Categories and classifications of membership changed many times over the course of the Society's history.] The final day, everyone attending the Memphis meeting was invited to historic Reelfoot Lake for a pit barbeque and fish fry. The meeting was planned to dovetail with the AMA meeting in New Orleans, so members could board a special train after the Reelfoot Lake excursion. The printed



W. Oakley Hermance
1931-1932

program for the Memphis meeting contained the following special notice:

“On Wednesday, May 11th, the Section on Gastroenterology and Proctology of the A.M.A. will give its annual dinner at Antoine’s in New Orleans at 7:00 p.m. Members of the Society may secure tickets (\$6.00) from the Secretary.”

Another important milestone in 1932 was the organization of the Philadelphia Proctologic Society, the first of the regional societies. It was established at the suggestion of Dr. Harry E. Bacon (President 1948-49), whose organizational skills later became almost legendary. The success of the Philadelphia Society provided motivation for others, and by 1998 the Society’s directory listed 19 regional societies. Many of these regional groups sponsor important awards for achievement in posters, papers, or other categories that are presented at the Society’s annual meeting. These regional societies, though not formally affiliated with the national organization, have had an important role in the growth and advancement of the specialty. They often provide an introduction to the specialty to residents and surgeons in their areas and have often sponsored excellent scientific programs.



Members attending the Society’s 1933 annual meeting in Chicago could visit the “Century of Progress” exhibition at the World’s Fair. Archive Photos

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 progress made in the specialty and 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 asked for formation of a committee—three from the Society and three from the AMA—to initiate the process. Dr. Rosser’s recommendation was accepted, and the long process begun. In addition to Dr. Rosser, the Society’s representatives on the committee were Drs. Frank G. Runyeon and Louis A. Buie. Each of the AMA’s representatives—Drs. Walter A. Fansler, Louis J. Hirschman, and Descum C. McKenney—had also been active in the Society. When the American Board of Proctology finally achieved independent status in 1949, Dr. Rosser was elected the first President.

DR. ROSSER AN INSPIRATION FOR MANY

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. The young surgeon noted that many of these patients had anorectal problems about which he and most other physicians of the time knew little. That sparked his curiosity, and for four decades he studied and wrote prolifically on topics covering the entire spectrum of the specialty. Incidentally, his father discouraged him from becoming a proctologist, saying it was not a respectable profession.

More than half a century later, when asked which of his predecessors he would most have liked to spend a day or week with in practice, Dr. Willard H. Bernhoft, of Buffalo, singled out Dr. Rosser. “Dr. Rosser had a way of instilling inspiration into young Fellows while making rounds in the hospital. He was a very good teacher. At that time, young as I was, he was talking about getting our own board for colon and rectal surgery. This would have been in the early 1940s. He was a real inspiring teacher to me.”

ELECTION OF SOCIETY’S 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



Dr. Curtice Rosser
(1932-33)

- Son of prominent Dallas surgeon
- First studied law, then switched to medicine, specializing in colon and and rectal disease against his father's advice
- Recommended certifying board in 1933
- Elected first President of American Board of Proctology, 1949
- Remembered as an inspiring teacher



Curtis C. Mechling
1933-1934

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. It was 11 years after Dr. Spears' election that two more women were elected to membership in 1944—Dr. Mildred J.C. Pfeiffer, of Philadelphia, and Dr. Rachel Seletz, of Los Angeles. In 1946, Dr. Sara M. Jordan, of Boston, was named an Honorary Associate, and in 1951, Dr. Martha Wells, of Detroit, became a member.

The Society's president for the 1934 meeting in Cleveland, **Dr. Curtis C. Mechling**, of Pittsburgh, had been a Captain in the Army Medical Corps during World War I. In his presidential address, he spoke on the code of the specialist, explaining that specialties had started in 1771 when a paper on diseases of the eye was published. He recounted the beginning of other specialties up to proctology, which he called a surgical specialty. He continued with the development of the board system and the Advisory Board for Medical Specialties. The meeting included a half-day session at the Cleveland Clinic, where Dr. Tom E. Jones performed a one-stage abdominoperineal resection. The Annual Business Meeting did not begin until nine p.m., and there is no indication how long it lasted.

Historical highlights in 1935 included approval of the Social Security Act. On New York's Broadway stage, playgoers were enthralled with George Gershwin's "Porgy & Bess." The location of the Society's 1935 meeting, Atlantic City, NJ, was its most popular convention city throughout the first half century. Six of its first 24 meetings were held there, and it was chosen again in 1937, 1942, 1947, 1951, and 1959 (the last time ASCRS has met on the famed boardwalk). **Dr. Louis A. Buie** was serving his second term as President in 1935. His presidential address emphasized concern for the identity of the specialty. He called for more scholarships and exhorted the members to work harder to create more training programs. He reported the difficulty of getting approval for the certifying board.



Frank G. Runyeon
1935-1936

In medical science, major testing of the sulfa drugs began in 1936 and continued through 1939. President **Dr. Frank G. Runyeon** (1935-1936), of Philadelphia, echoed some of Dr. Buie's themes in his 1936 address at the meeting in Kansas City. He believed the application for a board, if approved, would help the specialty achieve standardization and recognition. The 1936 meeting was held in the election year in which President Franklin D. Roosevelt ran against Alf Landon. The campaign inspired Dr. Herbert Kallet, Editor of *Transactions* that year, to publish this "Foreword":

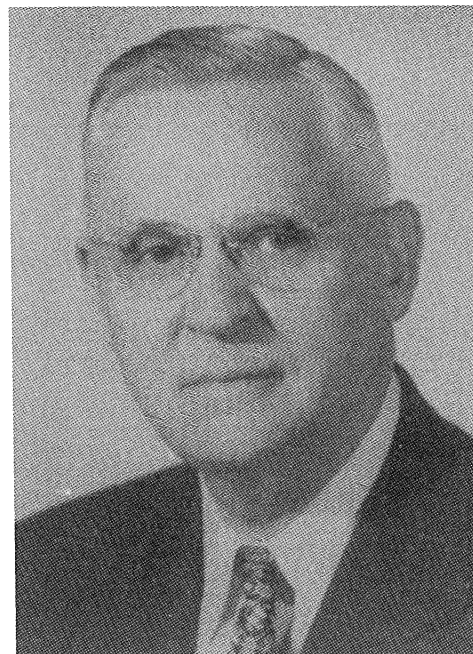
"The current political campaign has given rise the suggestion that the American Proctologic Society also have a platform.

Your Editor proposes the following plans:

- 1. A militant leadership to improve the standards of Proctology in order to free it from charlatanism and unethical practices.*
- 2. An effort to convince the Council on Medical Education that a separate department of Proctology be required in each medical school to secure a Class A rating.*
- 3. Research grants for special investigation of basic problems in rectal and colonic disease.*
- 4. Encouragement of state and regional groups for postgraduate study.*
- 5. The establishment through the Secretary's office of a clearing house through which motion picture films, charts, lantern slides and the like be made available throughout the Society.*
- 6. The standardization of diagnostic instruments so that rheostats, cords, bulbs and other attachments may be made interchangeable.*
- 7. The publication of a quarterly journal to supplement the annual Transactions.*
- 8. A broad membership policy.*

In retrospect, Dr. Kallet's platform seems quite visionary. Most of his planks became reality as the Society grew and developed.

In his presidential address to the 1937 annual meeting, **Dr. Marion C. Pruitt** (1936-1937), of Atlanta, emphasized the impor-



*Marion C. Pruitt
1936-1937*



Three Society leaders in the center of this photo taken at the 1936 annual meeting in Kansas City are (left to right) Drs. Raymond J. Jackman, Louis A. Buie, and Newton D. Smith.



*Harry Z. Hibshman
1937-1938*

tance of board certification in the specialty's future. **Dr. Harry Z. Hibshman** (1937-1938), a Professor of Proctology at Temple University in Philadelphia, echoed Dr. Pruitt's theme in 1938 and expressed concern about socialization of medicine. In what was then a rare expression of political sentiment, the Society approved a resolution opposing socialized medicine. The 1938 meeting also featured the first Joseph M. Mathews Oration, a tradition that continues today.

The Society held its 1938 meeting in San Francisco, and getting there was half the fun. Special train itineraries were prepared through the cooperation of the Baltimore and Ohio, Burlington, Union Pacific, Southern Pacific, and Northern Pacific Railroads. Several trains rendezvoused at pre-established meeting points, where they were connected for the rest of the trip. The train then stopped in Salt Lake City for a tour of the Mormon Temple and Tabernacle, among other sites, at a bargain price of \$1. It continued through Los Angeles, where Drs. Kiger, Hill, Murietta, Daniel, Clemons and Smiley had arranged a visit to a surgical clinic at Los Angeles Hospital, and a tour of the city, including the movie studios of Goldwyn Pictures Corporation.

"The 1938 meeting also featured the first Joseph M. Mathews Oration, a tradition that continues today."



President Franklin D. Roosevelt's 1936 campaign against Alf Landon inspired a Society "political platform." Archive Photos

"THE PROCTOLOGICS," STARRING SOCIETY MEMBERS

The visit to the studio is remembered as an exciting and unique event. First the group met the stars of a new movie, "The Eternal Three," and then previewed the film. Then, the Goldwyn studios made a short film entitled "The Proctologics," in which several prominent Society members and their spouses starred in a short ver-

sion of *Romeo & Juliet*. Following dinner at the famous “La Golondrina Cafe,” the group took an overnight train to San Francisco.

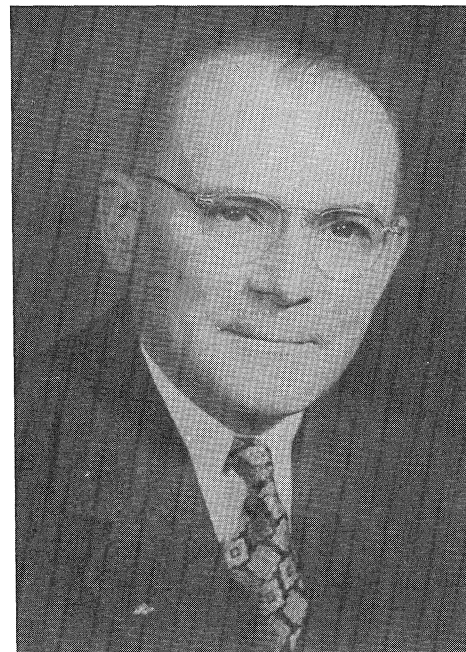
The scientific program in San Francisco again included operative clinics, one conducted by Dr. Montague S. Woolf at the University of California and another by Dr. Robert A. Scarborough at Stanford University. Plans to arrange a trip to the London convention in 1939 later had to be postponed because of the uncertainty of conditions in Europe, then on the eve of the outbreak of World War II.

The 1939 meeting coincided with the World’s Fair in Brooklyn, New York (the only meeting the Society has held in Brooklyn) and included an afternoon and evening at the Fair before the scientific sessions began. The surgeons also spent one afternoon at Brooklyn Hospital observing case presentations. It was **Dr. Dudley Smith’s** second meeting as president but the first he attended, having missed the 1931 meeting because of illness. His presidential address bypassed the major issues, concentrating instead on details of practice, such as good local anesthesia, the position of the patient, etc. In literature, John Steinbeck’s *Grapes of Wrath* was published in 1939, recreating the agonies of the “dust belt” farmers of the 1930s. In Europe, Hitler’s Nazi Army invaded Poland.

In his address to the 1940 meeting, President **Dr. Martin S. Kleckner** (1939-1940), of Allentown, PA, took a contrary view on the importance of establishing a certifying board. He argued that it was not necessary, as becoming a Fellow in the Society would provide adequate professional certification.

However, Dr. Kleckner’s argument did not apparently represent a majority viewpoint. 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. The Advisory Board, organized in 1933-34 to coordinate graduate medical education and the certification of medical specialists, by then had 12 specialty board members. One of the Advisory Board’s functions was to process applications for new boards and make recommendations to the Council on Medical Education of the AMA, the accrediting agency for specialty boards at that time. The Advisory Board deferred action on the ABP application, suggesting that it be considered after the establishment of the American Board of Surgery (ABS), which was then in the process of formation.

The Advisory Board reconsidered ABP’s application in 1938 and



Martin S. Kleckner
1939-1940

decided that the American Board of Surgery, established in 1937, should devise some method for certification in proctology. It notified the ABS of this action. The action appears to have caused confusion. ABMS had recently determined that no further subsidiary or affiliate boards should be approved, but the AMA was apparently unaware of this. The members of ABMS clearly felt that a system permitting subspecialties to function as an organized subsidiary of a parent Board was unsatisfactory. They preferred to discontinue subsidiary board status, instead asking the primary board to issue certificates in special areas, along with its general certificate.

A HOT DAY IN NEW YORK, 1939

On May 7, 1939, Drs. Louis J. Hirschman and Frank G. Runyeon attended an 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:

“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.”

“...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.

“Dr. Graham then stated that it was only fair to us before any discussion of the subject was started, that he explain just what the action of the Board of Surgery had been up to the present moment. He stated that since the correspondence between Dr. (J. Stewart) Rodman (Secretary of the Board) and you, and following your conference with the subcommittee at the Southern Surgical Association, that the Advisory Council on Specialties and the Council on Medical Education of the AMA had instructed the Board of Surgery, that under no conditions would they consider our certification of two types of Proctologists.

“...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 perforce be a colonic surgeon.

“After these statements of what had already been decided by the Board, we were called upon to discuss the matter with the Board members present.”



40th ANNUAL CONVENTION DINNER-DANCE
AMERICAN PROCTOLOGIC SOCIETY
HOTEL ST. GEORGE GRAND BALLROOM
JUNE 27th, 1939
NO. 1801

The Society's 40th annual convention dinner dance, June 27, 1939, Hotel St. George Grand Ballroom, Brooklyn, New York.

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 Founder's group. In concluding his report, Dr. Hirschman said the ABS could not give him a definite reply to take back, because they did not want to take formal action until the arrival of Board member Dr. Fred Rankin, who was expected later.

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. This meant that candidates in proctology had to have all the educational requirements to qualify for examination by the ABS and pass their examinations, as was required of all candidates who wished to be certified in general surgery. Then, those who applied in proctology would not receive a general surgery certificate but, after passing an additional examination, would receive a special certificate showing proficiency in proctology.

At about the same time, the AMA's Council on Medical Education passed a resolution that the ABP be granted approval as a subsidiary board of the ABS. This was done with incomplete information and was contrary to the action taken by the ABMS to the effect that no more subsidiary or affiliate boards were to be

THE AMERICAN BOARD OF SURGERY

Incorporated 1937

Hereby Certifies That

Louis Jacob Hirschman

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

Attest:
Allen O. Rippe
CHAIRMAN

Philadelphia, Pa.
November 12th, 1941



CERTIFICATE NO. 1

Frederic W. Calkins
VICE-CHAIRMAN

Samuel Rodman
SECRETARY - TREASURER

Dr. Louis J. Hirschman received the first certificate when proctology became a subsidiary board to the American Board of Surgery. Other documents on this page show certification in anorectal surgery by the newly independent American Board of Proctology (bottom) and a recent ABCRS certificate.

The American Board of Colon and Rectal Surgery

certifies that

having satisfied all the Requirements and successfully passed the Examinations, is properly qualified to practice the specialty of Colon and Rectal Surgery



President

Secretary



The American Board of Proctology

Whereas

HAS FULFILLED THE REQUIREMENTS OF THE CONSTITUTION AND BYLAWS AND IN RECOGNITION OF HIS ATTAINMENTS, HE IS HEREWITH DECLARED A DIPLOMATE OF THIS BOARD. FURTHERMORE, IT IS HEREBY AFFIRMED THAT HE IS QUALIFIED TO PRACTICE ANORECTAL SURGERY

In Witness Whereof, WE HAVE AFFIXED OUR HANDS AND SEAL THIS DAY OF _____ IN THE YEAR OF OUR LORD ONE THOUSAND NINE HUNDRED AND

Louis E. Mason
PRESIDENT



Samuel T. Row
VICE-PRESIDENT

approved. However, the difficult situation was resolved by a compromise wherein the ABS designated Proctology a subsidiary board but would issue an ABS certificate with a notation of special qualification in Proctology. In other words, ABS would call Proctology a subsidiary board, but it would not be one in the sense that others had been in the past. This compromise appeared to resolve a sticky situation.

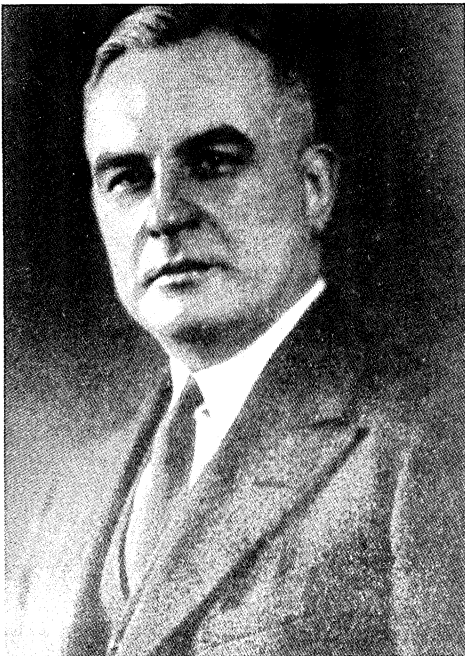
Since the American Board of Proctology was not to be a separate subsidiary board, it had to be organized to function as a committee of the ABS. It was known as the Central Certifying Committee in Proctology of the American Board of Surgery. It comprised the six surgeons appointed to the original committee in 1933—Drs. Buie, Fansler, Hirschman, McKenney, Runyeon, and Rosser—and two others, both named Martin, Drs. Edward G. Martin (Society President 1928-29) and Collier F. Martin (Society President 1919-20).

THE CERTIFYING BOARD'S FOUNDERS GROUP

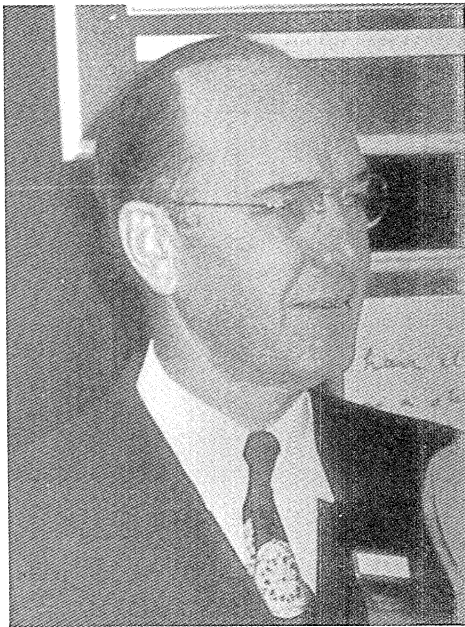
The first task facing the new Central Certifying Committee was to prepare a list of proctologists to be considered eligible for certification as a Founders Group, an avenue of approval without examination that would be closed by January 1, 1944. It proved to be more difficult than expected because some prominent Society members did only anorectal surgery. Although the ABS had agreed to accept some anorectal surgeons as part of the Founders Group, it took much discussion to select those physicians. 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 first use of penicillin came in 1941, as the Society met in Cleveland. **Dr. Clement J. DeBere** (1940-1941), of Chicago, said the case for specialty status would be improved if all proctologists were colon and rectal surgeons and if we developed high standards for training programs. He urged the appointment of a committee to develop standards for training programs and for fellowship. During the meeting, Dr. Louis Hirschman reported on the status of the ABP, then functioning as a subsidiary of the ABS and operating through a Central Certifying Committee.

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 rep-



*Clement J. Debere
1940-1941*



Frederick B. Campbell
1941-1942



Homer I. Silvers
1942-1944

resenting proctology in the organization of various hospitals and, in general, to obtain proper recognition of the specialty in the armed forces. December 7, 1941 became the day “that will live in infamy,” when Japanese warplanes launched a surprise attack on U.S. Naval forces at Pearl Harbor in Hawaii, bringing America into World War II.

“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.”

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.

An event that was to have enormous historical importance that was almost lost in the midst of World War II—the achievement of the first self-sustaining nuclear reaction—occurred in 1942. Because of the War, there were no Society meetings in 1943 or 1945. In 1943, many Americans relieved wartime stress at the theater, where Rodgers and Hammerstein’s “Oklahoma” was the season’s biggest hit. **Dr. Homer I. Silvers**, of Atlantic City, served as President from 1942-1944 and **Dr. William H. Daniel**, of Los Angeles from 1944-1946. In his 1944 address at the Stevens Hotel in Chicago, Dr. Silvers recalled the early history of the Society and stressed the importance of teaching in medical schools. He asked for help for those returning from the armed services to resume their practices.

MEETING ONE WEEK AFTER NORMANDY INVASION

The 1944 meeting began just one week after the Allied invasion at Normandy. The scientific program contained a new category, “Military Hour,” when members in the military service were invited to present subjects of their choice. One presentation commented on how “mechanized aspects of modern warfare has brought suppurating pilonidal sinus to the forefront.” The meeting report notes that the Executive Session began at “seven thirty-five o’clock, *Central War Time*.”

On April 12, 1945, Vice President Harry S. Truman became

President after the death of President Roosevelt. A month later, Germany surrendered, ending the War in Europe. In August, Japan surrendered after the U.S. dropped atomic bombs on Hiroshima and Nagasaki. The period known as the Cold War began.



Allied troops landed at Normandy one week before the Society's 1944 meeting. Archive Photos

Only 37 Fellows attended the 1946 Executive Session in San Francisco. It began at 8 p.m. and did not end until midnight. The Fellows decided the Society should be incorporated, which was accomplished March 17, 1947. In his presidential address, Dr. Daniel made a plea for more new members but said they had to be well-qualified surgeons. He spoke of concern about socialization of medicine. With incorporation, a committee was appointed to rewrite the bylaws, a task not completed until 1949. The revised bylaws created a new membership classification, Affiliate, and removed restrictions on the number of members in all classifications except Honorary Fellows and Honorary Associate Fellows, which combined could not exceed 25. The registration fee for the meeting increased to \$10 from the \$5 charged since 1928.

"From 1942 to 1949, only eight candidates were certified in this confusing examination process."

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

"The meeting report notes that the Executive Session began at "seven thirty-five o'clock, Central War Time."



*William H. Daniel
1944-1946*

It was obvious from the beginning that the forced marriage of the ABS and the CCC was an unhappy one for both parties. Many could foresee the difficult problems that arose during the next several years. ABS Board Secretary Dr. J. Stewart Rodman told Dr. Hirschman in a letter that as far as he was concerned the arrangement would have been much better had Proctology become a true subsidiary board that required candidates to be diplomates of the ABS before taking the examination in Proctology, as was then the case with the American Board of Thoracic Surgery.

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.

The annual meeting of the CCC held on June 13, 1944 included a brief discussion of the desirability of establishing an independent board. The content of the discussion was not recorded, but it is obvious from the records that the Committee had two serious problems—the inability to certify anorectal surgeons and the scarcity of applicants for certification. The Secretary asked members to consider the matter, so they could continue the discussion at the next meeting.

Having found that its association with the ABS was not working satisfactorily, the CCC decided at its meeting on November 14, 1945, to organize an appeal to the ABMS and the AMA's Council on Medical Education. Soon after this, it held an informal meeting with members of AMA's Council. The Council was sympathetic and made a preliminary observation that Proctology should have an independent board if the ABS would not make the necessary alterations to permit certification of more proctologists.

After that, the CCC requested a meeting with the ABS to consider certification of anorectal surgeons and some reduction in the requirements for certification in Proctology. That meeting was held on May 29, 1946. Representatives of the CCC said that if the ABS would not agree to make changes, they would request a release, so they could apply for independent board status. The ABS referred the request for changes to a special committee and told the CCC that release from ABS would not be necessary to petition ABMS for independent status. The CCC proceeded with a petition to the ABMS.

After considering the CCC's petition, the ABMS recommended that the ABS make the changes requested. On May 13, 1947, Drs. Louis Hirschman and Frank Yeomans, representing the CCC, met with the Committee on Examinations of the American Board of Surgery to present their reasons for requesting the proposed changes in the examination for certification in Proctology. In addition, they sought assurance that the ABS would not oppose the formation of an independent Board of Proctology.

AMERICAN BOARD OF SURGERY DENIES REQUESTED CHANGES

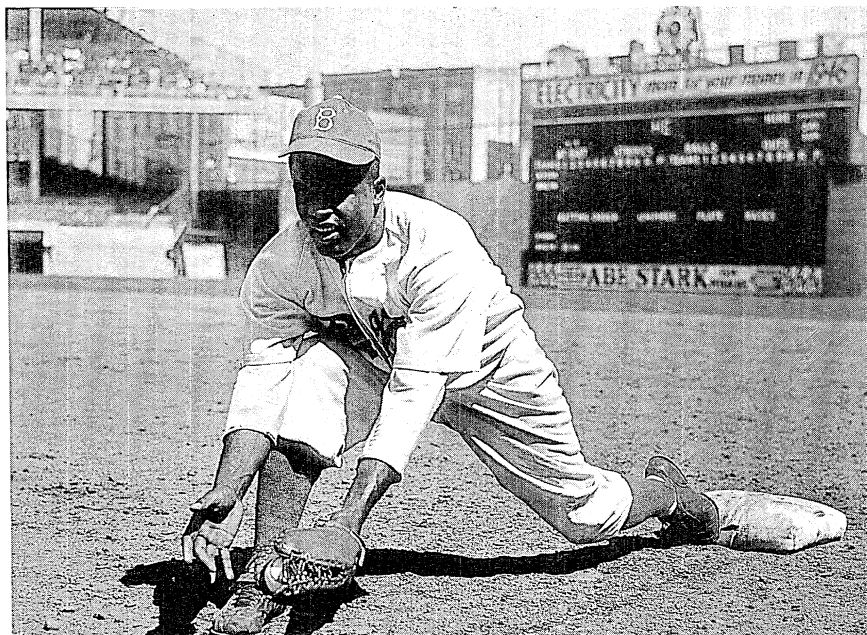
After reviewing the CCC's request, the ABS decided it should not change its examinations in the manner requested. Further, it would not certify physicians who wished to practice only anorectal surgery because the training requirements as proposed would be inadequate. ABS reiterated its position of requiring 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 its examination. It ruled that the length of training for anorectal surgery was too limited for certification.

The CCC met on June 9, 1947, at the Marlborough-Blenheim Hotel in Atlantic City, the site of the Society's annual meeting, to consider its response to the ABS. The Committee members also acted as members of the ABP, which had been incorporated in 1935. After a lengthy discussion, they decided to petition the ABMS for approval as an independent board.

In his presidential address, **Dr. Joseph W. Ricketts** (1946-1947), of Indianapolis, alluded to concerns in an era of racial, religious and political unrest. In that same year, Jackie Robinson broke Major League Baseball's color line when he joined the Brooklyn Dodgers. Dr. Ricketts posed several problems that needed to be resolved. Membership, now about 200, should be increased. More residencies were needed, and the Society should have a journal. As

a step in that direction, the Society entered into an agreement with the *American Journal of Surgery* to publish papers presented at the annual meeting in that journal.

A motion passed during the 1947 annual meeting instructing the President to petition the ABMS for an independent board to certify surgeons in “proctology only.” Later, they clarified that term as the group’s intent was to request certification in “anorectal surgery only.”



Jackie Robinson, who broke Major League Baseball’s color line in 1947, practices at first base before an exhibition game. Archive Photos

Because of the close relationship between the ABP and the Society, much discussion and correspondence followed over the next several months regarding the wisdom of presenting the ABMS with two petitions—one from the Society and one from the Board. There was concern that an apparent conflict between the organizations could undermine the likelihood that either petition would be approved. Members of the CCC met again on September 29, 1947, to review the draft version of their petition and approve the final language. Following that meeting, the CCC held a joint session with the Society’s Executive Council to discuss the difficulties created by submitting two separate petitions. They resolved the problem when the Council voted to submit a letter to ABMS supporting the ABP’s request for an independent board and asking that the board be authorized to offer two types of certification—one in Proctology and the other in Anorectal Surgery.

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. During his years of practice, he gained recognition for work on muscle spasm, including the levators, pyriformis and coccygeus muscles, and wrote many papers on what became known as the Thiele Syndrome.

On the eve of the Society's 50th anniversary, 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." However, at that same meeting, the ABMS also stated that if Proctology became an independent board, it must discontinue granting certificates in anorectal surgery after December 31, 1954. This lead time would permit current residents in anorectal programs to be certified, and would also provide the time to discontinue those programs and the certification in anorectal surgery. Thus, the ABMS agreed with the ABS that anorectal surgery training was too limited to justify specialty certification.



George H. Thiele
1947-1948

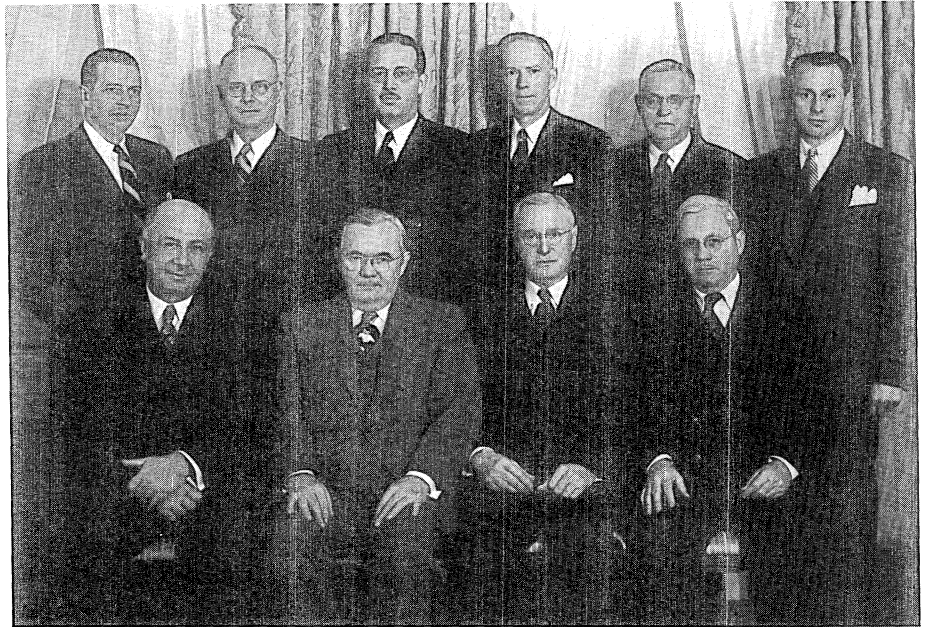
AT LONG LAST, AN INDEPENDENT BOARD

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: It would not accept the recommendation of the ABMS to act favorably on the CCC's petition. Consequently, the ABMS, in a letter from its Secretary-Treasurer, Dr. B.R. Kirklin, informed the petitioners as follows:

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

EVOLUTION OF ASCRS TRAINING PROGRAMS	
1917	1
1946	9
1970	17
1980	26
1998	31

*THE AMERICAN BOARD OF
PROCTOLOGY - 1949
ORIGINAL MEMBERS*
Standing (left to right): Harry E.
Bacon, Louis E. Moon, George
H. Thiele, Robert A.
Scarborough, Marion Pruitt,
Garnet W. Ault. Seated (left to
right): Louis A. Buie, Curtice
Rosser, Louis J. Hirschman,
Walter A. Fansler.



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

The new independent board had actually elected officers four months before it was officially approved:

- President, Dr. Curtice Rosser,
- Vice President, Dr. Walter A. Fansler,
- Secretary-Treasurer, Dr. Louis A. Buie,
- Board members: Drs. Garnet W. Ault, Harry E. Bacon, Louis J. Hirschman, Louis E. Moon, Marion Pruitt, Robert Scarborough, and George H. Thiele.

The officers met frequently to compose a Constitution and Bylaws, which they approved on September 3, 1949, at the Board's first official meeting, held in Chicago. Their dedication is evident from the fact that the meeting began at 2 p.m. on September 3 and lasted until 3 a.m. the following morning.

The Constitution and Bylaws provided that the ten Board members be representatives of three organizations: 4 from the American Proctologic Society, 4 from the Section of Gastroenterology & Proctology of the AMA, and 2 from the Section of Proctology of the Southern Medical Association. In 1964, the American College of Surgeons (ACS) was added as a sponsor by reducing the AMA representation from 4 to 3. In 1971, the AMA representation was further reduced to 2 and ACS increased to 2, and in 1978 a representative from the American Board of Surgery was added. Finally, in 1985, sponsorship by the Southern Medical Association was discontinued, and those 2 members were added to the ABCRS appointees.

By then, total Board membership was 12, with organizational representation as follows:

ASCRS	4,
AMA	2,
ACS	2,
ABS	1,
ABCRS	3.

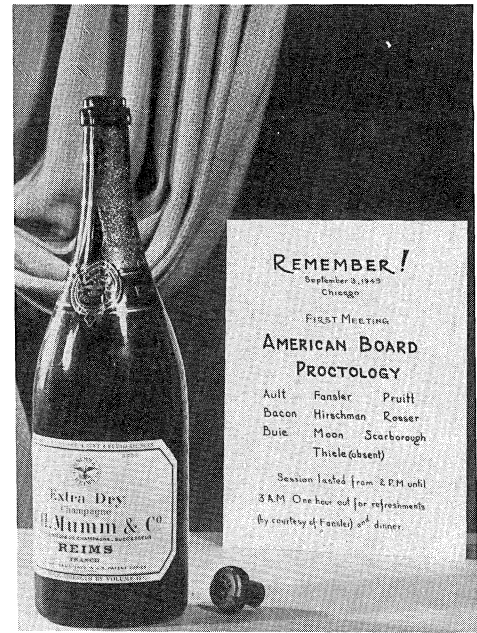
Composition of the Board in 1998, as this history is written, had changed slightly, the AMA having only one seat and the twelfth seat going to the Association of Program Directors for Colon and Rectal Surgery.

“The recognition of the specialty of colon and rectal surgery has been a slow, difficult process which even now is not as distinctive or as complete as some would like.”

Establishment of the independent board consummated an important phase in the specialty’s recognition. Years later, the Society’s Dr. Norman D. Nigro wrote:

“The recognition of the specialty of colon and rectal surgery has been a slow, difficult process which even now is not as distinctive or as complete as some would like. It is quite clear that specialties vary in their degree of autonomy and, therefore, in their relationship to their primary discipline. For instance, ophthalmology is completely separate from the specialties of medicine and surgery. It began to develop early when there was little resistance to starting a specialty. On the other hand, urology, a surgically oriented specialty, began later and is an example of one that, only over time and some resistance, separated completely from general surgery. Now, urology is a branch far out from ‘the trunk of the tree’ of general surgery. But colon and rectal surgery is not such a separate branch; it remains part of the main trunk. Nonetheless, it is recognized as a specialty but the question is, to what degree is it separate from general surgery? A brief review of specialization in very general terms may help clarify its status.

*“Specialization, as we know it, began to develop in the 19th century when the increasing tempo of medical scientific knowledge began to make the practice of medicine more complex and more difficult. It is of interest to note that Oliver Wendell Holmes wrote in the book, *The Poet at the Breakfast Table* (published in 1882): ‘The division of labor which we are told now requires 14 different workmen to make a single pin has reached all branches of knowledge.’ One indication that the specialty movement in medicine was beginning at*



Champagne corks popped on the occasion of the first meeting of the American Board of Proctology, September 3, 1949.

about that time occurred in the early days of the AMA, when some papers were presented in sections devoted to a special subject. The purpose was to permit those with an interest in the subject to discuss mutual problems in that branch of medicine. By 1859, there were six such specialty sections, one of which was surgery. By 1887, the number grew to 18, and they included many of the specialties we have now.

“The first discipline to organize itself as a well recognized and fully approved specialty was ophthalmology.”

“The first discipline to organize itself as a well recognized and fully approved specialty was ophthalmology. For centuries, doctors paid little attention to patients with diseases of the eye, so they were often treated by quacks. But by the 19th century, physicians who did some surgery began to treat these patients. Since the diseases have always been common and since their care requires unique facilities, it is not surprising that hospitals for patients with eye diseases only were established early.... Initially, doctors on the staff of these hospitals did not limit their work. However, in 1855, Dr. E. Williams of Cincinnati, Ohio, did, and he is recognized as being the first to limit his practice to ophthalmology. Then, starting in 1860, general hospitals began creating separate departments for the specialty. Not long after (1864), the American Ophthalmological Society was founded. Educational programs were devised, and the final step was the formation of its certifying board in 1916, the first specialty board to be approved.”

Recognition of the specialty of colon and rectal surgery followed the pattern Dr. Nigro outlined, but it was much slower, as we have seen. Dr. Nigro goes on to explain that specialty recognition in medicine can be measured by acceptance by several groups, including patients, hospitals, accrediting agencies and medical organizations, governmental agencies, insurance companies, medical schools, and other specialties. Once approved by the American Board of Medical Specialties, a specialty should achieve status as a separate, distinct discipline. However, as in many things, there are degrees of specialty recognition, according to Dr. Nigro.

AMA recognition of the specialty of proctology took place in 1916, when the organization established a Section of Gastroenterology and Proctology. In 1951, that Section was divided into two separate sections, one for each specialty. The American College of Surgeons (ACS) officially recognized the specialty of proctology in 1930. It instituted an Advisory Council in proctology in 1960. They permitted the specialty to have a representative on the ACS Board of Governors. As noted, both AMA and ACS have representatives on the ABCRS.

PROCESS OF RECOGNITION STILL HAS WAY TO GO

Dr. Nigro believes the process of recognition still has a way to go. He wrote: *"Since colon and rectal surgery has an approved, primary certifying board, it is recognized by all other boards within ABMS, including the American Board of Surgery. In fact, the two boards exchange representatives. In spite of this, our specialty is not generally recognized by departments of surgery in the medical schools, at least not to the extent that they permit sections of colon and rectal surgery in their schools, clinics, and hospitals. However, many, if not most, do have colon and rectal surgeons on their faculty, and they do limit their work except, perhaps, for taking their turn at night duty."*

"The American College of Surgeons (ACS) officially recognized the specialty of proctology in 1930."

Dr. Nigro concludes:

"The number of qualified colon and rectal surgeons is only a little over one percent of all surgeons. The AMA, the ACS, and most other medical organizations recognize the specialty. There are sections of colon and rectal surgery in a few teaching hospitals and in the large medical clinics. On the other hand, there are only a few sections in the departments of surgery of the medical schools. These limitations are due to the fact that colon surgery is not separate from general surgery but rather, is a part of the 'trunk of the tree of general surgery.' Since colon surgery is part of the practice of general surgeons, the specialty could not be expected to be separated from it in the same way as urology, neurosurgery, orthopedics, and others. Consequently, colon and rectal surgeons are, in effect, general surgeons with a special interest. Our educational and certification requirements reflect this. In conclusion, it appears that the specialty of colon and rectal surgery has achieved a degree of recognition which, if not completely adequate, certainly is close to it. The only deficiency, as we see it, is the lack of sections of colon and rectal surgery in the medical schools."

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).

The First 100 Years

Milestones in the History of ASCRS

Establishing Certifying Board

1935
American Board of Proctology
incorporates, applies for
recognition

1938
Application deferred to American
Board of Surgeons (ABS)

1940
Approved as subsidiary board
of ABS

1949
Petition granted for
independent board

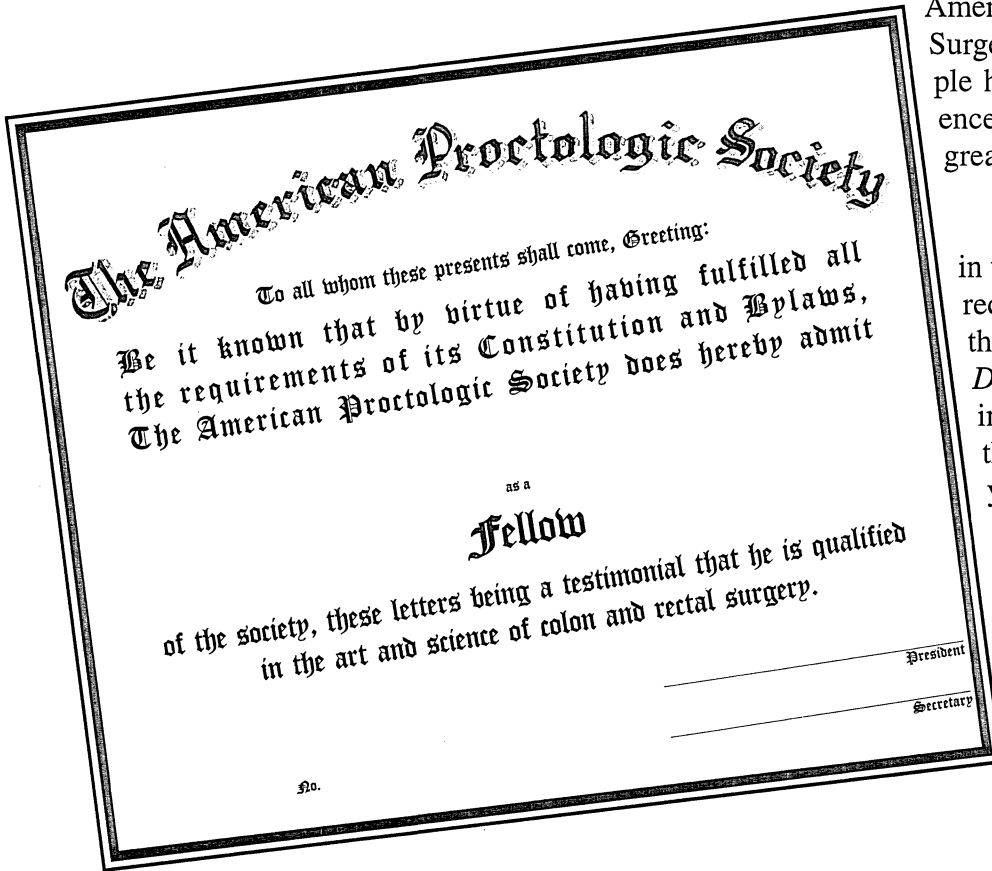
"I've gotten down on bended knee and thanked the people who had the foresight to set up the American Board."

Asked what was the greatest gift his predecessors gave the Society, Dr. Herand Abcarian replied: "To create the specialty and give it the recognition of the American Board of Colon and Rectal Surgery. That put us on the map as a group of people dedicated to treating diseases of the colon and rectum. The creation of the

American Board of Colon and Rectal Surgery by some very visionary people has made a great deal of difference in our lives. I believe it is the greatest gift."

Other important achievements in the Society's evolution to a fully recognized medical specialty are the establishment of its journal, *Diseases of the Colon & Rectum*, in 1957, and the organization of the Research Foundation the next year, 1958—the next chapters in our story.

□ □ □



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." Presentation and discussion of papers at annual meetings serves that objective for those who participate. To bring that knowledge to a wider audience, it had always been the Society's intention to publish these papers. They published the proceedings of the inaugural 1899 meeting in a single volume called *Transactions*. The publisher was Murdoch Brothers and Company, of Allegheny, PA. Copies of this slim book are rare, as only 50 copies were published. It contains meeting minutes and 13 papers presented on the first program.

For reasons that are not known, the Society did not continue the publication of *Transactions* for the next several years. At the 1905 annual meeting, there was a discussion about adopting an official journal for the publication of papers and discussions. The membership referred the matter to the Executive Council, but apparently nothing was done in 1906. However, at the 1907 annual meeting, the Society employed a stenographer to record the 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.

In 1908, the Society decided to permit papers to be printed in *The Proctologist*, a quarterly journal edited and published by Dr. Rollin H. Barnes, of St. Louis. However, *The Proctologist* was never an official publication of the Society. Publication of the Society's *Transactions* resumed in 1908. Dr. Barnes also published

Transactions annually until his death in 1917. During that period, Fellows of the Society served as editors each year. From 1913 to 1916, Miss Mildred Hill, of St. Louis, was the Society's official stenographer, and she was the last to hold that position.

During the years after 1917, the Society employed several different publishers for *Transactions*. The proceedings of the 1917, 1919, and 1920 meetings were published as one volume by the Mercury Publishing Company, of New Bedford, MA. There was no session in 1918, and publication of the 1917 program had been postponed because of World War I. The publication of *Transactions* continued uninterrupted from 1920 through 1942.

FIRST CALL FOR SOCIETY 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 presidential address in 1908. His call was echoed in many later addresses. Following up on the suggestion of publishing a journal, the Executive Council appointed a special committee to investigate in 1936 and reported at the Society's 1937 meeting in considerable detail. There was much enthusiasm for establishing a quarterly journal, and the members asked that the Executive Council bring a definite report on how to start it to the 1938 meeting.

"One might assume that Council decided World War II was not the time to start a journal."

Apparently, nothing happened until the 1940 meeting in Richmond, Virginia, when the Fellows approved an Executive Council recommendation that the Society consider accepting a contract submitted by Mosby Publishing Company to publish a journal. A committee made up of Drs. Marion Pruitt, Louis Hirschman, and Harry Bacon was authorized to consult with Dr. C.V. Mosby to determine 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.

No meetings were held in 1943 and 1945, but *Transactions* was published in 1944 and 1946. In 1947 and 1948, as we have seen, the Society published 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, 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 immediate postwar period was notable for a series of breakthroughs in healing. Inspired by the successes of penicillin during the War, medical researchers studied some 3,500 antibiotics. Aureomycin and terramycin were discovered between 1948-50. By the middle 1950s, antibiotics provided routine therapy for a wide range of illnesses, from skin ulcers and rheumatic fever to mastoiditis and tuberculosis. Virologists developed vaccines against flu and measles. In 1955, Dr. Jonas Salk developed a vaccine against polio. Tranquilizing drugs gave relief to many of the mentally ill, who were then able to leave institutions.

“The immediate postwar period was notable for a series of breakthroughs in healing. Inspired by the successes of penicillin during the War, medical researchers studied some 3,500 antibiotics.”

In surgery, modern technology and human skill combined to achieve many near-miraculous innovations: successful transplants of corneas, arteries, bones, and cartilages from one body to another; plastic sheaths to help severed arteries and nerves regenerate; Dacron tubes to replace weak parts of the aorta. New, complex equipment allowed surgeons to perform open-heart operations while heart-lung machines kept life in anesthetized patients.¹ A comprehensive review of advances in colon and rectal surgery from 1899-1998 is included in Section VIII.

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 these special presentations:

- ◆ “The First Fifty Years of Proctology” by Dr. Louis Hirschman, the Mathews Oration, in which he described each of the Society’s founders, all of whom he knew personally;
- ◆ “The History of the British Section of Proctology” by Mr. A. Hedley Whyte, of London, England;
- ◆ “The History of the American Proctologic Society” by Dr. Tom E. Smith, of Dallas, Texas;
- ◆ “Proctologists in Review,” a motion picture of Society events filmed by members and compiled and edited by Dr. Louis A. Buie.

¹ *The Life History of the United States*, Volume 12 (New York: Time, Inc., 1964), pp 30-31.

The First 100 Years

Milestones in the History of ASCRS

Founding of Society's Journal

1899

First volume of *Transactions*

1936

Executive Council appoints committee to investigate publishing a journal

1947

Publish papers in *American Journal of Surgery*

1957

Drs. Harry Bacon, Stuart Ross comprise journal committee that negotiates contract with J.B. Lippincott

1958

First edition of *Diseases of the Colon & Rectum*, Dr. Louis A. Buie, Editor

Milestones
in the History of ASCRS



**Dr. Louis B. Hirschman's
Four Milestones of
Society's First 50 Years**

- I.
Publishing *Transactions* in
book form, starting in 1908
- II.
National recognition with
establishment of AMA Section
on Proctology, 1913
- III.
25th anniversary meeting in
London, 1924
- IV.
Establishment of an
independent certifying board,
1949

In his Mathews Oration, Dr. Hirschman listed four important milestones during the 1899-1949 period that established proctology as a separate surgical specialty. First, he considered the publishing of the *Transactions* in book form, starting in 1908, a valuable accomplishment. Second, national recognition of the specialty was attained with action to establish a Section on Proctology in the AMA in 1913. The first section meeting was held in New York City in 1917. Dr. Hirschman said that a third significant development was the 25th Anniversary meeting of the Society held in London in 1924 in joint session with the Section of Proctology of the Royal Society of Medicine. The fourth, and probably most difficult, achievement was establishment of an independent board.

"The group also received a detailed 182-page report from the Committee on Public Relations, recently formed to increase public awareness of the specialty and to encourage education and training in colon and rectal surgery."

One of the British visitors, Mr. A. Lawrence Abel, delivered an address on "Socialized Medicine in England." The Fellows voted to send a tape recording of it to the AMA. The group also received a detailed 182-page report from the Committee on Public Relations, recently formed to increase public awareness of the specialty and to encourage education and training in colon and rectal surgery. The Council approved a resolution inviting commercial companies to exhibit at future meetings, a practice that began with 15 exhibitors at the 1950 Los Angeles meeting and continues today on a much expanded basis. As noted at the end of the first section, exhibits had been a feature of the Society's annual meetings since 1929. In the theater, 1949 was the year of the premiere of Arthur Miller's tragic American drama, *Death of a Salesman*.

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 articles in scientific journals. Later, 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.

Years later, Dr. H. Whitney Boggs, Jr., who served as the

Society's 1986-1987 President, recalled an encounter with the sometimes flamboyant Dr. Bacon: "I was a first-year surgeon about to enter the Air Force when I attended my first ASCRS meeting in 1954. My only significant remembrance of that New Orleans meeting was as I walked down Peacock Alley in the Roosevelt Hotel in the morning. There was Harry Bacon. I had heard and read all of Dr. Bacon's articles and heard his name many times. Here he was in the flesh. He had on a robin's egg blue suit with orange shoes. That's all I can say."

"I had heard and read all of Dr. Bacon's articles and heard his name many times. Here he was in the flesh. He had on a robin's egg blue suit with orange shoes. That's all I can say."

In his presidential address, Dr. Bacon spoke on national and international responsibilities of the Society. The founding of the United Nations and the Marshall Plan for rebuilding Europe had helped to focus national attention on international responsibilities. He spoke of the need for more training programs, especially in medical schools, and said the Society should foster more research. A world traveler who received honors and awards from governments and universities worldwide, he said better communications and travel will increase the flow of ideas and fellowship all over the world. He advocated some form of organized exchange of students. He concluded by saying that the medical profession should serve as an example of tolerance, unselfishness, and dedication to humanity.

As the Society's 100th anniversary approached a half century 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 the committee meetings. He published very much. He was a prolific writer who helped to popularize some important surgical operations," Dr. Willard Bernhoft said in a 1996 interview.

"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."

"Ted Bacon had a marvelous memory, and he was a terrific organizer," said Dr. Eugene P. Salvati. "He was also an excellent speaker. He organized the joint meeting in Philadelphia (1964). I'm not sure why, because I was not one of his residents, but he asked me to come down and help him. Of course, he didn't need any help. He had this thing all outlined, so we had a very nice lunch at the Racquet Club in Philadelphia. Ted Bacon was the founder of



President's VISION



Dr. Harry E. (Ted) Bacon
(1948-49)

- Colorful leader, prolific writer, poet, musician
- Focused on Society's national and international responsibilities
- True dynamo, excellent speaker, legendary organizer
- Founder of *Diseases of the Colon & Rectum*
- 1959: Reviewed development of specialty in his Mathews Oration



Louis E. Moon
1949-1950

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."

Another fond remembrance of Dr. Bacon came from Dr. Bertram A. Portin, President in 1981-1982. "The most charismatic and dynamic of our predecessors in my mind was Dr. Ted Bacon. And though we may not agree on a number of things, I think that he is the person that I would most like to spend a day or a week with in practice."

The President for the 1950 meeting in Los Angeles, **Dr. Louis A. Moon** (1949-1950), of Omaha, NE, apparently saw no urgency in the need for a journal. In his presidential address, he noted that many previous presidents had remarked on the problem of having a suitable publication for papers but pronounced the arrangement with the *American Journal of Surgery* adequate to the need.

Fellows meeting in Los Angeles turned their attention to other issues. They appointed a committee to correct inequities and variations in fees paid by insurance companies for proctologic procedures. They approved selecting meeting sites two years in advance, rather than one, as had been the custom. Eventually, as meetings grew much larger and obtaining hotel accommodations more difficult, the Council began selecting sites five or six years in advance.

"Another important item first discussed at the 1950 meeting was the possible establishment of a central office for the Society. It did not become a reality, however, until 1962."

The Fellows also questioned the desirability of continuing to schedule meetings in conjunction with AMA meetings. Another important item first discussed at the 1950 meeting was the possible establishment of a central office for the Society. It did not become a reality, however, until 1962. Meanwhile, in June 1950 a United Nations force led by U.S. troops entered the Korean War.



Hoyt R. Allen
1950-1951

The 1951 President, **Dr. Hoyt R. Allen** (1950-1951), of Little Rock, AR, spoke against meeting with the AMA and advocated that the Society admit all who are certified, even those in anorectal surgery. The 1952 Milwaukee meeting 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.

In November 1952, Republican Dwight D. Eisenhower won a landslide victory over his Democratic opponent, Illinois Governor Adlai Stevenson, returning the White House to the Republican Party for the first time in 20 years. President Eisenhower kept a promise to go to Korea, where a truce between North and South was signed in 1953.



President Dwight D. Eisenhower addresses Congress, with Vice President Richard M. Nixon in the background. Archive Photos

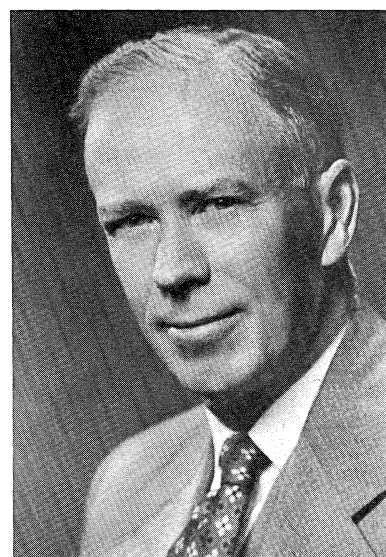
The Society's 1953 President, **Dr. Newton D. Smith** (1952-1953), who practiced at the Mayo Clinic and later in Ft. Worth, TX, expressed concern about the plan to discontinue certification in anorectal surgery the next year.

INCREASING CONCERN ABOUT SOCIETY'S ROLE IN PUBLIC AFFAIRS

Concern about public affairs occupied the next President, **Dr. W. Wendell Green** (1953-1954), of Toledo, OH, and he spoke on the flood of criticism then directed at the medical profession. He applauded the Society for providing a strong foundation for ethical practice. Leo Brown, the AMA Public Relations Director, met with the Executive Council to discuss public relations. The Council decided to engage an outside public relations person for the 1955 meeting. In national affairs, the U.S. Supreme Court ruled in 1954 the landmark case of *Brown v. The Board of Education of Topeka*, ordering integration of public schools.

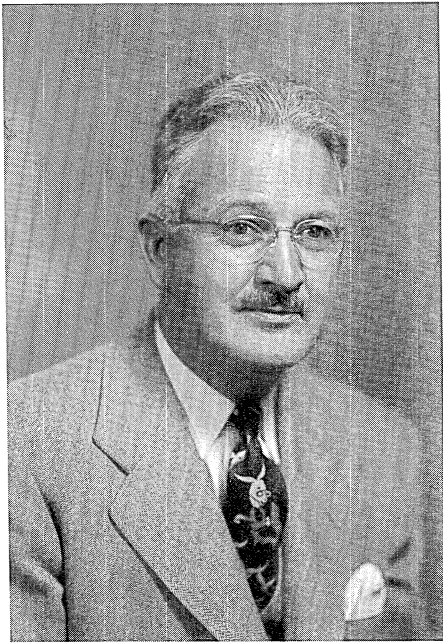
During 1955, both the new President, **Dr. A.W. Martin Marino, Sr.** (1954-1955), of New York, and the membership voiced their

Two-Term President's VISION



Dr. Robert A. Scarborough
(1951-52, 1963-64)

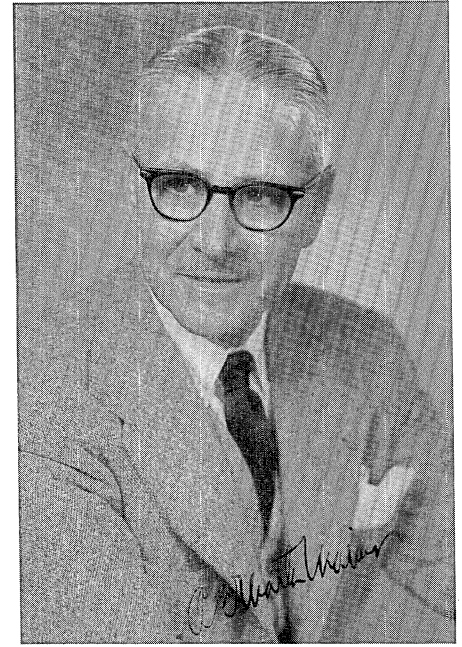
- Warned of trend toward socialism in medicine
- Urged doctors to get involved in politics
- Says international meetings promote peace, strengthen bonds of brotherhood in profession dedicated to human service



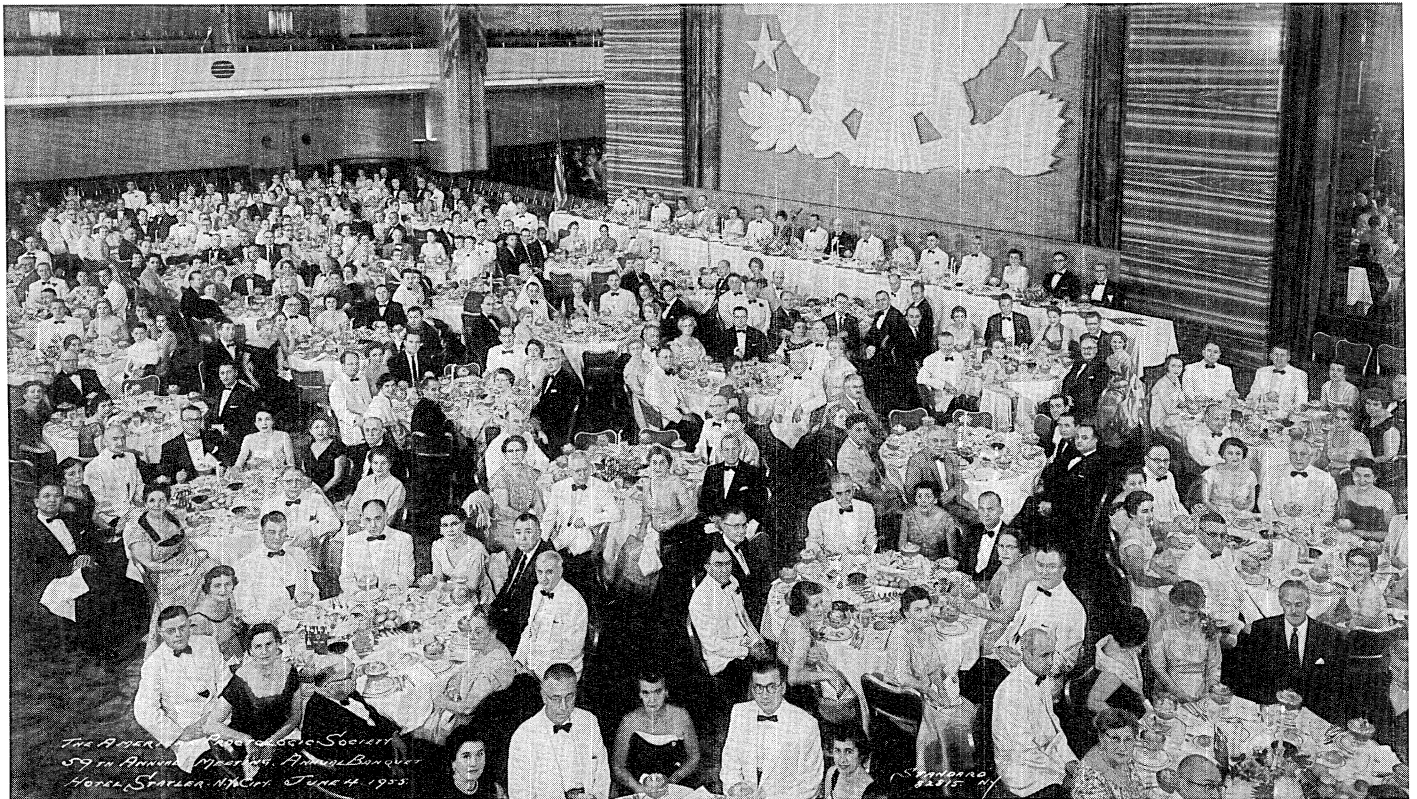
*Newton D. Smith
1952-1953*



*Dr. W. Wendell Green
1953-1954*



*A. W. Martin Marino, Sr.
1954-1955*

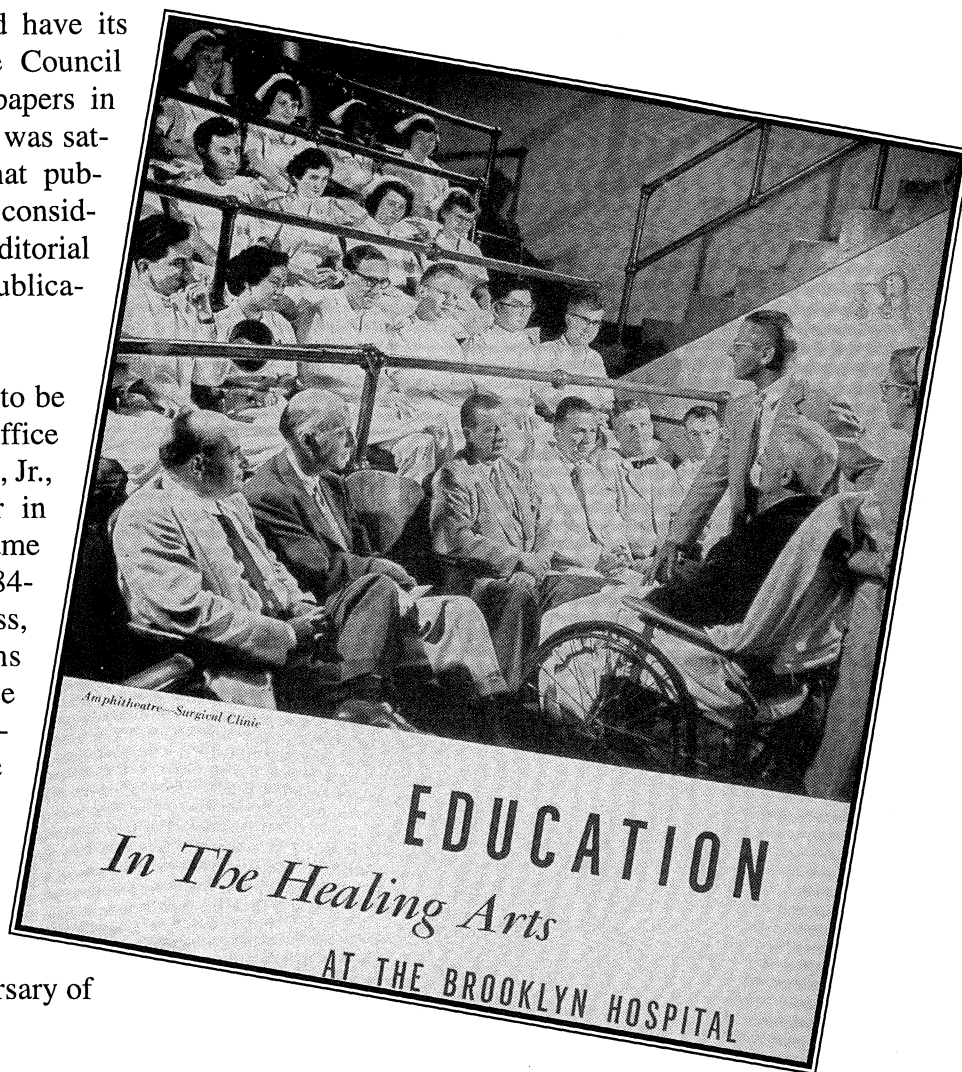


The group gathered for the Society's 1955 annual meeting, Hotel Statler, New York City.

opinions that the Society should have 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 for editorial management and expense for publication and distribution.

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 his presidential address, Dr. Marino Sr. said surgeons should do all they can to improve what the public thinks of medicine. They employed a public relations professional, Robert Potter, to promote the 1955 meeting, held in New York. The Society presented Dr. Louis J. Hirschman with a wrist watch in recognition of the 50th anniversary of his membership.

By 1956, the Executive Council was convinced that it would be in the Society's best interest to publish its own journal, and investigations initiated 20 years earlier were renewed. The Secretary's investigations brought initial responses that could not be considered encouraging. C.V. Mosby Company, which had shown an interest in publishing a journal some 15 years earlier, said a survey they had conducted showed that a Society journal could not operate at anything but a loss because of high production costs and low circulation. Lancet Publications said they would need \$25,000 to subsidize initial publication. When it became profitable, Lancet would divide the net profits with the Society 50/50, but they would retain ownership. A representative of Yorke Publishing Company, publishers of the *American Journal of Surgery*, said he did not think his company would be interested in publishing a Society journal. He cited cost, noting that pharmaceutical companies had started to drop advertising in specialty journals.



Dr. A. W. Martin Marino, Sr. speaks to a group of attending physicians, residents and nurses at The Brooklyn Hospital.



Stuart T. Ross
1955-1956

ENTER 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 (then 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 bi-monthly journal, and the need to provide approximately \$10,000 per year in financial support for two or three years until subscriptions and advertising revenues would be adequate to support it. Dr. Reichman said he believed the Society had a sufficient reserve to carry the journal for two years, if necessary. Finally, at a November 1956 meeting, the Council decided to proceed. They appointed a two-person committee to determine the liabilities and responsibilities of both parties and to develop a formal agreement for presentation to Council and the Fellowship at the 1957 meeting.

Dr. Ross chose physician education as the topic for his presidential address to the 1956 meeting in Detroit. He reviewed the influence the Society and later the Board had on training colon and rectal surgeons. Members approved a self-perpetuating loan fund to assist residents in colon and rectal surgery training programs, setting aside \$10,000 to start it, with the first loan made in 1957. The loan fund was a useful addition to the compensation of residents at that time, as they were not well paid. However, as their salaries increased over the years, the demand for loans declined, and the program was discontinued in 1975. At the beginning, the maximum loan was \$2,500, and if the repayment schedule required payment of interest, it was charged at the rate of 4.5% per annum.

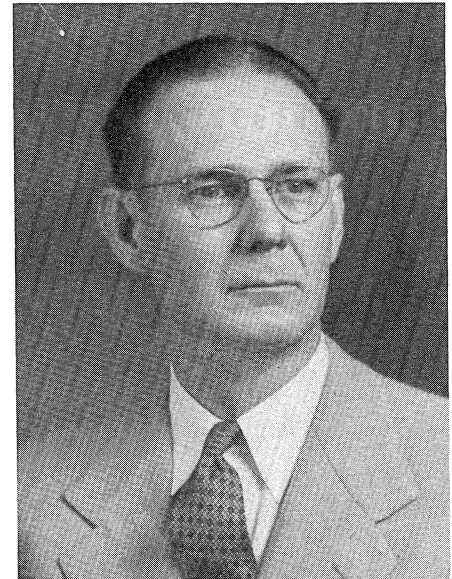
"Drs. Harry Bacon and Stuart Ross comprised the journal committee. They did an exceptional job in their negotiations and had a contract ready for submission to Council in April 1957."

Drs. Harry Bacon and Stuart Ross comprised the journal committee. They did an exceptional job in their negotiations and had a contract ready for submission to Council in April 1957. After care-

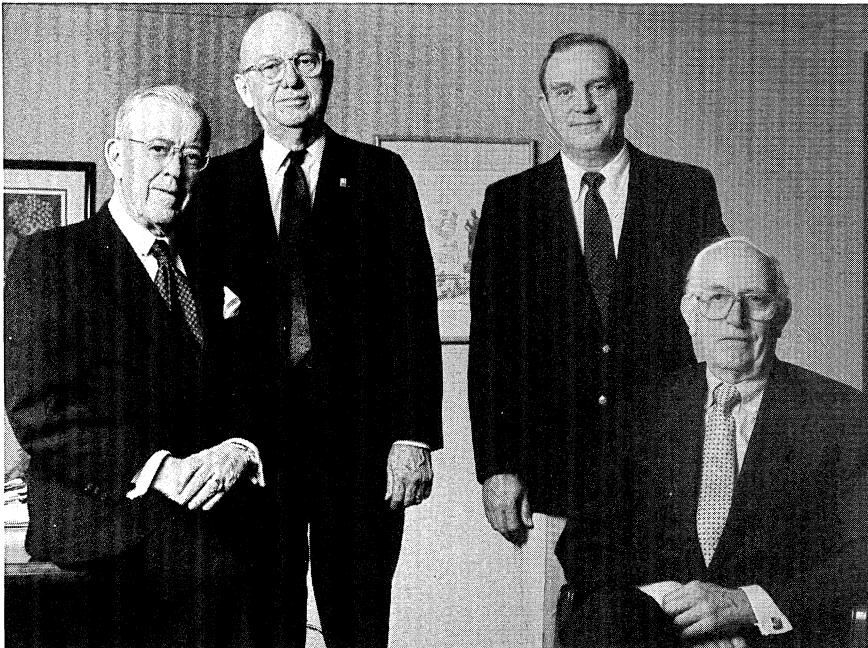
ful review, Council approved the agreement and submitted it to the Fellowship with a recommendation for approval. It was approved at the 1957 meeting in New Orleans, giving the Society its own journal, still unnamed, with the first publication date set for January 1, 1958.

At the New Orleans meeting, President **Dr. Rufus C. Alley** (1956-1957) applauded Dr. Bacon and Dr. Ross for their leadership in establishing the journal. He also said it was a mistake to discontinue certifying anorectal surgeons, and he repeated the call for formation of a central office with an executive secretary. The scientific sessions included two special lectures—the Mathews Oration delivered by Mr. A. Lawrence Abel, of the Gordon Clinic, London, England, and a lecture by Dr. Alton Ochsner of the Ochsner Clinic, New Orleans, entitled “Separation of Conjoined Twins—Prygopagus Type.” Dr. Ochsner’s clinic was to give the Society many of its future leaders.

Mr. Abel’s Mathews Oration was entitled “Medicine in the Welfare State.” It was an eloquent, timely discussion of the socialization of medicine in England. A forceful speaker, Mr. Abel convinced the members and guests that the bureaucratic control of medicine resulted in deterioration of the quality of medical practice. He urged the physicians of America to retain control of medical practice and to be vigilant in resisting the insidious encroachment of politi-



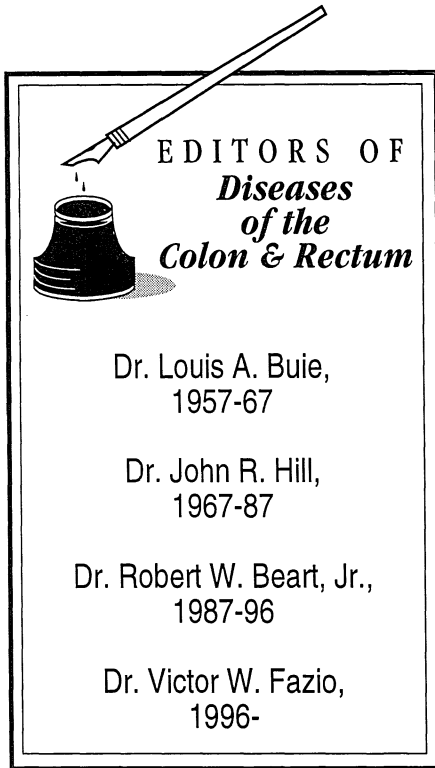
*Rufus C. Alley
1956-1957*



Dr. Alton Ochsner spoke at the Society’s 1957 meeting in New Orleans, where the Ochsner Clinic later gave the Society many of its leaders, including the four gentlemen pictured here. Each served as President of both the Society and the ABCRS. They are (left to right) Drs. Patrick H. Hanley, Merrill O. Hines, J. Byron Gathright, Jr., and John E. Ray.

cians and others into the management of the delivery of medical care. Other issues dominated the national news. President Eisenhower sent Army troops to enforce integration of Little Rock's Central High School. The Soviet Union launched Sputnik, the first man-made satellite, starting the space race.

"He urged the physicians of America to retain control of medical practice and to be vigilant in resisting the insidious encroachment of politicians and others into the management of the delivery of medical care."



DR. L.A. BUIE FIRST JOURNAL EDITOR

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.

At a Council meeting in November 1957, Treasurer Dr. Reichman reported that the Society's financial obligation to start the journal might total as much as \$27,500 over the first couple of years. This included the cost of members' subscriptions (to be paid by annual dues), the cost of the editorial office, and the possible \$10,000 subsidy to the publisher to cover any loss. However, Dr. Reichman said contract provisions on the Society's share of income from advertising and royalties were quite favorable. He added that he believed it not likely that the Society would be called upon to pay the \$10,000 subsidy. The Council approved, and the final contract was signed.

*"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."*

To assure the successful launch of *Diseases of the Colon & Rectum*, Dr. Buie impaneled a star-studded Editorial Board. Dr. Bacon was named Executive Editor. Other Editorial Board members were Drs. Garnet W. Ault, Walter A. Fansler, W. Wendell Green, Merrill O. Hines, A.W. Martin Marino, Sr., J. Peerman Nesselrod, Hyrum R. Reichman, Stuart T. Ross, Robert J. Rowe, Robert A. Scarborough, and Neil W. Swinton. A DC&R Advisory Board

included world renowned physicians and surgeons: A. Lawrence Abel, J. Arnold Borgen, Henry L. Bockus, Richard B. Cattell, Henry Cave, Warren H. Cole, Burrill B. Crohn, Cuthbert E. Dukes, William B. Gabriel, R.K. Gilchrist, Louis J. Hirschman, Charles W. Mayo, Sir Clifford Nauton-Morgan, Alton Ochsner, George T. Pack, Curtice Rosser, Owen Wangensteen, Shields Warren, and John M. Waugh.

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. Eugene P. Salvati, of Plainfield, NJ, once sent a manuscript to Dr. Buie for publication. Here is how he remembers it later: "Dr. Buie accepted the manuscript, and he sent it back. The only thing I recognized in the entire manuscript was the statistical portion, and some of the statistics were wrong. He had rewritten the entire paper. I had to call him and say, 'Dr. Buie, some of the statistics aren't quite right.' I didn't dare tell him to change the manuscript. He rewrote all the papers."

Some authors did not take kindly to this extensive editing, and a few even threatened not to submit any more articles. Fortunately, as the quantity and quality of articles increased, the need for such extensive editing decreased.

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 (Shelley) Hewlett. Mrs. Truax served under three editors—Dr. Buie (1957-1967), Dr. John R. Hill (1967-1987), and Dr. Robert W. Beart, Jr. (1987-1996). She retired in 1990, and the Society recognized her contributions at the convention that year in St. Louis.

A MEMORABLE EDITORIAL: "WE BEGIN"

For the inaugural issue of *DC&R* (January 1958), Dr. Buie penned a memorable editorial, entitled "We Begin." This editorial is so characteristic of the style, thought, and ideals that Dr. Buie brought to the new journal that we quote it here:

"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."



At the Society's 1958 annual meeting in Los Angeles, entertainer Danny Kaye upstaged President Dr. Julius E. Linn.

“New ideas and discoveries possess an importance quite apart from the intrinsic value ascribed to them. They liberate a series of far-reaching reactions which excite the minds of many, and stimulate fresh inquiry and discussion. Yet, unless such ideas are displayed and such discoveries described, they can exercise but small influence and bring little benefit to anyone. If a philosophy is suppressed, it is of service to no one; conversely, if it is disseminated far and wide, its benefits, measured by the effects on the minds of those who are ready for its reception, may be untold. A new opinion, embraced in solitude by the one who originated it, may come to nothing; but the same opinion, adopted and advanced with vigor by many, may change the destinies of half the world.

“It is obvious, then that the mere acquisition of knowledge in itself can accomplish little and influence few. Experience alone very often effects no improvement at all, but once its meaning has been analyzed, demonstrated and then widely applied, observations which once seemed empty of meaning acquire significance which sometimes is of great moment. Every seasoned worker in the sciences recognizes such a sequence as a prelude to discovery.

“Therefore, knowledge and the interpreted consequence of experience must be recorded before they can become widely available not only to those who seek their own improvement, but also to the progenitors of new ideas and the protagonists of untried notions. In this manner, experience itself can be made to undergo useful scrutiny and appraisal and further interpretation. Fundamental to this grand scheme of wide dissemination of information is the concept of freedom of thought and expression which most of us probably consider to be among our greatest strengths and greatest blessings. Thus, the importance of medical journals in such a vast plan can scarcely be exaggerated. They can serve as repositories in which the treasures of the intellect can be safely kept and conveniently located.

“In a somewhat more confined province, material on diseases of the colon is being accumulated to an imposing degree, but it is not readily available in convenient form. The inquisitive reader must search through innumerable files and indexes before he finally arrives at a unified acquaintanceship with current literature on diseases of the colon. Even if he is willing to make such a search, in the absence of a modern medical library or the services of experts experienced in searching through countless medical journals, he will be defeated before his objective is sighted.

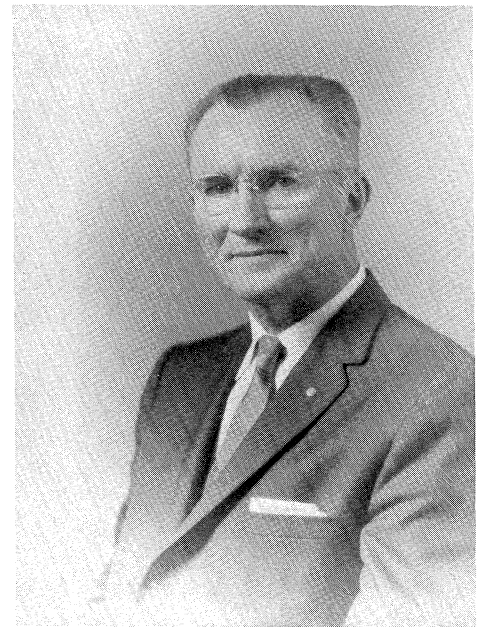
“Within the pages of this journal will be collected authentic communications pertaining to diseases of the colon, rectum and anal canal. In these pages will be found papers devoted to basic research in metabolism, pathology, virology, radiology and the clinical practice of medicine and surgery. We propose, moreover, to present comprehensive abstracts of medical literature. We submit that this journal will not only lighten the toil of the over-burdened reader as he seeks information about diseases of the colon, but will also assure authors in this field of a commanding place in the forum with an audience that is pre-eminently interested in their presentations.”

“We submit that this journal will not only lighten the toil of the over-burdened reader as he seeks information about diseases of the colon, but will also assure authors in this field of a commanding place in the forum with an audience that is pre-eminently interested in their presentations.’”

Dr. Buie had an important role of another sort at the Society's 1958 annual meeting in Los Angeles, a year marked by the inauguration of commercial jet airline service. He was a close personal friend of entertainer Danny Kaye, and arranged for Kaye to make a special appearance at the annual banquet. President **Dr. Julius E. Linn** (1957-1958), a courtly Southern gentleman who practiced in Birmingham, AL, was to give his presidential address at the banquet. It was his misfortune to follow Kaye's riotous impromptu appearance. With considerable aplomb, Dr. Linn rose, took his speech in hand and tore the sheets in half, commenting on his inability to follow such a star performer. Much laughter eased the situation, and Dr. Linn continued with a very well received address on "Privilege and Responsibility." He said that membership in the Society is a great privilege and then proceeded to delineate the responsibilities to society that go with it.

Dr. Buie's principal concern as *DC&R* got started was to have enough good articles to fill each issue. Papers presented at the Society's annual meeting provided a built-in supply. Dr. Robert Rowe, with the assistance of Mrs. Elinor Reinmiller, prepared an annual bibliography of literature in proctology for publication in the journal. *DC&R* also published abstracts of articles appearing in other journals. The original contract with Lippincott called for 576 pages (96 per bimonthly issue), including both editorial and advertising. As it turned out, Dr. Buie always had enough good material for publication.

DC&R was published bimonthly, or six times annually, from 1958 to 1974. In 1974, it expanded to eight issues per year, and in



*Julius E. Linn
1957-1958*

1983, it became monthly. When Dr. Buie accepted appointment as editor, he was 67 years old, retired from the Mayo Clinic Staff and also serving as the Secretary of the Advisory Board of Medical Specialties. During his term as editor, he encountered some health problems that caused the Council to consider plans for interim operation of the Editorial Office should a prolonged absence be required. No interim operation was ever required, however, as a resilient Dr. Buie was able to weather all adversities and continue in his position.

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. At the 1967 annual banquet, Dr. Buie's outstanding contributions and dedicated service in getting the journal off to a good start and steadily improving it were recognized. He was presented with a beautifully inscribed Certificate of Appreciation signed by the Council members, and his wife received a lovely Steuben glass heart with a gold key.

DR. JOHN HILL AND A "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. This change was accomplished with dispatch and met with enthusiasm from everyone concerned; the retiring members seemed relieved to be finished with 'lending their names' and the new ones were ready and anxious to get into the act....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."

"In 1978, after consultation with the Society's Council, it was decided that a change to a complete 'working' Editorial Board was essential."

Members of *DC&R*'s first "working" editorial board included Dr. Harry E. Bacon as Consulting Editor. Associate Editors were Drs. Herand Abcarian, Richard M. Alexander, Marvin L. Corman, William M. Garnjobst, J. Byron Gathright, Jr., A.W. Martin Marino, Jr., Gerald Marks, William G. Smith, and G. Bruce Thow. Dr. Eugene Gaston was Abstract Editor, Dr. John A. Coller Book Review Editor, and Dr. Robert J. Rowe named Review of Literature Editor.

In 1982, with the Journal then having a wide circulation outside the Society's membership, the Council decided to discontinue publishing member obituaries, instead listing them in the Society's newsletter. At the same time, Council approved inclusion of two or three questions from the Self-Assessment Examination in each issue. In a plea for support to make *Diseases of the Colon & Rectum* "a really superior journal," Dr. Hill urged members to "remember your own Journal as the place for publishing the very best that you can produce."

25TH ANNIVERSARY: "WE CONTINUE"

In recognition of *DC&R*'s 25th anniversary in 1983, Dr. Hill published an editorial entitled "We Continue" to update Dr. Buie's inaugural "We Begin." It is appropriate to include an excerpt here:

"Readers of this journal must know by now that I am not one to utilize valuable space by the frequent publishing of editorials and editorial comments. However, now that Diseases of the Colon & Rectum has just finished its 25th year of publication, it seems appropriate that this event be noted by recording a few facts and making a few personal observations.

"The first issue (January-February 1958) was published six months after Dr. L.A. Buie, Sr. and Mildred Truax opened the editorial office in Rochester, Minnesota; I came along ten years after the establishment of this office. In that first issue there appeared an editorial by Dr. Buie which he called "We Begin"; this impelled me to entitle this one 'We Continue,' in part because I suspect there was doubt in the minds of some that a journal representing a small specialty Society such as ours would last so long. With the help of our Society, our publisher, the members of our editorial board, and our faithful contributors from this country and most of the rest of the world, this journal has persisted and, I'm sure most would agree, has made steady, though unspectacular, progress. No one concerned with the production of Diseases of the Colon & Rectum is completely satisfied with it, and experience leads to the opinion that no one ever will be; this is one reason I think it will be around for a long time."

In 1984, the Council approved publishing papers presented at the International Society of University Colon and Rectal Surgeons (ISUCRS) meetings. The next year, 1985, *DC&R* became the official journal of ISUCRS, and a representative of that organization was appointed to the editorial board. Also in 1985, Dr. Hill advised

“...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.”

the Council that he wished to relinquish his position as Editor-in-Chief, and Council appointed a Search Committee. After receiving the Committee’s report in 1986, the Council named Dr. Robert W. Beart, Jr., another Mayo Clinic surgeon, to succeed Dr. Hill, his tenure to begin in 1987 after a one-year transitional period. Dr. Hill’s dedicated and exemplary service was recognized at the 1987 convention, where he was presented with a beautiful, engraved glass decanter and a St. Andrew’s putter, Council being well aware of his love of golf.

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 asked for 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.

A CHOICE BETWEEN LOYALTY AND BETTER FINANCIAL RETURN

In 1990, Council decided to again ask for bids from journal publishers. As Slawny remembers it, one publisher’s bid would increase by four times the revenue the Society was then receiving from the journal. Some Council members were outraged. “Lippincott had the audacity to send their representative to talk with the Editorial Board, but it was an exercise in obfuscation,” remembers Dr. J. Byron Gathright, Jr., of New Orleans. “They told us they were just scraping by, making only a few thousand dollars 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.



IV.

The Name Change to American Society of Colon & Rectal Surgeons, 1959-1975

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. We have seen that 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.

“The Society got a little polarized. Many argued that the organization should identify itself with the capabilities of its best-trained members.”

“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.

Many argued that the organization should identify itself with the capabilities of its best-trained members.”

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. The American Board of Surgery (ABS) had recognized this in 1940 when it approved the specialty as a subsidiary board. The qualification of candidates for this type of certification required passing all examinations of the ABS, just as certification in general surgery required. In spite of this, the term proctology was commonly considered, especially in academic medicine, to be only anorectal 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. It is important to emphasize that in the eyes of the members of the Board the change was simply in name. There was no alteration whatever in the field of surgery included in the specialty, as was alleged later on a number of occasions.

In 1962, the American Board of Surgery, then concerned about the name change, requested a meeting with ABCRS to discuss the reasons for it. Three representatives from each body met in Chicago in June that year. Their discussion covered a wide range of topics. The ABCRS representatives insisted that the name change did not represent any change whatever in the scope of the specialty. The ABS representatives finally agreed but discussed in detail the need for adequate training in general surgery. They said they hoped the ABCRS would require the training needed to qualify for examination by the ABS. The ABCRS representatives replied that they agreed and would work toward that goal. An interesting result of the June meeting was that ABMS changed its bylaws so that any change in the name of a board required its prior approval.

In 1959, the Society celebrated its 60th anniversary year. It was also the year that Alaska and Hawaii were admitted to U.S. state-

hood. The 1959 meeting was the first combined meeting with the Section on Proctology of the Royal Society of Medicine since 1924. Plans for such a meeting in 1939 had been canceled because of World War II. The Society held its regular meeting in Atlantic City in mid-June, followed two weeks later by the combined meeting in London, England. They planned the two-week interval to allow sufficient time for those who wished to travel to England by steamship, rather than by airplane. Through an arrangement with American Express, the Society offered several European tours in connection with the London meeting. Both the Atlantic City session and the London meeting were very well attended, with 403 physicians in Atlantic City and 121 making the trip to London.

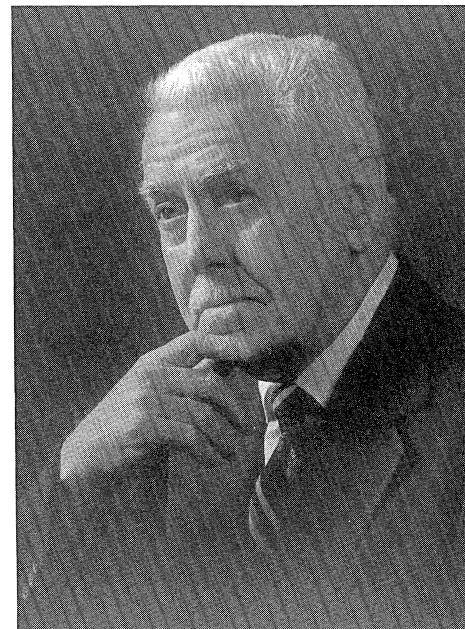
“Those making the trip to London enjoyed extraordinary hospitality from their British hosts, who invited members to small receptions or dinners in their homes.”

Those attending the Atlantic City session enjoyed a symposium on “The Future of the Practice of Medicine,” plus an excellent review of the development of the specialty and the Society contained in **Dr. Karl Zimmerman**’s presidential address and Dr. Curtice Rosser’s Mathews Oration. Those making the trip to London enjoyed extraordinary hospitality from their British hosts, who invited members to small receptions or dinners in their homes. Sir Geoffrey Marshall, President of the Royal Society of Medicine, and Lady Marshall hosted a cocktail party at the Royal Society. The British Minister of Health, the Right Honourable Derek Walker Smith, Q.C., M.P., hosted a Government reception at Lancaster House. One group was fortunate to be invited to Mr. A. Lawrence Abel’s large summer home some distance from London for a buffet dinner. The home, situated on high ground that afforded a magnificent view of the English countryside, had been the site of meetings between General Dwight Eisenhower and Prime Minister Winston Churchill during World War II.

BANQUET A TRULY SPLENDID AFFAIR

A formal banquet at the Guildhall, center of London’s government for nearly 1,000 years, is remembered as a truly splendid affair. Guests were announced as they entered the hall. The Right Honourable Lord Mayor of London, Sir Harold Gillett, M.C., gave a formal welcome. Toasts were offered to Her Majesty the Queen and the President of the United States.

During the London meeting, the Royal Society of Medicine honored Drs. Louis Buie, Walter A. Fansler, Neil W. Swinton, and Karl



*Karl Zimmerman
1958-1959*

Zimmerman by conferring Honorary Fellowship in the RSM. The Atlantic City business 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. They reached no conclusion, and the issue was to remain on the agenda for more than a decade.



Hyrum R. Reichman
1959-1960

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. Mathews'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.

In his presidential address, Dr. Reichman announced that the London meeting in 1959 had been so successful that Council decided to hold combined meetings every five years, alternating between London and the United States. The next combined meeting would be 1964 in Philadelphia. Dr. Reichman was very active in the formation of the Research Foundation, discussed in the next section of this history, and his address reviewed the remarkable progress the Society had made in the decade of the 1950s, establishing both the Foundation and the journal, *Diseases of the Colon & Rectum*.

"In his presidential address, Dr. Reichman announced that the London meeting in 1959 had been so successful that Council decided to hold combined meetings every five years, alternating between London and the United States."

In national affairs, the year 1960 is remembered for the televised debates between presidential candidates Richard M. Nixon and John F. Kennedy. His engaging television presence was later cited as a major reason for Kennedy's narrow victory in the November election. America's average per capita income hit a new high of \$2,218 during the year. In 1961, Harper Lee's novel of racial justice in a

**PRELIMINARY
PROGRAM**

fifty-ninth Annual Meeting



of the

HOUSTON, TEXAS
April 25-26-27, 1960
Shamrock Hilton Hotel

Program Committee Chairman
MERRILL O. HINES, M.D.

Local Arrangements Chairmen
HERBERT T. HAYES, M.D.
HARRY B. BURR, M.D.
J. WADE HARRIS, M.D.

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NORMAN D. NIGRO, M.D.
10 Peterboro
Detroit 1, Michigan



The year 1960 is remembered for the televised debates between presidential candidates Richard M. Nixon and John F. Kennedy. Archive Photos

small Southern town, *To Kill a Mockingbird*, won the Pulitzer Prize. In retrospect, the decade of the 1960s is often remembered as a tumultuous time that began on a note of optimism with Kennedy's charisma and ended in discord, with rising protests to the U.S. involvement in the Vietnam War.

COMBINED MEETING WITH MEXICAN SOCIETY, 1960

A combined meeting with the Mexican Proctologic Society was held in Mexico City in 1960, following the Houston meeting. It attracted good attendance and featured an official welcome from Mexico's President, Adolfo Lopez Mateos. The 1960 meeting was also the first year that Burton Parsons & Company hosted a Society reception. Customarily, the Society had allowed only one sponsored reception, and it had been hosted by the Fuller Pharmaceutical Company. While not hosting a formal reception, Rowell Laboratories regularly maintained a hospitality suite at each Society meeting, and it became a very popular gathering place.

Another important development in 1960 was recognition of the specialty by the American College of Surgeons with establishment of an Advisory Council for Proctology and appointment of a Society representative to the ACS Board of Governors. **Dr. Walter A. Fansler**, who was serving a second term as Society President in 1960-1961 at the age of 72, became the first Society member named an ACS Governor.

The First 100 Years

Milestones in the History of ASCRS

Change of Society's Name

1899

Called American Proctologic Society, although President Joseph Mathews preferred American Rectum and Colon Society

1959

American Board of Proctology changes name to American Board of Colon and Rectal Surgery

1959

First formal discussion of name change at Atlantic City annual meeting

1961

Name change amendment defeated after spirited debate

1966

American College of Surgeons Board of Regents denies name change request from Advisory Council for Proctology

1967

AMA section changes name to Section on Colon and Rectal Surgery

1968

Name change proposal falls 11 votes short at Denver annual meeting

1973

Name change to American Society of Colon and Rectal Surgeons approved, 65-12, after lengthy debate



1960 Joint Meeting, Mexico City

The amendment to change the name of the Society was proposed at the 1961 annual meeting in Pittsburgh (the first meeting there since 1905). After lengthy debate, the amendment was put to a vote 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. We were used to the name, so to us it was very attractive. 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.”

“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.”

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 com-

munity. 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. Some people may feel that they were left out of this transition, but I think the Society has gone overboard over the years to cater to people whose focus has been primarily the anal canal.”

“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. I remember Bob Terrell, from Richmond, VA, gave a passionate plea that the name not be changed. He was a good proctologist who was well respected, but he’d never had colon training. There were such deep feelings about the subject that the proposal to change the name was tabled. It looked as though the issue was going to tear the Society apart. In fact, feelings were so deep that one proctologist had a heart attack that night. 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.”

“In 1962, the Council for the first time held its fall meeting in conjunction with the American College of Surgeons Clinical Congress, a tradition that continues today.”

The name change debate continued during the next few years, but it was not placed on the agenda again for formal discussion until 1968. For the 1962 meeting in Miami Beach (the first held there), the Society’s President was **Dr. Merrill O. Hines** (1961-1962), a Mississippi native who had established the colon and rectal department at the Ochsner Clinic in New Orleans. Dr. Hines had served as



*Merrill O. Hines
1961-1962*



Robert J. Rowe
1962-1963

a battalion surgeon with the U.S. Army in North Africa, Sicily, and Italy during World War II. He was later asked to assist the U.S. Government in setting up the Medicare program. In his presidential address, he urged establishment of more residency programs, especially in medical schools. Another veteran of World War II (and Korea), Marine Colonel John H. Glenn, Jr., made history in 1962 when he became the first American to orbit the Earth.

In 1962, the Council for the first time held its fall meeting in conjunction with the American College of Surgeons Clinical Congress, a tradition that continues today. Previously, it had been held with the Southern Medical Association meeting. By the time of the 1963 meeting in San Francisco, Society membership had topped 700, and the Board had certified 327 men and women. President **Dr. Robert J. Rowe** (1962-1963), of Dallas, TX, made a plea for more teaching programs and more research in his presidential address. Dr. Rowe's distinguished medical career in Dallas spanned more than 40 years after receiving his colon and rectal surgery training at Temple University Hospital, Philadelphia, under Dr. Harry E. Bacon.

"By the time of the 1963 meeting in San Francisco, Society membership had topped 700, and the Board had certified 327 men and women."

Dallas was also the scene of 1963's most tragically poignant moment: the assassination of President Kennedy on November 22. Vice President Lyndon B. Johnson, of Texas, became President and launched the Great Society. Meanwhile, U.S. efforts to keep nations from falling like dominos to Communist aggression in Southeast Asia reached a critical point. President Johnson began escalating the Vietnam War until annual expenditures reached \$100 billion and casualties exceeded 100,000.

1964 COMBINED MEETING: REPRESENTATIVES OF 57 COUNTRIES

The 1964 meeting in Philadelphia was again a combined session with the Section of Proctology of the Royal Society of Medicine. In his presidential address, **Dr. Robert A. Scarborough** (1963-1964), serving his second term as President, said such joint meetings help to promote peace. The truly international character of the meeting was reflected in the participation of representatives of 57 countries. Dr. Scarborough said the meeting provided an opportunity to strengthen the bonds of brotherhood in a profession dedicated to

PRELIMINARY PROGRAM

Sixty-second Annual Meeting

of the



SAN FRANCISCO, CALIFORNIA
May 20-23, 1963
St. Francis Hotel

Program Committee Chairman
JAMES A. FERGUSON, M.D.

Local Arrangements Chairman
WALTER BIRNBAUM, M.D.

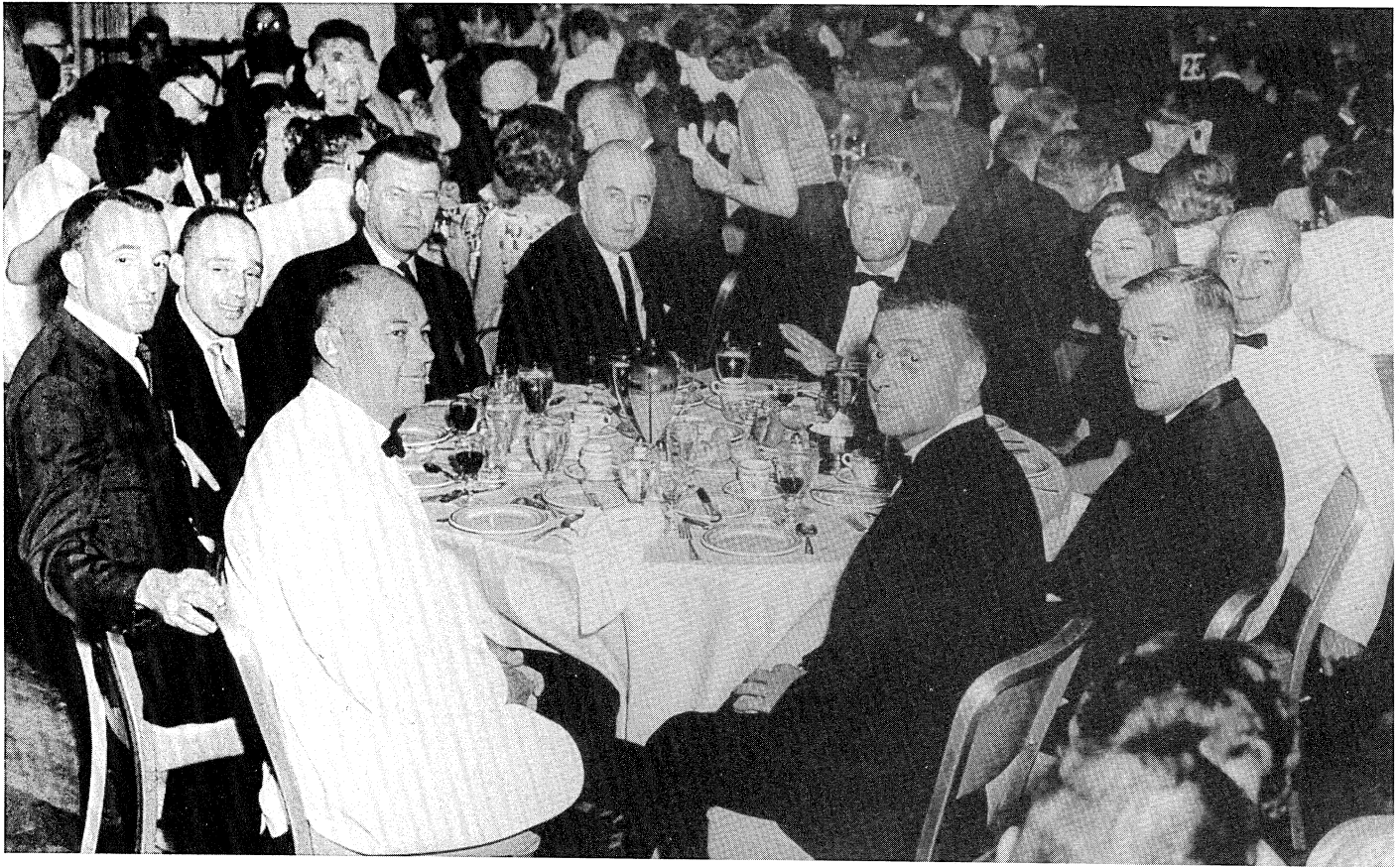
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The Scientific Sessions of this meeting are open to all members of the medical profession.

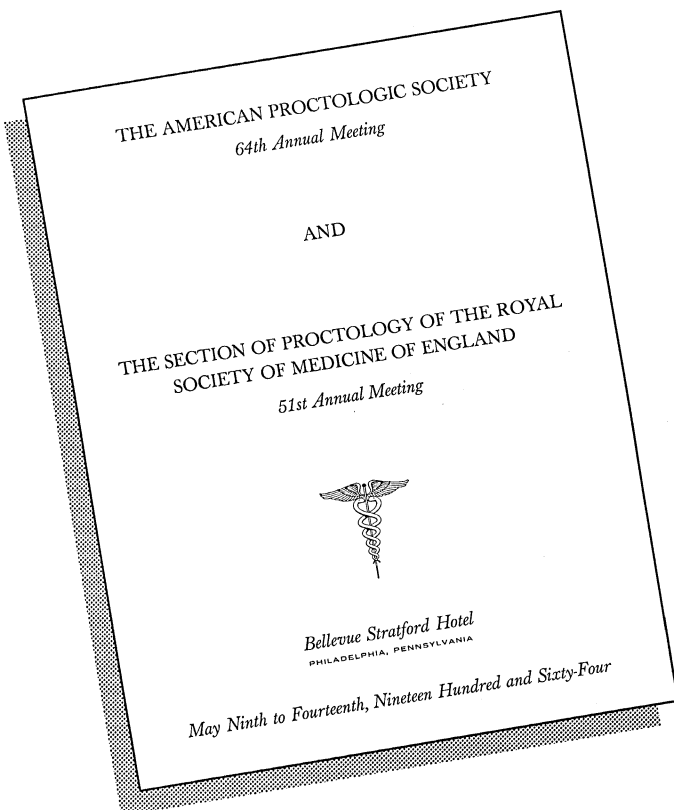
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For additional information, address the Secretary:

NORMAN D. NIGRO, M.D.
301 Commerce Building
320 West Lafayette
Detroit 26, Michigan



Our sources could not identify all the faces in this photo from a dinner table at the 1964 annual meeting. The two gentlemen in the rear center are Drs. Hyrum R. Reichman and H. Whitney Boggs, Jr. (wearing bow tie), both now past ASCRS Presidents, as is Dr. J. Byron Gathright, Jr. (second from right, front). C. Jack Ray (white jacket, left front) is a former ASCRS Vice President.



Garnet W. Ault
1964-1965

**PRELIMINARY
PROGRAM**

Sixty-fourth Annual Meeting

of the



MINNEAPOLIS, MINNESOTA

June 14-15-16, 1965

Hotel Leamington

Honorary Chairman OWEN WANGENSTEEN, M.D.

Program Committee Chairman . . . JOHN R. HILL, M.D.

Local Arrangements Chairman
WILLIAM C. BERNSTEIN, M.D.

THE AMERICAN PROCTOLOGIC SOCIETY, organized in 1899 for the purpose of "investigating and disseminating knowledge relating to the colon, rectum and anus," has a membership divided into Honorary Fellows, Honorary Associates, Senior Fellows, Retired Fellows, Fellows, Associate Fellows and Affiliate Members.

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320 West Lafayette Avenue
Detroit, Michigan 48226

human service. The meeting's international importance called for an expanded public and press relations effort.

"The truly international character of the meeting was reflected in the participation of representatives of 57 countries."

In 1964, Council again looked at using outside help in soliciting exhibitors, but rejected the idea the following year. Honorary Fellowship, the Society's highest honor, was conferred on Dr. Harry Bacon, who served as program chairman for the meeting. The program included a host of world-renowned surgeons. Special speakers included Sir John Bruce, Regius Professor of Surgery at the University of Edinburgh; Dr. Edward R. Annis, President of the AMA; the Honorable Hugh Scott, U.S. Senator from Pennsylvania; and Dr. C. Everett Koop, who later served as U.S. Surgeon General. It was in 1964 that a federal medical panel called cigarette smoking a major health hazard, sparking a controversy in which Dr. Koop later had a key role.

President for the 1965 meeting in Minneapolis was **Dr. Garnet W. Ault** (1964-1965), who had trained in Detroit with Drs. Louis Hirschman and Edward Martin before establishing his practice in Washington, DC. He had been instrumental in establishing the Board, serving as a board member for eight years, and devoted his presidential address to an account of the difficulties of achieving independent board status. Fellows approved a change allowing Affiliate and Associate members to attend the annual business meeting, although only Fellows could vote. Members heard an address on "Malpractice Prophylaxis," a problem that grew to a major concern in the years ahead. Congress enacted Medicare in 1965, providing millions of elderly Americans a kind of security from the costs of illness that they had never known before.

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. "I consider him my mentor," Dr. Abcarian says. "Dr. Nigro taught me to know and anticipate what is going to happen, not to react to everything but to anticipate some of the issues that are going to come up. He taught me the importance of research as the way to elevate our academic stature. Finally, 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. I only heard about his work, read his papers, and studied results of his research – often 20 years ahead of his time. I would have loved to have been in his office, in his operating room to see him work."



*Maus W. Stearns, Jr.
1966-1967*

Another later President, Dr. Bertram A. Portin, of Buffalo, also speaks of Dr. Nigro's influence: "I think the single most important person in my life would have to be Dr. Norman Nigro, who taught us with his good common sense, with his excellent preview of what was going to come in the future, with his research abilities and with all the gifts that he brought to the Society. He gave the Society a great deal of direction, and his contributions to the Board are legend."

"The 1965-1966 President, Dr. Norman D. Nigro, of Detroit, became one of the specialty's most distinguished leaders."

Dr. Nigro was trained by one of the Society's early leaders, Dr. Louis Hirschman, Society President in 1912-13. Dr. Nigro remembers that Dr. Hirschman joined the Society in 1906 and so knew Dr. Mathews and all of the founding members. In fact, he knew everyone in the Society until it became too large to know everyone. "He was the author of a textbook in our specialty first published in 1909," Dr. Nigro remembers. "He kept revising it, up until 1940. He also invented one of the instruments we use to examine patients that is still being used throughout the world. It was a wonderful experience to be associated with Dr. Hirschman for many years."

Dr. Nigro, now retired to Scottsdale, AZ, 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 Dubos, Ph.D., delivered the first memorial lectureship in honor of Dr. Hirschman. In his presidential address, Dr. Nigro chose to address a clinical subject, rectal prolapse. The meeting featured a special pre-convention conference on the future of the specialty, attended by more than 200. The Fellows approved several changes to the bylaws, but they did not discuss the name change. During the year, however, 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.

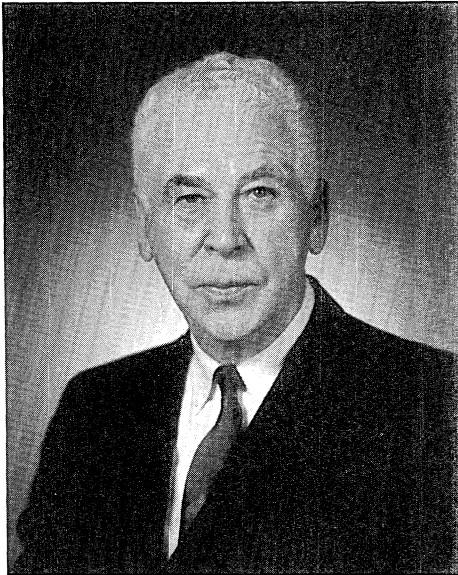
In his presidential address at the 1967 meeting in New Orleans, **Dr. Maus W. Stearns, Jr.** (1966-1967), of New York City (later San Jose, CA), followed Dr. Nigro's lead and spoke on a clinical subject, cancer of the rectum. Discussion of changing the name of the Society was revived at the annual meeting. 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.

By the end of 1967, when over 100,000 Americans had died in



Dr. Norman D. Nigro
(1965-66)

- Trained by Dr. Louis Hirschman, who knew all Society's founding members
- Taught importance of research as way to elevate academic stature
- Hired Harriette Gibson as recording secretary in 1957
- Known for Nigro Protocol, a treatment for anal cancer



Raymond J. Jackman
1967-1968

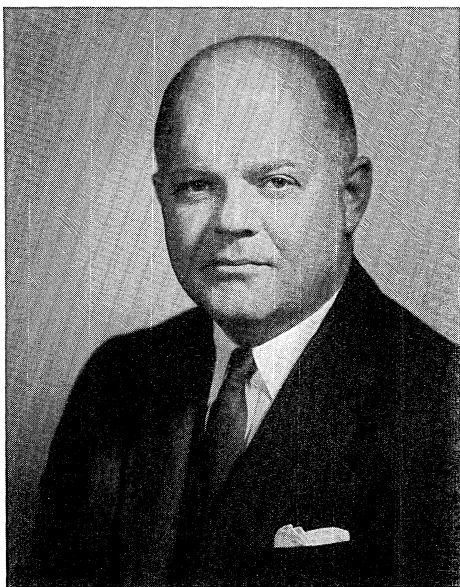
Vietnam, President Johnson decided to begin de-escalation. At the same time, he announced that he would not run for re-election.

1968: NAME CHANGE FALLS 11 VOTES SHORT

The site of the Society's 1968 convention, Denver, CO, marked another first. Members were enchanted with the scenic splendor of the Rocky Mountains, and many took all-day sightseeing excursions. 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.

"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."

Dr. Raymond J. Jackman (1967-1968), of the Mayo Clinic, Rochester, MN, devoted his 1968 presidential address to a discussion of anorectal fistulas, continuing the selection of clinical topics for what had usually been a "state of the Society" speech. In the November election, Richard M. Nixon defeated Hubert H. Humphrey to become President. It was not until the beginning of his second term in 1973, however, that President Nixon finally announced the end of the unpopular Vietnam conflict.



Neil W. Swinton
1968-1969

The 1969 convention, held in Boston, featured programs presented by members of the Harvard Medical School and the Lahey Clinic Staff. The Society's President, **Dr. Neil W. Swinton** (1968-1969), was a Michigan native who became head of the Division of Colon and Rectal Surgery at the Lahey Clinic. In his presidential address, Dr. Swinton spoke on surgical education. He discussed the need to provide training to general surgery residents.

On the Sunday afternoon before the Boston convention opened, the Secretary of ABCRS invited the directors of the Colon and Rectal Surgery Residency Programs to a special meeting. This informal session proved very helpful, so this group held similar meetings and workshops in subsequent years. Eventually, these meetings led to the establishment of the Association of Program Directors in Colon and Rectal Surgery in 1980.

The 1969 program was a combined meeting with the Royal Society of Medicine's Section of Proctology in London. The Boston

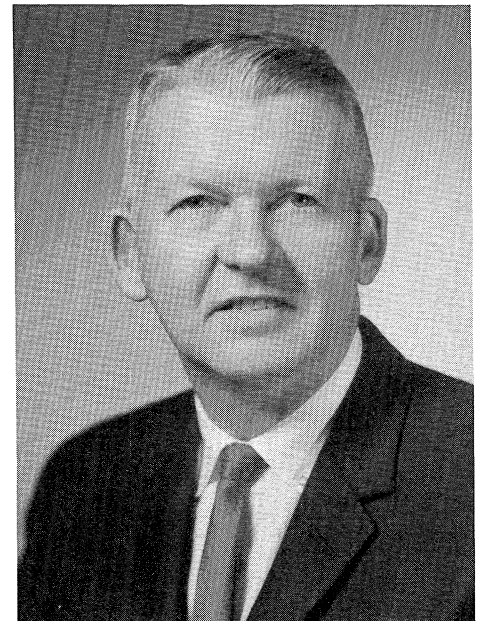
meeting also marked the beginning of a relationship with Australian surgeons that has developed into what today is known as the Tripartite Meeting—a combined gathering the ASCRS, the Section on Proctology of the Royal Society of Medicine, and the Section of Colon & Rectal Surgery of the Royal Australasian College of Surgeons. “A group of us came to Boston on a world tour and went on to the combined meeting in London,” remembers Dr. Mark Killingback, of Hornsby, Australia.

“Eventually, these meetings led to the establishment of the Association of Program Directors in Colon and Rectal Surgery in 1980.”

“We were general surgeons with an interest in colon and rectal surgery. Since that beginning, the American Society has been very influential on the practice in Australia. We have benefited very much from attending the American meetings. One way we have benefited is the generosity of the ASCRS in inviting Australian speakers to appear. It has brought the Australian speakers into a sort of international focus, not to mention the enormous value of the many enduring friendships that have resulted,” Dr. Killingback added.

“One way we have benefited is the generosity of the ASCRS in inviting Australian speakers to appear. It has brought the Australian speakers into a sort of international focus, not to mention the enormous value of the many enduring friendships that have resulted.’”

The Society had arranged a charter flight to London to leave Boston early Wednesday morning. Unfortunately, air controllers began a strike that day. Getting to London proved more difficult than landing on the moon, an historic achievement of astronaut Neil Armstrong later in 1969. Instead of leaving early in the evening, the flight did not depart until after midnight with 140 tired, irritated, thirsty and hungry passengers. Nevertheless, the London meeting was highly successful. The newly elected President, **Dr. James A. Ferguson** (1969-1970), of Grand Rapids, MI (now of Ruidoso, NM), was installed in London.



*James A. Ferguson
1969-1970*

A CONFUSING SECOND TOAST TO THE QUEEN

The final banquet at the 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. Killingback remembers an amusing anecdote from the occasion: “We’d had the Royal Toast, and we were tired from speeches. I

found myself sitting between the Lord Mayor and his wife. 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. He drifted on to the subject of the Queen and said he felt that England was very lucky to have such a beautiful lady. '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."

*" '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?' "*

During the London meeting, the Royal Society of Medicine conferred Honorary Fellowship on the APS's Drs. Ferguson, Jackman, Nigro, and Scarborough, while at the Boston meeting the APS had granted Honorary Membership to RSM members E. Clive Butler, F. Avery Jones, E.T.C. Milligan, and Edward Muir. An event virtually unnoticed in 1969, later to have worldwide impact, was the creation of the Internet as a part of U.S. national defense strategy. Popularization of the Internet did not come until after its World Wide Web was developed in 1991.

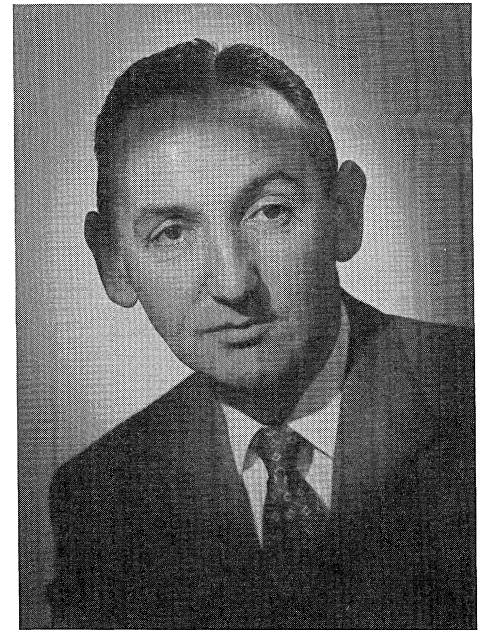
They billed the 1970 meeting as "fun in the sun" in Hollywood, FL, with scientific programs scheduled only in the morning. In his presidential address, Dr. Ferguson chose the title "The Road to Recognition" for a review of the important historical facts in the development of the Society. The Society then had 813 members and was enjoying an improving relationship with general surgery. "Let's hold it steady-as-she-goes. We are on the right course," he said.

Las Vegas was the site of the 1971 meeting, and despite the misgivings of several Council members, attendance turned out to be second only to the 1964 Philadelphia meeting. During the year, the Society became a participant in SOSSUS (Study on Surgical Services for the United States), a study sponsored by the ACS and the American Surgical Association. It also joined the Digestive Diseases Foundation, a coalition of organizations with a special interest in the alimentary tract. Council decided to proceed with development of a self-assessment program and appointed a committee to prepare an examination. It also decided to develop a new Relative Value Schedule. Also, during the year, the ACS Advisory Council for Proctology again asked the ACS Board of Regents to

approve changing its name to Colon and Rectal Surgery.

SOCIETY HISTORY ON A “SIGMOIDAL CURVE”

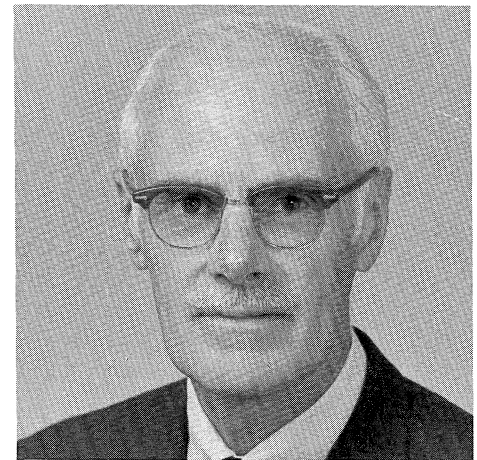
“The Sigmoidal Curve” was the title of **Dr. Walter Birnbaum’s** memorable presidential address. The title referred to the S-shaped mathematical curve encountered in biologic phenomena and the information explosion, and not to the anatomic structure it deceptively suggested. Dr. Birnbaum (1970-1971), of San Francisco, related the curve to the history and future of medical specialties. He began by describing why specialization in all human activities became necessary, then discussed its origin and development in medicine. He viewed the period from 1910 to 1940 as the general practice era, the specialty era from 1940 to 1960, followed by technological and scientific eras. Commenting on the growth of various specialties, he concluded that more colon and rectal surgeons would be needed.



Walter Birnbaum
1970-1971

“The ACS Regents had denied the request to change the name of the Advisory Council, an action which brought the Society to the realization that it could not expect that to change unless and until it changed its name.”

The 1972 meeting was the Society’s fourth in New York City and the first for which a printed agenda for the annual meeting was provided to members. The Fellows voted to endorse an AMA proposal containing 12 general principles for good health insurance. The Bylaws Committee was again asked to prepare an amendment to change the name of the Society. The ACS Regents had denied the request to change the name of the Advisory Council, an action which brought the Society to the realization that it could not expect that to change unless and until it changed its name. 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. The Society’s Administrative Secretary, Harriette Gibson, also reported a room burglary while she slept.



Andrew Jack McAdams
1971-1972

DR. HAMBRICK: FIRST BOARD CERTIFIED WOMAN

Another 1972 milestone worthy of special mention was the election of Dr. Ernestine Hambrick, of Chicago, to the membership. It had been 20 years since the last woman member had been admitted, and the Society had few women members. Dr. Hambrick holds the



Ernestine Hambrick, M.D.

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. After Dr. Hambrick broke the invisible line, the field began slowly to open to women. By 1990, 25 women had been board certified, 31 were members of ASCRS, 5 of whom were Fellows, "a remarkable and wonderful change," according to Dr. Hambrick.

"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."

Dr. Hambrick says today that she felt very welcomed from the beginning to an organization that was then virtually all men. She is particularly appreciative of the support she received from Drs. Patrick H. Hanley (President 1975-76) and Durand Smith, who encouraged her to become a colon and rectal surgeon. Dr. Hambrick served as Vice President in 1996-97. In 1998, the Society had close to 60 women members, including many prominent leaders.

The surgeon who trained Dr. Hambrick, Dr. Herand Abcarian, remembers the experience as one of his most satisfying accomplishments. "Ernestine had influence on other women, and we clearly changed the perception of colon and rectal surgery among women. Now, it warms my heart to look around the convention hall and see all of the bright, young women who are colon and rectal surgeons and are going to carry our legacy forward. It is gratifying to know that I had something to do with training the first one," Dr. Abcarian said.

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.

The 1973 meeting was also the first where the Society offered a self-assessment examination. Nearly 300 physicians took the first exam, to which the Self-Assessment Committee, under Dr. McAdams's guidance, had devoted many hours of preparation. On the scientific side, special guest speaker Dr. Denis Burkitt discussed landmark research showing that lack of fiber in the diet may be an

important contributing factor in the etiology of colon cancer. In his presidential address, **Dr. John E. Ray** (1972-1973), of Kenner, LA, described the technique of lateral subcutaneous internal anal sphincterotomy for anal fissure. Scandals in Washington occupied much of the nation's attention in 1973. On October 10, 1973, Vice President Spiro T. Agnew resigned and was replaced by Gerald R. Ford.

75TH ANNIVERSARY: FIRST ATTENDANCE OVER 1,000

The 1974 convention in Washington, DC, was a combined meeting with England's Royal Society of Medicine and the Section of Colonic & Rectal Surgery of the Royal Australian College of Surgeons. It marked the Society's 75th anniversary, and attendance set a new record, topping 1,000 for the first time. The social program included a White House Tea with First Lady Patricia Nixon, attended by over 350 women. The Council dinner, hosted by President **Dr. John H. Remington** (1974-1975), was held at the Watergate Hotel, located in the complex of buildings which had become very well known as the site of the burglary that eventually led to the resignation of President Nixon on August 9, 1974. Program Chair Dr. Rupert B. Turnbull, Jr., of Cleveland, instituted a system of convention evaluation. All registrants were asked to complete a form giving their opinions on various aspects of the program.

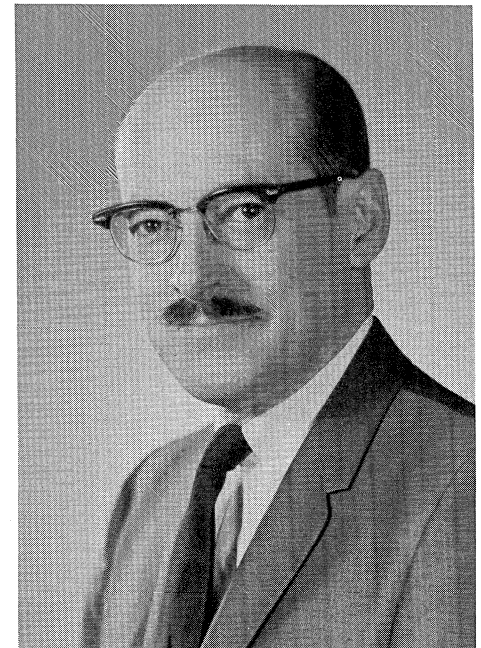


*John E. Ray
1972-1973*

"It marked the Society's 75th anniversary, and attendance set a new record, topping 1,000 for the first time."

A survey team from the AMA attended the Washington meeting in response to the Society's request for CME (Continuing Medical Education) accreditation for its programs. Notice of provisional CME accreditation approval came later in the year. In his presidential address, Dr. Remington spoke on "Flight From Chauvinism." He outlined the danger of taking too much pride in our work, our institutions, and our country, saying this often leads to a feeling that our way is always the best way. "All can learn something from everyone," he said, noting that such an international meeting provides many opportunities to expand one's horizons.

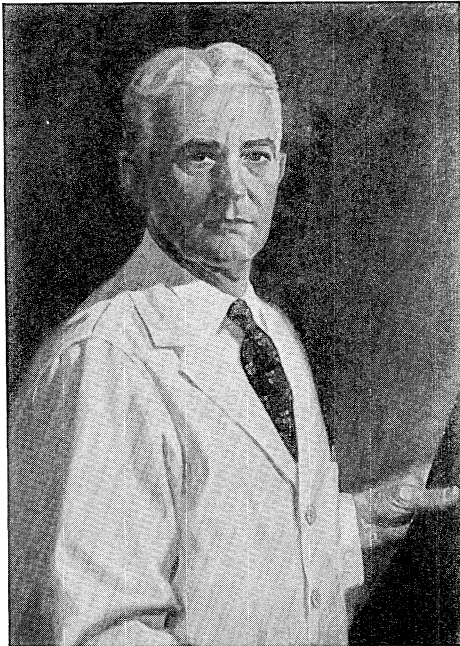
"He outlined the danger of taking too much pride in our work, our institutions, and our country, saying this often leads to a feeling that our way is always the best way."



*John H. Remington
1973-1974*

Dr. Robert V. Terrell, of Richmond, VA, delivered a provocative Mathews Oration on the topic, "Whither Surgery of the Colon and Rectum?" After some interesting observations on Dr. Mathews's early practice, Dr. Terrell discussed the development of the special-

ty to 1974. He pointed out the quality of Dr. Mathews's work, his frequent lectures and publications on rectal surgery, and his training of young surgeons who succeeded him to virtually replace the quacks who had been doing most of the rectal surgery.

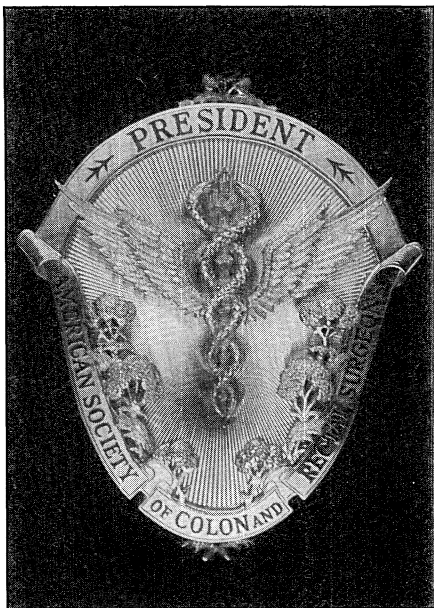


Rupert B. Turnbull
1974-1975

Dr. Terrell discussed the split among specialists in the field, some limiting their practices to anorectal surgery while others included colon and rectal surgery. He expressed disappointment that the Advisory Board for Medical Specialties would not approve a board for anorectal surgeons. Nevertheless, he said he hoped the specialty would continue to include both anorectal and colon surgeons. He predicted, however, that the number of anorectal surgeons would decrease, and they soon would become an “endangered species.” He wondered if that trend would in time result in the specialty’s loss of identity, as it gradually merged with general surgery. He urged members to dedicate themselves to maintaining a specialty separate from general surgery so that the care of patients with anorectal diseases would not be neglected.

“The Seal is an impressive gold medallion on a gold chain, whose manufacture and purchase Dr. Turnbull had arranged. It is worn by each succeeding Society President during the term of office.”

Unfortunately, **Dr. Rupert Turnbull** (1974-1975) became ill and could not deliver his presidential address the next year to a record turnout in San Francisco. The Vice President, Dr. John McGivney, of Galveston, TX, presided very capably in his place. It was the first meeting to be tape recorded, with cassettes available for purchase. It was also the first time preliminary programs were mailed to all general surgeons in the U.S., adding to boosted attendance. A highlight of the meeting came at the annual banquet, where Mrs. Turnbull presented a newly minted Presidential Seal to the incoming President, Dr. Patrick H. Hanley, of New Orleans. The Seal is an impressive gold medallion on a gold chain, whose manufacture and purchase Dr. Turnbull had arranged. It is worn by each succeeding Society President during the term of office.



ASCRS Presidential Seal

Dr. Turnbull's entrance into the field of colon and rectal surgery is itself an interesting story. While serving in the U.S. Naval Medical Services during World War II, he became acquainted with Dr. George Crile, Jr., who convinced him to go to the Cleveland Clinic to take a general surgery residency under Dr. Tom Jones. A native of Pasadena, CA, Dr. Turnbull intended to return to Southern California to practice. However, he was asked to stay on staff at the Cleveland Clinic for an additional year because he had become so essential to Dr. Jones's busy practice, a large part of which was

bowel surgery. During that year, Dr. Jones died suddenly of cardiac arrest after completing one case on the day's operating schedule. With the consent of the patients, Dr. Turnbull completed all the surgeries on the day's schedule, except for an infant girl whose parent took her elsewhere. Upon Dr. Jones's death, his patients turned to his young associate, Dr. Turnbull, who remained at the Cleveland Clinic, eventually becoming Chief of the Department of Colon and Rectal Surgery before returning to California in 1979 to continue his practice as a member of the staff of the Santa Barbara Medical Foundation Clinic.

“Next came a period of rapid advances in the colonic part of the members' work, with the introduction of colonoscopy, sphincter-saving rectal operations, ileoanal anastomoses, and pouch procedures.”

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. Next came a period of rapid advances in the colonic part of the members' work, with the introduction of colonoscopy, sphincter-saving rectal operations, ileoanal anastomoses, and pouch procedures. While pleased to see this 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.



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 to become 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 President, Dr. Rufus C. Alley, of Lexington, KY, said that the Council was very interested and asked Dr. Reichman to develop a preliminary proposal to present to the Council at its next meeting.

"In 1956, Dr. Hyrum R. Reichman, Salt Lake City, UT, then a member of the Executive Council and later to become 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."

However, in April 1957, the Society's incoming President, Dr. Julius E. Linn, decided to appoint a special committee, the members of which might serve as Trustees of the foundation, if it were established. He appointed this committee, with Dr. Reichman serving as Chair.

The committee prepared articles of incorporation and bylaws for the proposed foundation and submitted its report to the Council in November 1957. The Council accepted the committee report and directed the Chair to proceed with the incorporation of the foundation. With legal counsel obtained from Mr. Owen Reichman (Dr. Reichman's brother), they 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 underway. 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. In response, the IRS granted it temporary tax-exempt status. The Research Foundation did not finally receive permanent tax-exempt status until October 31, 1962.

The original Officers and Trustees of the Foundation were:

- Dr. Robert A. Scarborough, San Francisco, CA, President and Trustee;
- Dr. Neil W. Swinton, Boston, MA, Vice President and Trustee;
- Dr. Hyrum R. 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 annual 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 as it did primarily upon the 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. Other grants during that time went to Temple University, Mayo Clinic, Wayne State University, Dr. Harry A. Smith and Lahey Clinic for a variety of projects ranging from surgical research of the pump oxygenator to studies on changes of the intestinal mucosa in gastrocolic fistula and on ileostomy effluent chemistry. The Foundation was interested in having the results of any project it supported presented at a Society meeting and subsequently published in *Diseases of the Colon & Rectum*.

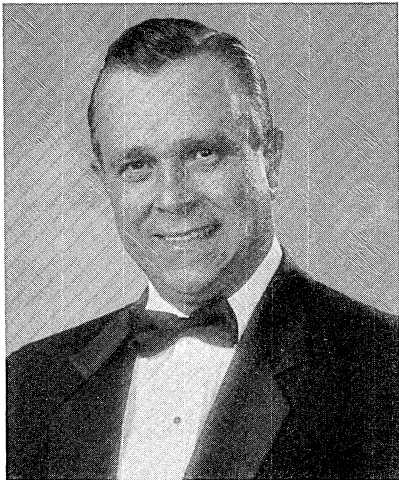
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The Society’s decision to change its name in 1973 to the American Society of Colon and Rectal Surgeons (ASCRS) posed a problem for the Research Foundation. The Foundation’s Trustees discussed making a similar change but elected not to do so then, because it was then corresponding with the IRS about whether its name should be The Research Foundation of the American Proctologic Society or the American Proctologic Society Research Foundation. Once they clarified that matter, 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. However, in 1983 and 1986, the Society raised its annual contribution to a total of \$3 of each member’s dues. While the leadership routinely urged that Society members make additional individual contributions, member response had been disappointing. 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



Dr. Patrick Mazier
(1984-92)

- Foundation "key to final success of our specialty"
- Give Foundation visible presence with exhibit booth
- Involve women of Society in the Foundation
- Motto: "*Excellentia per Investigatorium*"
- Form Gold Eagle Society
- Attract funds from outside the Society

1984, with the election of a young, more aggressive group of officers, headed by President **Dr. W. Patrick Mazier**, Grand Rapids, MI. Dr. Thomas H. Dailey, of New York City, became Vice President, and Dr. James F. Guthrie, Norwalk, CT, Secretary-Treasurer.

The Research Foundation's new officers met informally in New York to discuss how to "whip a dead horse to life." Being a viable organization would require a fund of at least \$200,000 to support individual research projects, research fellowships, awards, and grants, they believed. Later, they decided the high cost of research would require a larger endowment, and they set a higher goal. One of their first actions in the drive to accomplish this objective was to enlist a strong core of about 20 members they could count on to actively support the Foundation. This group first met at the 1985 ASCRS annual meeting in San Diego.

"The Research Foundation's new officers met informally in New York to discuss how to "whip a dead horse to life." "

"The Foundation is the key to the final success of our specialty," Dr. Mazier said later. "The Foundation has striven to bring the best and the brightest into our specialty—a group of young men and women who will provide the growth and development of our specialty," added Dr. Guthrie.

AN IMPORTANT MEETING AT CHICAGO'S MAYFAIR REGENT

In the fall of 1985, Dr. Mazier 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. 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. They distributed a brochure entitled "Proctologic Power" and sold neckties and T-shirts at the Foundation booth at the 1986 annual convention in Houston, TX.

"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."

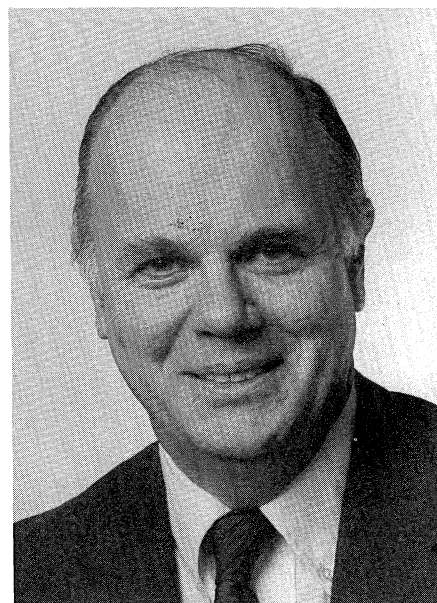
"The ASCRS Research Foundation soared to new heights of visibility in Houston," the Society's newsletter reported. This first

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. The major responsibility of this committee is to manage the Foundation's booth at the ASCRS annual meeting.

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 may have been a small beginning, but it established a core of people dedicated to the Foundation's success. At the same time, they selected a motto, "*Excellentia 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—an 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. The largest individual contribution from a Society member came from Dr. Sumio Saigusa of Shizuoka City, Japan, who contributed \$30,000. He was honored with a special presentation at the Research Foundation's 1989 Annual Meeting in New York City.



Dr. James F. Guthrie

While the Foundation was seeking support from within the membership, the officers also began an intensive effort to attract funds from outside the organization.

In 1986, encouraged by the support of the membership, the Foundation asked the Executive Council to include in the annual dues notice a rider for voluntary contributions to the Foundation. This was approved, and it was a successful move, as members have been generous in their support. At the 1987 meeting, the Society approved an extra assessment of \$50 per member for 1988. By early 1988, these actions had raised approximately \$62,000 for the Foundation.

While the Foundation was seeking support from within the membership, the officers also began an intensive effort to attract funds from outside the organization. In 1985, Dr. Mazier enlisted the



Dr. Herand Abcarian (left) succeeded Dr. Dailey as Research Foundation President in 1998.

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 outside support came from American V. Mueller, Lafayette Pharmacal, and Miles Pharmaceutical. This marked an important milestone for the Foundation and helped raise morale and enthusiasm.

With all indications pointing to a resurgent and highly successful Research Foundation, the officers next directed their attention to developing an organizational structure that would be self-sufficient and more responsible. Thus, the officers agreed to create an Advisory Board that included both outside corporate members and Society members. Named to serve on the first Advisory Board were:

- Herand Abcarian, MD, Past President, ASCRS;
- Lane W. Adams, MD, Past President, American Cancer Society;
- John A. Ball, Senior Vice President, Champion International;
- Dale Berger, Owner, Berger Chevrolet;
- Frank X. Buhler, President, Lafayette Pharmaceutical;
- Leon C. Hirsch, Chairman, U.S. Surgical Corporation;
- Charles Lipton, Chairman of the Board, Ruder Finn & Rotman;
- Alexander T. McMahon, C.D. Lukens Company;
- Norman D. Nigro, MD, Past President, ASCRS.

PROFESSIONALISM, STRUCTURE, ORGANIZATION

Also, the Foundation took steps to assure that requests for grant support were properly reviewed and evaluated and all other Foundation activities conducted in the most efficient manner. They established a definitive committee structure: Research and Education, Awards, Clinical Data, Public Relations, Fund Raising, Surgical Technologies, International Research, Bylaws, and Women's Committee. At the 1988 annual Foundation meeting, the members voted to elect a Chief Administrative Assistant. This was accomplished, and the Foundation then established its own office address and telephone.

The Foundation's purposes are:

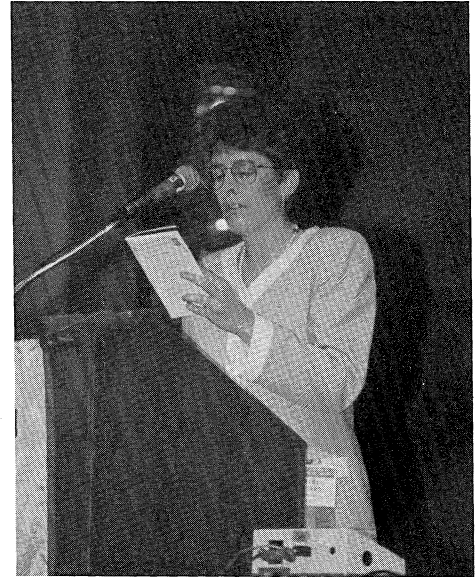
1. To engage in experimental and clinical research in colon and rectal surgery to better serve the health needs of the public;
2. To promote progress and improvement in medical science, health and education in the diseases of the colon and rectum;
3. To conduct educational programs, conferences and demon-

strations to further professional and scientific standards in colon and rectal surgery;

4. To provide grants and aid for training and education of colon and rectal surgeons; and
5. To promote the writing and publishing of scientific papers for journals and periodicals.

The Foundation makes the following awards: Traveling Surgical Fellowships to give recipients an opportunity to develop a worldwide view of the specialty; teaching and research Fellowships for residents to pursue careers in basic and clinical research in academic or clinical practice settings; and research grants, based on a formal research proposal, to those in an academic or clinical environment. In 1989, the Foundation made grants totaling almost \$36,000 for studies on tumor immunology and on detection of familial adenomatous polyposis by DNA analysis.

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. Additionally, the Foundation was instrumental in persuading the ASCRS to include more research papers in its annual meetings, so that now at least one-half day is devoted to research papers. Moreover, when the Society's Executive Council established the Norman Nigro Research Lectureship in 1988, honoring Dr. Nigro for his many contributions to the Society and the specialty and for his significant basic research in the etiology and prevention of large bowel cancer, the Research Foundation voted to subsidize the Lectureship.



Dr. Heidi Nelson received the Research Foundation's first Leon Hirsch Traveling Surgical Fellowship Award in 1989.

"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."

At the 1989 meeting in Toronto, the Foundation presented its first Leon Hirsch Traveling Surgical Fellowship Award to Dr. Heidi Nelson, of the Mayo Clinic, Rochester, MN. Dr. Nelson used the \$30,000 award to conduct research on tumor immunology with Dr. Martin Cheever at the University of Washington. "The Foundation allowed me to gain some new skills in immunology research that I would not have been able to obtain in my own training program," Dr. Nelson said later. "Research is the backbone to improving clinical care. It is only by asking very high quality questions and answer-



Milestones
in the History of ASCRS

**ASCRS Research
Foundation**

1958

Incorporated in Utah as Research
Foundation of the American
Proctologic Society

1962

Finally gained tax-exempt status

1982

Changed name to American
Society of Colon and Rectal
Surgeons Research Foundation

1984

Election of new officers headed
by President W. Patrick Mazier

1986

First Foundation exhibit at
ASCRS convention

1989

First Leon Hirsch Traveling
Surgical Fellowship Award to
Dr. Heidi Nelson

1990

First endowed chair in colon
and rectal surgery,
University of Illinois

1996

ASCRS and Foundation
approve merger

1997

Centennial Campaign fund
raising initiative launched

ing these questions that we can move toward newer treatments for patients and improve their overall health care," she added.

**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 Josefsen Chair in Colon and Rectal Surgery. The professorship honors Ms. Josefsen's role in developing the surgical stapler. Her commitment to the project and her firm conviction that the stapler would work were primarily responsible for U.S. Surgical's decision to continue research that led to the development of this surgical tool, which has improved the lives of thousands. Dr. Herand Abcarian, of Chicago, was named the first to occupy the University's Turi Josefsen Chair in Colon and Rectal Surgery.

By 1990, Council recognized that the Foundation's growing success was creating some problems. They appointed a special committee to address some concerns that had arisen about possible overlap of the activities of the Society and the Foundation. 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.

"The founders clearly intended that it function as the research foundation of the Society, but it was a separate corporation."

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. "When closely associated but independent entities experience rapid growth phases, perceived and/or real problems may ensue that need to be addressed," said Dr. Gathright's successor as President, Dr. Peter A. Volpe, of San Francisco. "The executive directors of both corporations have begun to develop guidelines that will allow, and even ensure, continued growth for the Society

and the Foundation,” he said.

As these discussions continued, the leaders realized that one problem may be corporate organization. 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 groups identified objectives independently, set their own agendas and implemented separate plans of action. The founders clearly intended that it function as the research foundation of the Society, but it was a separate corporation.

STEPS TOWARD REUNIFICATION OF SOCIETY, FOUNDATION

“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.”

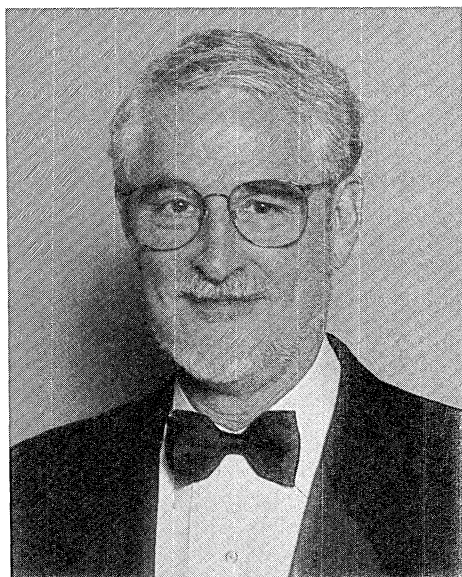
The Foundation’s success continued. In 1991, Dr. Allen B. Jetmore, of Kansas City, was awarded the second Leon Hirsch Traveling Surgical Fellowship to study in Sweden. That same year, the Foundation established a Young Researchers Committee to develop leadership in the Society by encouraging research and promoting the work of new researchers. Dr. Anthony Senagore, of Grand Rapids, was named to chair the new committee.

Dr. Harold Brem, of Boston, won the 1992 Hirsch Fellowship for a study of colon cancer at Harvard Medical School. The Foundation had reached a critical point of change, thought Dr. Mazier, who had just been made President-elect of the Society. “We see an opportunity to chart a more successful course, but ours is a small specialty and the generosity of our members has limits,” Dr. Mazier said.

Dr. Guthrie assumed Foundation leadership as its new President. In addition, four new members were elected to the Board of Trustees: Drs. Richard P. Billingham, Seattle, WA, Ernestine Hambrick, Chicago, and William H. Dickson, McLean, VA, and the Society’s President-elect, whom they made a voting Board member during his term, helping to assure close communication between the Society and the Foundation.

In February 1992, the Foundation conducted a lay seminar on

colon cancer in Palm Beach, FL. Dr. Robert W. Beart, Jr., Scottsdale, AZ, was joined by Drs. John A. Coller, Burlington, MA, and James A. Surrell, Grand Rapids, MI, as presenters. It was a pilot for other seminars planned in other areas throughout the country.



Dr. Thomas H. Dailey, Research Foundation President, 1995-98

1993: ASSETS \$700,000, \$85,000 IN GRANTS

In 1993, Dr. Guthrie 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. Dr. Guthrie was re-elected Foundation President at the annual meeting in West Palm Beach, FL. 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.

Foundation research support and awards totaled almost \$100,000 in 1994, Dr. Guthrie reported. They projected revenues at \$236,000. A second academic chair in colon and rectal surgery, the Kenneth A. Forde Professorship, was established, this one at Columbia University, New York. New Board members included Drs. Philip F. Caushaj, Worcester, MA, John E. Garry, Fresno, CA, Heidi Nelson, Rochester, MN, and Theodore J. Saclarides, Chicago. The Foundation named Drs. Robert D. Madoff, Minneapolis, MN, and Anthony M. Vernava, III, St. Louis, the year's Outstanding Researchers in an awards ceremony at the ASCRS annual meeting in Orlando.

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. Ernest Hambrick, Chicago, was elected Vice President. Drs. Guthrie and Mazier were elected Trustees. The Foundation moved its office to the Society's office in Arlington Heights, IL. Drs. Carl B. Davidson, President of the Texaco Foundation, and Sandy McMahon were elected to the Foundation's Board.

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. The ASCRS Research Foundation now operates as an affiliate of the Society but continues to function autonomously, maintaining its status as a not-

for-profit organization. The merged Foundation has no members, functioning similarly to research foundations of most other societies.

“In today’s competitive, budget-constrained health care environment, working together to advance the specialty of colorectal surgery and promote colorectal research will have a favorable impact on our profession and, ultimately, on the lives of the patients we serve,” said Dr. David A. Rothenberger, of Minneapolis, Society President 1996-97. “The merger ensures that the overall mandates of the Society and its Research Foundation will be melded together, so that everyone is working in the same direction, rather than competing with each other,” said Foundation President Dr. Dailey. “That means we’ll determine together which projects should be initiated, and there will be no more competing for research funding from the same sources.”

“Day-to-day operation of the Foundation was assigned to the executive office of ASCRS in Arlington Heights, IL.”

Bylaw changes provided that the ASCRS President and President-elect automatically take voting seats on the Foundation Board, while the Foundation President becomes a voting member of the ASCRS Executive Council. Day-to-day operation of the Foundation was assigned to the executive office of ASCRS in Arlington Heights, IL.

At the Society’s 1996 annual meeting in Seattle, the Foundation held its annual meeting atop the west coast’s tallest building. The consolidated Foundation/Society will help the specialty “identify and support the research issues that will be most important to colon and rectal surgeons in today’s rapidly changing health care environment,” Dr. Dailey said.

After the Seattle meeting, Dr. Dailey gave much credit for the reunification to ASCRS Past President Dr. Victor W. Fazio and his successor, Dr. David A. Rothenberger (1996-1997). “To their great credit, Drs. Fazio and Rothenberger helped forge a collaborative, congenial union of ASCRS and the Foundation where mutual respect and trust prevailed,” Dr. Dailey said. The Foundation’s assets then stood at over \$650,000, and \$80,000 in awards and grants had been made during the year, he reported.

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, Dr. Rothenberger

announced. “The Society’s generosity demonstrates its commitment to this bold and ambitious effort. It gets the Research Foundation off to a great start in achieving our goal,” Dr. Dailey said. The campaign was named in anticipation of the Society’s 100th anniversary in 1999. Its goal was to increase the Foundation’s endowment to \$4 million.

“Together, the Society and Foundation will direct the future of colorectal medicine. We will not allow continued government cut-backs in health care programs, decreased funding for medical research and education, fundamental shifts in the way health care is delivered to compromise the quality of colorectal care or threaten the viability of our specialty,” Dr. Rothenberger said. As the campaign began, the Society received nearly \$600,000 in commitments from physicians and other individuals. A single, anonymous donor committed \$100,000, while the average physician donation was \$21,000, Dr. Dailey reported.

“The campaign was named in anticipation of the Society’s 100th anniversary in 1999. 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 Rhône Poulenc Rorer, Ethicon Endo-Surgery, and C.B. Fleet Co., Dr. Dailey reported. “In Phase II, we are striving to raise over \$4.5 million in total,” he said. Achieving this goal would increase the Foundation’s endowment to \$5.6 million. “When we started this ambitious endeavor, we never dreamed that we would receive support from such a wide circle of enthusiastic friends,” Dr. Dailey said.

1998: GOAL RAISED TO \$5 MILLION

In the spring of 1998, Dr. Dailey reported that the Centennial Campaign was rapidly reaching its \$5 million goal. It had commitments of \$2.7 million from corporate sources, \$1 million from ASCRS, \$613,000 from ASCRS member physicians, \$121,000 from charitable foundations, and \$151,000 from individuals, grateful patients, and friends. “Generating nearly \$5 million in funding commitments in just a little over a year is a remarkable achievement. It provides us with the means to focus on our ultimate goal: improving patient care through advances achieved in ongoing, quality colorectal research,” Dr. Dailey said.

In 1998, **Dr. Herand Abcarian**, of Chicago, was elected to a two-year term as President of the Research Foundation, succeeding

Dr. Dailey. Other current officers are Dr. Heidi Nelson, of Rochester, MN, Vice President; Dr. Jose G. Guillem, of New York City, Secretary; and Dr. Terry C. Hicks, of New Orleans, Treasurer.

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

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. "Unless we have enough money to fund projects to support educational endeavors, there will be increasing pressure to divert and dilute our specialty focus and ultimately make it much more difficult for us to survive as a specialty. We must educate more and better surgeons and improve patient care," he added.

FOUNDATION REPRESENTS FUTURE OF SPECIALTY

"The Foundation represents the future of our specialty. The Foundation affords the opportunity for young researchers to develop into academicians who will be the teachers of our specialty in the future," said Dr. Guthrie.

"The Foundation will grow from its relatively modest size today to become similar to other foundations dealing with digestive diseases. It will become the major funding source for research in colon and rectal surgery in the world," said Dr. Richard Billingham.

"This is an opportunity that we have to seize," said Dr. Fazio. "No longer can we count on government munificence in distributing funds to support good clinical research. Everywhere we're seeing cuts in these kinds of programs. For us to continue to offer the best that we can to our patients and to continue research and educational efforts, we will have to do it ourselves. We have a history of giving as a Society. We have received the benefits of our surgical forebears in getting to where we are now. We owe an equal debt to our students now and in the future to help them continue their research."

"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.



"Unless we have enough money to fund projects to support educational endeavors, there will be increasing pressure to divert and dilute our specialty focus and ultimately make it much more difficult for us to survive as a specialty."



VI. Management of the Society, 1899 to 1998

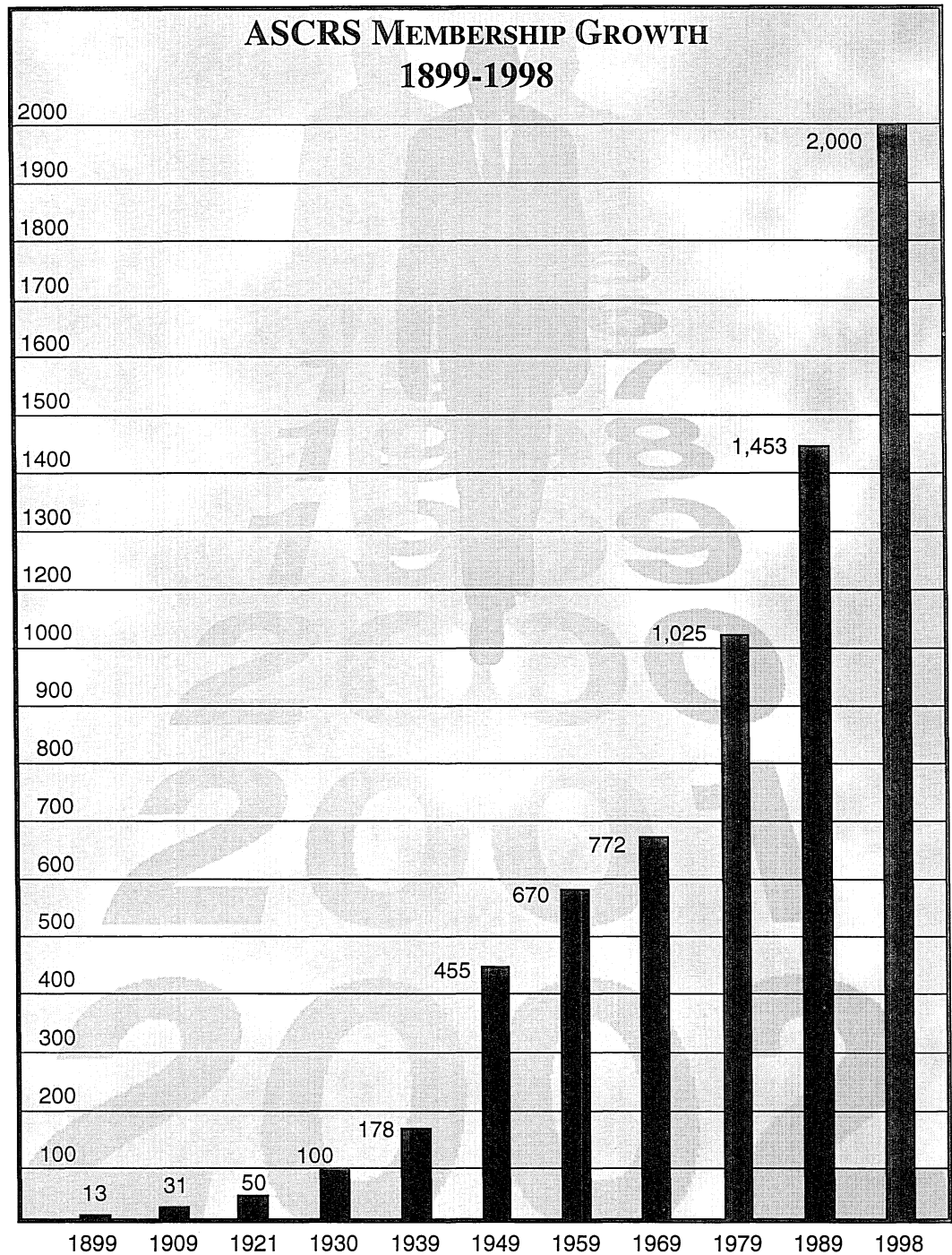
The Society started as a meeting of physicians specializing in proctology, as we have seen, and gradually grew to become an international organization that publishes a monthly journal, has an affiliated Research Foundation, and maintains a close working relationship with a certifying board. For the first half century of its existence, the largest share of responsibility for managing the Society's affairs was placed on the Secretary. 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.

The Society was fortunate to have a succession of outstanding individuals serve as Secretary. In the opening section of this history, we reviewed the important contribution made by the first Secretary, Dr. William M. Beach, of Pittsburgh, and his immediate successors. Recognizing the critical importance of the Secretary's function, the Executive Council generally asked secretaries to serve for several years—usually at least three years and sometimes longer. The third Secretary, Dr. Lewis H. Adler, Jr., served from 1907-1913. Much later, Dr. Norman D. Nigro, of Detroit, held the office from 1957-1964.

Most of the Society's secretaries also served as President. The only exceptions have been Dr. Joseph F. Montague, who served as Secretary-Treasurer from 1923-1925; Dr. William A. Rolfe, Secretary-Treasurer from 1925-1926; and Dr. Vernon G. Jeurink, Secretary-Treasurer from 1947-1948.

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. During these years, the Secretary could handle the office himself with the help of his office staff. However, as the Society grew larger so, too, did the volume of material in the Secretary's office. Finally, in 1947, the Council gave the Secretary permission to destroy old and unimportant papers contained in the files, a historian's nightmare. Beginning in 1940, a separate Treasurer was elected, relieving the Secretary of responsibility for financial records.



1940s: SECRETARY CARRIES HEAVY WORKLOAD

Nonetheless, by the late 1940s, as the Society began to grow rapidly, the Secretary carried a considerable workload. It was the Secretary's responsibility to collect all papers presented at annual meetings (the number of which was increasing with the membership), submit them to the *American Journal of Surgery* for publication, then later republish them in the Society's *Transactions*. Recognizing this increased burden, the Council authorized the Secretary to hire a secretary for his office who would handle only the work of the Society. On January 1, 1949, Mrs. Merilla Maxwell, employed in the office of Dr. W. Wendell Green in Toledo, OH, became the Society's first full-time recording secretary.

We have seen that at about this time the Council had repeated discussions about the possibility of establishing a central office with a full-time secretary. A committee reported to Council in 1950 that establishing a central office might be desirable but was not then feasible. The committee suggested considering the option of combining the Society's offices with those of the American Board of Proctology. Council took no action on the suggestion, as many believed the two organizations should be separated.

"On January 1, 1949, Mrs. Merilla Maxwell, employed in the office of Dr. W. Wendell Green in Toledo, OH, became the Society's first full-time recording secretary."

During this time—in 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 1955, President Dr. Stuart T. Ross suggested microfilming the records so the actual files would not have to be transported to annual meetings. However, his subsequent investigation revealed that the nature of the files would make the cost of microfilming them prohibitively expensive, so the idea was dropped.

In 1956, the Executive Council seriously considered hiring an Executive Secretary or a management company. They reviewed proposals from Clayton Scroggins Associates and James Bryan. The Council recognized that either proposal would relieve the Secretary and Treasurer of a growing burden but 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.

Council also considered a suggestion that it might make the recording secretary permanent. Having learned the function under one Secretary, the recording secretary might continue to serve in that capacity for another Secretary who worked elsewhere, they reasoned. The expense involved in such an arrangement would be only rental of an office, some additional travel expense, and increased mail and telephone expense—significantly less than the cost of hiring a management company or individual manager. Council liked the idea but took no action on it.

Nevertheless, the Council was still interested in employing an Executive Secretary. In 1957, the newly elected Secretary, Dr. Norman Nigro, interviewed a possible candidate, Mrs. Mariana Matthews. Council interviewed her the following year and found her exceptionally well qualified for the position. She had held a similar post with the Omaha County Medical Society. However, her salary requirement was more than the Council was willing to pay, so they made no change.



Harriette Gibson

HARRIETTE GIBSON HIRED AS RECORDING SECRETARY

Meanwhile, Dr. Nigro hired Miss Harriette Gibson as recording secretary. Years later, Dr. Nigro remembered that he found Miss Gibson through a mutual friend in Detroit. He first asked this friend, an administrative secretary for a large regional insurance agency, if she would serve as recording secretary on a part-time basis. The friend said she wouldn't have the time, but thought she knew a lady who might be interested. She called Harriette, who had moved from South Bend to Denver after the future of the company she had worked for, Studebaker-Packard, looked uncertain. Miss Gibson had graduated as an executive secretary from the South Bend (Indiana) College of Commerce.

“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.”

“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.”

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."

Miss Gibson officiated at her first Council meeting in Miami in November 1957. Twenty-five years later, she remembered that the agenda book for that meeting was a simple duo-tang folder with six or seven pages. "The agenda book for our most recent Council meeting," she said in 1984, "was a 2-inch thick 3-ring binder with a hundred or more pages. This is obvious evidence of something, whether it is growth of the Society and its activities or simply new and better copying methods," she added.

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. Council deemed it important to try out this arrangement while both the Secretary and the recording secretary were located in the same city. Dr. Nigro's successor would probably work from another city. Finally, in 1964, considering the trial successful, Council approved maintenance of a central office in Detroit and designated Miss Gibson as Administrative Secretary. That same year, Dr. James A. Ferguson, of Grand Rapids, MI, succeeded Dr. Nigro as Secretary.

"In 1967, the office set up a Practice Registry to assist members who were either looking for an associate or looking for a place to practice."

During Miss Gibson's first few years on the job, several additional duties were added to the recording secretary's (later the Administrative Office's) list of responsibilities. In 1961, Council assigned the recording secretary responsibility for collecting the annual membership dues, relieving the Treasurer. By 1965, the number of exhibitors at the Society's annual convention had increased considerably, so the Administrative Office began to assist the Exhibit Committee Chairperson. In 1967, the office set up a Practice Registry to assist members who were either looking for an associate or looking for a place to practice. For some time, the office also maintained a registry of colon and rectal residencies, residents in training and any unfilled positions. However, as this latter registry was principally a concern of the Board, it was moved to that office.

The First 100 Years

Milestones in the History of ASCRS

Society's Management

- 1949**
First full-time recording secretary
- 1962**
Central office established in Detroit
- 1964**
Harriette Gibson named Administrative Secretary
- 1972-87**
Joint office for Society and Board
- 1979**
P.M. Haeger & Associates, Chicago, retained to manage convention
- 1982**
Harriette Gibson named Executive Director
- 1988**
Executive Administration, Inc., suburban Chicago-based firm headed by James R. Slawny retained to manage Society, including convention

**GROWTH IN ASCRS
EXHIBIT INCOME**

1950	\$ 2,050
1960	\$ 8,000
1970	\$ 16,000
1980	\$ 36,000
1990	\$138,600

BOARD, SOCIETY SHARE OFFICE, 1972-1987

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. In the past, Council had expressed concern that joint office arrangements for the Board and the Society might seem to blur the identities or compromise the autonomy of each organization. In 1972, however, Council approved the Board's request that Miss Gibson serve a dual role, with the understanding that the Board would share proportionately in the office expenses and salary, commensurate with the time used for Board work. For the next 15 years (1972-1987), the Society and Board shared office space and staff.

"Miss Gibson's sister, Marilyn, made a practice of taking a week's vacation from her newspaper position to work the registration desk, a system that worked well for about five years."

In 1975, the staff of the Administrative Office increased from one full-time and one part-time employee to two full-time employees. Before the office had two full-time employees, it had become apparent that they needed extra help at the conventions, which continued to grow. Miss Gibson's sister, Marilyn, made a practice of taking a week's vacation from her newspaper position to work the registration desk, a system that worked well for about five years.

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.

EAI'S JAMES SLAWNY "DID HIS HOMEWORK"

The incoming President, **Dr. H. Whitney Boggs, Jr.**, 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.

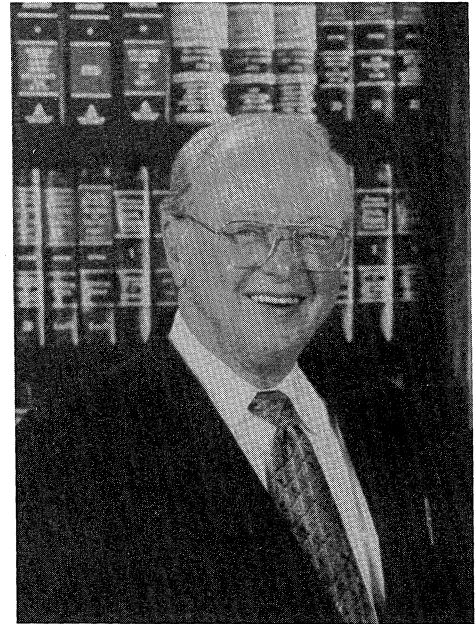
Many of the Society's leaders today see the decision to retain a professional management firm as a critical turning point in the organization's history. "The Council had the courage to take a total, radical departure from past practice. I think that secured the future of the Society. In my mind, it was 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.

"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 Society was not going anywhere without professional management. It had simply gotten bigger than a single person could handle. Jim Slawny and EAI turned our finances around without any compromise of integrity. It was an important point in the maturation of the organization," said Dr. J. Byron Gathright, Jr., of New Orleans, who was President in 1989-90, shortly after EAI assumed management responsibility.

"The Society had to realize that this is a business," added Dr. Whitney Boggs. "We had failed in the past to manage our finances properly. Once we sought professional guidance, it made a great difference in our Society."

The 1987 convention marked the conclusion of the Society's association with P.M. Haeger and Associates, the firm employed to



James R. Slawny

manage the annual meeting since 1980. Council contracted with Executive Administration to provide a full range of management services that would include the convention and all other aspects of Society administration, beginning in 1988, with a transitional year. "Harriette Gibson, our Executive Director, has announced that she intends to retire in 1988," Dr. Boggs said in a message to members. "I could fill this page with praise for her outstanding and devoted work....That is not Harriette's way and I will respect that."

FOND REMEMBRANCES OF MISS GIBSON

In interviews a decade later, many Society members fondly remembered Miss Gibson's unique personal style. "Harriette was a class act," said Dr. Eugene Salvati, who served as Secretary, 1979-1984, and President, 1985-86. "She was someone whose entire life was the Society. As Secretary, I would go to her suite before all the Council meetings at eight o'clock in the morning. She would have an agenda in front of her, and we would go through the entire agenda. Now Harriette had very strong views, most of which were correct, because she knew just about every member of the Society. So she would make her suggestions: 'No, I don't think we should put him up for Council. Yes, I think he would be good for Secretary. No, he'd be a terrible, terrible Treasurer. What are you thinking about?' We would go through the whole agenda making corrections. I would know then what to propose to the Council members once we got started.

*"She did not want to be
in the limelight.
She preferred to be in
the background.'"*

"I never will forget that Harriette would drink a Coke at eight in the morning," Dr. Salvati remembered. "She was the glue that held our Society together. She refused to take any recognition for it. I remember once Council had decided that we were going to honor her in a special manner. At the very last moment, she got wind of it and disappeared. We could not find her. Nobody could find Harriette. She did not want to be in the limelight. She preferred to be in the background," said Dr. Salvati.

Dr. Bert Portin's experience with Miss Gibson was, perhaps, like that of many other leaders over the years of her employment: "I didn't know much about Harriette Gibson until that meeting in Houston," he recalled. "I was walking by the office on an afternoon, and Harriette was having a Coke with some of her colleagues. I sat down and joined them. We got to know each other, and over the years we became very fast friends."

EAI BROUGHT PROFESSIONAL MANAGEMENT EXPERIENCE

The Society's new management firm, Executive Administration, had been founded in 1982 by Mr. Slawny and Joseph J. Lotharius, both of whom had considerable experience in medical and association management. Mr. Slawny held executive positions at the Illinois State Medical Society from 1962-1982, including among his duties the management of a 44-person staff. Both Mr. Slawny and Mr. Lotharius received B.S. degrees in Journalism from Marquette University. Mr. Lotharius brought extensive experience addressing the socioeconomic aspects of medicine. He had also been employed by the Illinois State Medical Society, serving as liaison to governmental health agencies and commercial health insurers. He was involved in setting up peer review committees and helped draft legislation for ambulatory surgical care centers in Illinois.



Stella Zedalis

Stella Zedalis was appointed ASCRS 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. Mr. Slawny became Executive Director and Mr. Lotharius Assistant Executive Director.

The printed program for the 1988 Anaheim, CA, convention was dedicated in the name of Harriette Gibson for "her many years of service." They turned the annual Council dinner into a surprise retirement party, where ASCRS leaders, past and present, took their turn praising Miss Gibson's 31 years of dedicated service to the Society. They also paid her tribute at the dinner/dance where she received a standing ovation from members and guests.

In a written message to members, President **Dr. Frank J. Theurerkauf, Jr.** (1987-1988), of Erie, PA, had announced that Miss Gibson would stay on as a consultant and advisor to the new management firm, Executive Administration, Inc. "EAI is an experienced, dedicated, enthusiastic organization with a proven track record, headed by Jim Slawny and Joe Lotharius. These men have assured us of the personal touch and can be freely contacted by any of our members with any problems that arise," Dr. Theurerkauf said. "Even they admit, though, that no one can replace Harriette, nor can anyone be expected to give us the really close personal touch that she has for so many years."

An Exhibitor Advisory Council, comprising representatives from exhibiting companies, was established in 1988 to maintain and enhance good relations between the Society and convention exhibitors. In another policy change recommended by the new man-

"Stella Zedalis was appointed ASCRS Associate Executive Director, with full-time responsibility for managing day-to-day aspects of the Society's affairs."

“A public relations program was approved, designed to increase public awareness of the specialty through distribution of information pamphlets on various diseases, television announcements, and development of a referral service using an 800-telephone number.”

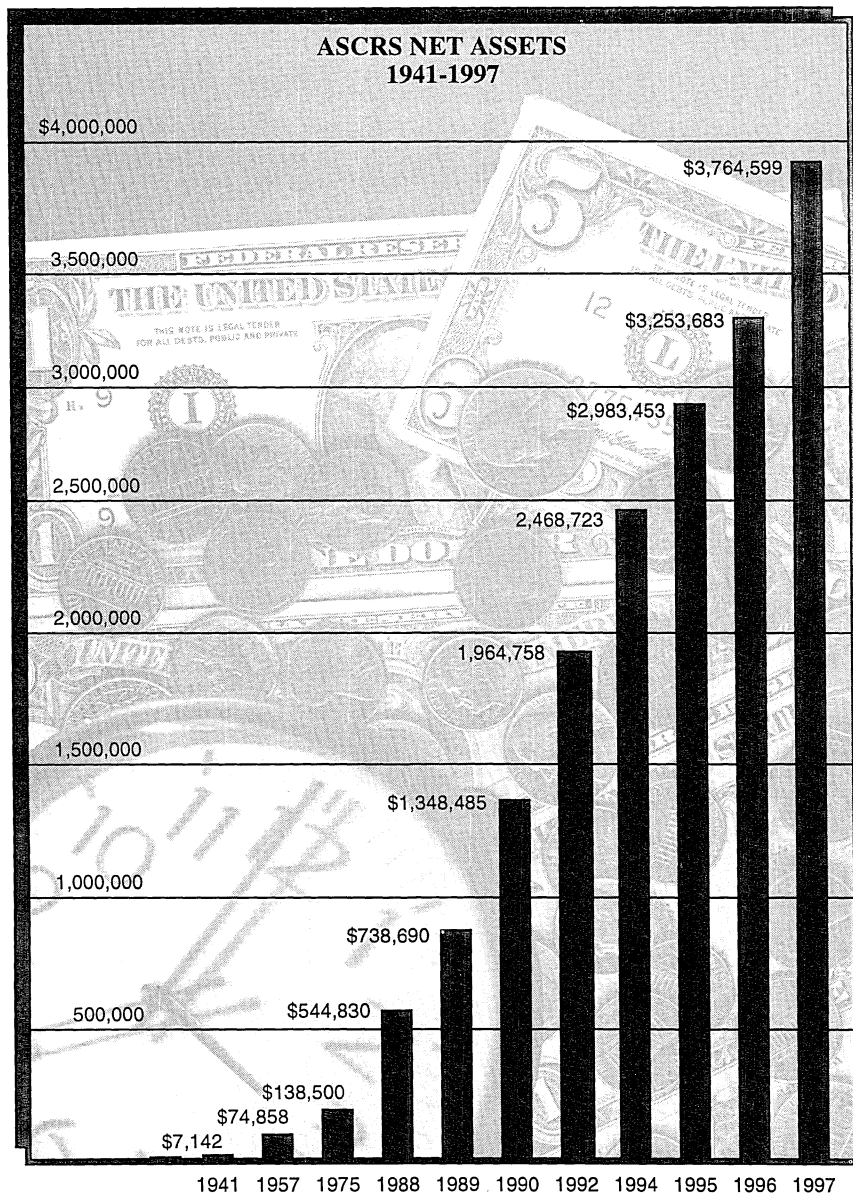
agement firm, Council decided to actively seek more educational grants from commercial suppliers. A public relations program was approved, designed to increase public awareness of the specialty through distribution of information pamphlets on various diseases, television announcements, and development of a referral service using an 800-telephone number. Past President Dr. Whitney Boggs was named chair of the Public Relations Committee.

SOCIETY'S ASSETS GROW

At the 1990 meeting, Treasurer Dr. Philip 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 EAI's management, convention registration doubled and revenue from convention exhibits tripled. By 1997, the Society was attracting support of more than \$400,000 annually from pharmaceutical and surgical equipment firms. At the 1990 meeting, Council approved the concept of allowing commercially sponsored "satellite symposia" at the convention as long as they do not interfere or conflict with regular programming. These symposia added much to total program content in the ensuing years.

Management of the Society had undergone a vast change, moving from a part-time duty of the Secretary to a multimillion dollar management enterprise.

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VII. The Modern Age, 1976-1998: Survival in an Era of “Health Care Reform”

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 be “the cultivation and promotion of knowledge in whatever relates to disease of the rectum and colon.” The Society sought to keep its members up to date on the best methods and techniques to provide the best patient care. Concern about socialized medicine grew during the 1930s and 1940s. 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. The Society devoted more effort to keeping members current about the effect of new or proposed legislation or regulations on their practice and their patients. The ASCRS collaborated with the American College of Surgeons (ACS), American Medical Association (AMA) and other organizations in addressing a range of issues, including professional liability insurance, graduate medical education, physician reimbursement, alternative delivery systems, second opinions, and professional review organizations (PROs).

“The government’s intrusion into medicine grew during the 1970s, and the Society recognized a need to become more involved in socioeconomic issues.”

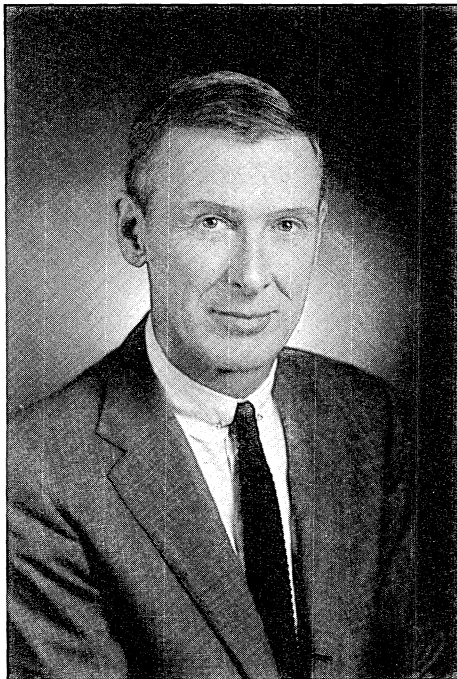


Patrick H. Hanley
1975-1976

Dr. Patrick H. Hanley, head of the department of colon and rectal surgery at the Ochsner Clinic, New Orleans, had become Society President at the 1975 meeting. The convention returned to his home city, New Orleans, for the 1976 meeting, the year of celebration of the nation's bicentennial. Dr. Hanley chose "Bicentennial Reflections" as the topic of his presidential address, tracing the nation's milestones along with the Society's. The main attraction for the social program was a dinner cruise on the Mississippi River aboard the steamer *President*. In November, American voters, growing weary of Washington politics, chose a Washington outsider, former Georgia Governor Jimmy Carter, over incumbent President Gerald R. Ford.

Dr. Hanley was later remembered as one of the Society's most forceful leaders during this period. Dr. Eugene P. Salvati, himself later a Society President, remembered that it was Dr. Hanley who persuaded him to develop a residency in colon and rectal surgery at CMDNJ-Rutgers Medical School. "Pat was a wonderful person. He was sort of a laid back Southern gentleman, but boy was he sharp. I was reluctant to start the residency. I didn't want to do it, but he was very insistent, and I just couldn't say 'no' to Pat."

The journal's second editor, **Dr. John R. Hill**, who practiced at the Mayo Clinic in Rochester, MN, was the Society's 1976-1977 President. In his address to the 1977 convention in Orlando, Dr. Hill warned members to be prepared for changes in medicine and admonished them to take an active interest in medical affairs. The annual dinner dance included a surprise serenade by Dr. Jack McElwain and his wife, Kelly, honoring Dr. Hill and his wife, Louise, who were soon to celebrate their 40th wedding anniversary.



John R. Hill
1976-1977

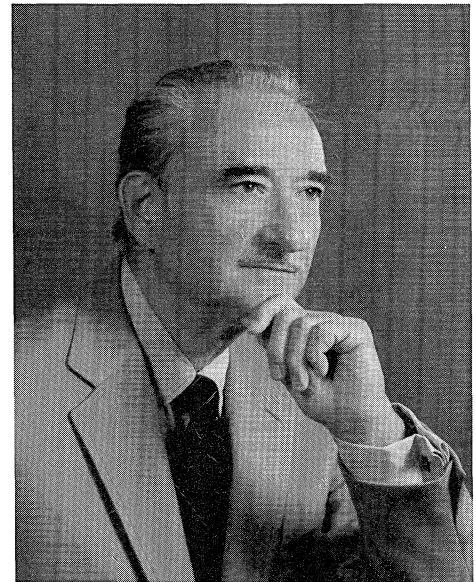
WINDS OF CHANGE

Recording of the scientific sessions was resumed at the 1978 meeting in San Diego, and continues today. To improve the quality of the scientific program, a speaker ready room was added where participants could preview their slides and make any needed last-minute adjustments. President **Dr. Alejandro F. Castro** entitled his presidential address "Eternal Spiral," referring to the winds of change. Forces of change in medicine cited in his address included the Federal Trade Commission's actions to develop more competition in medicine by allowing advertising, the effect of increasing technology, the malpractice problem, the cost of medical care, the availability of medical care, and the erosion of the doctor's image. He suggested a grass roots revolt by doctors and patients to force a reversal of governmental interference.

In world affairs, 1978 was the year the U.S. established diplomatic relations with China, after the Chinese government released 110,000 political prisoners. At the movie theaters, one of the year's biggest hits featured actor John Travolta in "Saturday Night Fever," which also produced a hit song, "Stayin' Alive." And on the stage, "On Golden Pond" had its premiere. In 1982, it became a hit movie starring legendary actor Henry Fonda, who died that same year.

"President Dr. Alejandro F. Castro entitled his presidential address "Eternal Spiral," referring to the winds of change."

President for the 1979 convention in Atlanta was **Dr. Donald M. Gallagher**, of San Francisco, who broke tradition by giving no presidential address. Dr. Gallagher, former Chief of Staff, St. Mary's Hospital and a clinical instructor at the Stanford School of Medicine for 20 years, was later remembered as one of the most influential leaders of his generation. "Don Gallagher was probably the most influential person in the field of colon and rectal surgery during the last half of this century," says Dr. Stanley M. Goldberg, of Minneapolis, who was Society President in 1983-1984.



*Alejandro F. Castro
1977-1978*



*Donald M. Gallagher
1978-1979*

After the Atlanta meeting, over 250 members and guests traveled to London for a Tripartite combined meeting with the Section of Proctology of the Royal Society of Medicine and the Section of Colonic & Rectal Surgery of the Royal Australasian College of Surgeons. Margaret Thatcher became Britain's first woman Prime Minister that year. Festivities included entertainment in the homes of RSM members, a morning coffee at Harrod's department store, a visit to Blenheim Palace, and a formal banquet at Guildhall where Drs. Donald M.

Gallagher and Malcolm C. (Mike) Veidenheimer were awarded honorary fellowship in the RSM.

"Don Gallagher was probably the most influential person in the field of colon and rectal surgery during the last half of this century."

In 1980, the Society returned to the Diplomat Hotel in Hollywood, FL, for its meeting. A small electrical fire forced evacuation of the exhibit hall and kept it closed for two days, but scientific sessions continued. In his presidential address, **Dr. Stuart H.Q. Quan**, of New York City, urged members to participate more active-



*Stuart H. Q. Quan
1979-1980*



Winds OF CHANGE

Winds of Change in Society's Emphasis

1978

Federal Trade Commission allows
physician advertising

1985

"What is a Colon & Rectal
Surgeon?," first in series of patient
information pamphlets, published

1987

Special Congressional lobbying
day in Washington

1988

Executive Council forms
Socioeconomic/Legislative
Committee

1989

Colorectal Advisory Corporation
established for claims review

1990

Convention press packet
distributed nationwide

1991

President Dr. Peter Volpe urges
members to "make a dent"

1995

National Media Award program
established

ly in the Society's programs. In a separate pre-convention message, he discussed the increasing complexity of the relationship between medicine and government. "It is nearly impossible to keep abreast of the federal rules and regulations proposed which would affect us all in areas of manpower distribution, both by specialty and geography, or which pertain to graduate medical requirements," he said.

The election of Ronald W. Reagan in November marked a new era in American politics characterized by a desire to reduce the intrusion of government into business and other areas and to reduce taxes. "The Reagan revolution" started the next year with a \$37 billion tax cut. Other news highlights of 1981 included the storybook wedding of Britain's Prince Charles and Lady Diana, and assassination attempts on both President Reagan and Pope John Paul II. One of the year's best movies was "Chariots of Fire."

SELF-ASSESSMENT EXAMINATION

A new convention location, the Broadmoor in Colorado Springs, was chosen for the 1981 meeting. The scientific program included an instructional course in the use of the flexible sigmoidoscope, which had been very popular the previous year. The Society's self-assessment examination was then offered as part of CARSEP (Colon and Rectal Surgery Educational Program). CARSEP included a 250-question-and-answer study Syllabus, a 100-question examination based on the Syllabus, and a booklet containing the correct answers, references, and critiques for that examination. Dr. Frank J. Theuerkauf, Jr., Chair, and the Self-Assessment Committee, devoted many hours to preparing these materials. Publication of a sponsored convention newsletter was inaugurated at the 1981 meeting and continued for years afterward. Outside activities included tours of Pike's Peak, the Royal Gorge, and the Air Force Academy, and a visit to a working dude ranch, where a western style barbeque dinner was served followed by a country western stage show.

Society President **Dr. Malcolm C. Veidenheimer** (1980-1981) entitled his presidential address "Who Dug Your Well?" It was later remembered as one of the most memorable in the Society's long history. He discussed predecessors who had influenced him the most, mentioning Sir William Lane, Drs. A.W. Martin Marino, Sr., Neil W. Swinton, Rupert B. Turnbull, and Harry E. Bacon. He said we all stand on the shoulders of such leaders and quoted a saying by Chou En Lai that is appropriate to his theme: "When you are drinking the water, don't forget the people who dug the well."

In a message to members, Dr. Veidenheimer commented briefly on the Society's growth: "Although it is not necessarily true that big-

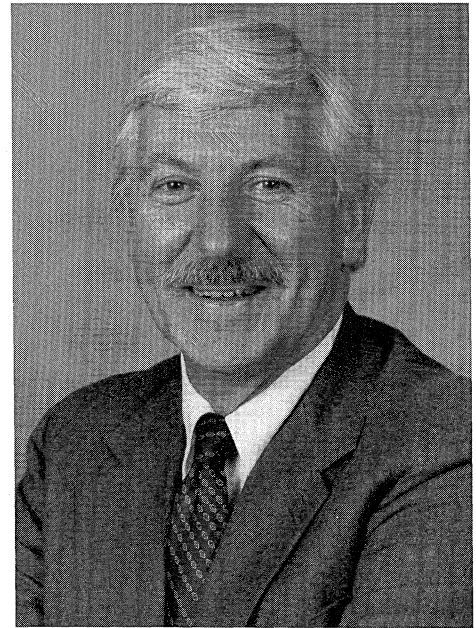
ger is better,” he wrote, “certainly the growth of our Society has been a measure of good health. The growth has been necessary in order to maintain a position of stature amongst sister organizations throughout the country. Such growth has not been achieved with any loss of quality of our membership. It is, however, more difficult for us to maintain that close, warm personal relationship with each other when the numbers have become so large. I would urge each of you to build upon the common bond of professional activity that affords the opportunity to develop friendships within our Society. Such friendships have been one of the major rewards for me and my involvement with the American Society of Colon and Rectal Surgeons.”

“He said we all stand on the shoulders of such leaders and quoted a saying by Chou En Lai that is appropriate to his theme: ‘When you are drinking the water, don’t forget the people who dug the well.’”

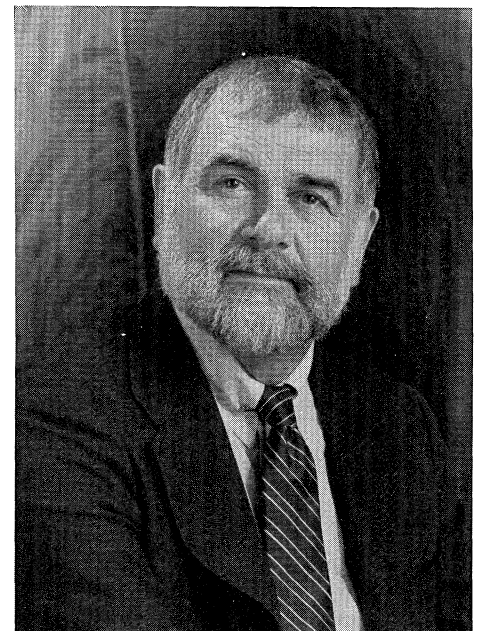
The Society returned to San Francisco for the 1982 meeting. It marked the beginning of the annual Harry E. Bacon Lectureship, funded by the Harry E. Bacon Foundation in recognition of Dr. Bacon’s contributions to the specialty and the Society. Approval of an important change in Bylaws made certification by the ABCRS a prerequisite for Fellowship. Surgeons certified only by the ABS could no longer qualify. During the year, the Administrative Secretary, Harriette Gibson, was named Executive Director. The *DC&R Journal* began carrying self-assessment questions and answers in each issue. Council also approved increasing publication of DC&R to monthly, beginning in 1983.

FRIENDLINESS OVERAWED YOUNG DR. PORTIN

In his presidential address at San Francisco, **Dr. Bertram A. Portin** (1981-1982), of Buffalo, NY, gave an in-depth discussion of self-assessment and self-education. He mentioned the value of Society meetings, the journal, and other professional education opportunities. In an interview some 15 years later, Dr. Portin remembered his early participation in the Society’s activities: “Dr. Willard Bernhoft invited me to my first meeting in 1959 in Atlantic City. I was passing a table of gentlemen at lunch, including Dr. Bernhoft. Dr. Karl Zimmerman (President in 1958-59) and Curtice Rosser (President in 1932-33) were at the table, along with two or three of the Society’s other most prominent members. They asked me to sit down and join them for lunch. I was overawed by this, and it is something that stayed with me through my long history with the Society—the outgoing friendliness and willingness to associate with



*Malcolm C. Veidenheimer
1980-1981*



*Bertram A. Portin
1981-1982*

ASCRS

American Society
of Colon and Rectal Surgeons

80TH ANNUAL MEETING
& EXHIBITION

JUNE 7-11, 1981
THE BROADMOOR
COLORADO SPRINGS, COLORADO

younger members and bring them into the fold.”

In that later interview, Dr. Portin remembered Dr. Bernhoft, his mentor at Buffalo General Hospital who brought him into the specialty, and Dr. Norman Nigro as the two people who had most influenced his professional development. “Dr. Mike Veidenheimer gave a presidential address a number of years ago in which he talked about who dug your well. These two people certainly had a great deal of influence in digging my well,” Dr. Portin said.

Poster presentations were an innovation at the 1983 convention in Boston. So many good abstracts were being submitted that the Program Committee could not present them all from the podium. Posters have been a program fixture ever since. A special presentation at the convention, “Courtrooms Are For Lawyers, Not Doctors,” reported on an analysis of 70,000 closed malpractice claims and offered patient injury prevention tips. The presenter, Dr. Donald W. Aaronson, of Chicago, is both an allergist and an attorney.

“Poster presentations were an innovation at the 1983 convention in Boston. So many good abstracts were being submitted that the Program Committee could not present them all from the podium. Posters have been a program fixture ever since.”

In his presidential address, **Dr. Eugene S. Sullivan** (1982-1983), of Portland, OR, discussed the specialty’s status in academia. He recalled the major milestones in development as a specialty, with emphasis on residency programs and educational opportunities. He wondered why colon and rectal surgery was not better represented in academic surgery. He noted the concern for fragmentation shown by some academic departments of surgery and the tendency to have sections of gastrointestinal surgery. Though offering no solution, he asked members to do what they can to increase the specialty’s presence in academic centers.



Eugene S. Sullivan
1982-1983

Important milestones in 1983 included the honoring of Mrs. Mildred Truax for 25 years of service in the DC&R Journal office and presentation of the Clifford Emerson Hardwick Award to Executive Director Harriette Gibson, also in recognition of 25 years of service. The Boston meeting set a record for exhibitors, with 92 booths featuring displays from nearly 70 companies. The social program included an evening at the Boston Pops, then conducted by Arthur Fiedler.

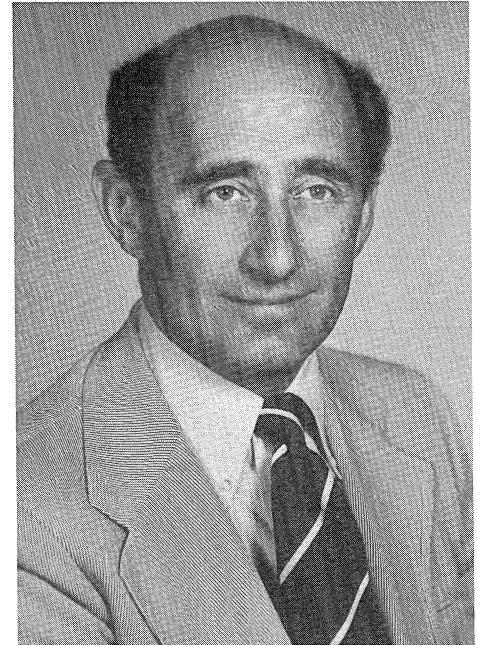
85TH ANNIVERSARY MEETING FEATURES PROGRAM INNOVATIONS

The celebration of the Society's 85th anniversary in a Tripartite combined meeting of the Society, the Royal Society of Medicine, Section of Colo-Proctology, and the Section of Colon & Rectal Surgery, Royal Australasian College of Surgeons, an event that occurs only once in a decade, marked the 1984 convention as a very special event. This 85th anniversary meeting was held in New Orleans, which was then hosting a World's Fair. Program chairs were Drs. Lee E. Smith (1998-1999 President) and Philip H. Gordon (1994-1995 President). A "Consultant's Corner," where a panel of experts discussed interesting cases submitted by members, and a video theater were added to the program. The Society joined the Coalition of Digestive Disease Organizations, a Washington-based group that provides a lobbying voice in Congress. In the following years, the need to maintain a close monitor on Washington activities increased, and the Society actively participated with related organizations, including the American College of Surgeons and the American Medical Association.

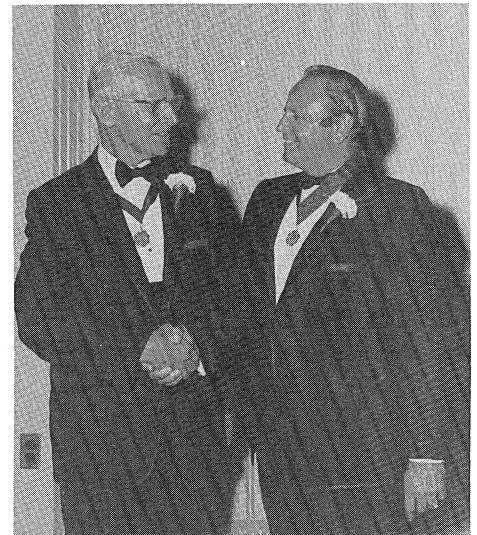
In a distinctive presidential address, **Dr. Stanley M. Goldberg** (1983-1984), of Minneapolis, MN, noted that 35 years earlier George Orwell had published the novel *1984*, predicting an eerie future that had partly come true. Dr. Goldberg reviewed the growth of the specialty over that 35-year period and looked ahead to 2019. Of utmost importance to the future of the specialty, he emphasized, will be developing new and expanding existing colon and rectal residency programs. Dr. Donald Gallagher entitled his Mathews Oration, "Are We Listening?" Physicians had not been listening to patients' justifiable concerns about the increased costs of health care, he said. Dr. Gallagher said hospitals and doctors are interdependent more than ever before. They should have mutual respect and a common purpose to provide quality care at a fair cost.

Officers elected at the 1984 New Orleans meeting included the first president to follow his father in the office, **Dr. A.W. Martin Marino, Jr.** (1984-1985), of Brooklyn, NY. His father, Dr. A.W. Martin Marino, Sr., had been 1954-55 President. The 1985 meeting returned to San Diego. One of the most provocative program innovations was the "Star Wars" session with presentations on ultrasound and laser technology.

The year 1985 was another busy one for the Society. Two surveys were completed, one on flexible endoscopic procedures and fees and another on malpractice. "The cost of malpractice insurance has escalated to the point where young surgeons can't afford to enter



*Stanley M. Goldberg
1983-1984*



*Two generations of ASCRS Presidents:
Drs. A.W. Martin Marino, Sr. (1954-55)
and A.W. Martin Marino, Jr. (1984-85)
on the occasion of an ASCRS annual
dinner dance.*

private practice in some areas and seasoned surgeons are taking early retirement,” Dr. Marino said. The Society accepted an invitation to participate in a Harvard University/AMA project to develop a resource-based relative value scale (RBRVS) for the federal Health Care Financing Administration (HCFA). It was a prelude to restructuring physician reimbursement by the government.



President Ronald Reagan, recovering from colon cancer surgery in Bethesda Naval Hospital, meets with Chief of Staff Donald Regan and National Security Advisor Frank Carlucci. Archive Photos

“Never before has health care policy been so influenced by government, the insurance industry and ‘administrators,’” Dr. Marino said in a message to members. “The medical profession is being told who can be admitted to the hospital and for how long. Recognized surgical indications are being challenged.... ‘Quality assurance’ is now the watchword and physicians and surgeons are called ‘providers.’”

“The Society published What is a Colon & Rectal Surgeon?, the first of a series of patient information pamphlets available for purchase for use in physicians’ offices.”

The Society published “What is a Colon & Rectal Surgeon?,” the first of a series of patient information pamphlets available for purchase for use in physicians’ offices. Public attention focused on the specialty as never before when President Ronald Reagan underwent successful surgery for colon cancer. The Society’s current President, Dr. Lee E. Smith, assisted in the surgery at Bethesda Naval Hospital. Dr. Robert W. Beart, Jr. (President 1991-92) con-

ducted the pre- and post-operative colonoscopic examinations of Mr. Reagan. In London, 1985 marked the 150th anniversary of St. Mark's Hospital, the institution that had trained many of the Society's founders and early leaders. Dr. Herand Abcarian, of Chicago, represented ASCRS at the ceremonies.

Dr. Marino's presidential address spoke of the strong foundation forged by the Society's forebears, which strengthens members' ability to cope with the revolutionary changes governmental intervention is imposing on the practice of medicine. Dr. Marino warned that this is a challenge physicians are forced to meet if the independence of medicine is to be preserved. The Society must lead the struggle for efficient and compassionate change, or governmental agencies will make those decisions for physicians, he said.



Eugene P. Salvati
1985-1986

The annual banquet featured a "This is Your Life" style introduction of the incoming President, **Dr. Eugene P. Salvati** (1985-1986), of Plainfield, NJ. It began with a picture of Dr. Salvati at age 15 in his Boy Scouts' uniform and chronicled major events in his life. At the 1986 annual meeting in Houston, TX, a proposal to amend the Bylaws to allow elevation to Fellowship of a member who does not devote 100 percent of practice to colon and rectal surgery was again defeated. For the first time, the Program Committee, chaired by Dr. Samuel B. Labow, used a "blind"

selection process, choosing scientific papers without knowledge of the identity of authors. It became the standard procedure. Recognizing that the Society would be 100 years old in little more than a decade, Council appointed a Committee on History to collect material of historical significance and interest.

"For the first time, the Program Committee, chaired by Dr. Samuel B. Labow, used a 'blind' selection process, choosing scientific papers without knowledge of the identity of authors."

In other action, Council Member Dr. Robert W. Beart, Jr., then of Rochester, MN, was selected to succeed Dr. Hill as the next Editor of DC&R, to take office in 1987 after a transitional year. To build a financial reserve equivalent to a year's operating expenses, Dr. Salvati asked members to contribute special "sustaining dues." Contributions exceeded \$100,000.

hot,
sticky

High 88, low 62
Partly cloudy Monday
Details on Page 2A

Detroit Free Press

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Volume 155, Number 71

ON GUARD FOR 154 YEARS

Sunday, July 14, 1985

Reagan surgery a success

Bush got power at Reagan's request

By OWEN ULLMANN and KEN FIREMAN
Free Press Washington Staff

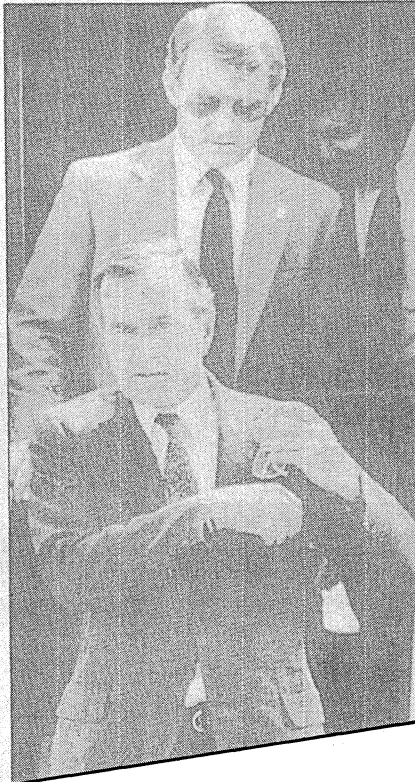
WASHINGTON — For nearly eight hours Saturday, George Herbert Walker Bush made history by serving as the first acting president of the United States.

The temporary transfer of power was ordered by Reagan in identical letters to House Speaker Thomas O'Neill Jr., D-Mass., and Senate president pro tempore Strom Thurmond, R-S.C., which the president signed at 10:32 a.m. in his suite at Bethesda Naval Hospital. Bush was notified of the transfer at 11:50 a.m.

It ended at 7:22 p.m., four hours after Reagan came out of an operating room at the hospital, when he signed another set of identical letters to O'Neill and Thurmond reclaiming his authority as president.

The first set of letters gave Bush full constitutional powers to act in Reagan's place, presumably including authority over the classified codes that could launch the nation's nuclear arsenal.

But during his brief tenure as
See BUSH, Page 14A



special report

Washington was nervous as Reagan went under the knife.

George F. Will

Presidential Luck

Luck is a commodity that can take fortunate caroms into various corners of a nation's life. The President's brush with cancer was good luck for thousands of Americans whose lives will be saved by it. And because of it, the nation will learn that in Ronald Reagan's long run of good luck, the luckiest event was Reagan's brush with cancer will illustrate the fact that the misfortunes of the famous can be fruitful for the

In Neil Simon's "Brighton Beach Memoirs," Eugene, 14, mentions Aunt Blanche: "You see, her husband, Uncle Dan, died six years ago from this thing. They never say it was (he whispers) cancer! I think they're afraid if they said it out loud, God would say, 'I heard that! You said the dread disease. Just for that, I smite you down with it.' There are some things that grown-ups just won't discuss."

For many cancer patients, the reticent awkwardness of acquaintances to the burden

sible eating, use of seatbelts, non-use of motorcycles, early detection of diseases and conditions such as high blood pressure).

Fortunately for the president, and for a nation fixated by the presidency, the first lady is a doctor's daughter who, if the 25th Amendment provided for transferring power to First Ladies, could have proven, in just eight hours, how formidable a person in a size four dress can be. In George Bush's eight hours as acting president, the deficit increased \$200 million. Nancy never would have allowed that.

One of her grandest attributes is her laugh, which is surprising because

No cancer found; tests continue

By DAVID HESS and OWEN ULLMANN
Free Press Washington Staff

BETHESDA, Md. — President Reagan said he felt "fit as a fiddle" Saturday evening after surgery to remove a large tumor from his colon, and his surgeons said there were no initial signs of cancer in the 74-year-old chief executive.

Less than four hours after coming out of surgery, Reagan felt strong enough to sign letters taking back the powers of his office, which he had temporarily transferred to Vice President George Bush earlier in the day.

White House spokesman Larry Speakes said Reagan signed a declaration that "I am able to resume the discharge of the constitutional powers and duties of the President of the United States."

That ended an seven-hour, 54-minute period during which Bush was officially acting president, with full authority, including as commander-in-chief of the armed forces.

Speakes said that the president's surgeon, Navy Capt. Dale Oiler, told Reagan and his top aides that "if the president needed to make a decision, he could make it." Speakes added that Oiler described Reagan as "conscious and oriented. His vital signs are good."

THE EARLY-EVENING announcement came at the end of a day that began with tension and concern over the 74-year-old president's condition and ended with one doctor saying he might be back riding horses within a month.

Reagan's doctors said that a visual examination of Reagan's large intestine and surrounding organs indicated that the tumor had not spread beyond the cecum — where the small and large intestines join.

Oiler, who headed the five-man team that removed a two-foot section of Reagan's colon containing the tumor, said there was "no sign of cancer whatsoever." Oiler added that his patient was "doing beautifully."

But the physicians emphasized that they will not be able finally to rule out a cancer diagnosis until Monday, when tests on the



AP Photo
First Lady Nancy Reagan is escorted as she arrives Saturday at Bethesda (Md.) Naval Hospital. Before the president went into the operating area, they told each other, 'I love you.' A story is on Page 13A.

Doctors to examine tissues from surgery

By NANCY R...

Free Press Staff

Doctors during President Reagan's 53-minute microsurgical removal of cancer.

Those several chowchowl surgery. But Reagan should

ing.

Reagan's Recovery Nearly Free Of Trouble

PRESIDENT, From A1
on vacation." Bush repeatedly used the phrase "life goes on." At the hospital

the president's operation

DETROIT FREE PRESS/SUNDAY, JULY 14, 1985 15A

Colorectal cancer is 2d-deadliest type among older men

By PATRICIA MONTEMURRI
Free Press Staff Writer

About 138,000 Americans will be diagnosed in 1985 with colorectal cancers, and an estimated 58,000 to 60,000 people whose cancers may have been discovered years ago will die of the disease this year, American Cancer Society figures suggest.

Colorectal cancer is the second-most-common cause of death from cancer in men over 40, behind lung cancer, said Dr. Norman Nigro, a

Harper Hospital colorectal surgeon who is the national secretary of the American Board of Colon and Rectal Surgery.

In women over 40, colorectal disease is the third-deadliest cancer, behind breast and lung cancers, Nigro said.

BUT THE AMERICAN Cancer Society figures do not mean that President Reagan would be in that category if tissue tests indicate there is cancer in

Dr. Norman Nigro said studies indicate diet plays a large role in the development of colorectal cancers.

the polyp or tissue removed from his colon Saturday, Nigro said.

About 1,000 doctors nationwide are certified as colorectal specialists, Nigro said. But the operation performed on

Reagan can be performed by general surgeons, as was the case in Reagan's operation Saturday. A colorectal specialist was at Saturday's surgery, but the chief surgeon was not a colorectal

specialist.

"My guess is that there isn't any cancer, or even if there is microscopic cancer, it wouldn't change the treatment or the prognosis," said Nigro.

"It's a pre-cancerous lesion. But it's very soft and doesn't produce any symptoms. He would likely have had cramps or other symptoms if it was a hard, cancerous growth. . . . A cancer or a lesion that's all growth would be hard to touch."

Reagan's type of polyp resembles a

cauliflower and has fronds like a fern, said Nigro, who also is a clinical professor of surgery at Wayne State University.

Nigro said studies indicate diet plays a large role in the development of colorectal cancers.

"The factors in diet, as far as we can tell now, (contributing to greater incidents of colorectal cancer) are high in fat, too low in fiber, and too low in vegetables (that provide fiber)," said Nigro.

Consensus: early colonoscopy not indicated Experts support Reagan's care

"Polyp — A morbid excrescence, or protruding growth, from mucous membrane..."
— Dorland's Medical Dictionary

The President's Polyps

Controversy Over Colonoscopy and Increased Public Awareness of Colon Cancer Emerge

WASHINGTON, DC—As President Reagan recovers from his colon cancer surgery, the controversy over his care has subsided, if not resolved. Everyone agrees he should have undergone colonoscopy earlier, but where the fault it was that he did not will probably never be known.

In the midst of the public's concern for the President's health, a new awareness of the importance of screening and early detection of colon cancer has arisen. "What Betty Ford and Happy Rockefeller did for breast cancer, President Reagan is doing for colon cancer," averred one expert.

Although many physicians publicly decried "second guessing" the President's doctors, many privately expressed the opinion that they had simply been too conservative in not ordering a full col-

onoscopy and barium enema studies after the first polyp was detected. This lack of further investigation may have reflected the older belief that a small benign polyp is an inconsequential finding rather than a signal that the entire bowel is at increased risk of neoplastic disease.

Other critics of the President's course of treatment believe that it was a reflection of the less than first-rate care practiced at military hospitals.

At the end of July, the Department of Defense announced that performance of military hospitals would be checked by civilian experts.

The debate concerning the cost-effectiveness of colonoscopy as a mass screening procedure would certainly not apply to the President, especially because of his advanced age. The assertion that the

see PRESIDENT REAGAN, page 9

ny growths, usually no more than one-sixth of an inch in diameter, in many ways remain a mystery, particularly in the mechanisms of degeneration into adenomas, or potential malignancy, when a large cancerous polyp, Ronald Reagan, 74, the demand for an off guard.

Colon polyps previously had been discovered in the President in May, 1984, and again in March, 1985, which subsequently was confirmed by a medical and political controversies.

At the July 13 two-hour, 53-minute procedure, in which two feet of the colon was removed, the President's medical team estimated that he had a 50% chance of completely being cured by the surgery and would live out his normal lifespan, or five years and beyond.

(Md.) Naval Hospital, chief of surgery at the

at the cecum. Steven Rosenberg, MD, chief of cancer surgery at the National Cancer Institute of the National Institutes of Health, Bethesda, and a participant in the conference, joined Dr. Oller at the 45-minute press conference.

Dr. Rosenberg explained that the President's cancer had invaded the muscle wall of the bowel, had been classified as a Dukes-B lesion, and had left the patient with a "certainly greater than 50%" likelihood of five-year survival. Dr. Oller told the news conference that the "right hemicolectomy specimen contained adenocarcinoma confined within the muscle of the bowel

Surgery advances cancer prevention.—page 35

wall, such that there was no evidence of spread of the cancer within the villous adenoma to the pericolic fat, the vessels, 15 lymph nodes, many sections of those, and the nerves."

In the future, Dr. Rosenberg said, the President will have to undergo cancer tests in a "regular, methodical, periodic fashion to be sure that no evidence of spread appears." These will include colonoscopies, blood tests, CAT scans, x-rays, and stool specimens.

The President reportedly told his medical team, "Well, I'm glad that that's all out," and he made what Oller termed a "superlative recovery," returning to the White House July 20, exactly one week after surgery.

a healthy sense of humor

DETROIT FREE PRESS

July 18, 1985



White House Photo via AP

President Reagan laughs during a visit to the hospital by Vice-President George Bush and Chief of Staff Donald Regan.

Reagan put on liquids, meets aides

By DAVID HESS
Free Press Washington Staff

WASHINGTON — President Reagan began a liquid diet Wednesday and swapped jokes with Vice-President George Bush as he continued his recovery from surgery on Saturday for removal of a cancerous growth in his lower intestine.

Though suffering some discomfort from the operation, Reagan took short walks in the corridor outside his room at Bethesda Naval Hospital, sat up to read

and watch television, and met with aides.

White House spokesman Larry Speakes said Reagan conferred Wednesday morning with Bush, chief of staff Donald Regan and counselor Craig Fuller for 45 minutes. It was his first post-surgery meeting with officials other than Regan.

Regan briefed Reagan about congressional wrangling over the budget, Speakes said, and they reviewed the legislative

prospects for the president's tax revision package.

Speakes said the president underlined his concern about the budget negotiations and directed Regan to tell House and Senate conferees that "we have to show real dollars in domestic spending savings. That's the only way to go. Tell them that."

The conversation took place before the congressional talks broke down in acrimony.

See PRESIDENT, Page 12A

Reagan gets solid food, feels 'great'

By TERENCE HUNT
Associated Press

WASHINGTON — Dressed in blue pajamas and a robe, President Reagan flashed an OK sign from a hospital window Thursday in his first public appearance since cancer surgery, but indicated he did not know when he would return to the White House.

With his wife, Nancy, at his

Detroit Free Press, July 18, 1985

Detroit Free Press, July 18, 1985

MEDICAL EDUCATION IN CRISIS

In a January 1986 message to members, Dr. Salvati 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 I See It” was the title of Dr. Salvati’s characteristically candid presidential address. He reviewed the 30-year period of his professional life as a colon and rectal surgeon and discussed technological advances that paralleled the specialty’s growth in recognition and stature. Rapid advances in the colonic part of the specialty’s work included the introduction of colonoscopy, sphincter-saving rectal operations, ileoanal anastomoses, and pouch procedures.

Dr. Salvati urged surgeons graduated in the previous 10 to 15 years to remember their heritage, expressing concern that the anorectal part of the specialty could suffer neglect. He said that if colon and rectal surgeons fail to do good anorectal work, the specialty could lose its identity. He urged members to resist the temptation to move beyond the ligament of Treitz into gastrointestinal surgery. Finally, he urged young members to become involved in teaching others “for therein lies the greatest gratification that one can experience.”

“Dr. Salvati urged surgeons graduated in the previous 10 to 15 years to remember their heritage, expressing concern that the anorectal part of the specialty could suffer neglect.”

Years later, Dr. Salvati recalled a regrettable misunderstanding that marred the delivery of the 1986 Mathews Oration: “Alex [Dr. Alejandro F.] Castro was giving the oration. One my former residents, Dr. Samuel Labow, was Program Chairman, and he was a stickler for keeping people on time. He had informed the projectionist that the screen was to go blank and the sound to go dead 15 minutes after the speaker started, if he or she was allotted 15 minutes, or 10 minutes, if it was a 10-minute presentation. I was sitting in the front row listening to Alex give a good talk [entitled “The Plight of Medicine”]. When 15 minutes came around, the microphone went dead, the screen went dead, and Alex said, ‘I guess they want me to stop!’ He grabbed his papers and left the platform. Alex was a great guy. He is one of few people I have known who was President of the Society and President of the ABCRS at the same time. I haven’t seen him on one of our platforms since that day.”

Dr. Castro’s Mathews Oration included one of the first important

commentaries on the growing malpractice problem. He reviewed the history of punitive action against surgeons. The first appeared in the Code of Hammurabi, which said that if a surgeon caused the death of a man his hands would be cut off. In the U.S., the first malpractice case occurred in 1794, and the plaintiff won. Since then, the number of cases increased only gradually until recently. He listed 12 areas that need to be addressed, one of which was the idea of no-fault insurance. He concluded that only after surgeons have successfully solved the malpractice problem will the doctor-patient relationship of decades past return.

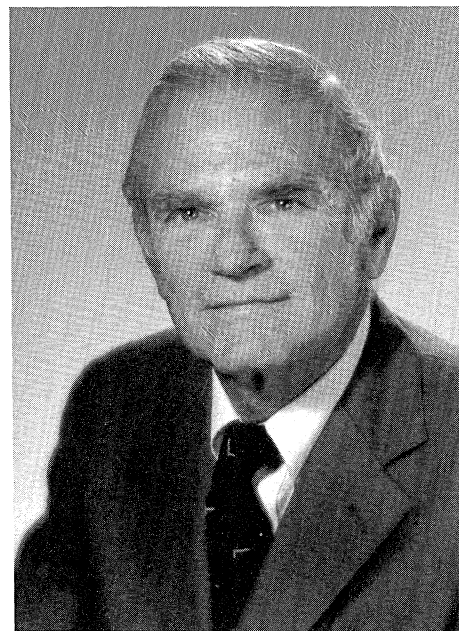
The 1987 convention was held in Washington, DC, allowing many members to participate in a special Congressional lobbying day to promote allocation of funds for anorectal research. Reports presented to the annual meeting again highlighted activities the Society had undertaken on its own and with ACS and AMA to address issues such as physician payment reform, professional liability, alternative delivery systems, funding of graduate medical education, and peer review organizations. President Ronald Reagan, who had undergone surgery for colon cancer two years earlier, was invited to address the convention but could not attend.

NEED TO EDUCATE PUBLIC ON WHAT COLORECTAL SURGEON IS

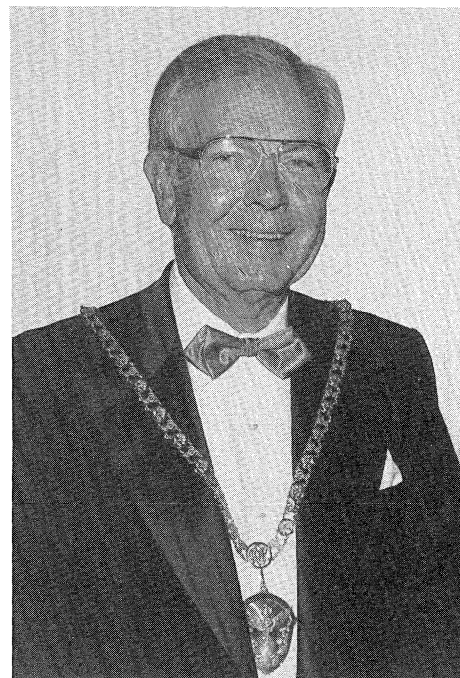
As President, **Dr. H. Whitney Boggs, Jr.** (1986-1987), of Shreveport, LA, took a special interest in the need to educate the public “as to exactly what a colorectal surgeon is. The fact is that many of our citizens don’t know we exist,” he wrote with some annoyance in a message to members. “Those that 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.

The 1988 convention in Anaheim, CA set a record. More than 1,400 members, guests and exhibitors participated. A record 109 exhibit booths were occupied by a record 81 companies. A special new feature of the program was “Update on Core Subjects,” created with recertification in mind. A new Norman Nigro Research Lectureship, funded by the Research Foundation, was added, honoring Dr. Nigro for his research in the prevention of large bowel cancer and his contributions to the specialty and the Society.

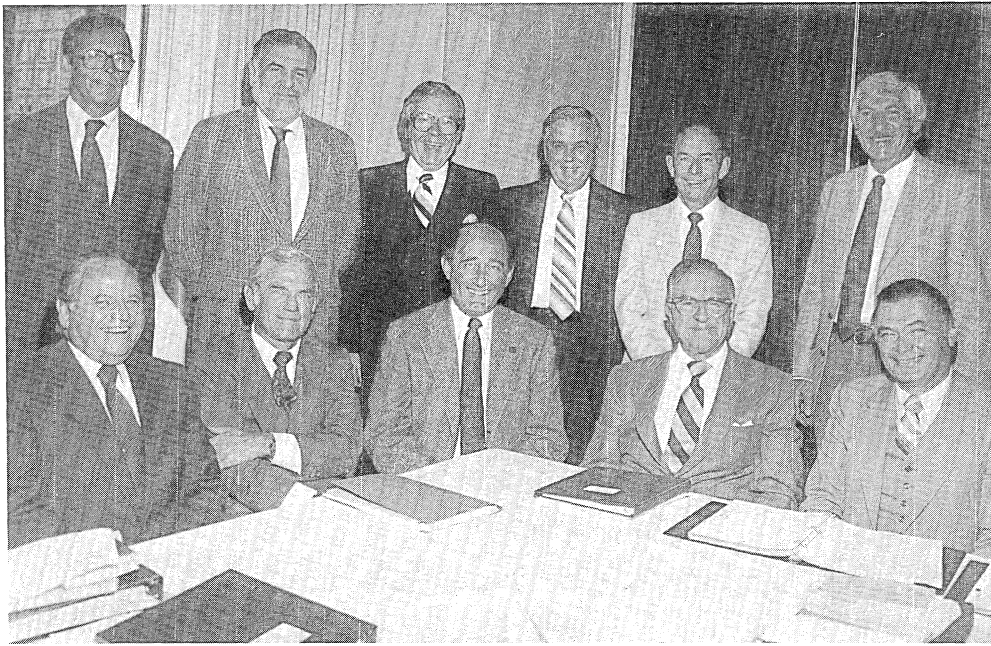
In his 1988 presidential address, **Dr. Frank J. Theuerkauf**



*H. Whitney Boggs, Jr.
1986-1987*



*Frank J. Theuerkauf, Jr.
1987-1988*



ABCRS Meeting

October 1987, Detroit, Michigan

Back row (left to right): J.J. DeCrosse, B.A. Portin, F.J. Theuerkauf, Thomas G. Fox, G. Bruce Thow, Malcolm C. Veidenheimer.

Front row (left to right): A.W. Martin Marino, Jr., H. Whitney Boggs, Stanley M Goldberg, Norman D. Nigro, Eugene S. Sullivan.

(1987-1988), of Erie, PA, used a crystal ball to offer predictions on the future: Government regulation, income from practice, and insurance to practice are all going to get worse, he said. Funding for residency programs may be stopped, so the Society will have to pay for them. Recertification and drug testing of doctors are coming, he predicted. His crystal ball said that colon and rectal surgery will separate almost completely from general surgery. He warned young people in the specialty

not to do general surgery and urged greater support for the Society.

“There have been subtle moves to eliminate Colon and Rectal Surgery as a primary specialty and place it as part of a proposed specialty in gastrointestinal surgery, or to relegate it to a special certificate as part of general surgery,” Dr. Theuerkauf wrote to members. “These moves would only serve to reduce the quality of care in our field because they would ‘spread out’ colon and rectal cases, thereby reducing volume and experience for each individual surgeon. This might even force those general surgeons who now have a high interest in colon and rectal surgery to suppress that interest for sur-

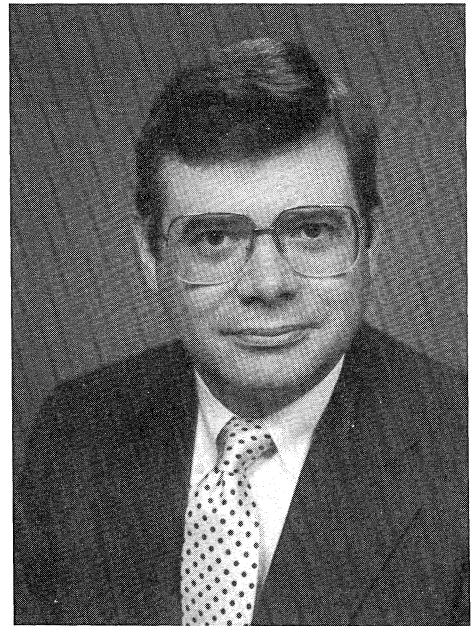


Members attending the 1987 annual meeting in Washington, DC, participated in a special Congressional lobbying day.

vival. We cannot let any of these things happen!," he emphasized.

"There have been subtle moves to eliminate Colon and Rectal Surgery as a primary specialty and place it as part of a proposed specialty in gastrointestinal surgery, or to relegate it to a special certificate as part of general surgery..."

A remarkable reduction in Cold War tensions that was soon to lead to the dissolution of the Union of Soviet Socialist Republics, combined with the promise of continued prosperity with no increase in taxes, helped to carry Vice President George Bush to victory over Democrat Michael Dukakis in the November election. President Bush ordered 400,000 American troops to the Persian Gulf region, where they won a swift victory in a ground assault on forces commanded by Iraq's rebellious Saddam Hussein.



Dr. Bernard T. Ferrari developed the Colorectal Advisory Corporation concept.

MALPRACTICE REVIEW: COLORECTAL ADVISORY CORPORATION

At the 1989 annual meeting in Toronto, Ontario, Canada, the concept of a malpractice review board finally came to fruition. First mentioned in 1985, the idea had been modified and refined by Council, with the help of legal counsel. The result was Council's recommendation to establish a wholly owned, for-profit subsidiary, the Colorectal Advisory Corporation (CAC) to act as a claims review organization. Upon request, the CAC would render unbiased opinions on standards of care provided to patients with colon and





*Herand Abcarian
1988-1989*

rectal diseases. They designed it as a model for other medical specialty societies. Dr. Bernard T. Ferrari, who then worked in New Orleans and has since moved to Los Angeles, developed the CAC concept.

President **Dr. Herand Abcarian** (1988-1989), Chairman of the Colon and Rectal Surgery Department at Cook County Hospital, Chicago, delivered an inspiring address to the Toronto convention entitled "United We Stand." It was a call for unity among colon and rectal surgeons in all nations. To achieve unity will require removal of language barriers, boundaries, and prejudices, he said. He urged members to get involved helping resolve the difficult medical socioeconomic issues, a call that was to be repeated often in the 1990s. "We must provide our share of free medical service," Dr. Abcarian said. He concluded by saying he is optimistic about the future, though the road may not be smooth.

"Recertification remained a controversial issue on which Dr. Abcarian provided forthright leadership."

Recertification remained a controversial issue on which Dr. Abcarian provided forthright leadership. "Why do we need certification? Because the public demands it as a 'quality assurance' issue," he wrote in a message to members. "We expect fairly soon that re-licensure and/or Medicare reimbursement will be tied to recertification. How should the Society respond? We could oppose it, but think of how the public will construe our reaction....The other option is to follow the lead of 17 other medical specialties and offer recertification before it is mandated," he said. The first recertification exam was given by the Board in 1991.

A total of 853 physicians—just short of the convention record set in New Orleans in 1976—attended the Toronto convention, and 447 exhibitors participated. Innovations at Toronto included the offering of color or black and white reproductions of poster presentations. They were very popular, with 10,000 distributed at the meeting and an additional 1,200 requested by postcard. The first document prepared by the Standards Task Force, "Practice Parameters on the Treatment of Hemorrhoids," was approved for publication. A new \$20,000 Ethicon/ASCRS Surgical Research Fellowship was established to encourage research in soft tissue wound healing and/or wound closure. The Clinical Pathological Staging Committee, appointed in 1985, reported that it was ready to begin a field trial of a better large bowel cancer staging system.

At the conclusion of the Toronto meeting, approximately 65 ASCRS members in the U.S. and 37 members from Australia traveled to Birmingham, England, site of a combined Tripartite meeting

"The first document prepared by the Standards Task Force, 'Practice Parameters on the Treatment of Hemorrhoids,' was approved for publication."

1988: Society at the Crest of Change



A party at the Anaheim annual meeting marked the retirement of Executive Director Harriette Gibson, celebrating here with Irene Babcock (front), of the American Board of Colon and Rectal Surgery.



The Executive Council at the 1988 Anaheim Convention (front row from left): Peter A. Volpe, President-elect Herand Abcarian, President Frank J. Theuerkauf, Jr., W. Patrick Mazier, H. Whitney Boggs, Jr. (Back row from left): J. Byron Gathright, Jr., Philip H. Gordon, David G. Jagelman, Roger R. Dozois.



The right/center photo shows Dr. Donald M. Gallagher (center, Society President 1978-79) with his practice partners in San Francisco (left to right) Drs. Yanek S.Y. Chiu, Peter A. Volpe (President 1990-91), Michael E. Abel, and Thomas R. Russell—all active in the Society. A lectureship to honor Dr. Norman D. Nigro (below, right) was created in 1988. Drs. Nigro and H. Whitney Boggs, Jr. (left) meet with residents Drs. Brad Kendrick (left, center) and Stephen Sentovich during the 1993 annual meeting.

Drs. Patricia L. Roberts and James G. Petros share a joke during a coffee break at the Anaheim meeting (below).



with the Royal Society of Medicine, Section of Colo-Proctology, and the Section of Colon & Rectal Surgery, Royal Australasian College of Surgeons. The scientific program included participants from the Tripartite sponsors and a number of European countries. The social program included a visit to the Royal Shakespeare Theatre at Stratford-on-Avon to see a play performed by the Royal Shakespeare Company.

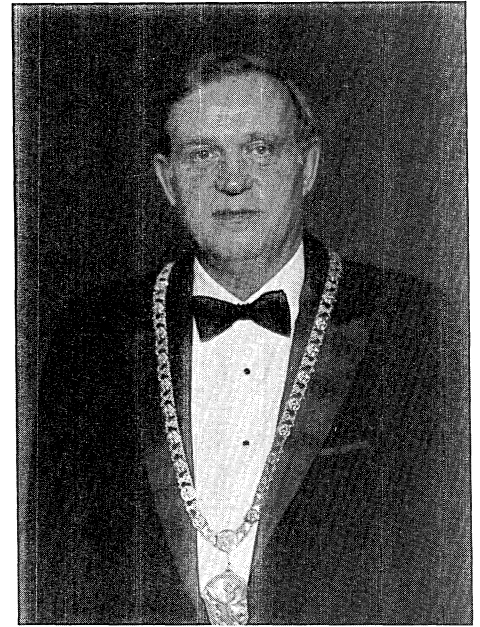
PRACTICE STANDARDS A TOP PRIORITY

Dr. J. Byron Gathright, Jr., chairman of the Department of Colon and Rectal Surgery at the Ochsner Clinic, New Orleans, was installed as President in Toronto and established practice standards as a top priority. In 1988, Dr. Lester Rosen, of Allentown, PA, had accepted chairmanship of a Task Force on Standards charged with formulating standards of quality patient care. "It's extremely important that ASCRS establish its own definition of practice standards rather than having a related specialty do so," Dr. Gathright said. He also stressed the importance of public relations activities, and the Society produced and distributed its first TV public service announcement during the year. It was aired in 41 U.S. cities and six other countries.

"Another provocative address was given by Leon Hirsch, Chairman of United States Surgical Corporation, on 'The Threat of Animal Rights Activism to Colorectal Surgery.'"

The 1990 convention returned to St. Louis, MO, for the first time since 1922. Over 1,400 physicians, spouses and exhibitors attended. The program chaired by Dr. Bruce G. Wolff, of Rochester, MN, was oriented toward the practice concerns of surgeons, including such controversial subjects as the frequency of screening and methods of detection of colorectal neoplasms and the role of adjuvant therapy in the treatment of cancer. Socioeconomic issues were addressed in "Analysis of a Surgical Malpractice Case," a seminar which incorporated a mock malpractice trial and a separate address by Glenn Markus, of Health Policy Alternatives, Inc., Washington, DC. Another provocative address was given by Leon Hirsch, Chairman of United States Surgical Corporation, on "The Threat of Animal Rights Activism to Colorectal Surgery." Mr. Hirsch related his experiences as the target of angry animal rights activists.

For his presidential address, Dr. Gathright chose the title "Vital Signs," which translated from Latin *vita* means the manifestations or the signs of life, he said. Dr. Gathright identified the vital signs that invigorate the specialty of colon and rectal surgery. He began with



*J. Byron Gathright, Jr.
1989-1990*



Lester Rosen, M.D.

high quality candidates seeking training and the increasing number of programs offering or requiring a year of research. Next, he reviewed the great progress the ABCRS has made in improving the examination procedure, tracking career activities of its diplomates, instituting a recertification exam, and implementing the requirement that candidates be diplomates of the ABS to become certified by the ABCRS. Dr. Gathright had been very active in Board activities, becoming Board President this same year (1990). He mentioned with pride the establishment of the nation's first university chair in colorectal surgery, the Turi Josefsen Chair at the University of Illinois, occupied by his predecessor as President, Dr. Herand Abcarian. These vital signs indicate that colon and rectal surgery will not merely endure, but will prevail, Dr. Gathright concluded.

"While the treatment of the disease may be impersonal, the care of the patient must be highly personal, he said. It is the only way to develop a good physician-patient relationship."

Dr. Stuart H.Q. Quan, of New York City, addressed medical liability in a memorable Mathews Oration, "A Plea for Sanity." Physicians of 50 years ago depended more on the art than the science of medicine and were more highly respected. As medical practice became more a science that includes intensive care units, life support systems, computers and high technology, it created high expectations for favorable results, complete recovery and even cure, he said. He cited two personal experiences with malpractice complaints that resulted from insufficient communication with patients. One must communicate with the patient and the family and keep good records of what has been said and done, he advised. He pleaded for sanity among doctors, patients, and lawyers. Dr. Quan made a strong plea for physicians to adopt a much more personal manner in the treatment of patients. While the treatment of the disease may be impersonal, the care of the patient must be highly personal, he said. It is the only way to develop a good physician-patient relationship.

A social highlight of the St. Louis meeting was the presentation of a plaque and a bouquet of roses to Mrs. Mildred Truax, who retired after 33 years as Editorial Assistant of *Diseases of the Colon & Rectum*. She had started on the job six months before publication of the first issue in January 1958 and worked with all three Editors-in-Chief to that time: Drs. Louis A. Buie, John R. Hill, and Robert W. Beart, Jr. Drs. Hill and Beart praised Mrs. Truax for her efficient and dedicated service.

*The Officers and Members
of the
American Board of
Colon and Rectal Surgery
Cordially Invite You to Join
Past and Present Members of the Board
In an Evening Celebrating our
50th Anniversary
Black Tie Reception and Dinner
Saturday, September 15, 1990 - 6:30 p.m.
The Westin Hotel
909 North Michigan Avenue
Chicago, Illinois 60611
The Consort Room - 16th Floor
R.S.V.P. by August 20th*

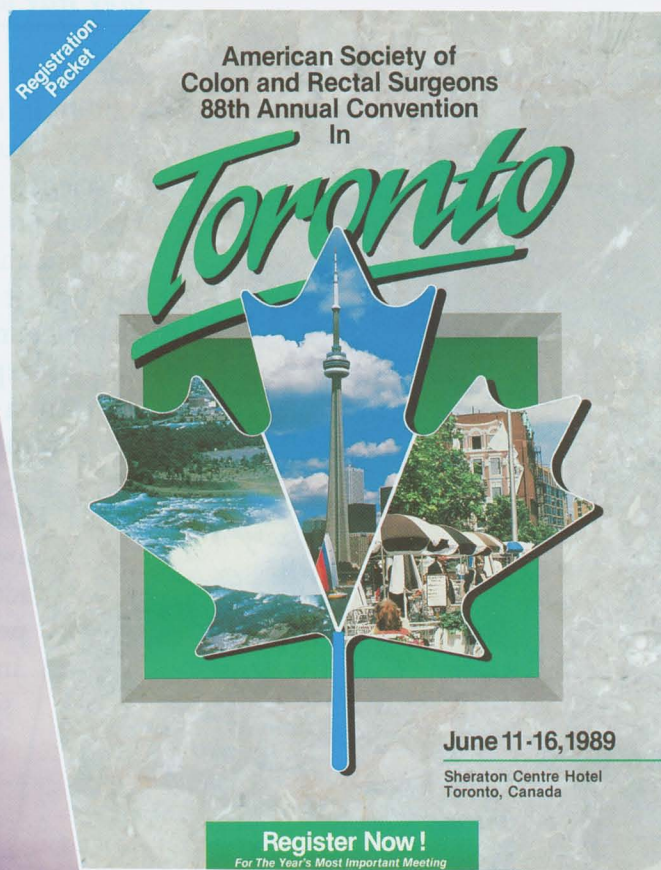
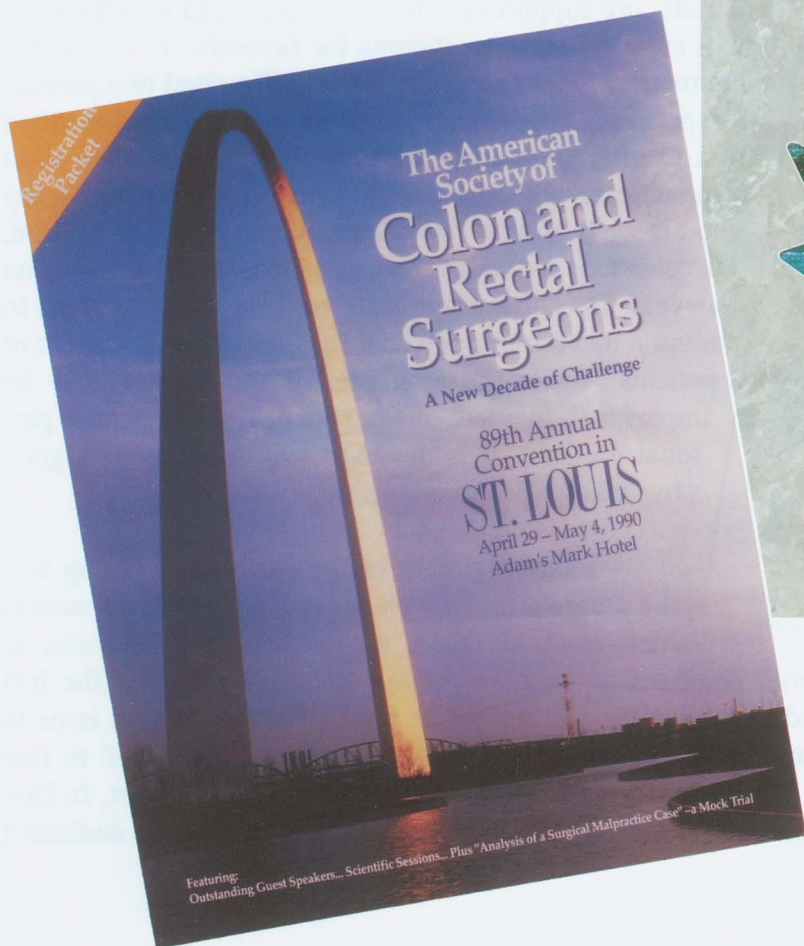
ASCRS Convention Grew to New Dimensions



Lively social interaction, typified here by Mrs. Sandra Guthrie (left) and Mrs. Patricia Collier, have been part of every Society annual meeting.



Dr. Stuart H.Q. Quan (left) gave a memorable Mathews Oration at the 1990 convention in St. Louis. He is shown at a Presidents reception with Drs. John Laurens and Theodore Eisenstat (right).



As the conventions grew, registration materials grew with them, and became more colorful.

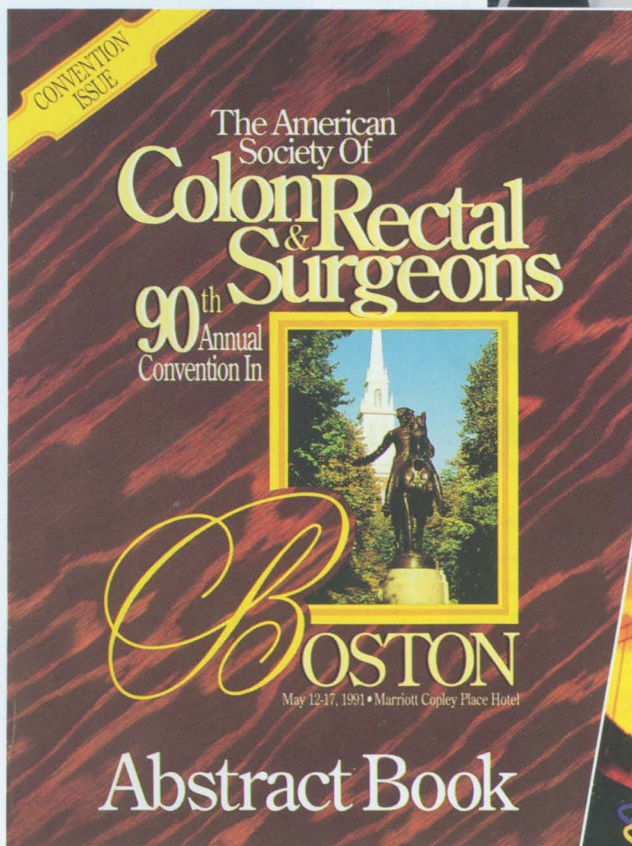
1991 Boston Convention Drew Record 1978 Registrants



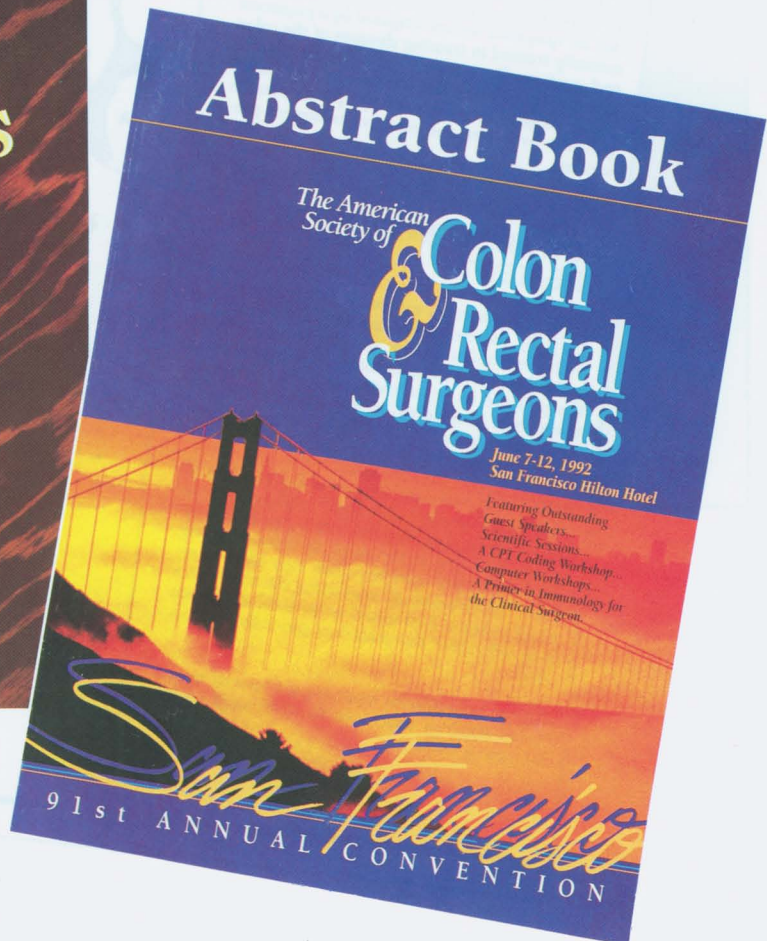
Dr. Philip J. Huber chaired the program at the 1992 Convention in San Francisco.



The Society's sessions started to stretch the capacity of large hotel meeting rooms.



Even the Society's abstract books became more colorful, as demonstrated by these examples from 1991 (left) and 1992.



HEMORRHOIDS

COLORECTAL CANCER

DO HEMORRHOIDS LEAD TO CANCER?

No. There is no relationship between hemorrhoids and cancer. However, the symptoms of hemorrhoids, particularly bleeding, are similar to those of colorectal cancer and other diseases of the digestive system. *Therefore, it is important that all symptoms are investigated by a physician specially trained in treating diseases of the colon and rectum.* Do not rely on over-the-counter medications or other self-treatments. See a colorectal surgeon first so your symptoms can be properly evaluated and effective treatment prescribed.

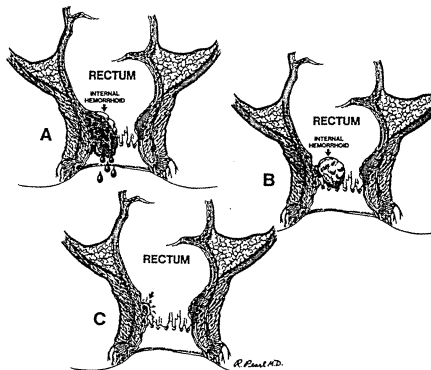
HOW ARE HEMORRHOIDS TREATED?

Mild symptoms can be relieved frequently by increasing the amount of fiber (e.g., fruits, vegetables, breads and cereals) and fluids in the diet. Eliminating excessive straining reduces the pressure on hemorrhoids and helps prevent them from protruding. A sitz bath—sitting in plain warm water for about 10 minutes—can also provide some relief.

With these measures, the pain and swelling of most symptomatic hemorrhoids will decrease in two to seven days, and the firm lump should recede within four to six weeks. In cases of severe, persistent pain, your physician may elect to remove the hemorrhoid containing the clot with a small incision. Performed under local anesthesia as an outpatient, this procedure generally provides relief.

Severe hemorrhoids may require special treatment, much of which can be performed on an outpatient basis.

- **Ligation**—the rubber band treatment—works effectively on internal hemorrhoids that protrude with bowel movements. A small rubber band is placed over the hemorrhoid, cutting off its blood supply. The hemorrhoid and the band fall off in a few days and the wound usually heals in a week or two. This procedure sometimes produces mild discomfort and bleeding.



RUBBER BAND LIGATION OF INTERNAL HEMORRHOIDS

- Bulging, bleeding internal hemorrhoid
- Rubber band applied at the base of the hemorrhoid
- About 7 days later, the banded hemorrhoid has fallen off leaving a small scar at its base (arrow).

QUESTIONS
&
ANSWERS

Society of Colon
Surgeons

CROHN'S DISEASE

Your Doctor Is A Colon and Rectal Surgeon

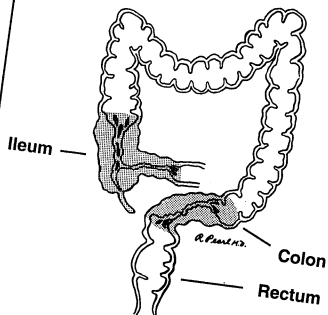
What is Crohn's disease?

Crohn's disease is a chronic inflammatory process primarily involving the intestinal tract. Although it may involve any part of the digestive tract from the mouth to the anus, it most commonly affects the last part of the small intestine (ileum) and/or the large intestine (colon and rectum).

Crohn's disease is a chronic condition and may recur at various times over a lifetime. Some people have long periods of remission, sometimes for years, when they are free of symptoms. There is no way to predict when a remission may occur or when symptoms will return.

What are the symptoms of Crohn's disease?

Because Crohn's disease can affect any part of the intestine, symptoms may vary greatly



Crohn's disease is a chronic inflammatory process. It most commonly affects the last part of the small intestine (ileum) and/or the large intestine (colon and rectum).

Shouldn't surgery for Crohn's disease be avoided at all costs?

While it is true that medical treatment is preferred as the initial form of therapy, it is important to realize that surgery is eventually required in up to three-fourths of all patients with Crohn's. Many patients have suffered unnecessarily due to a mistaken belief that surgery for Crohn's disease is dangerous or that it inevitably leads to complications.

Surgery is not "curative," although many patients never require additional operations. A conservative approach is frequently taken, with a limited resection of intestine (removal of the diseased portion of the bowel) being the most common procedure.

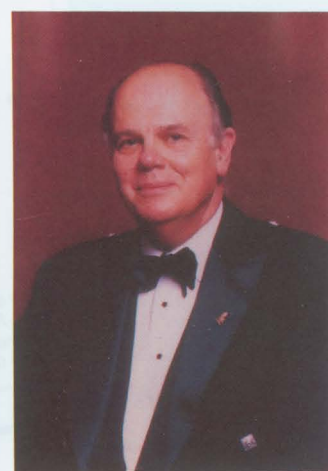
Surgery often provides effective long-term relief of symptoms and frequently limits or eliminates the need for ongoing use of prescribed medications. Surgical therapy is best conducted by a physician skilled and experienced in the management of Crohn's disease.

"Surgery often provides effective long-term relief of symptoms and frequently limits or eliminates the need for ongoing use of prescribed medications."

American Society
of Colon and Rectal

Laparoscopy, Socioeconomic Issues Major Topics at 1993 Chicago

The Executive Council, as the Society gathered in Chicago in 1993 (front row from left): Ira J. Kodner, President-elect Samuel B. Labow, President W. Patrick Mazier, Ernestine Hambrick, and Philip H. Gordon. (Top left to right): Peter A. Volpe, Robert W. Beart, Jr., Paul J. Kovalcik, Richard P. Billingham, and Theodore R. Schrock.

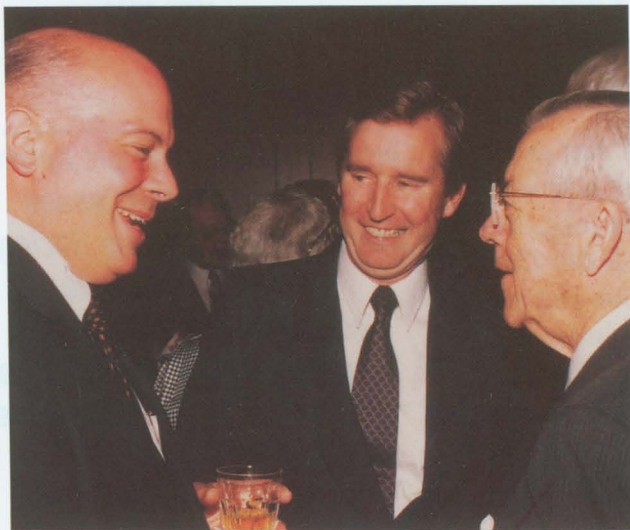


Dr. James F. Guthrie succeeded Dr. W. Patrick Mazier as President of the ASCRS Research Foundation.

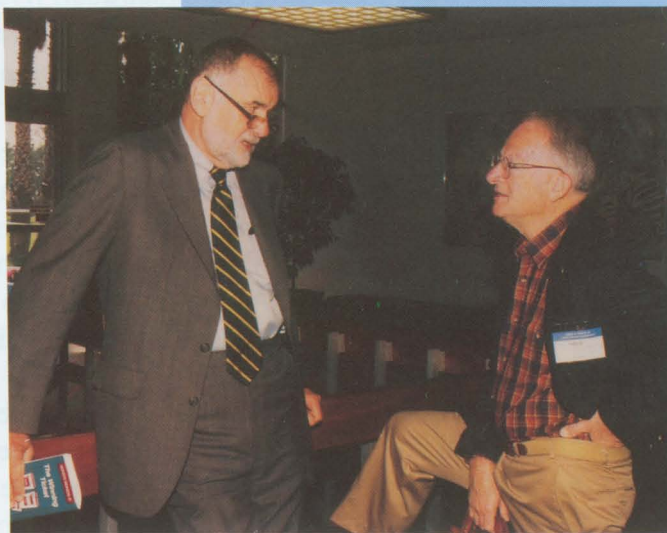
“The camaraderie has been irreplaceable.”



Former Young Surgeons Committee Chair Dr. Charles E. Littlejohn entertains an audience at a Society reception.



Dr. Ira J. Kodner (left) receives congratulations for his work as Program Chairman of the 1988 Anaheim meeting from Dr. Roger Dozois (center) and Dr. Patrick Hanley. Dr. Hanley had already served as ASCRS President (1975-76) when this picture was taken. Dr. Kodner later became President (1997-98).



Dr. Eugene P. Salvati (right), who says he learns as much in social intercourse at Society meetings as in formal sessions, exchanges ideas with Dr. Bertram A. Portin. Both are ASCRS past Presidents.



Every annual meeting affords moments to remember on the dinner dance floor, such as the one enjoyed here by Dr. Thomas H. Dailey and his wife, Denise.



A light moment at an annual dinner dance (left to right): Drs. Barton Hoexter, Samuel B. Labow (President 1993-94), Stanley M. Goldberg (President 1983-84), and Lee E. Smith (President 1998-99).

PRESS PACKET GENERATES NATIONWIDE COVERAGE

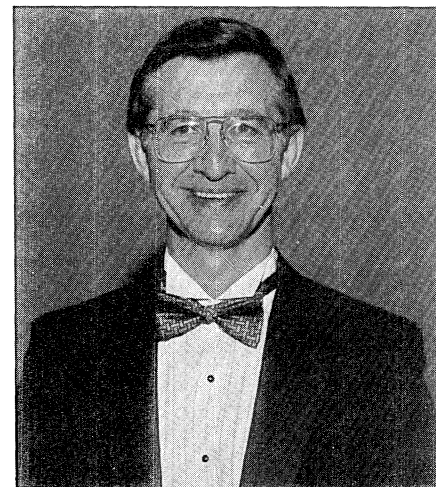
For the first time, the Society prepared a press packet reporting on the most newsmaking presentations at the St. Louis meeting and distributed news releases nationwide, generating extensive media coverage. Other activities of Dr. H. Whitney Boggs' Public Relations Committee included publication of patient information pamphlets. The success of the first two pamphlets, "Colorectal Cancer" and "Hemorrhoids," led to publication of three more: "Polyps of the Colon and Rectum," "Colonoscopy," and "Diverticular Disease."

"He protested that a model fee schedule proposed by the Health Care Financing Administration (HCFA) may not be fair to colon and rectal surgeons, who would take the most severe reductions in fees."

Dr. Peter A. Volpe (1990-1991), of San Francisco, a past president of the ABCRS, assumed the Society's leadership at a time of increasing concern about federal government regulations. He protested that a model fee schedule proposed by the Health Care Financing Administration (HCFA) may not be fair to colon and rectal surgeons, who would take the most severe reductions in fees.

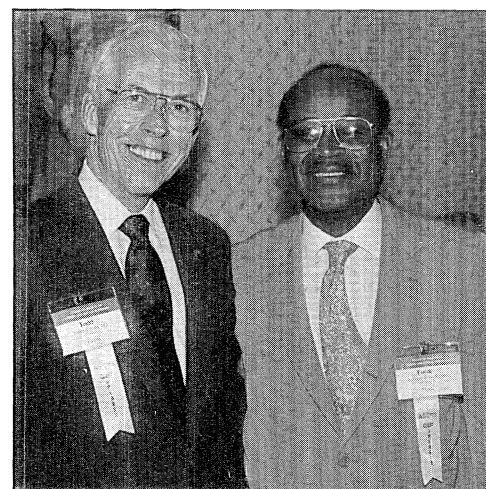
Dr. Volpe's presidential address to the 1991 meeting in Boston was a stirring call for social action entitled, "Make a Dent." He asked the Society to develop a standing committee or foundation that would consider applications from ASCRS members for social projects, similar to proposals for research grants. "Environmental issues might be considered. Shelters could be improved, meals for the hungry purchased. I would very much like to see us help some of the newest group of refugees in this country, homeless children and homeless families," he told the convention audience. "We cannot solve social problems occurring in our society in the 1990s, but we can, and should, make a dent. You will be proud of that," he concluded.

The Boston convention drew a record 1,978 registrants, including 1,016 physicians. Dr. James S. Todd, Executive Vice President of the AMA, addressed the convention on socioeconomic issues. One indication of the prominence of socioeconomic issues was the addition to the Society's newsletter of regular columns by a Washington representative of the American College of Surgeons and the chair of the Society's Socioeconomic/Legislative Committee.

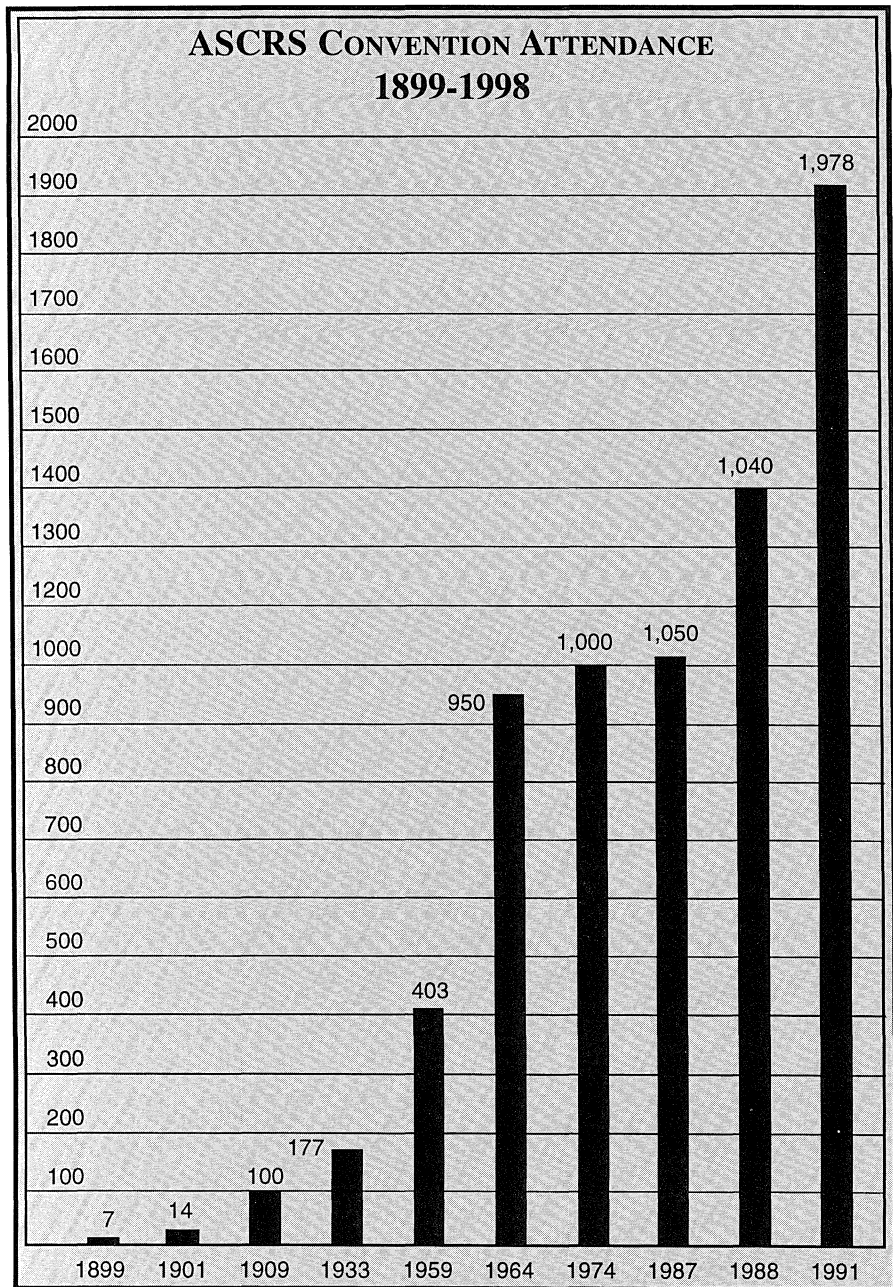


Peter A. Volpe
1990-1991

One indication of the prominence of socioeconomic issues was the addition to the Society's newsletter of regular columns by a Washington representative of the American College of Surgeons and the chair of the Society's Socioeconomic/Legislative Committee."



The American Medical Association's Dr. James S. Todd meets Dr. Kenneth A. Forde at the 1991 Boston annual meeting.



During the Boston meeting, the Executive Council endorsed use of the TNM staging system for colorectal cancer, a more detailed method than Duke's staging. In another resolution, Council declared a new method of performing colon surgery, laparoscopy, to be "an unproven technology." Laparoscopy uses an instrument containing a tiny video camera that is inserted into the abdomen through a long, hollow tube. It requires a much smaller incision than traditional open surgery. The resolution said, "It is only appropriate to perform laparoscopic intestinal resections inside of an environment designed to meaningfully evaluate patient safety and efficacy of this technique."

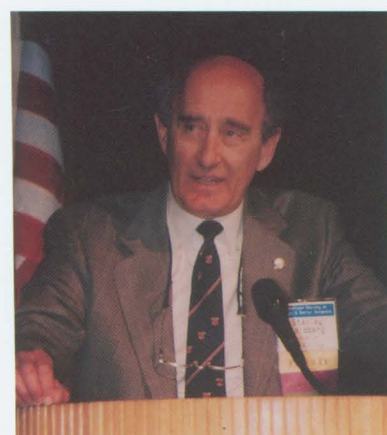
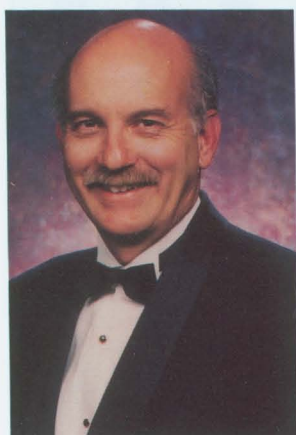
“Stand up
and make
the case
for our
specialty.”



Dr. Philip H. Gordon (President 1994-95) spoke out against “corporate domination and homogenization of our professional practice.”



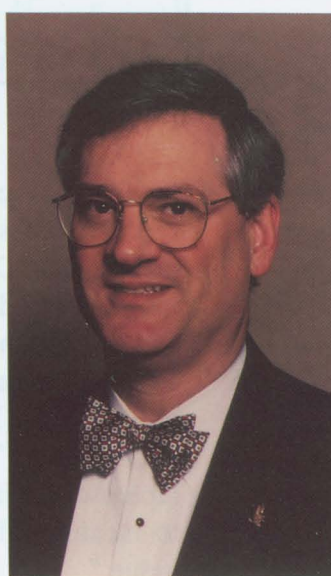
Dr. David A. Rothenberger (President 1996-97) said health care’s “mission impossible” is to “do more, do it better, do it with less and do it for less.”



Dr. Terry C. Hicks (middle, left) provided leadership as Chair of the Society’s Socioeconomic Committee during the year when Congress debated national health care reform. Dr. Bartholomaeus Bohm (middle, center, on the left) receives the 1992 ASCRS/ETHICON Research Fellowship from ETHICON’s Ronald J. Reinhardt. (Middle, right): Dr. Stanley M. Goldberg (President 1983-84) speaks from the 1995 Montreal convention platform.



Dr. David A. Rothenberger celebrates at the Philadelphia convention with his wife Kathleen and daughters Meghan and Jill. At the right is Dr. Robert D. Fry, who was appointed Thomas Jefferson University’s first Gerald J. Marks Professor of Colorectal Surgery, the first endowed chair in the country named for a colon and rectal surgeon.





Dr. W. Patrick Mazier dedicated his Society presidency to bringing “the best and finest young talent into the Society.”



Dr. Robert W. Beart, Jr. (right) was honored for his service as Editor of Diseases of the Colon and Rectum, as Society President Dr. Victor W. Fazio (center) succeeded him in 1997. Dr. David A. Rothenberger joined in making the presentation.



Cleveland Clinic colleagues (from left) Dr. Ian Lavery and Dr. Victor W. Fazio, DC&R Editor, enjoy dinner dance festivities with former Vice President Dr. Santhat Nivathongs of the Mayo Clinic.

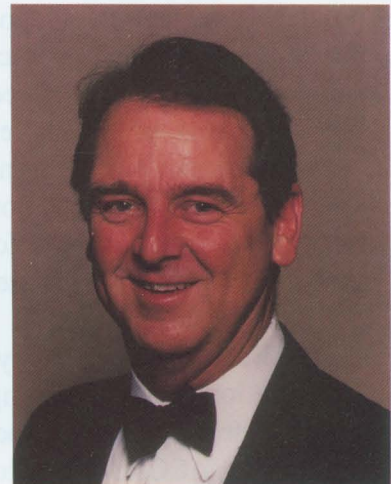
“Stay the course over universal truths.”



The Society honored Dr. Ernestine Hambrick (left) by funding an annual lectureship in her name. Dr. Ann Lowry (right) headed a Women’s Surgery Group charged with selecting the first Ernestine Hambrick lectureship speaker.



Dr. John A. Collier developed the Society’s Website.

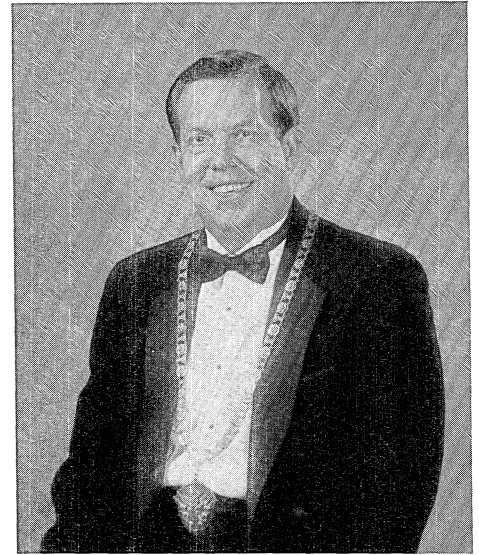


Dr. John M. MacKeigan served as the Society’s delegate to the American Medical Association.

REGISTRY FOR LAPAROSCOPIC COLECTOMIES

Council also approved a proposal by incoming President **Dr. Robert W. Beart, Jr.** (1991-1992), of Scottsdale, AZ, to develop a registry for laparoscopic colectomies. Dr. Beart said the registry would help ASCRS “encourage the development of this minimally invasive surgery in a way that will allow careful evaluation of its efficacy and safety.” Laparoscopic surgery for colon cancer remained a controversial procedure for several years before gradually achieving acceptance.

Shortly before assuming the presidency, Dr. Beart had been named head of the Section of General Surgery at the Mayo Clinic, Scottsdale, AZ. He was also Editor of Diseases of the Colon & Rectum when it received a new, modern, distinctive, visually appealing look—only the second facelift in its 32-year history. “Our journal has enjoyed unprecedented popularity during the past few years and now provides the Society with a significant income. Our new look marks the beginning of a new era for *DC& R* and the Society,” Dr. Beart said.



*Robert W. Beart, Jr.
1991-1992*

“Laparoscopic surgery for colon cancer remained a controversial procedure for several years before gradually achieving acceptance.”

As he took office, Dr. Beart exhorted members to rise to face “unparalleled challenges....I personally believe that at no time has there been a greater need for our Society to support the membership, and to provide the education, leadership, and support necessary to deal with the changes in practice, reimbursement, and social reform,” he said.

The 1992 meeting in San Francisco featured several important program innovations. Video enhancement of speakers on a large screen was a resounding success and the introduction of electronic audience interaction showed great potential, Program Chair Dr. Philip J. Huber, of Dallas, reported. Workshops on CPT coding and computers were added, signs of changing times. Also new was a series of “meet the professor” breakfasts that proved very popular and were continued in the following years. They also introduced a new approach to poster presentations.

Dr. Beart led the Society’s first Strategic Planning Retreat, the start of a long-range planning process that continues today. As part of the strategic planning process, Council approved a mission statement: “The ASCRS is dedicated to advancing and promoting the science and practice of the treatment of patients with diseases and

“Also new was a series of ‘meet the professor’ breakfasts that proved very popular and were continued in the following years.”



W. Patrick Mazier
1992-1993

disorders affecting the colon and rectum.” It also established specific professional goals. “Strategic planning is fundamental to the Society’s long-term success. It gives structure and purpose to all the activities of the Society, assuring that everything we do is oriented toward achieving the mission and goals,” Dr. Beart said.

Council approved three new ASCRS practice parameters bringing the total of published guidelines to five. In an unusual move, the Council voted to reduce ASCRS membership dues from \$250 to \$200 and suggest that members make an additional \$100 voluntary contribution to the Research Foundation. Under the new dues structure, suggested by incoming President **Dr. W. Patrick Mazier** (1992-1993), of Grand Rapids, MI, the Society would no longer contribute \$50 of each member’s dues to the Foundation.

In his presidential address, Dr. Beart said the Society had made “unbelievable progress in the last 15 years....We have a Society which is respected and recognized as the leader in management of patients with diseases and disorders of the colon and rectum....Financial stability has been restored to the Society, and we have the resources to meet our objectives,” he said. He 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.

“Dr. Mazier declared that the theme of his presidency would be ‘to bring the best and finest young talent into the Society.’”

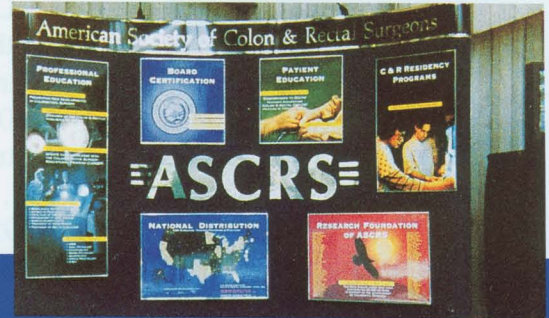
Dr. Mazier had led the resurgence of the Research Foundation and served as its most active president. He was President of the Ferguson Clinic, Grand Rapids, MI, and chaired the Research Department at Ferguson Hospital, both organizations founded by a previous ASCRS President, Dr. James A. Ferguson (1969-70). Dr. Mazier declared that the theme of his presidency would be “to bring the best and finest young talent into the Society.

“This is the first year in eight that I haven’t been working for the Research Foundation,” Dr. Mazier continued in a message to members. “I miss the excitement of helping to make the Foundation an effective tool for our specialty, but as I watch the Foundation continue to grow, I am proud of the strong support the ASCRS membership has given to its vital work.”

Laparoscopy was a major topic for the 1993 convention in



In the picture at the left, Jamie Harrell (center) of Rhône Poulenc Rorer Pharmaceuticals accepts a plaque to recognize his company's \$500,000 contribution to the Research Foundation's Centennial Campaign from Drs. David A. Rothenberger (left) and Ira J. Kodner. Similar presentations were made to representatives of Ethicon Endo-Surgery and C.B. Fleet Co. Later, Genzyme Surgical Products also made a \$500,000 pledge to the campaign. The photo below shows the booth created to help represent the Society at meetings of related organizations.



“Seek an inclusive and empowering dialogue with patients, legislators and the public.”

1899
Celebrating
100 years
1999

ASCRS News

The American Society of Colon and Rectal Surgeons

85 West Algonquin Road • Suite 550 • Arlington Heights, Illinois 60005 • (847) 290-9184 • Fax: (847) 290-9203 • <http://www.ascrs.org/> Summer 1998

Gala birthday celebration, steeped in history and tradition, will highlight Society's 100th anniversary

A gala birthday celebration, steeped in ASCRS history and tradition but full of fun, will highlight the Society's 100th anniversary commemoration during next year's Annual Meeting, May 2-7, 1999, in Washington, DC.

"We will have many surprise speakers and events," promises Dr. Philip H. Gordon, Montreal, Chair of the Anniversary Committee. "We have struck a special 100th anniversary logo, created especially for the occasion. It will be prominent on banners, new stationery, and other special mementos. The welcoming reception will be a special event honoring the past presidents, and we expect all living past presidents to be there. We have special plans to make the gala dinner an event not to be missed," Dr. Gordon said.



Other anniversary plans are still being formulated. The Committee has researched and written a history of the Society that will be excerpted in *Diseases of the Colon & Rectum* during the months leading up to the gala. Replete with anecdotes, interviews, and photographs, it will be made available to the members in a bound volume and will form the basis for a video history to be presented at the meeting.

Members are invited to contribute to the 100th anniversary by providing photos, past programs, article clippings or other memorabilia that reflect the Society's early history. In addition, Dr. Gordon invites the submission of photos of ASCRS leaders taken at social functions or during vacations that might be used to illustrate the less serious side of the Society's collegiality. Please send your contributions in confidence to Dr. Gordon at ASCRS, 85 W. Algonquin Rd., Suite 550, Arlington Heights, IL 60005 or call him directly at 514/342-1772. ●

Dr. Lee Smith becomes President; Dr. H. Randolph Bailey President-Elect

Dr. Lee E. Smith, Washington, D.C., was installed as President for 1998-99 at the Annual Business Meeting, in San Antonio, TX, in May. He succeeds Ira J. Kodner, M.D., St. Louis, MO.

In addition, four new ASCRS officers were elected. They are Drs.:

- H. Randolph Bailey, Houston, TX, President-Elect;
- Robert J. Rubin, Plainfield, NJ, Vice President;
- Terry C. Hicks, New Orleans, LA, Treasurer;
- Ian C. Lavery, Cleveland, OH, Member-at-Large.

Dr. Smith is Director, Section of Colon and Rectal Surgery, Washington Hospital, Washington, DC. He is a Clinical Professor of Surgery at The George Washington University School of Medicine, also in Washington, DC, and at the Uniformed Services University of the Health Sciences, Bethesda, MD. Dr. Smith has served as a Surgical Consultant to the State Department for 15 years, White House for 20 years and Congress nine years. He coordinated 38 postgraduate courses and served 12 years as Associate Editor of *Diseases of the Colon and Rectum* and 10 years as an Associate Editor of *Perspectives in Colon and Rectal Surgery*.

Dr. Smith recently completed a term as Vice President of the American

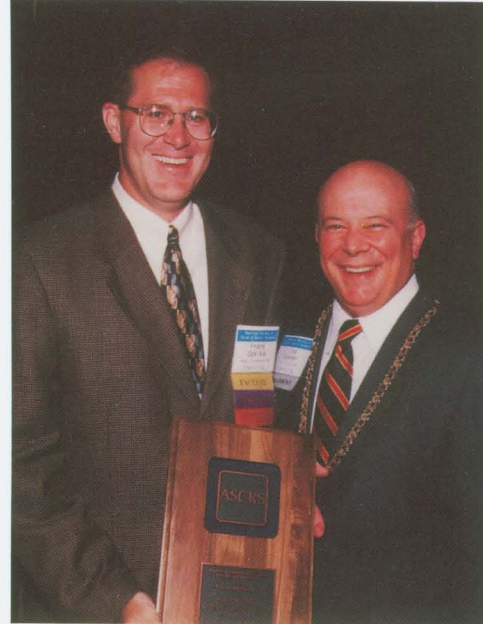


Dr. Lee E. Smith (right) accepts the Presidential Medallion from his predecessor, Dr. Ira J. Kodner.

...continued on page 3

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Dr. Frank Opelka (left) accepts the ASCRS Special Recognition Award from President Dr. Ira J. Kodner at the 1998 San Antonio annual meeting.

Left: Dr. Lee E. Smith (right) accepts the Presidential Medallion from his predecessor, Dr. Ira J. Kodner.

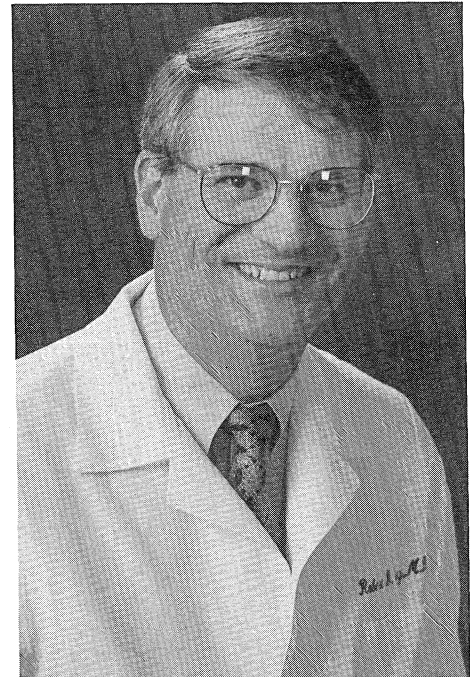
Chicago, with parallel scientific sessions and a half-day special session devoted to it. "Poster Walk-Arounds," in which groups of physicians tour poster sessions with an expert moderator as a guide, were another program enhancement. Socioeconomic issues received continuing emphasis with a half-day workshop on CPT coding and proposed changes in health care policy and tort reform.

The future of colon and rectal surgery may be dramatically affected by the Society's impact in three vital areas: advanced colorectal training programs, development of practice parameters, and national health care reform, according to three separate presentations at the meeting. Dr. Robert D. Fry, of St. Louis, defended the need for advanced training programs in colorectal surgery, citing outcome statistics which showed improved results from colorectal surgeons. Dr. Lester Rosen, of Allentown, PA, said "practice parameters that represent how we practice and what we do are really our last stand." Dr. Thomas H. Dailey, New York, said by working together physicians "can help protect the consumer from loss of choice of physician, assure prompt access to quality care, and prevent rationing of reasonable care caused by the imposition of 'global budgets.'"

During the year, the Standards Task Force completed its sixth practice parameter, "Rectal Carcinoma," and appointed Dr. Patricia L. Roberts, Burlington, MA, as project coordinator for a seventh, "Diverticulitis." Council approved development of nine new patient education pamphlets to accompany the nine that had then been published by the Public Relations Committee. An ASCRS-supported television documentary, "Embarrassed to Death," carried the message of the importance of early detection in the treatment and prevention of colon cancer to an audience of millions. In a side note, the Society moved its office from Palatine, IL, to a larger location in nearby Arlington Heights.

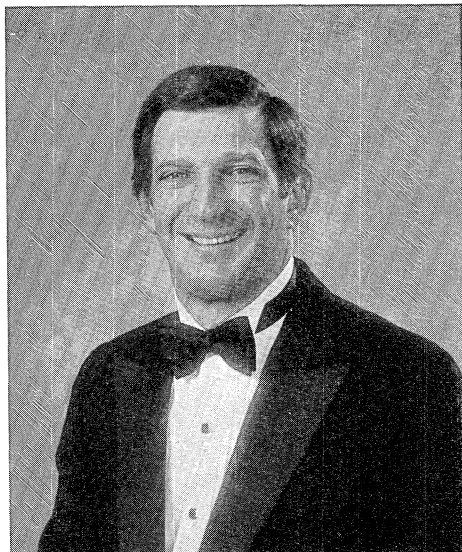
"MUST RESTORE THE FAITH"

Dr. Mazier's presidential address called on members to rally together to help solve problems in the U.S. health care industry and restore public faith in the medical profession. "The electorate has lost faith in our profession. We are the victim of the political system and...responsible for our own declining fortunes," he charged. "We must restore the faith." He asked each doctor to donate funds in support of clinical research to medical societies each year on Election Day. The previous November, American voters chose Bill Clinton, former Arkansas Governor, over incumbent President George Bush on a platform that included health care reform.



Dr. Robert D. Fry defended need for advanced training programs in colorectal surgery.

"He asked each doctor to donate funds in support of clinical research to medical societies each year on Election Day."



*Samuel B. Labow
1993-1994*

Incoming President **Dr. Samuel B. Labow** (1993-1994), of Great Neck, NY, like many of his predecessors a previous Society Secretary, said the Society's performance in fulfilling its mission statement of advancing and promoting the science and practice of the treatment of patients "has been superb." However, he was less sanguine on other fronts. "There are, unfortunately, many problems affecting the present practice of medicine for which the news is not nearly so positive," Dr. Labow said in his first message to members. "These include the lack of significant malpractice reform, the progressive intrusion of third-party carriers in the management of surgical services through the RBRVS, and the increasing prevalence of managed care."

Much of the Society's energy during the year was devoted to socioeconomic issues, as Congress debated national health care reform. The Executive Council started two important initiatives to deal with issues raised during the debate: outcome studies and assessment of manpower needs. The Socioeconomic/Legislative Committee chaired by Dr. Terry C. Hicks, of New Orleans, had a very busy year, much of it testifying in Washington. By yearend, Congress had defeated U.S. President Bill Clinton's proposal for national health care reform, but regulatory pressure and the rise of managed care kept socioeconomic issues at the top of the Society's agenda.

"By yearend, Congress had defeated U.S. President Bill Clinton's proposal for national health care reform, but regulatory pressure and the rise of managed care kept socioeconomic issues at the top of the Society's agenda."

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. Public Relations Committee Chair Dr. Bruce G. Wolff, Rochester, MN, arranged the taping with the assistance of Dr. Oliver H. Beahrs at the Mayo Clinic.

An important milestone was achieved during the year when Dr. Robert D. Fry, of Philadelphia, was appointed Thomas Jefferson University's first Gerald J. Marks Professor of Colorectal Surgery. It was the first endowed chair in the country to be named for a colon and rectal surgeon (Dr. Fry's predecessor as division director at the University) and only the second endowed chair in colorectal surgery nationwide. The first was the Turi Josefsen Chair in Colon and Rectal Surgery at the University of Illinois, held by Dr. Herand Abcarian.

The number of research presentations was expanded almost 25 percent for the 1994 meeting in Orlando. "It will increase interaction between researchers, the experts and the audience by encouraging a more complete, in-depth discussion of these major topic areas," said Program Chair Dr. Gregory C. Oliver, of Plainfield, NJ. The convention program featured 81 podium and 74 poster presentations.



Marriott Orlando World Center, site of the Society's 1994 meeting.

An analysis of 1,056 cases of laparoscopic colorectal surgery voluntarily registered by 118 surgeons with a registry co-sponsored by ASCRS showed an acceptable complication rate, according to a report at the Orlando meeting. "It remains unclear if laparoscopic surgery is adequate for long-term management of colon and rectal cancer. Further study and long-term followup is clearly necessary," said Dr. Adrian E. Ortega, of Los Angeles.

SCREENING GUIDELINES FOR COLORECTAL CANCER

As **Dr. Philip H. Gordon** (1994-1995), of Montreal, Quebec, Canada, began his term as Society President, a consortium of five specialty societies, including ASCRS, was awarded a \$700,000 federal contract to develop screening guidelines for colorectal cancer. Dr. Lester Rosen represented the Society and served as principal investigator. Another active Society Fellow, Dr. Lee E. Smith (President 1998-1999), of Washington, DC, represented the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) as part of a research design team.

Molecular biology of cancer and new cancer treatments were among the many scientific advances featured at the 1995 ASCRS annual meeting in Montreal. Cases described as "surgical night-



*Philip H. Gordon
1994-1995*

mares,” competing opinions on post-op monitoring of colorectal cancer, and controversial issues in laparoscopy were among other hot topics at the meeting. Surgeons were offered a unique opportunity to advance their continuing medical educations and test their levels of knowledge by ordering Syllabus IV and taking the self-assessment exam at the meeting. In addition, recertification had become a regular activity by this time, and the ABCRS offered the recertification exam at the Montreal meeting.

“... a consortium of five specialty societies, including ASCRS, was awarded a \$700,000 federal contract to develop screening guidelines for colorectal cancer.”

Important achievements during 1994-95 included the Society’s publication of a comprehensive guidebook for colon and rectal surgeons, *Health Care Reform and Managed Care*, with an unrestricted grant from SmithKline Beecham Consumer Brands. Another new activity was establishment of an Internet discussion group chaired by Dr. Richard K. Reznick, of Toronto, Ontario, Canada. The new program provides a fast and easy way to communicate with colleagues worldwide, seek expert opinions on challenging cases, access practice guidelines and take optional online quizzes.

“Another new activity was establishment of an Internet discussion group chaired by Dr. Richard K. Reznick, of Toronto, Ontario, Canada.”

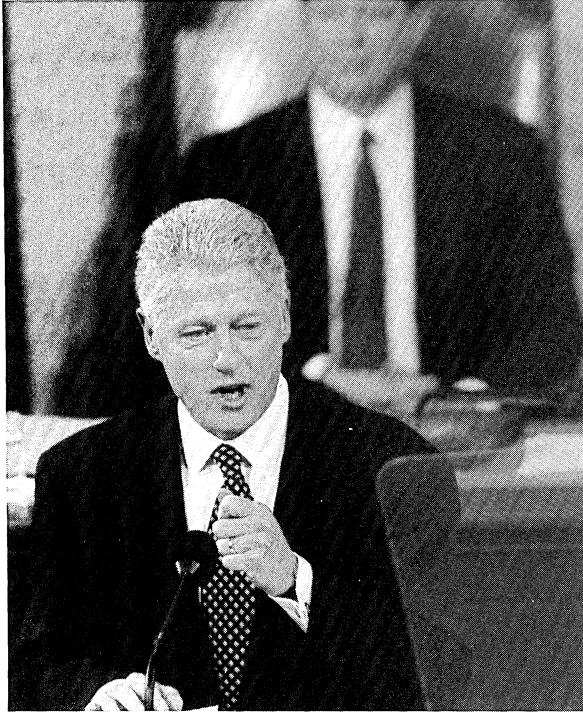
Congress’s defeat of national health care reform ended a year of acrimonious public debate but yielded a sense of only temporary relief, according to Dr. Gordon. “At year’s end, there was some sense that the best interests of our patients had triumphed over forces that might have imposed shackles of 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.

A new feature of the meeting was the presentation of the Society’s first National Media Awards.”

The Montreal convention drew 1,550 people, the Society’s fourth highest turnout. A new feature of the meeting was the presentation of the Society’s first National Media Awards. The Society established a National Media Awards competition the previous year to encourage and honor journalists who have excelled in communicating information about colon and rectal disease to the public. The first \$1,000 awards were presented to Dr. Barry Kaufman, D.M.D., of WBBM-AM, Chicago, for his informative “Healthy Minute” radio series, and Cynthia Tessler, of WTKR-TV3, Norfolk, VA, for a TV news documentary, “Embarrassed to Death” (coincidentally,

the same title as the 1993 production ASCRS had supported).

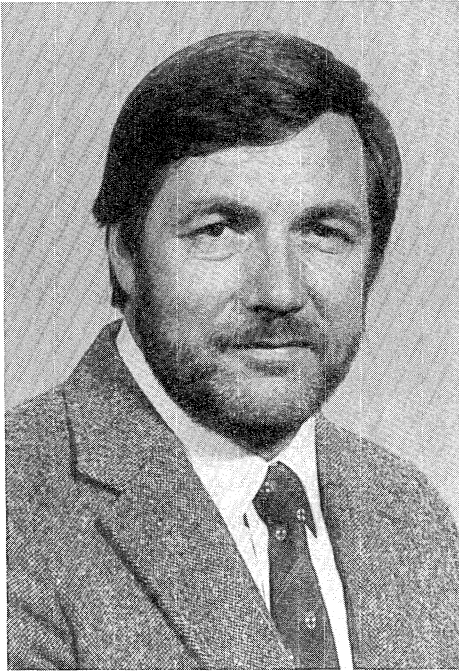
In his presidential address, “View from the Bridge,” Dr. Gordon, the first non-American to serve as ASCRS President, connected the Canadian and American experiences, providing a unique perspective on two very different approaches to health care. He spoke out strongly against “corporate domination and 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.



*President Bill Clinton advocated national health care reform, but Congress rejected his proposal.
Archive Photos*

“Dr. Gordon exhorted the Society’s members to stand up and make the case for our specialty, cataloging the advantages of specialists in treatment of colon and rectal disease.”

Dr. Gordon exhorted the Society’s members to “stand up and make the case for our specialty,” cataloging the advantages of specialists in treatment of colon and rectal disease. “What we are seeing is not a desire to rid the world of medical specialists. It is a movement to cut out waste and inefficiency...Our only concern has to be that we not be swept away in a vast over-reaction to a very real problem,” he said.



Victor W. Fazio
1995-1996

“A study published in the February 1996 issue of DC&R drew national attention when it reported that the mortality rate for patients who had colorectal surgery performed by board-certified colon and rectal surgeons was 1.4% compared to 7.3% for a similar group of patients operated on by other surgeons.”

Incoming President **Dr. Victor W. Fazio** (1995-1996), Chairman of the Department of Colorectal Surgery at the Cleveland Clinic, Cleveland, OH, picked up Dr. Gordon’s theme in his first message to members. “Each of us can promote and defend the Society’s position as a leader and ‘spokesman’ for the study and treatment of colonic and rectal disease. And do so with spirit and conviction that we can provide a high quality of care that is unusual—giving satisfaction to patients and pause to our generalist colleagues,” Dr. Fazio said.

MERGER OF SOCIETY, RESEARCH FOUNDATION

A major focus of Dr. Fazio’s leadership during the year was nurturing the merger of the Society and its Research Foundation, which was unanimously approved at the 1996 Seattle convention, as described in the previous section of this history. Dr. Fazio also emphasized socioeconomic issues and the response to managed care. One of the best-attended workshops at the convention, “Managed Care: A Guide for 1996,” was led by Dr. Michael E. Abel, of San Francisco, who shared his first-hand experience with California’s trend-setting model.

ASCRS continued its outcomes initiative, investigating development of a national colorectal surgery database, participating in validation studies, and developing outcomes data in alliance with other physician organizations. Stakes were high in the national debate over the role of medical specialties in managed care. A study published in the February 1996 issue of *DC&R* drew national attention when it reported that the mortality rate for patients who had colorectal surgery performed by board-certified colon and rectal surgeons was 1.4% compared to 7.3% for a similar group of patients operated on by other surgeons.

Convention attendance in Seattle grew once again to 1,631, including 964 physicians, just shy of the record Boston meeting. The Public Relations Committee gave its second National Media Award to KARE-TV, Minneapolis, MN, for an investigative series on the influence of family history on the risk of colon cancer. The Committee, now under the leadership of Dr. David E. Beck, of New Orleans, also released a new patient information brochure on Ostomy, the 17th in its library.

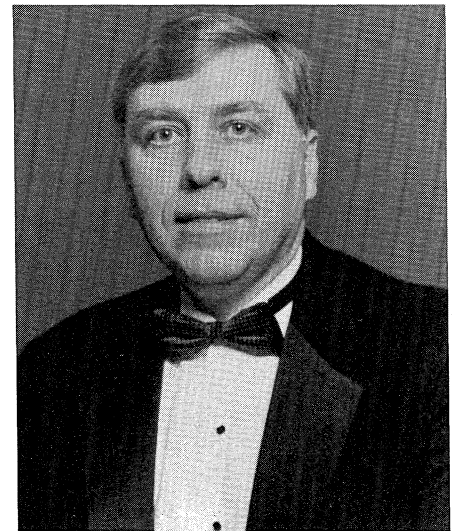
In his 1996 presidential address, Dr. Fazio urged members to “stay the course” and look beyond personal financial issues. “We lose the high ground in the debate when the focus is mainly on reimbursement issues, rather than on our position as patient care advocates. We must stay the course over universal truths, which include

the patient and a caring doctor dedicated to advancing and promoting the science of treating patients with diseases of the colon and rectum. If that sounds oddly familiar, it should. It is the mission statement of our Society,” he said. By yearend, a puzzling political year that featured a strong independent challenge for the U.S. presidency by wealthy businessman H. Ross Perot had ended in the re-election of President Clinton over U.S. Senator Robert Dole.

In the middle of his presidential term, Council chose Dr. Fazio to succeed Dr. Robert W. Beart, Jr., as Editor-in-Chief of *DC&R*. Dr. Beart had been appointed to the first of his two five-year appointments in 1987, and Society policy limits the Editor-in-Chief to two five-year terms. In 1997, Dr. Fazio became the fourth in the journal’s succession of distinguished Editors-in-Chief. By the time of his retirement as Editor-in-Chief, Dr. Beart had moved from Scottsdale, AZ, to Los Angeles, where he is Professor and Chief of Colorectal Surgery at the University of Southern California.

After the June Seattle meeting, many members went on to the 1996 Tripartite Meeting, held in July in London, England. It was hosted by the Association of Coloproctology of Great Britain and Ireland, and the Section of Coloproctology of the Royal Society of Medicine.

As he accepted the Presidential Medallion, **Dr. David A. Rothenberger** (1996-1997), of Minneapolis, began with emphasis on the importance of completing the strategic plan that Dr. Beart had started five years earlier. The plan had then identified seven critical issues for the future, beginning with maintaining top quality of care and economic efficiencies in delivering care and ending with careful use of financial resources.



*David A. Rothenberger
1996-1997*

*“If everyone complied with these new guidelines, up to
18,000 lives might be saved each year.”*

Dr. Rothenberger had an important role in developing new consensus guidelines for colorectal cancer screening, released in February 1997, as chair of a subcommittee of the American Cancer Society (ACS) responsible for drafting guidelines. A consortium of five specialty societies, including ASCRS, developed the published guidelines. They were endorsed by the ACS, Crohn’s and Colitis Foundation of America, and Oncologic Nursing Society. Recommendations for people in two groups—“average risk” and “increased risk”—responded to a need for consistency to satisfy reimbursement requirements and to increase public compliance. An expert panel at the 1997 Philadelphia convention reported how the guidelines were developed and urged surgeons to promote public compliance. “If everyone complied with these new guidelines, up to

18,000 lives might be saved each year,” said Dr. Theodore R. Schrock, of San Francisco, panel chair.

In a preconvention message to members before the 1997 Philadelphia convention, Dr. Rothenberger urged support for the Research Foundation’s Centennial Campaign. “If we expect the public to support us by demanding that specialists in colorectal surgery be available to treat them, we first must demonstrate leadership in supporting our research initiatives,” he said.



Patricia L. Roberts, M.D.

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. Program highlights included recent discoveries in molecular genetics of colorectal cancer, practical applications of computers in colorectal surgery, and the by now almost obligatory CPT reimbursement update. New features included an interactive panel of young researchers reporting on important advances in basic science related to colorectal diseases.

“The campaign surpassed its goal of \$3.5 million and set a new Phase II goal of more than \$5 million.”

The resounding success of the first phase of the Research Foundation’s Centennial Campaign was the biggest news at the Philadelphia meeting. The campaign surpassed its goal of \$3.5 million and set a new Phase II goal of more than \$5 million. 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 have new guidelines for screening and surveillance of colon-rectal cancer that need to be promoted. We need to educate the public...The incidence of the disease can be cut by 80-90 percent,” Dr. Hambrick said.

Dr. Rothenberger focused his presidential address on what he called “survival tactics” to achieve health care’s “mission impossible.” That mission, he said, is to “do more, do it better, do it with less and do it for less.” His tactics included making patient-focused decisions and keeping your sense of humor and joy when caring for patients. Physicians are blamed for health care financial problems, and their independence has been usurped “by business types in three-piece suits,” he said. However, he expressed confidence that colorectal surgeons will rise to these historically unparalleled challenges.

Incoming President **Dr. Ira J. Kodner** (1997-1998), of St. Louis, established goals of providing all the services needed and envisioned by the current membership and reaching out to expand the membership. As the Research Foundation neared its \$5 million goal, he declared, "The Foundation and the Society have developed a working relationship that is warm and mutually beneficial, and I am sure it will continue in perpetuity. We have accomplished this goal while strengthening the Society's fiscal position."

SOCIETY'S WEBSITE AN IMMEDIATE SUCCESS

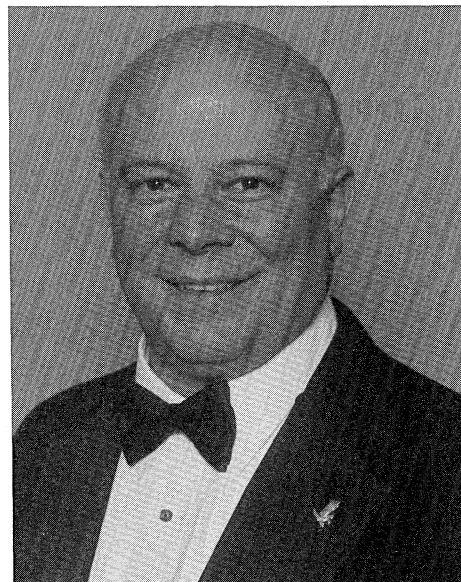
The Society's Internet Website at www.fascrs.org/ was an immediate success. In its first months of operation under Dr. John Coller, of Burlington, MA, Chair, Website Committee, visitors downloaded more than 50,000 Website pages. The site offers information about the Society, access to an Internet discussion group, copies of patient information brochures, referrals, and a growing reservoir of information for members, non-member physicians, and patients.

"The Society's Internet Website at www.fascrs.org/ was an immediate success."

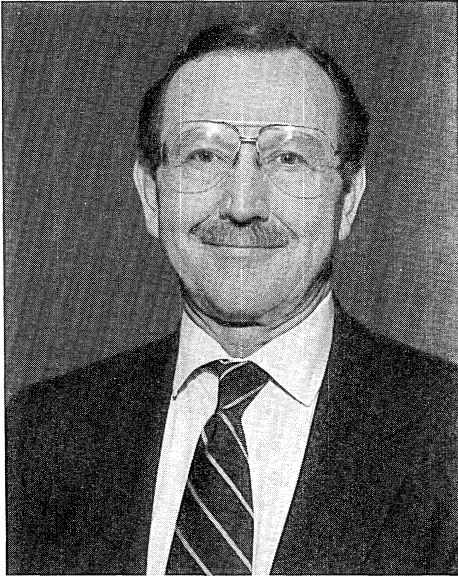
Dr. Kodner was among 26 international scientists and doctors who met in Copenhagen, Denmark, to establish the Cochrane Colorectal Cancer Group in September 1997. The CRC Group was formed to identify all controlled clinical trials for colorectal and anal cancer, small bowel cancer, appendicitis, diverticulitis, benign proctological diseases and hernias. Dr. Kodner made expansion of international ties a priority during his term. They simultaneously translated the 1998 San Antonio convention into Spanish, and Dr. Peer-Willie Jorgensen, who chairs the CRC Group, sat in on meetings of the Executive Council.

Callie Crossley, producer of an ABC Network News "20/20" program on colon cancer accepted one of the Society's 1998 National Media Awards in San Antonio. The winning report features success stories of a number of colon cancer patients, including Baltimore Orioles star outfielder Eric Davis. Davis received surgical treatment for colon cancer in the middle of the 1997 Major League Baseball season and returned to hit a home run in the League Championship series. He volunteered to work with the Society on a television public service announcement that was distributed nationwide and carried on hundreds of stations.

In a memorable presidential address to the San Antonio convention audience, entitled "Who Nurtured Cock Robin?," Dr. Kodner



*Ira J. Kodner
1997-1998*

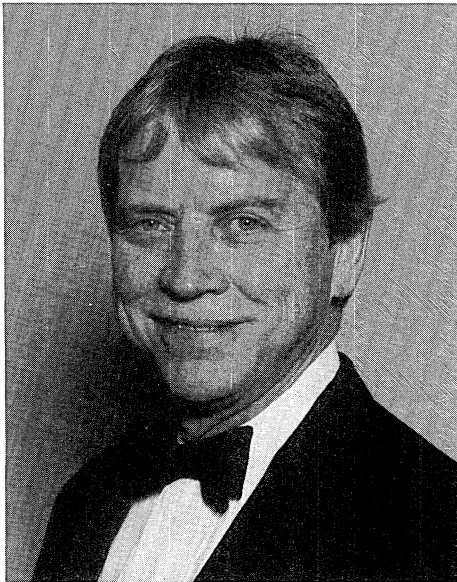


Lee E. Smith
1998-1999

addressed the topic of what members of a small specialty should do “to nurture our young for the good of all; and critically, what is the risk if we fail to do so?” He spoke of changes in health care that have led to a deterioration of the patient/physician relationship. “In fact, patients are no longer called patients. They are now called ‘clients’ or ‘consumers.’ No wonder there is a growing dissatisfaction with the system,” he said. He compared the challenges of the current health care system with the choices given doctors in Nazi Germany. He urged the audience “to seek an inclusive and empowering dialogue with patients, legislators, and the public to formulate a caring vision to the community roots and Samaritan traditions of American medicine and nursing.”

“In fact, patients are no longer called patients. They are now called ‘clients’ or ‘consumers.’ No wonder there is a growing dissatisfaction with the system...”

To succeed Dr. Kodner and host the 100th anniversary meeting in Washington, DC, in 1999, the Society chose **Dr. Lee E. Smith** (1998-1999), Director, Section of Colon and Rectal Surgery, Washington Hospital, Washington, DC. He has been a Surgical Consultant to the U.S. State Department for 15 years, served 20 years as Surgical Consultant to the White House, and 9 years as Surgical Consultant to Congress. The President-elect, whose mission will be to lead ASCRS into the next millennium, is **Dr. H. Randolph Bailey** (1999-2000), of Houston, TX, the Society’s former Treasurer.



H. Randolph Bailey
1999-2000

VISION OF FUTURE, REMEMBRANCE OF PAST

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. “The future of the specialty is limited only by our imaginations,” Dr. Kodner said. “We’re looking at exciting computer communication and technological advances that we can barely conceive of now. The ASCRS holds a leadership position in surgical education and effectiveness in medicine and surgery. We have created many innovative educational programs. We will continue to hold that position as educational innovators.”

“As we attract better students and residents to colorectal surgery, we’re going to prosper,” said incoming President Dr. Lee Smith. “Technology is going to take off over the next century. In the biology of medicine, we are going to unravel the DNA sequence. We will conquer cancer in the next 100 years,” he added.

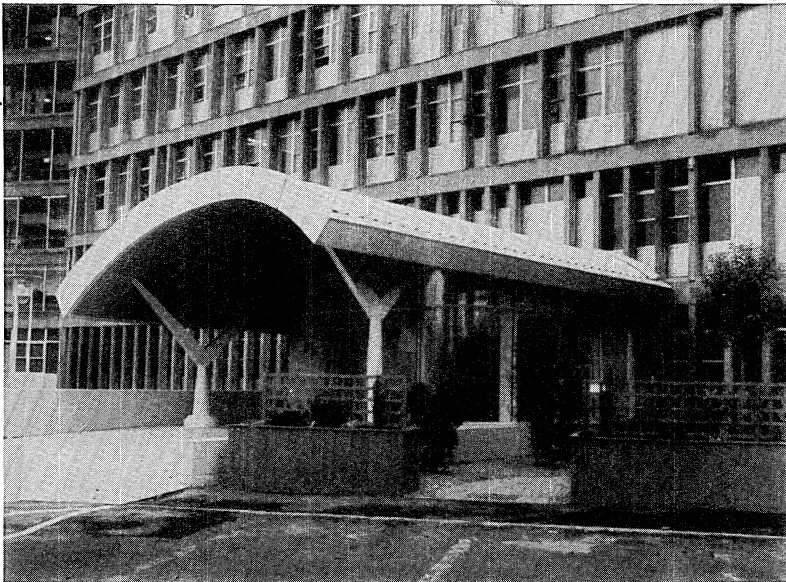
“Our greatest success has been the ability to gather together very bright, energetic, young people, and focus their attention on diseases of the colon and rectum. The Society has been critical in the development of our specialty,” said Dr. Stanley M. Goldberg, President in 1983-84. “These young people have been the driving force to push the envelope and bring the Society to where it is. Looking at the future, I think the area of molecular biology will be increasingly important. It is going to be very difficult to find people who are talented as surgeons, as teachers, and in the field of molecular biology. Therapies will change dramatically and will be based on molecular genetics or molecular biology,” he added.

For Dr. Herand Abcarian, of Chicago, President in 1988-89, the Society has meant exchanging information. “I’ve always said that if I go to a meeting and learn one or two things that I can take back and use in my practice, then I consider that a successful meeting. I haven’t been disappointed very many times coming to the Society. I also enjoy contributing. I believe the number one duty of a Society member is not only to take home from the experience but contribute—whether as a soldier working on committees, a podium presenter, or a panel member—to the exchange of ideas,” he said.

Dr. Eugene P. Salvati, of Plainfield, NJ, President in 1985-86, 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 would always come away from the meeting feeling enriched. I have always been very proud of the Society. I think the Society is colon and rectal surgery, and colon and rectal surgery is the Society,” Dr. Salvati said.



*“In the biology of medicine,
we are going to unravel the
DNA sequence.
We will conquer cancer
in the next 100 years.’”*



*Entranceway of the new St. Mark's Hospital, opened in 1995, inset on lithograph of the hospital building in use from 1853, where Dr. Joseph M. Mathews and other early Society leaders studied.
Photos courtesy St. Mark's Hospital*

VIII. A Surgeon's Perspective On the Specialty's Progress, 1899-1998

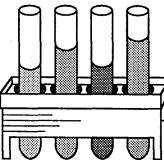
By J. Byron Gathright, Jr., M.D.

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.

"In an important way, this story of medical progress and triumph represents the Society's most lasting achievement."

To truly appreciate the progress made in the specialty of colon and rectal surgery since the founding of the American Proctologic Society in 1899, we must start with the state of surgery at that time. It was an exciting time for surgeons and surgery. Ether anesthesia



**FORCES
SHAPING
MODERN
SURGERY**

Anesthesia
Ether, cocaine, procaine

Antisepsis
Joseph Lister, 1865

**Antimicrobials and
Antibiotics**

Molecular Biology

Genetics

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 abject terror was gone, and surgery no longer had to be considered the final, desperate choice in treating illness and injury.



Joseph Lister, an English surgeon, developed a system of antisepsis in 1865, but it was slow to catch on. Archive Photos

Anesthesia was generally greeted by everyone, surgeon and patient alike, as a boon to mankind. Only in childbirth was its use debated, because of Biblical passages which appeared to insist that parturition be painful, and even this debate quieted when Queen Victoria elected to receive chloroform for the birth of her children.

In 1884, Robert J. Hall and William Halstead reported on the use of cocaine as an injectable local anesthetic, and even began to use it for regional anesthesia by injecting near or into major nerves. The addictive properties of cocaine were recognized early and non-addictive substitutes were sought. Procaine was synthesized in 1904 and introduced for general use the following year, opening up the widespread use of a safe local anesthetic. The way was then cleared for advances such as spinal anesthesia and further development of regional anesthesia. Local anesthesia was recognized early as quite applicable to anal surgery and continues to be a mainstay in that capacity today.

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. Unfortunately, Lister was unable to explain exactly what his antisepsis was guarding against, knowing only that Louis Pasteur had shown that “particles” in the air caused putrefaction in various substances. This, of course, added to the skepticism with which his system was greeted. 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 iden-

tified 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. Halstead'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.

"The operating room of today thus evolved slowly from Lister's original work and a multitude of other contributors."

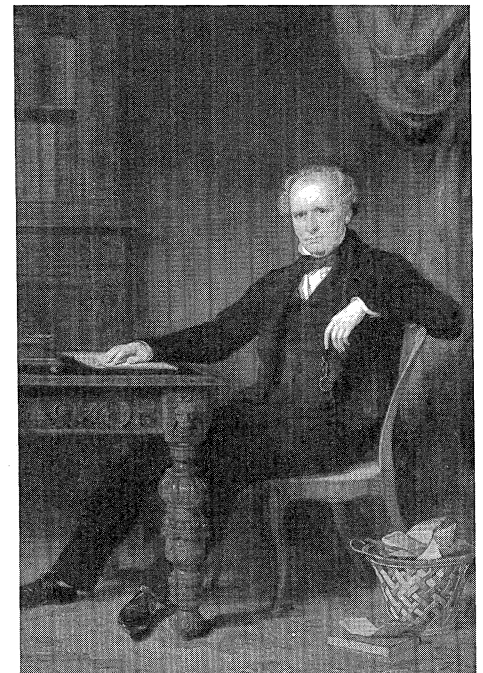
Thus, at the time of the 1899 meeting two of the three major forces combining to shape the future of modern surgery, anesthesia and antisepsis (later asepsis), were at work. The third, antimicrobials and antibiotics, lay in the future.

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. As noted in the opening section of this history, Dr. Joseph Matthews and others among the Society's founding members had studied there. 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.

"Use of elastic material for the cutting seton was practiced early, practically forgotten, and resurrected in the 1960s, principally by Dr. Patrick Hanley."

Papers presented at the 1917 meeting and afterwards provide evidence that sphincter division continued to concern surgeons. The most recent surgical approach to fistula entails closure of the point of origin either by a sliding mucosal flap, first suggested in 1948, or fibrin tissue glue. In both instances, Salmon's principle of identification and laying open of tracts still is required, though sphincter division is almost never required. Better understanding of the functional anatomy of the anal canal has improved the result of fistula surgery steadily over time.



Frederick Salmon, MRCS, founder of St. Mark's Hospital in London



J. Swinford Edwards

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. The next step toward the operations of today was excision of the internal hemorrhoid, again allowing secondary healing to occur. Somewhat later, excision of the external hemorrhoidal component was added, leading to the Milligan-Morgan type of hemorrhoidectomy. In subsequent years, Parks modification of that technique became popular with the “racquet” shaped submucosal excision which preserved anal and perianal skin and partially closed the wound. Variations on the closed or semi-closed hemorrhoidectomy are the most popular operative management today.

“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.”

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.

Mr. Swinford Edwards first introduced sclerotherapy or injection treatment of hemorrhoids at St. Mark’s Hospital in 1888. Physicians of poor repute and outright quacks had practiced it before that time. Injection treatment was not widely accepted at the time because of opposition by others on the St. Mark’s staff, but has retained a place in surgical treatment of certain patients and is still used in some cases today. Over time, a veritable witches brew of sclerosing agents has been used. Most of these contain a corrosive agent carried in an oil base.

A currently popular variant of sclerotherapy is the infrared coagulator, which produces a superficial burn of the mucosa, followed by cicatrix formation. This technique, as well as injection therapy, can be particularly useful where first degree or small second degree

hemorrhoids are causing bleeding but are too small to consider surgery or banding procedures. Some have reported successful treatment of larger (3rd and 4th degree) hemorrhoids by multiple treatments with the infrared coagulator.

Many will remember the enthusiasm with which cryotherapy 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 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.

Probably the most widely used non-operative treatment in hemorrhoidal disease currently is rubber band ligation. Though troubled occasionally by post-banding bleeding and on very rare occasions by infection, banding has proven a safe, usually painless method for dealing with symptoms caused by hemorrhoids. The only debate at present centers around how many bands can be applied at once, and how large the treated hemorrhoid can be. Freezing or excision of the banded tissue enjoyed some popularity a decade ago but is not often employed now.

An instrument that passes an electric current between two electrodes applied directly to the hemorrhoid has been said to destroy hemorrhoidal tissue, but it has never become popular with the surgical community, probably because it requires application over a 10- to 15-minute time span while the operator holds the instrument in place. Patients, too, object to having anal instrumentation over that prolonged period.

PRURITUS ANI

Pruritus ani, a bothersome itching around the anal area, was apparently 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. Goodsall 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.

The introduction of the proctoscope by Kelly of Baltimore in the last decade of the 19th century allowed more thorough exploration of the rectum. By the time of the Society's first decade, scopes for rectal examination were still only metal tubes of various lengths without attached lighting. Visualization was through the use of head mirror or headlight. With these new instruments, surgeons could see previously unseen neoplasms, so methods for their extirpation had to be found. Sigmoidoscopes and colonoscopes were to come much later.

While the development of the sigmoidoscope changed the diagnosis and even management of lesions of the most distal 20 to 30 centimeters of the large bowel, and represented a great step forward, nothing leading up to the colonoscope came close to its impact on the practice of colon and rectal surgery. Suddenly, the entire mucosa of the large bowel was visible and accessible for treatment.

Some medical milestones have a clear and unequivocal starting

point, but that is not the case with colonoscopy. Dr. Robert Terrell in 1963 reported use of a modified gastroscope to obtain a limited look at part of the colon. Following this by two years came a report from Italy, where Drs. L. Provenzale, P. Camerada and A. Revignas had a patient swallow a long, narrow plastic tube, and then utilized the withdrawal of the tube to pull a gastroscope into the colon from below.

In 1965, the Japanese manufactured the first instruments designed specifically as colonoscopes. Drs. S. Oshiba and A. Watanabe wrote the initial article on use of these instruments that same year, though there were, in the same issue of the journal carrying their report, two additional reports of successful colonoscopies.

Soon colonoscopes were being manufactured in Japan and in the U.S., and the list of those gaining experience with these instruments grew rapidly.

The first of these early colonoscopes were very crude by today's standards. Some early models could be flexed only up and down and depended upon rotation of the entire instrument to gain left and right movement. In addition to being ungainly, they were delicate and broke easily, especially under the handling of inexperienced users.

Another drawback of the early optical viewing scopes was that only the operator could see what was transpiring, a flaw only partially offset by the introduction of the "teaching head," which permitted another to view through the scope but at the cost of loss of some light and frequent focusing problems. While work continued on the viewing problems, many of the handling difficulties were solved with the now standard double rotating wheels control system permitting flexion in all directions. More flexible tips and variable stiffness throughout the length of the scope also improved handling.

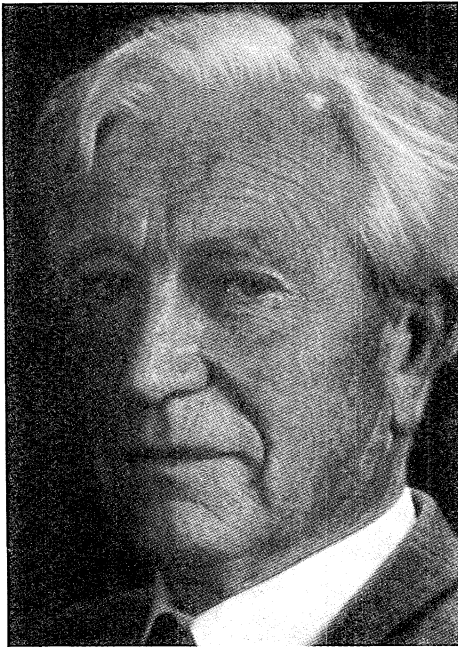
The problems and expenses associated with the development of the colonoscope might have led to a wholesale abandonment of the procedure (which, additionally, had a long learning curve) had it not been for the observations of Dr. Hiroma Shinya and William Wolf in 1973. They showed how by using a wire snare and coagulating electric current the instrument could become a therapeutic as well as a diagnostic instrument, removing colon polyps during the course of an examination.

Following this discovery, a new generation of instruments was introduced using a computer chip in place of the lens at the tip and a coaxial cable to return the signals to a computer which in turn transmits signals to a large screen TV monitor. This enhancement solved the viewing problem for even a roomful of observers.

For the first time, precancerous lesions of the colon above the reach of the sigmoidoscope could be seen directly, documented and destroyed. The war against colon cancer took another turn favoring the patient.

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 prolapsed 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.



Bryan Brooke

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.

"In 1910, Dr. Samuel Gant, one of the Society's charter members, recommended removal of the polyp-containing bowel, but most others stuck to treatment by frequent irrigations of the bowel."

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, 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 Mr. Bryan Brooke proposed a turned back ileostomy that serositis, the cause for stenotic scarring, was conquered.

Subsequently, the development by Koch of the continent ileostomy, and Parks', Nicholls' and Utsonimya's landmark pelvic pouch

operations changed everything about surgery for familial polyposis. No longer was an external opening other than the natural one required. Many have contributed to advancement of the pelvic pouch technique to make it the operation of choice for FAP among surgeons and patients alike. Current practice is to do the colectomy and mucosal stripping with formation of the pouch at the same time, seeking to avoid desmoid tumor formation, which often occurs after abdominal surgery in these polyposis patients.

Dr. Harrison Cripps in 1877 proposed perineal excision of rectal cancer. By 1899, more radical versions of this procedure were in vogue and remained popular up to the late 1930s. At first, these perineal excisions were completed by forming a lumbar colostomy, as this could be done extraperitoneally. Later, when antisepsis permitted access to the peritoneal cavity with less risk, inguinal colostomy replaced lumbar colostomy. Patient access and pouching or covering stomas became important in the location of a stoma only much later.

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. Its usage was afterward limited considerably by the use of pull-through and anterior resection procedures in many cases. Today, the operation enjoys utility in treating lower-third rectal cancers. It did establish beyond a doubt the importance of excising the zone of nodal spread in attempting to cure rectal and colon 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 adjuvant x-ray, and if given, whether it should be given preoperatively or postoperatively, rages without letup to this day.

Besides discussing Miles' work at the 1909 meeting, the participants heard papers on bowel cancer presented by Drs. Gant, James Tuttle and Charles W. Mayo. While these leading figures were doing resections, they were the exception, as most surgeons still regarded the abdomen as decidedly hostile territory.

Two years later, though, papers were presented on methods of rejoining the bowel after removal of lower sigmoid tumors. While they introduced some fairly modern ideas (after all, Halstead had



J.P. Lockhart Mummery

identified the submucosa as the critical layer for anastomosis in 1878), most used the Mikulicz technique. Interestingly, this non-anastomotic technique was the most common method of rejoining the bowel as late as 1936.

At the first bipartite meeting between British and American surgeons in 1924, Mr. Lockhart Mummery presented his results from perineal resection of rectal cancer, an operative mortality of 9% and 47% five-year survival. Miles reported a 10% operative mortality for his operation.

The use of diagnostic x-rays for colonic tumors was undergoing trials. Rectal cancer surgery employing perineal, posterior, and abdomino-perineal approaches was of increasing interest. A perineal approach was still the most widely used as recently as 1937. However, the Miles procedure done in two stages was gaining popularity despite a mortality rate of 12% in good hands. Later, a 1941 report would put that figure at 6%.

“At the first bipartite meeting between British and American surgeons in 1924, Mr. Lockhart Mummery presented his results from perineal resection of rectal cancer, an operative mortality of 9% and 47% five-year survival.”

In 1939, Dr. Babcock introduced the pull through operation for rectal cancer. Later, Drs. Babcock and Harry Bacon, in a 1944 paper, recommended anterior resection with end to end anastomosis and protecting colostomy for higher rectal tumors. They also further refined the pull through for low-lying lesions. Mr. Lloyd-Davies suggested a two-team approach for abdomino-perineal resection to reduce operating time and provide even lower operative mortality rates.

Dr. Claude Dixon at Mayo was then doing anterior resection in two stages for upper rectal cancer. As refinements improved the safety of this operation, evidence also became available to indicate that it was as effective against cancer as abdomino-perineal resection. Against the prevailing trend, Dr. Dixon also was doing single stage resections of the right colon. This, of course, is the standard now and has undergone only one major change, the no-touch technique popularized by Dr. Rupert Turnbull.

Anal cancer has been treated in a variety of ways over the past century. Local excision for the smallest and most distally located tumors comprised the surgery in the beginning, and remains good treatment for selected cases today. The anal canal tumors and larger anal skin growths, however, did not respond so well. Surgery con-

sisting of radical resection by abdomino-perineal resection did not solve the problem either, because of an unacceptable recurrence rate. In 1932, radiation as primary treatment was suggested, but the complications of x-ray at that time precluded much enthusiasm for that modality. It was not until Dr. Norman Nigro proposed a combination of radiation and chemotherapy in the 1960s that a satisfactory method of treating these lesions was found.

It is upon the foundation of these earlier practitioners that the current surgical concepts rest. The wide bowel and mesenteric resections done today are based on the work of Drs. Gilchrist and David, who in 1939 defined the lymphatic spread of carcinoma of the large bowel. Radiation and adjuvant chemotherapy, too, have long histories. Truly new are the current diagnostic tools, especially flexible endoscopy, genetic testing, endorectal ultrasound imaging, intra-operative ultrasound, CT scanning, MRI and isotopes to seek out metastases, which allow us an earlier chance to diagnose neoplasia and give us an earlier start on treatment.

"It was not until Dr. Norman Nigro proposed a combination of radiation and chemotherapy in the 1960s that a satisfactory method of treating these lesions was found."

Other advances which permit today's surgery include the stapling devices which permit lower and lower rectal anastomoses and facilitate resection. Bowel preparation including antibiotics is infinitely improved. Introduction of antibiotics, beginning with arsphenamine by Dr. Erlich, followed by the sulfonamides in the 1930s, then penicillin (discovered in 1928 but whose potential was not recognized fully until 1940), gave the third leg of the triad leading us to modern surgery. Antibiotic proliferation and refinement since have been truly remarkable, with the introduction of whole new classes of medications seemingly annually, followed by succeeding generations in a continuous march of research development.

One of the newer surgical approaches clearly stands out. Laparoscopic surgery is now getting the clinical studies necessary to assess its place in the surgeon's armory. Total mesenteric resection in rectal cancer is undergoing widespread trial and may dramatically lessen the specter of local recurrence that has frustrated surgeons in past.

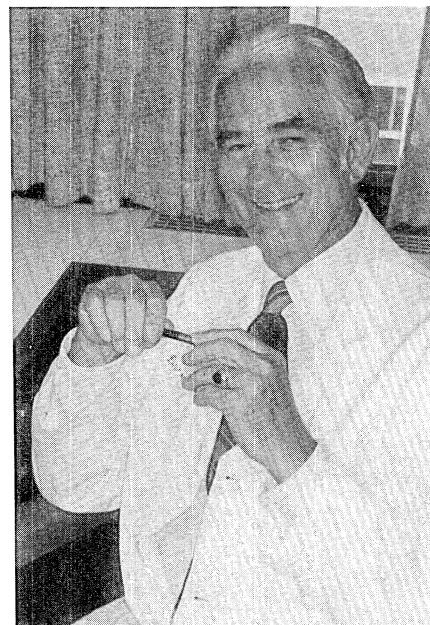
IMPROVED OSTOMY APPLIANCES

Another important advance was the vast improvement in the ostomy appliance. Establishment of artificial intestinal outlets

(ostomies) is an ancient surgical procedure. Until the mid-twentieth century, however, stomas worked so poorly that they usually meant social death. Stomas were originally closed off by truss pads held in place by belts, bandages, or steel springs; none provided a truly leakproof seal. Rubber colostomy pouches came into use in the 1920s. Removable and reusable rubber bags, introduced in the 1930s, made frequent complete changes of the system unnecessary, but skin irritation and odor were still major problems.

Before 1960, most companies making ostomy products were small, entrepreneurial ventures, many started by people who had an ostomy or had a family member with one. During the 1960s, a degree of sophistication in the design of ostomy appliances started to emerge, and several companies introduced vinyl pouches that were much lighter and more comfortable than rubber. While a major improvement over rubber, these vinyl pouches performed poorly in odor management.

Dr. Rupert B. Turnbull (Society President 1974-75), and his first enterstomal therapist at the Cleveland Clinic, Norma Gill, had an important role in the development of today's superior ostomy products. Miss Gill held the position of "ostomy technician." Though not a nurse, she had a vested interest in ostomy care since both she and her grandmother had had ostomies. Dr. Turnbull motivated Marlen Manufacturing to develop a post-operative pouch that used the plastic films commonly used in freezer bags. It had a two-inch stomal opening, no collar, and was glued to the skin with a liquid adhesive. Dr. Turnbull is also credited with discovery of the wet tack adhesive characteristic of karaya powder. He encouraged Marlen to market the powder as an ostomy adhesive. These developments naturally led to a one piece disposable pouch which utilized karaya as a built-in skin barrier. Hollister Incorporated's "karaya seal" pouch was the first of these.



Dr. Rupert Turnbull

Ostomy products rapidly changed from reusables to disposables. Lightweight, low cost, odor barrier plastic films were adapted from the food industry to the manufacture of today's disposable ostomy

pouches. Dr. Turnbull and Miss Gill established the first enterostomal therapy school at the Cleveland Clinic in 1961. The concept of specialists in the care of patients with stomas was further advanced with the establishment of an abdominal stomal therapy department at the Ferguson-Droste-Ferguson Hospital in Grand Rapids, Michigan, that same year. In 1962, Miss Gill and Archie Vinitzky created the United Ostomy Association, a national network run by and for people with ostomies. In 1968, at the suggestion of Dr. Turnbull, 12 of the first graduates in enterostomal therapy formed the organization later to become the International Association of Enterostomal Therapy.

INFLAMMATORY BOWEL DISEASE: *ULCERATIVE COLITIS*

Descriptions of post-mortem examinations from as far back as Roman times suggest that some bodies examined had ulcerative colitis. While this cannot be proven, it is nonetheless intriguing.

Even more detailed observations exist from Civil War physicians, who describe an inflammatory process involving the entire colon with a red velvety appearing surface. They were astute enough to note that this was not dysenteric in origin. They even termed it an "ulcerative colitis like process," indicating that the term was then well understood. Drs. Wilks and Moxon furnished further descriptive detail in 1875.

"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 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.

Dr. J. Y. Brown of the U.S. was apparently the first to suggest ileostomy in the treatment of ulcerative colitis. Ileostomy however was, with good reason, much dreaded at that time, so little came of his idea.

Dr. J. P. Lockhart Mummery, in 1907, reported 7 cases of colon cancer in a cohort of 36 ulcerative colitis cases studied. From that



J.Y. Brown, M.D.

time, recognition of the disease's premalignant nature gained adherents, and by the 1924 bipartite meeting, the association was treated as fact.

Dr. J. Arnold Bagen at the Mayo Clinic advanced the theory in 1924 that ulcerative colitis was caused by a diplostreptococcus. This idea held sway for a number of years before being discarded, though other theories of bacterial origin continued well into the 1960s. None has, of course, been proven. Dr. Bagen did later (1946) contribute greatly to the understanding of the clinical course of the disease and its management.

“As a personal aside, I have always thought that near continuous abdominal symptoms, episodes of unrelenting diarrhea, and urge to stool so overwhelming that incontinence often resulted would cause psychological stress in the most stable individual.”

Beginning in the 1930s, the psychologic aspects of inflammatory bowel disease were recognized, and through the 1960s remained a major focus of the medical treatment. As a personal aside, I have always thought that near continuous abdominal symptoms, episodes of unrelenting diarrhea, and urge to stool so overwhelming that incontinence often resulted would cause psychological stress in the most stable individual. In any case, the studies suggesting a psychological basis for chronic ulcerative colitis were little more than accumulated cases, and the only studies with statistical validity failed to show any connection.

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. An 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.

Dr. Bagen's vaccine and diet along with the seldom-employed ileostomy were the sparse treatment options available for inflammatory bowel disease in the 1940s. Sulfanilamide and later other sulfa drugs were tried but did not affect the disease. Because of the very real shortcomings of the ileostomy of this period, surgeons were only called as a last gasp effort to save the patient. Hence, they treated many anemic and nutritionally spent patients. No wonder the complications were many and the operative management produced high mortality as compared to other procedures of the day. Surgeons soon recognized that ileostomy needed to be accompanied by colon

resection to truly control the disease, a position taken by Dr. Bergen in 1942. At that time, surgeons were aware that ileostomy and resection needed to be done sooner rather than later in the disease, provoking a debate with their medical colleagues that has only recently waned.

As abdominal operations generally became safer, especially after the Brooke ileostomy was described, reluctance to resort to surgery lessened. The availability of the steroid preparations beginning in the 1950s added a new weapon against inflammatory bowel disease, and the newer sulfa-related compounds have weighed in to improve the patient's lot. Use of antimetabolite drugs is popular among physicians today but needs considerably more investigation before it can become a standard therapy.



Sir Alan Parks



Professor John Nichols

POUCH SURGERY

With the passage of time, the total proctocolectomy became the surgical option of choice in chronic ulcerative colitis. Techniques to minimize the rectal and anal dissection and to preserve the nervi erigentes removed some objections to the operation, but a permanent stoma was the price of cure. In 1969, Dr. Nils Koch devised an internal pouch which could be drained by the patient. While a stoma was still present, it offered the patient control over the stomal output. Unfortunately, the complication rate and necessity for further surgery were high enough to cause many surgeons not to take up the procedure or to abandon it. It remains an option today for patients who have had total proctocolectomy and ileostomy but, as a primary procedure, has been almost totally replaced by pelvic pouch operations.

"The idea of creating a small bowel reservoir seemed to occur in several parts of the globe almost simultaneously, but the first successful pouch procedure is generally credited to Sir Alan J. Parks and Dr. John Nicholls, who published an account of an S pouch operation in 1978."



Dr. Utsonimaya

Though the idea of ileoanal anastomosis dated to the 1940s, it was never popularized as originally envisioned, for it made a straight hook-up between ileum and anus with no reservoir. As expected, control was not good, and the patient could never stray far from a toilet. The idea of creating a small bowel reservoir seemed to occur in several parts of the globe almost simultaneously, but the first successful pouch procedure is generally credited to Sir Alan J. Parks and Dr. John Nicholls, who published an account of an S pouch operation in 1978. A simplified J pouch described by Utsonimaya of Japan in 1980 closely followed this. His original J-pouch operation was closely followed by W and H pouches named for the configuration of the small bowel used for construction.

Many other refinements have been made including a double or triple stapling technique, which has made the surgery technically simpler. The primary problem now is the condition of pouchitis, an unexplained inflammation of the mucosa of the pouch. Presently, the wisdom of leaving a narrow cuff of mucosa in the lower anal canal is being debated. No doubt, continence improves when a narrow cuff remains, but the risk of cancer is suggested when mucosa is left behind. This question awaits resolution.

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. With current medical management, the complications of bleeding, poorly controlled disease and toxic dilatation are the only common indications for urgent surgery. For many patients, we are now able to control symptoms satisfactorily for long enough that colectomy and pelvic pouch creation are reserved for cases of chronic ulcerative colitis with malignant potential.

INFLAMMATORY BOWEL DISEASE: CROHN'S DISEASE

Possibly the first description of Crohn's disease was written by Dr. Giovanni Morgagni in 1761. He described the findings of ileal inflammation and perforation accompanied by enlarged mesenteric nodes at autopsy of a young male. Dr. H. Saunders, in 1806, described another suggestive case of Crohn's. Dr. Wilkes, in 1859, wrote a classic gross anatomic description of ileocolic Crohn's. Reports in 1889 of enterocolic and colo-colic fistulas were undoubtedly Crohn's disease. Lord Moynihan, in 1907, added another report of clear-cut regional enteritis. Finally, in Glasgow in 1913 Sir T. Kennedy Dalziel described 13 patients with what he called with accuracy "chronic interstitial enteritis."

Other reports of single instances and small groups of patients with similar findings continued to appear in the literature. Among these was a 1923 report by Drs. Moschowitz and Wilensky, citing four patients from Mt. Sinai Hospital in New York (the hospital of Drs. Crohn, Ginzburg and Oppenheimer). Two years later, Dr. T. H. Coffen, of Portland, Oregon, published a case report of a patient who from 1915 on had required three small bowel resections to establish quiescence in his disease, the first report focusing on the recurrent nature of the disease.

In 1932, Dr. F.J. Nuboer of the Netherlands reported his 2 cases of regional enteritis but was completely overshadowed by a report of 14 cases from Drs. Crohn, Ginzburg and Oppenheimer, published in the *Journal of the American Medical Association*. As is fairly well known, 12 of the 14 cases were found by Drs. Ginzburg and Oppenheimer and only 2 contributed by Dr. Crohn. However, the decision to list the authors alphabetically resulted in the eponym Crohn's disease, first used by Dr. F. Harris in 1933. For some time, the disease was known as Dalziel's disease in Scotland and by other eponyms in other areas.

Dr. Bagen, in the 1930s, recognizing the propensity of the disease to affect other areas of the small bowel, suggested the term regional enteritis to replace regional ileitis, the term Drs. Crohn, Ginzburg and Oppenheimer had used. As early as 1885, reports had suggested that the colon was involved in a process similar to regional enteritis, an observation made again in 1931 by Dr. Mock and by Dr. Colp in 1933. In 1934, Drs. Raymond Jackman and Kantor from the Mayo Clinic reported on the x-ray appearance of the small bowel and colon in Crohn's. Dr. Crohn himself for many years insisted that the colon was never involved in regional enteritis.

In 1952, Mr. Charles Wells, of Liverpool, was able to distinguish between ulcerative colitis and segmental colitis, which he described as a variant of Crohn's disease. Dr. Marshak had the year before described the x-ray findings in cases he believed to be Crohn's of the large bowel. In 1955, Mr. Bryan Brooke and Mr. W. Trevor Howard in London stated that what was then called atypical ulcerative colitis or right sided ulcerative colitis was instead a form of Crohn's disease. Despite Mr. Brooke's prominence, it remained for Mr. H. E. Lockhart Mummery and Dr. Basil C. Morson of St. Mark's, in 1960, to convince the medical public that Crohn's disease of the colon deserved recognition as a valid entity. With their publication, the modern understanding of the potential range of involvement in Crohn's disease was reached (the involvement of upper small bowel to oro-pharynx having been described earlier).

Medical treatment of Crohn's disease has followed along the

same lines as that for ulcerative colitis. First antibiotics, then steroids and finally anti-metabolites. The record of the sulfa-based drugs in Crohn's is, however, better than in ulcerative colitis, and they remain a mainstay in treatment.

The record of the sulfa-based drugs in Crohn's is, however, better than in ulcerative colitis, and they remain a mainstay in treatment."

In the realm of surgical treatment, Crohn's remains a disease treated for its complications. Surgery is generally reserved for treating abscesses, fistula, perforation, obstruction, toxic dilatation or unrelenting disease usually caused by one of the foregoing. Bleeding or the risk of carcinoma rarely account for surgical intervention, even though the risk of malignancy is clearly above that in the general public. Current practice is to resect, if need be, only the grossly involved bowel, as the risk of recurrence does not seem to warrant the loss of bowel sustained when a microscopically uninvolved margin is sought. As a substitute for resection, strictureplasty has its advocates and is growing more popular, as more surgeons are finding it safe. Drs. Price, Bank and Wise in 1984 and John Alexander Williams in 1986 have written regarding results and technique. A Heineke-Mikulicz type closure can handle short strictures, while longer ones may be opened up with a Finney pyloroplasty-like closure.

While much has been accomplished in the medical and surgical control of Crohn's disease, much remains to be done. The phenomenon of recurrence haunts the patient and physician and has yet to be unraveled. Etiology remains a mystery, and no "cure" is in sight. On the other hand, we have recognized the disease entity for less than 70 years, so progress has obviously been made.

MISCELLANEOUS MILESTONES

Having covered only three broad areas of colon and rectal disease, this account of 100 years of achievement of medical science in the diagnoses and treatment of these diseases may have omitted more than it has included. In the interest of providing a wider overview of the highlights of the last 100 years in colon and rectal surgery, the following is simply a chronological list of discoveries and milestones:

- 1905: Abdominal fixation procedures for rectal prolapse. Thiersch (anal encirclement) procedure.
- 1910: Packing of presacral space for prolapse (Lockhart Mummery).

- 1911: Colonic diverticulosis caused by a weakness in the muscular coat of the bowel.
- 1911: Sigmoid resection for obstipation.
- 1912: Bowel obstruction diagnosed by x-ray.
- 1913: Dr. Moschowitz, rectal prolapse due to sliding hernia.
- 1916: Inverted position for sigmoidoscopy.
- 1916: Anal herpes described but not recognized as a sexually transmitted disease (STD).
- 1919: 1st movie, “Rectocolic Afflictions” by Dr. Samuel Gant.
- 1923: Perineal excision for prolapse.
- 1927: Maes operation for prolapse fixing the rectum to the pelvic floor.
- 1928: Synergistic gangrene linked to peri-rectal abscess.
- 1937: Dukes classification for rectal cancer.
- 1939: Management of surgical shock and post-operative problems (we become physiologists).
- 1939: Sulfanilamide for Lymphopathia strictures of the rectum.
- 1941: Surgical mortality of abdomino-perineal resection (APR) falls to 6%.
- 1941: Dr. Vernon David proposes polyp cancer sequence for the first time.
- 1941: Sulfonamides used in inflammatory bowel disease.
- 1942: Modern surgical thinking (i.e., earlier ileostomy and more frequent colectomy) for ulcerative colitis.
- 1940s and 1950s: Improved anesthesia—Curare, Halothane. Lessons from World War II regarding colostomy.
- 1950s and 1960s: Studies of anal function. Improved stoma surgery, appliances, and care.
- 1970s: Fiber optic sigmoidoscopy and colonoscopy. Endoscopic surgery for polyps. CEA for recurrent colon cancer.
- 1980s: Laparoscopic surgery. Screening guidelines for colorectal cancer.
- 1990s: Genetic markers for large bowel malignancy. New adjuvant therapy for colon cancer (5-FU and Levamisole).

The highlights mentioned in the text are not included, or the list would stretch on much further. Lest we become too complacent and

smug, however, we should conclude by recalling some ideas and surgical procedures which will not be included in any highlight film:

- 1910: Irrigation of the colon via appendicostomy for colitis.
- 1912: Division of the rectal valves in the treatment of constipation.
- 1912: Septicemia and toxemia caused by “poisons” in the large bowel secondary to constipation.
- 1930: Vaccine to treat ulcerative colitis.

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.

Successes that the founding members could not dream of are commonplace today.

We do not include a bibliography, but the author would be shamefully remiss if he did not recognize the unpublished but fact-filled work by Dr. Norman Nigro detailing the first fifty years of papers discussed at the Society’s meetings. Without it, this chapter could not have been written. Another invaluable reference was “Colon and Rectal Surgery” by Dr. Marvin Corman. The Bulletin of the American College of Surgeons and many other references on surgery in America also contributed.



A P S/ASCRS

APPENDIX A: PRESIDENTS

1899-1900	Joseph M Mathews, Louisville, KY
1900-1901	James P. Tuttle, New York, NY
1901-1902	Thomas C. Martin, Cleveland, OH
1902-1903	Samuel T. Earle, Baltimore, MD
1903-1904	William M. Beach, Pittsburgh, PA
1904-1905	J. Rawson Pennington, Chicago, IL
1905-1906	Lewis H. Adler, Jr., Philadelphia, PA
1906-1907	Samuel G. Gant, Kansas City, MO
1907-1908	A. Bennett Cooke, Nashville, TN
1908-1909	George B. Evans, Dayton, OH
1909-1910	Dwight H. Murray, Syracuse, NY
1910-1911	George J. Cook, Nashville, TN
1911-1912	John L. Jelks, Memphis, TN
1912-1913	Louis J. Hirschman, Detroit, MI
1913-1914	Joseph M. Mathews, Louisville, KY
1914-1915	Louis J. Krause, Cincinnati, OH
1915-1916	T. Chittenden Hill, Boston, MA
1916-1917	Alfred J. Zobel, San Francisco, CA
1917-1919	Jerome M. Lynch, New York, NY
1919-1920	Collier F. Martin, Philadelphia, PA
1920-1921	Alois B. Graham, Indianapolis, IN
1921-1922	Granville S. Hanes, Louisville, KY
1922-1923	Emmett H. Terrell, Richmond, VA
1923-1924	Ralph W. Jackson, Fall River, MA
1924-1925	Frank C. Yeomans, New York, NY
1925-1926	Descum C. McKenney, Buffalo, NY
1926-1927	William H. Kiger, Louisville, KY
1927-1928	Louis A. Buie, Rochester, MN
1928-1929	Edward G. Martin, Detroit, MI
1929-1930	Walter A. Fansler, Minneapolis, MN
1930-1931	Dudley Smith, Oakland, CA
1931-1932	W. Oakley Hermance, Philadelphia, PA
1932-1933	Curtice Rosser, Dallas, TX

1933-1934	Curtis C. Mechling, Pittsburgh, PA
1934-1935	Louis A. Buie, Rochester, MN
1935-1936	Frank G. Runyeon, Philadelphia, PA
1936-1937	Marion C. Pruitt, Atlanta, GA
1937-1938	Harry Z. Hibshman, Philadelphia, PA
1938-1939	Dudley Smith, Oakland, CA
1939-1940	Martin S. Kleckner, Allentown, PA
1940-1941	Clement J. Debere, Chicago, IL
1941-1942	Frederick B. Campbell, Kansas City, MO
1942-1944	Homer I. Silvers, Atlantic City, NJ
1944-1946	William H. Daniel, Los Angeles, CA
1946-1947	Joseph W. Ricketts, Indianapolis, IN
1947-1948	George H. Thiele, Kansas City, MO
1948-1949	Harry E. Bacon, Philadelphia, PA
1949-1950	Louis E. Moon, Omaha, NE
1950-1951	Hoyt R. Allen, Little Rock, AR
1951-1952	Robert A. Scarborough, San Francisco, CA
1952-1953	Newton D. Smith, Ft. Worth, TX
1953-1954	W. Wendell Green, Toledo, OH
1954-1955	A. W. Martin Marino, Sr., New York, NY
1955-1956	Stuart T. Ross, Hempstead, NY
1956-1957	Rufus C. Alley, Lexington, KY
1957-1958	Julius E. Linn, Birmingham, AL
1958-1959	Karl Zimmerman, Pittsburgh, PA
1959-1960	Hyrum R. Reichman, Salt Lake City, UT
1960-1961	Walter A. Fansler, Minneapolis, MN
1961-1962	Merrill O. Hines, New Orleans, LA
1962-1963	Robert J. Rowe, Dallas, TX
1963-1964	Robert A. Scarborough, San Francisco, CA
1964-1965	Garnet W. Ault, Washington, DC
1965-1966	Norman D. Nigro, Detroit, MI
1966-1967	Maus W. Stearns, Jr., San Jose, CA
1967-1968	Raymond J. Jackman, Rochester, MN
1968-1969	Neil W. Swinton, Boston, MA
1969-1970	James A. Ferguson, Grand Rapids, MI
1970-1971	Walter Birnbaum, San Francisco, CA
1971-1972	Andrew Jack McAdams, Pittsburgh, PA

1972-1973	John E. Ray, Kenner, LA
1973-1974	John H. Remington, Rochester, NY
1974-1975	Rupert B. Turnbull, Cleveland, OH
1975-1976	Patrick H. Hanley, New Orleans, LA
1976-1977	John R. Hill, Rochester, MN
1977-1978	Alejandro F. Castro, Washington, DC
1978-1979	Donald M. Gallagher, San Francisco, CA
1979-1980	Stuart H. Q. Quan, New York, NY
1980-1981	Malcolm C. Veidenheimer, Boston, MA
1981-1982	Bertram A. Portin, Buffalo, NY
1982-1983	Eugene S. Sullivan, Portland, OR
1983-1984	Stanley M. Goldberg, Minneapolis, MN
1984-1985	A. W. Martin Marino, Jr., Brooklyn, NY
1985-1986	Eugene P. Salvati, Plainfield, NJ
1986-1987	H. Whitney Boggs, Jr., Shreveport, LA
1987-1988	Frank J. Theuerkauf, Jr., Erie, PA
1988-1989	Herand Abcarian, Chicago, IL
1989-1990	J. Byron Gathright, Jr., New Orleans, LA
1990-1991	Peter A. Volpe, San Francisco, CA
1991-1992	Robert W. Beart, Jr., Scottsdale, AZ
1992-1993	W. Patrick Mazier, Grand Rapids, MI
1993-1994	Samuel B. Labow, Great Neck, NY
1994-1995	Philip H. Gordon, Montreal, Quebec, Canada
1995-1996	Victor W. Fazio, Cleveland, OH
1996-1997	David A. Rothenberger, Minneapolis, MN
1997-1998	Ira. J. Kodner, St. Louis, MO
1998-1999	Lee E. Smith, Washington, DC

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APPENDIX B: ANNUAL MEETINGS
1899-1999

1899	June 6	Columbus, OH	Great Southern Hotel
	June 7-8	Columbus, OH	Hotel Chittenden
1900	May 2-3	Washington, DC	Hotel Richmond
1901	June 4-5	St. Paul, MN	Ramsey Co. Medical Society
1902	June 10-11	Saratoga Springs, NY	United States Hotel
1903	May 5-6	New Orleans, LA	St. Charles Hotel
1904	June 8-9	Atlantic City, NJ	Seaside Hotel
1905	May 5-6	Pittsburgh, PA	Hotel Henry
1906	June 5-6	Boston, MA	Hotel Vendome
1907	June 3-4	Atlantic City, NJ	Seaside Hotel
1908	June 1-2	Chicago, IL	Palmer House
1909	June 7-8	Atlantic City, NJ	Haddon Hall
1910	June 6-7	St. Louis, MO	Planter's Hotel
1911	June 26-27	Los Angeles, CA	Hotel Alexandria
1912	June 3-4	Atlantic City, NJ	Hotel Chalfonte
1913	June 16-17	Minneapolis, MN	Hotel Radisson
1914	June 22-23	Atlantic City, NJ	Hotel Chalfonte
1915	June 21-25	San Francisco, CA	Civic Auditorium
1916	June 11-12	Detroit, MI	Hotel Statler
1917	June 4-5	New York, NY	Hotel Astor
1918		World War I - no meeting	
1919	June 7-9	Atlantic City, NJ	Hotel Chalfonte
1920	April 22-23	Memphis, TN	Hotel Gayoso
1921	June 3-4	Boston, MA	Boston Medical Library; Hotel Braemore
1922	May 22-23	St. Louis, MO	Hotel Claridge
1923	June 22-23	Los Angeles, CA	Hotel Alexandria

1924	June 23-25 July 9-11	New York, NY London England	New York Academy of Medicine Royal Society of Medicine; Langham Hotel
1925	May 25-26	Atlantic City, NJ	Hotel Ambassador
1926	April 16-17	Indianapolis, IN	James Whitcomb Riley Memorial Hospital; Indiana State Hospital
1927	May 12-14	Philadelphia, PA	Bellevue Stratford Hotel; Philadelphia Co. Medical Society Building
1928	June 11-12	Minneapolis, MN	Nicollet Hotel
1929	May 13-15	Detroit, MI	Hotel Statler
1930	June 22-24	Buffalo, NY	Hotel Statler
1931	June 7-9	Philadelphia, PA	Philadelphia Co. Medical Society Building; Bellevue Stratford Hotel
1932	May 6-7	Memphis, TN	Peabody Hotel
1933	June 12-13	Chicago, IL	Hotel Stevens
1934	June 11-12	Cleveland, OH	Hotel Cleveland
1935	June 10-11	Atlantic City, NJ	Hotel Marlborough-Blenheim
1936	May 11-12	Kansas City, MO	Hotel Kansas Citian
1937	June 7-8	Atlantic City, NJ	Hotel Marlborough-Blenheim
1938	June 11-13	San Francisco, CA	St. Francis Hotel
1939	June 25-27	Brooklyn, NY	The St. George Hotel
1940	June 9-11	Richmond, VA	Jefferson Hotel
1941	June 2-3	Cleveland, OH	Hollenden Hotel
1942	June 7-9	Atlantic City, NJ	Marlborough-Benheim Hotel
1943		World War II - no meeting held	
1944	June 12-13	Chicago, IL	Stevens Hotel
1945		World War II - no meeting held	
1946	June 28-30	San Francisco, CA	Bellevue Hotel
1947	June 7-9	Atlantic City, NJ	Marlborough-Blenheim Hotel
1948	June 19-21	Chicago, IL	Stevens Hotel
1949	May 31-June 4	Columbus, OH	Deshler-Wallick Hotel
1950	June 2-5	Los Angeles, CA	The Biltmore Hotel
1951	June 6-9	Atlantic City, NJ	Marlborough-Blenheim Hotel
1952	June 4-7	Milwaukee, WI	The Hotel Schroeder

1953	June 10-13	Boston, MA	Hotel Statler
1954	June 2-5	Los Angeles, CA	Hotel Statler
1955	June 1-4	New York, NY	Hotel Statler
1956	June 6-9	Detroit, MI	Hotel Statler
1957	April 24-27	New Orleans, LA	Jung Hotel
1958	June 29-July 3	Los Angeles, CA	Hotel Statler
1959	June 15-17	Atlantic City, NJ	Shelburne Hotel
	June 29-July 1	London, England (joint meeting with RSM Section on Proctology)	
1960	April 25-27	Houston, TX	Shamrock Hilton Hotel
	April 29-May 1	Mexico City, Mexico (joint meeting with Mexican Proctologic Society)	
1961	June 21-24	Pittsburgh, PA	Pittsburgh Hilton Hotel
1962	April 30-May 3	Miami Beach, FL	Deauville Hotel
1963	May 20-23	San Francisco, CA	St. Francis Hotel
1964	May 9-14	Philadelphia, PA	Bellevue Stratford Hotel
1965	June 14-16	Minneapolis, MN	Hotel Leamington
1966	June 20-22	Cleveland, OH	Sheraton-Cleveland Hotel
1967	April 17-19	New Orleans, LA	Jung Hotel
	April 20-23	Acapulco, Mexico (joint meeting with RSM Section of Proctology)	
1968	June 10-13	Denver, CO	Denver Hilton Hotel
1969	June 16-18	Boston, MA	Statler Hilton Hotel
	June 21-26	London, England (joint meeting with RSM Section of Proctology)	
1970	April 12-16	Hollywood, FL	Diplomat Hotel
1971	May 9-13	Las Vegas, NV	Dunes Hotel
1972	June 11-14	New York, NY	Waldorf-Astoria Hotel
1973	June 10-14	Detroit, MI	Detroit Hilton Hotel
1974	May 22-25	Washington, DC	Washington Hilton Hotel
1975	May 4-8	San Francisco, CA	San Francisco Hilton Hotel
1976	May 2-6	New Orleans, LA	Marriott Hotel
1977	May 8-12	Orlando, FL	Sheraton Towers Hotel
1978	June 11-15	San Diego, CA	Town & Country Hotel

1979	June 10-14	Atlanta, GA	Hyatt Regency Hotel
	June 18-20	London, England (joint meeting with RSM Section of Proctology and Section of Colonic & Rectal Surgery, Royal Australasian College of Surgeons)	
1980	May 11-16	Hollywood, FL	The Diplomat
1981	June 7-11	Colorado Springs, CO	The Broadmoor
1982	May 2-6	San Francisco, CA	San Francisco Hilton Hotel
1983	June 5-9	Boston, MA	Sheraton-Boston Hotel
1984	May 6-11	New Orleans, LA	Hyatt Regency Hotel
1985	May 5-10	San Diego, CA	Town & Country Hotel
1986	May 11-15	Houston, TX	Hyatt Regency Hotel
1987	April 5-10	Washington, DC	Sheraton Washington Hotel
1988	June 12-17	Anaheim, CA	Disneyland Hotel
1989	June 11-16	Toronto, Ontario, Canada	Sheraton Centre Hotel
	June 19-22	Birmingham, England (joint meeting with RSM Section of Colo-Proctology and Section of Colon & Rectal Surgery, Royal Australasian College of Surgeons)	
1990	April 29-May 4	St. Louis, MO	Adam's Mark Hotel
1991	May 12-17	Boston, MA	Marriott Copley Place Hotel
1992	June 12-17	San Francisco, CA	San Francisco Hilton Hotel
1993	May 2-7	Chicago, IL	Hyatt Regency Hotel
1994	May 8-13	Orlando, FL	Marriott Orlando World Center
1995	May 7-12	Montreal, Quebec, Canada	Queen Elizabeth Hotel Montreal Convention Center
1996	June 9-14	Seattle, WA	Washington State Convention and Trade Center
		London, England	
1997	June 22-26	Philadelphia, PA	Philadelphia Marriott
1998	May 3-7	San Antonio, TX	Marriott River Center Hotel
1999	May 2-6	Washington, DC	Washington Hilton

