

CHAPTER 1

The Founding and the Early Years, 1932–1954



The year in which the organization was founded is clear enough, but any judgment about the definition of the term *early years* is bound to be somewhat arbitrary. The authors and editors of this seventy-five-year history of the American College of Gastroenterology chose to define the early years as those intervening between the organization's founding in 1932 and the establishment of its present name in 1955.

Our Founders: Setting the Stage

The setting was the New York City home of Samuel Weiss, MD, in November 1932. The record does not indicate whether it was a dark and stormy night or a bright and sunny day when a small group of physician-clinicians met to form a new medical association, one that would address the interests of practicing gastroenterologists and would be “a more inclusive organization of physicians interested especially in the clinical aspects of digestive disorders.” It was to be called the New York Society for the Advancement of Gastroenterology and was chartered by the State of New York on December 27, 1932, by ten physicians from New York City, Brooklyn, and Long Island. Isadore Ritter presided at this organizational meeting and was designated the society's first president.

G. Randolph Manning, Elihu Katz, William Jacobson, Samuel Mufson, Max Einhorn, Jacob Kaufmann, Anthony Bassler, and A.F.R. Anderson, along with Weiss and Ritter, were the incorporators of the new organization. Of considerable interest is that Einhorn and Kaufmann were two of the seventeen original founders of the American Gastroenterological Association (AGA) in 1897. They served as members of an advisory board for the new organization, whose purposes were delineated thoughtfully and clearly in the original certificate of incorporation:

- 1 To unite in one association qualified physicians, teachers, and research workers of high standing in gastroenterology and its allied fields.

- 2 To emphasize and to advance the clinical practice of diseases and disorders of the gastrointestinal tract and accessory organs of digestion, including those of nutrition.
- 3 To further the study of gastroenterology and allied subjects in medical schools and hospitals.
- 4 To encourage gastrointestinal research and to publish the results; to promote greater interest among practicing physicians in diseases of the gastrointestinal tract, and to further their training in clinical gastroenterology.
- 5 To maintain and promote the highest standards in medical practice, medical education, and research in the field.



Samuel Weiss, MD

What were the circumstances providing the impetus for the meeting that took place at Samuel Weiss's home in November 1932? The perception of the men who convened that evening was that the thirty-five-year-old American Gastroenterological Association was focused too narrowly on academic and institution-based goals, and that its pursuits were too often exclusive in tone and action.

Some of the circumstances bore a striking similarity to those that stimulated Charles D. Aaron, MD, and a few other activist physicians to organize the AGA. When in 1897 the AMA refused to allow the creation of a subspecialty section devoted to digestive disorders (Philadelphia, 1897), Aaron and his colleagues reacted to this perceived exclusivity by establishing a specialty organization to appeal to the small but growing "medical community interested in digestive diseases" (*The AGA Centennial Book* [1997], Dale C. Smith, Ph.D., author).

Over the next thirty-five years, advances in technology; an increase in the number of internists with a strong interest in digestive disorders; efforts to better differentiate gastroenterologists as subspecialists from internists with special interests in GI disorders; the increasing perception by physician-clinicians that the AGA "was becoming a subspecialty organization of research-oriented, academic physicians" (*The AGA Centennial Book* [1997], Dale C. Smith, Ph.D., author); and the awareness that subspecialty consultants were increasingly defined by membership in the AGA (there were no GI Boards in existence) all contributed to interest in the establishment of a new organization. The founders hoped to attract physician-clinician members dedicated to providing high-quality patient care and to build an organization that would assume the responsibility to teach and integrate relevant scientific observations and advances—to close the gap between the bench and the bedside, so to speak. The founders were passionate in their

contention that a new organization was required to speak for the practitioner of medicine with strong interests in digestive disorders.

The organizing group established an Executive Board composed of “the President, Vice President, Secretary, Treasurer, and Secretary General of the National Council (the forerunner of the Board of Governors; see Chapter III: Growth and Maturity) and nine other members residing in New York City or its vicinity. The National Council, composed of delegates or representatives from the various chapters, functioned only in an advisory capacity.

G. Randolph Manning was the organization’s first elected president and served in that capacity from 1932 to 1935. In 1936, Anthony Bassler, MD, a private practitioner in New York City, became the second president. Bassler was an important leader in American gastroenterology in the early twentieth century. He was the first chairman and founder of the Section on Gastroenterology of the American Medical Association, the New York Gastroenterological Association, and the International Society of Gastroenterology. He served as president of the National Society for the Advancement of Gastroenterology for sixteen years, during which time his dedication to the society was associated with tremendous growth. Bassler and others were concerned “that specialization was the province of the academics and the Society was his vehicle to provide greater democracy in the recognition of clinical gastroenterologists in the United States” (p. 36—*The AGA Centennial Book* [1997], Dale C. Smith, Ph.D., author).

Structure and Function: Reaching Out

Because of growing national interest in the new organization among relevant practitioners, the Society detailed plans to expand to an organization national in scope when it changed its name in 1934 to the National Society for the Advancement of Gastroenterology. An undated document recovered from the College archives and written presumably around the same time included the following statement:



Anthony Bassler, MD

PRESIDENTIAL ADDRESS

ANTHONY BASSLER, M.D.

NEW YORK, N. Y.

YOU gentlemen have seen fit to honor me by electing me your President, which I most sincerely appreciate and thank you for. It is an honor to occupy the position so ably conducted by Dr. G. Randolph Manning, especially conspicuous because his time of office was during the formative stage of the organization. I hope a service performed as ably as his was will always be appreciated by our members. It might be well in accepting this office to speak frankly to you for a few moments in the hope that what I say will be of benefit to gastroenterology, a field of medicine I have been most active in for over a quarter of a century, long enough to give me a retrospect and a judgment from experience. What I shall say will be candidly expressed and if in its frankness it seems hard, it is in no sense occasioned by rancor, disappointment or to give offense.

When I first came into the field of gastroenterology, it was covered with approbrium. While much of this was deserved, a considerable part of it was unfair. With the advent of better physiology, bacteriology, roentgenology, aseptic surgery, biologic therapy, more accurate clinical study and the laboratory (all happening in the last 25 years), the approbrium which was general became localized, there still being some of it left today. Largely helping to develop the field of medical abdominal work have been the many excellent text books and medical journals on the subject, and today organizations and periodicals on gastroenterology exist in practically every important country in the world. Adding materially to this has been an immense amount of indefatigable work of research and original types done by many serious and excellent workers both here and abroad. This is not the place or the occasion to detail these.

In a recent article on the history of gastroenterology with special reference to the United States, the late Dr. F. L. Garrison described the struggle for knowledge from ancient days to just a year or two ago. In this he mentioned in the immortal sense eleven Americans of whom but three are gastroenterologists, namely Einhorn, Bassler and Alvarez. This is not to be taken as an argument against gastroenterology as a specialty but to show that advances came from different quarters and thus men in these allied branches should be entitled to membership in a gastroenterological organization. From 1897 to 1917 the only gastroenterological organization existing in this country was the American Gastro-Enterological Association. In strong hands and excellent leadership in the early years, this organization accomplished an immense amount of good during that

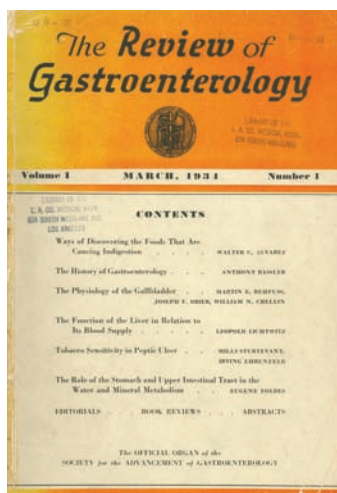
The Society for the Advancement of Gastroenterology, through its Interrelations Committee, intends to provide greater facilities for the creation of the [sic] National council by the correlation and establishment of these various affiliate organizations or chapters throughout the country.

The first new chapter was the New Jersey Gastroenterological Society. Others followed, and a National Council with representatives from each chapter was created. The National Council, composed of delegates or representatives from the various chapters, functioned only in an advisory capacity; however, it was the forerunner of what was to become the Board of Governors.

In January 1938, the first headquarters was opened in New York City at 299 Broadway with a staff of three. Daniel Weiss was appointed the organization's first executive director in 1941 and served in that capacity for four decades, organizing annual meetings, postgraduate courses, and postconvention trips meeting attendees. He also served as managing editor of the journal.

The relationship between the parent organization and the chapters and affiliates outside of New York City was a difficult one, primarily because of the domination by the New-York-based membership. In 1938, still another name change occurred, to National Gastroenterological Association; nonetheless, the New York City contingent remained a dominant and controlling element. As a consequence, only a small uncommitted aggregate of national chapters and affiliates existed outside New York City and its environs.

First issue of the journal *The Review of Gastroenterology*, March, 1934



Growth: Membership and Recognition

Membership growth and the appearance in 1934 of the first issue of the journal *The Review of Gastroenterology* were clear signals to the doubters that the organization had firm roots and was here to stay and flourish.

Categories of membership were established as fellows, associate, and members, reflecting the applicant's professional status. Early on, the American Board of Internal Medicine had not been established; therefore, opportunities to become board certified (officially certifying specialty status) did not exist. Upon the establishment of the American Board of Internal Medicine in 1936, several members, invoking the grandfather clause, became diplomates of the board without examination. Others took the examination and were certified. The requirements for fellowship in the association were then changed so that

future applicants were first required to be certified as diplomates of the board of internal medicine, pathology, colon and rectal surgery, radiology, or surgery. Those who were not certified became members or associates. After affiliation for a number of years and completion of a specific number of hours in approved postgraduate courses, an application for advancement to fellowship could be submitted. The requirements to become a fellow of the College have varied from time to time. (See Appendix I: Constitution and Bylaws.)

The Ryan Report: A Mandate for Survival

In the late 1940s, when the twenty functioning chapters outside of New York had an average of only ten members, it became increasingly apparent that the very survival of the organization was at stake. The Executive Board decided to commission a no-holds-barred external review of the entire operation, and James Ryan, a New York City attorney, was hired to conduct the review. On October 10, 1947, he issued his report, *A Study on Organization of the National Gastroenterological Association*, which was received by the Executive Board on November 17, 1947.

His findings and recommendations prompted the leadership of the National Gastroenterological Association to make the changes that would pave the way for the establishment of a truly national and representative organization. His report begins, “Essentially your Association, in my opinion, suffers from the following principal difficulties:”

There are inadequate funds available for the support of your executive offices, for the development of your association, and for the operation of a program of

1. public relations within the medical profession as well as the public.
2. The organic structure of your association is unnecessarily complex and cumbersome. Although you already have a (sparse) national distribution of active chapters, your development as a truly national (or international) organization is hindered by the fact that the membership of the National Executive Board is predominantly derived from New York State.
3. Regardless of the ability of your elected officers, it is a sign of basic weakness and detriment to the full potential of any organization to have its principal officers re-elected year after year.

His clear and compelling recommendations for change included the following:

- 1 Get rid of the National Council and National Executive Board. Instead, designate the National Council as a House of Delegates and the National Executive Board as a Board of Trustees.
- 2 Provide one delegate to the House of Delegates per chapter plus one delegate for each twenty members.
- 3 Hold meetings in a different city each year.
- 4 Take steps to bolster inactive chapters or eliminate them.

He concluded with the following statement, which included a tribute and a caution:

In summary, the National Gastroenterological Association has one unique asset in that it is the only national and representative body of physicians interested in the field of medical practice. The association is at a critical juncture—either bold leadership is exerted or the existing signs of peripheral decay will spread.

The Ryan Report influenced greatly the leadership of the organization. The Executive Board agreed with many of Mr. Ryan's specific recommendations and were presumably impressed with his assessment of the organization's unique asset. It is this feature that is embodied in the organization as a whole and the Board of Governors in particular.

In 1948, the Board of Trustees began to reorganize the administration by revising the constitution and bylaws. Limits were placed on the terms of office of the president, the vice presidents, and the members of the Board of Trustees as well as on the number of trustees that could be elected from any one state. The country was divided into four regions and a vice president was elected from each of them. These measures served to stimulate the rise of new leadership on a national basis. It was also recommended that annual conventions be held in different cities to permit more of the membership to attend, a move implemented with the convening of the annual scientific session in Boston, Massachusetts.

At the Annual Meeting in Washington, DC, in 1954, the modern era came into being when the name "American College of Gastroenterology" was adopted. At the same time, a new Constitution and Bylaws were incorporated. Among the important changes was the establishment of a Board of Governors, a development that would define the character of the College.

President's Message

The American College of Gastroenterology has begun its official existence. At the special meeting of Fellows of the National Gastroenterological Association held in New York, 2 May 1954, the final steps were taken and now development must begin.

One of the first projects to be undertaken by the College will be to develop a research program.

At the regional meeting held in Milwaukee, Dr. H. Necheles, chairman of the research committee, gave the Board of Trustees a thrilling preview of a research program which is to be launched at our annual convention in Washington, D. C. in October.

As a result of this presentation and discussion of the research committee, individual members of the Board of Trustees voluntarily subscribed to an initial research fund to get the program started.

Dr. Lynn A. Ferguson and his Program Committee have completed the convention program which is one of the best we have ever had.

Dr. William W. Lermann and his Postgraduate Education Committee have completed the program for our postgraduate course, and this is also one of the best we have ever had.

The Executive Committee was authorized by the Board of Trustees to propose a Board of Governors for the College, and this work is well under way.

The spirit of cooperation which has been manifest at all meetings, has been an inspiration to your president. I wish to express my thanks and appreciation to all the trustees, Fellows, committee members and others who have had a part in organizing the College. There has been a complete unanimity of purpose and this augurs well for the future.

Sigurd W. Johnson



President's Message heralds important changes and new priorities as the modern era of ACG begins.