THE AMERICAN BOARD OF NEUROLOGICAL SURGERY*

LEONARD T. PURLOW, M.D.

Department of Neurosurgery, Barnes Hospital, St. Louis, Missouri

(Received for publication May 31, 1962)

In 1952 Paul Bucy became the President of this Society with these words, "The future of neurological surgery in North America lies in the hands of the members of this Society." At this meeting, we, as a group, have reached the age of thirty years, and we now have more members than any other neurological society in the world. It is a distinct honor to be selected as your president, and I would like to express my gratitude for the privilege of serving. At the same time, I would like to say honestly and sincerely that it is an honor that I do not justly deserve, for my only contribution to our specialty has been the clinical neurosurgeon with reasonable surgical judgment and moderate technical skill. In many months of contemplation as to the why of my selection, I have been able to assign only one reason, and that must be because of my service to the American Board of Neurological Surgery. During the ten years of my membership, six as a representative of this Society, I became convinced that this organization was very worth-while, but I also realized that many neurosurgeons are very unfamiliar with its make-up, its objectives, or its attainments, so it is my purpose to discuss it with you today. William Germany included an analysis of some aspects of Board activities as a part of his discussion of the past, present and future of neurological surgery in 1953, so I am by no means introducing a new subject, nor is it a subject in which this organization has no interest. Four of the members of the Board are appointed as representatives of this Society, more than the number appointed by any other organization.

The principle of certification in a medical specialty was established first in ophthalmology. The American Board for Ophthalmic Examinations (now the American Board of Ophthalmology) was incorporated in 1917 after four years of study of ophthalmic education. I think it is interesting to review the original statement of the purposes of this Board. These are:

1. To elevate the standards of ophthalmology.
2. To determine the competence of ophthalmologists who desire certification.
3. To conduct examinations for candidates who appear before the Board and to issue certificates to those who pass.
4. To act as advisers to prospective students of ophthalmology.*

Then follows this significant statement:

"The American Board of Ophthalmology has never been concerned with measures that might gain special privileges or recognition for its diplomates in the practice of ophthalmology. It is neither the intent nor has it been the purpose of the Board to define requirements for membership on the staffs of hospitals. The prime object of the Board is to pass judgment on the education and training of competent and responsible ophthalmologists, not who shall or shall not practice ophthalmology as a specialty. The Board specifically disclaims interest in or recognition of differential emoluments that may be based on certification."

By 1938 specialty certification had become so well established that an Advisory Board for Medical Specialties had been formed, and all recognized Boards were members. The Advisory Board was made up of representatives of all existing specialty boards, of the Association of American Medical Colleges, The Council on Medical Education and Hospitals of the American Medical Associa-

* Presidential Address at the meeting of the Harvey Cushing Society, Chicago, Illinois, May 1, 1962.

* Italics mine.
tion, The Federation of State Medical Boards of the United States, and the National Board of Medical Examiners. It had been established that each recognized specialty board should be a member of the Advisory Board, so requirements for membership were established as follows:

"To be eligible for membership on the Advisory Board a proposed new Specialty Board should be sponsored by two or more national organizations representing that specialty, including a related section of the American Medical Association. If favorable action is taken by the Advisory Board, the Specialty Board in question is recommended for official recognition to the Council on Medical Education and Hospitals of the American Medical Association. "The council will approve new boards only after recommendation by the Advisory Board for Medical Specialties.""

The matter of a board for certification in neurosurgical surgery was considered at a meeting of the Society of Neurological Surgeons in 1938, and on August 1, 1940, such a board was established, the preamble to the articles of incorporation being as follows:

"The principle of certification in medical specialties is now well established. Recognizing the need for detailed training and special qualifications for the practice of neurological surgery, representatives of both The Society of Neurological Surgeons and The Harvey Cushing Society held an informal meeting on March 27, 1939, to consider this matter. Later, the group was enlarged by representatives from the Section on Nervous and Mental Diseases of The American Medical Association, the Section on Surgery of The American Medical Association, The American Neurological Association and The American College of Surgeons.

"It was unanimously resolved by the enlarged group that a separate Board be formed for Certification in Neurological Surgery."

The aims and purposes of the Board were stated as being:

"To encourage the study, improve the practice, elevate the standards and advance the science of Neurological Surgery and thereby to serve the cause of Public Health.

"To grant and issue to physicians duly licensed by law, certificates or other recognition of Special Knowledge in Neurological Surgery (hereinafter called "Certificates") and to suspend and revoke the same.*"

* Italics mine.

"Certificates granted or issued by the Corporation shall not confer or purport to confer upon any person any legal qualification, privilege or license to practice Neurological Surgery, nor purport to be issued under or in pursuance to or by virtue of any statutory or governmental sanction or authority. Recipients of Certificates shall not by virtue thereof become members of the Corporation or shall they be entitled by virtue thereof to vote on any matter whatsoever.

"To determine by examination, investigation and otherwise the fitness and competence of specialists in Neurological Surgery who shall apply for Certificates and to prepare, provide, control and conduct examinations, written, oral and otherwise, for such purpose and to determine the results of such examinations.

"To furnish to the public, hospitals, medical schools, medical societies and practitioners of medicine and surgery lists of Neurological Surgeons who from time to time have been granted Certificates by this Corporation."

The original composition of the Board was stipulated in the following paragraph:

"The incorporators named in this certificate shall elect twelve initial members, five from The Society of Neurological Surgeons, three Neurological Surgeons from The Harvey Cushing Society, one from the Section on Nervous and Mental Diseases of The American Medical Association, one from the Section on Surgery of The American Medical Association, one from The American Neurological Association, and one from The American College of Surgeons."

There have been two changes in representation. In the early 1940s one representative was accepted from the Academy of Neurological Surgery, reducing the number from the senior society to four. In 1961 the number of representatives from this society was increased to four and the number from the senior society was reduced to three. Term of membership is six years, except for the secretary, and the provision that no member shall serve two consecutive terms is assurance that the Board may never become self-perpetuating.

In any evaluation of our Board, one must consider the purposes for which it was created. Like all other Boards, it has no legal standing. Certification, or the lack of it, does not in any way affect the physician's legal right to practice, for this privilege is conferred by the individual states of our union. It was never