ACR, First Phase (1923-1934)

The Radiological Society of North America (RSNA) was by 1922 much bigger than the American Roentgen Ray Society (ARRS), but it still lacked the ARRS's prestige. Dr. Albert Soiland [of Los Angeles, a pioneer in radiation therapy on the West Coast and 1922 president of the RSNA] accordingly envisioned a new organization which would outstrip the ARRS in eminence and exclusiveness of membership just as the RSNA had outstripped the ARRS in size. The new organization would be limited to 100 outstanding Fellows "who have distinguished themselves in the science of radiology." Each Fellow must be a graduate of "a reputable institution of medicine and surgery" and must have devoted at least 10 years to the science of radiology. Fellows were required to present an acceptable thesis at an annual meeting. Election to Fellowship required a unanimous vote of 10 Chancellors. In addition to Fellows and Chancellors, there would be an even higher class of Honorary Fellows composed of "those whose contributions to the science of radiology warrant honorary recognition."

Dr. Soiland initially proposed this new organization, to be known as the American College of Radiology, in a letter to prominent radiologists sent during the winter of 1922-23.

Twenty-one of these prominent radiologists, including Dr. Soiland, met in San Francisco on June 26, 1923, and the ACR was duly launched. (An American College of Surgeons had been founded in 1913 and an American College of Physicians in 1915). Seventy radiologists initially accepted Fellowship, and the first Convocation of the College was held in Chicago on June 11, 1924, with Dr. Soiland as Executive Secretary, and the following elected officers: President, Dr. George E. Pfahler, Philadelphia; President-Elect, Dr. William H. Stewart, New York; Vice President, Dr. Henry Schmitz, Chicago; Secretary, Dr. Albert Soiland, Los Angeles; Treasurer, Dr. Benjamin H. Orndoff, Chicago.

The investiture ceremony at the first Convocation featured a solemn ritual: a "Charge to Candidates" delivered by the President and a five-paragraph "Fellowship Pledge" spoken in response by the candidates dressed in their academic robes.

"For a number of years after its organization," writes Dr. Arthur W. Erskine of Cedar Rapids, Iowa, "the activities of the College were limited to an annual Convocation, a dinner, and an oration. During that
period many radiologists were doubtful that it was useful enough to justify its continued existence, and its death from inanition would not have been surprising.” Nine Fellows, including one former president, tendered their resignations, but the College did survive, "probably because the governing body, the Board of Chancellors, carried out its task of selecting Fellows with conscientious care. Radiologists were indeed rare who could bring themselves to decline the real and implied honor of election to Fellowship." Once the initial limit of 100 Fellows was reached, the ceiling was raised and then abolished altogether. Instead of requiring a unanimous vote of the Chancellors, Fellowship could be achieved despite two dissenting votes among the Chancellors and 10 dissenting votes among the Fellows.

That this almost wholly honorary organization, with its initial emphasis on exclusivity and ritual, would shortly emerge in its "second phase" as a fighting spokesman for its medical specialty is among the more curious quirks in the history of radiology.

**ACR, Second Phase (1935 To Date)**

As early as 1927, for example, the ACR developed a concern with medical economics and with the economic aspects of radiological practice. A national committee on the costs of medical care had been established in Washington, and radiology needed a voice on that committee. Dr. Arthur C. Christie of Washington, D.C., was the radiologist member of the committee; he was also a Fellow of the ACR. To strengthen his role, the ACR established a Commission on Medical Economics with Dr. Christie as chairman. Thus, while the ARRS and RSNA remained the voices of American radiology in professional and scientific matters, the ACR tentatively assumed the role of spokesman on the economic front.

In 1933, the ACR played a central role in planning the American Congress of Radiology, and in 1934 it participated in the founding of the American Board of Radiology. In the latter year, under the presidency of Dr. Henry K. Pancoast of Philadelphia, it also launched a Bulletin devoted to economic and educational matters, and it held the third of a series of conferences on the future development of the specialty. In addition to the ACR Commission on Medical Economics, a Commission on Radiological Education and a Commission on Public Instruction actively functioned within the College framework. Dr. Benjamin H. Orndoff of Chicago served as executive secretary, coordinating these rapidly expanding activities.

In 1935, under the leadership of Dr. W. Edward Chamberlain of Philadelphia, the gradual transformation of the College from an honorary society to a functioning professional organization led to a drastic reorganization of the ACR structure. In place of the 1924 objective - "to create a Fellowship among men who have distinguished themselves..." - a new constitution adopted in 1935 cited "the purpose of advancing the science of radiology by means of the study of the economic aspects of radiology and the encouragement of improved educational facilities for radiologists." In addition to Fellows, Honorary Fellows, and Chancellors, the College now began to admit ordinary members. A new post of Chairman of the Board of Chancellors was established for Dr. Chamberlain, and under his vigorous leadership from 1935 to 1940 total membership rose from about 200 to more than 1,000. Beginning in 1939, all diplomates of the American Board of Radiology became eligible for membership.

One major reason for this thoroughgoing transformation of the ACR was the growing concern of radiologists for the economic future of their specialty. The Great Depression had affected them as it had affected other groups. The very rapid rise of Blue Cross and of other medical prepayment and insurance
plans during the years of economic recovery had greatly expanded the role of the hospital on the American medical scene. "Hospitals were increasingly demanding that radiologists should be only employees of hospitals and that radiology must be considered a purely ancillary hospital service," wrote Dr. Goin in Los Angeles in his manuscript history of the ACR. There was also a concern among many radiologists that plans for a nationwide health insurance program then under discussion in Washington might impact their traditional fee-for-service relations with patients. In these and many other matters, radiologists needed a strong voice. The continuing rivalry between the ARRS and RSNA made it difficult for either of them to speak for radiology as a whole. Following its 1935 reorganization, the ACR increasingly stepped into this breach.

California radiologists were particularly alarmed by prospective changes in medical economics, for their state was the battleground of Upton Sinclair's EPIC (End Poverty in California) movement with its proposal to provide all medical services out of tax funds. In February 1936, accordingly, the Pacific Roentgen Society instructed one of its leaders, Dr. Goin, to propose to the ACR Board of Chancellors the formation of a new Intersociety Committee for Radiology, capable of speaking for the entire specialty on radiologist-hospital relationships, Blue Cross-Blue Shield relationships, compulsory health insurance, and other economic issues. This Western proposal was accepted, and from 1937 to 1939 the ACR, ARRS, ARS, RSNA and AMA Section on Radiology jointly supported an Intersociety Committee - yet another step toward healing the 1915 breach. A "war chest" was collected to finance the committee's activities.

In 1939, this rather cumbersome interlocking-committee arrangement was superseded by an interlocking-directorate arrangement. The ARRS, ARS, and RSNA each elected one representative to the ACR board, so that the ACR became, in effect, the united voice of all of the organizations on economic issues. The ACR also took over the executive secretary of the Intersociety Committee.

Currently the ACR engages in a very wide range of activities through its Board of Chancellors, its Council, and its Commissions and committees. More than [260 councilors] maintain a close relationship between the College and its members and their local radiological organizations, including statewide ACR chapters. The ACR also maintains a Professional Bureau to assist residents and young radiologists in finding appointments. Headquarters are maintained in [Reston, Virginia]. Affiliated with the ACR are the ACR Foundation and [the ACR Institute].

The pomp and circumstance of Fellowship have been maintained, and election to Fellowship in the College remains a high radiological honor.