



Cleveland Surgical Society

History: 1948 – 1993

Preface

This history of the Cleveland Surgical Society is dedicated to its founders and to their vision and skill which brought this Society to life and directed its early years. They helped it become a premier educational resource for surgeons in both the practice and teaching of the art and science of surgery. It is also dedicated to the leaders of the Society who, over the years, have maintained the high standards of our founders and who continue to meet the expectations of our members to improve patient care through the nurturing and teaching of surgical residents and young surgeons.

We also recognize our indebtedness to the historians, Drs. Philip Partington and Frederick Cross, who have carefully recorded and shared their early recollections of the formation of the Cleveland Surgical Society. We thank Drs. Elden Weckesser and Robert Izant for their editorial assistance with this manual. They have documented, for future generations, the progress of our Society which reflects, to a great extent, the high caliber of medical practice in Cleveland and Northern Ohio.

Founders



*Frank F.
Barry, M.D.*



*Ernest F.
Bright, M.D.*



*Edward B.
Castle, M.D.*



*Robert S.
Dinsmore, M.D.*



*Howard M.
Gans, M.D.*



*Frank S.
Gibson, M.D.*



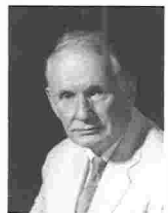
*Donald M.
Glover, M.D.*



*Carl A.
Hamann, Jr., M.D.*



*Henry L.
Hoffman, M.D.*



*William D.
Holden, M.D.*



*Robert M.
Hosler, M.D.*



*Earle B.
Kay, M.D.*



*Donald A.
Kelly, M.D.*



*Lester W.
Krause, M.D.*



*Middleton H.
Lambright, Jr., M.D.*



*Bernard B.
Larsen, M.D.*



*John H.
Lazzari, M.D.*



*Carl H.
Lenhart, M.D.*



*Chester R.
Lulenski, M.D.*



*William C.
McCally, M.D.*



*Russell S.
McGinnis, M.D.*



*Regis J.
McNamee, M.D.*



*Harvey J.
Mendelsohn, M.D.*



*W.E.
Mishler, M.D.*



*Philip F.
Partington, M.D.*



*Herschel
Pevaroff, M.D.*



*P. John
Robeck, M.D.*



*Richard B.
Robrock, M.D.*



*Darrell T.
Shaw, M.D.*



*H.O.
Studley, M.D.*



*Martin B.
Taliak, M.D.*



*John J.
Thornton, M.D.*



*V.L.
Tichy, M.D.*



*George A.
Tischler, M.D.*



*Elden C.
Weckesser, M.D.*

Presidents



1949
*Donald M.
Glover, M.D.*



1950
*Claude
Beck, M.D.*



1951
*Samuel
Lind, M.D.*



1952
*Robert S.
Dinsmore, M.D.*



1953
*Frank S.
Gibson, M.D.*



1954

*Farrell T.
Gallagher, M.D.*



1955

*Philip F.
Partington, M.D.*



1956

*Samuel D.
Freeland, M.D.*



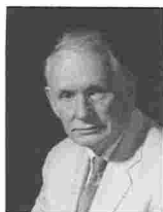
1957

*Fiorindo A.
Simeone, M.D.*



1958

*Stanley D.
Hoerr, M.D.*



1959

*William D.
Holden, M.D.*



1960

*Chester R.
Lulenski, M.D.*



1961

*John H.
Lazzari, M.D.*



1962

*Norman W.
Thiessen, M.D.*



1963

*Esselstyn M.
Barry, M.D.*



1964

*Elden C.
Weckesser, M.D.*



1965

*Frederick S.
Cross, M.D.*



1966

*Brown
Dobyns, M.D.*



1967

*Joseph C.
Avellone, M.D.*



1968

*Howard M.
Gans, M.D.*



1969

*Charles A.
Hubay, M.D.*



1970

*Joseph L.
Bilton, M.D.*



1971

*Robert J.
Izant, Jr., M.D.*



1972

*Maier M.
Driver, M.D.*



1973

*Robert C.
Waltz, M.D.*



1974
Robert E.
Hermann, M.D.



1975
Jerrel W.
Benson, M.D.



1976
Robert
Zollinger, Jr., M.D.



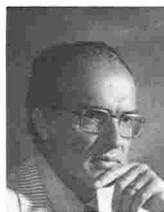
1977
Joseph F.
Lydon, M.D.



1978
James L.
Berk, M.D.



1979
Fred R.
Plecha, M.D.



1980
Elias A.
Husni, M.D.



1981
Vernon D.
Hacker, M.D.



1982
Edward J.
Mansour, M.D.



1983
Caldwell B.
Esselstyn, M.D.



1984
Robert S.
Rhodes, M.D.



1985
James E.
Sampliner, M.D.



1986
Lawrence B.
Langsam, M.D.



1987
Ezra
Steiger, M.D.



1988
Jerry M.
Shuck, M.D.



1989
Helmut
Schreiber, M.D.



1990
Jeffrey L.
Ponsky, M.D.



1991
Thomas A.
Stellato, M.D.



1992
Richard B.
Fratianne, M.D.



1993
Daniel P.
Guyton, M.D.

First Organizational Notes

1948

His touns

Cleve. Surg. Soc.

May 13, 1948 Organizational meeting
at home of Donald Glover
Committee appointed
Dinsmore, Freedlander, Gallagher,
Hollan, Lazzoni, Lubanski, Throssen,
Hollen Day, Glover, Chairman ^{Organizing} Comm.
Nov. 1 Meeting of Committee at
Hermit Club

Idea agreed on 5-15-48
membership to 100 members? Am. Coll.
Organ. independent of Acad. of Surg.
4-5 meetings a yr. part at
hospitals, part at Acad. —
Purpose: — to promote better

understanding of qualified surgeons

② Stimulate original contributions

③ Provide a forum for work of
younger surgeons

minutes of meetings 5-13 & 11-1
missing along to agenda

Correspondence to other
surg. soc. Detroit, Pittsburgh,
Buffalo for Constitutions, By-Laws
Drafting a Constitution
Lubanski, Ciolek, Freedlander, ^{Chair}
Hollen

The Cleveland Surgical Society

Following World War II, there was an urgent need to unite and absorb a diversity of returning established surgeons and to provide a forum for continuing education for them and the expanding number of surgical residents in the greater Cleveland area. The establishment of the Cleveland Surgical Society was a natural outgrowth of these needs. A color photo of the War Memorial Fountain in downtown Cleveland representing a human escaping from the flames of war was adopted as the emblem of the Society in 1964. When Dr. Elson Weckesser was president of the Society, he had designed a Cleveland Surgical Society tie with this fountain as the logo.

The first organizational meeting leading to the founding of the Cleveland Surgical Society was held at the home of Dr. Donald M. Glover on May 13, 1948. It was attended by thirty-five of the forty-eight board-certified general surgeons of Cleveland who had been invited. The impetus for the formation of the Society came from the desire of such senior surgeons as Dr. Donald M. Glover and Dr. Robert S. Dinsmore to promote better understanding among qualified surgeons and to provide a forum where younger physicians and residents in Cleveland could present the results of their individual studies. Dr. Glover was elected chairman of the organizing committee consisting of senior surgeons from the leading hospitals in the city.

In November 1948, the organizing committee chose "The Cleveland Surgical Society" as the name for the new organization. Membership was to be granted upon application to general surgeons who were Fellows of the American College of Surgeons or who had been certified by the American Board of Surgery or other surgery specialty boards. Membership was extended in 1950 to all men so qualified within a hundred mile radius of Cleveland. In 1965, a candidate member category for the Society was developed. Those eligible for candidate membership were young surgeons qualified for full membership on the basis of their training but who had not completed their boards or become members of the American College of Surgeons. In 1970, a By-Law change was passed recognizing a new category of associate membership to include those individuals who had given evidence of exceptional accomplishment above the level of their formally recognized surgical qualifications of record, and who had advanced significantly the quality of surgical care in the community. The qualifications for membership would require endorsement by letter of three regular members of the Society. This category would also include Fellows of the Royal College of Surgeons of England, Canada and Scotland. In 1971, Dr. Robert Izant, then president of the Society, mentioned that surgeons in the Youngstown area had requested consideration for membership in the Cleveland Surgical Society. It was unanimously agreed by the Executive

Council that the Society would be delighted to have such a distinguished group of men in the Society. Accordingly, a letter was sent to all Fellows of the American College of Surgeons in the city of Youngstown inviting them to membership. In 1986, following changes in the Constitution and By-Laws, the category of candidate membership was dropped and those individuals were made associate members.

The first meeting of the Cleveland Surgical Society was held in January 1949 at the Allen Memorial Library. Dr. Donald M. Glover was elected the first president of the new Society. The topic for discussion was graduate training in surgery in Cleveland, a subject that has continued to occupy the attention of the Society to the present. Initially this interest took the form of basic science lectures in microbiology, biochemistry, and physiology arranged at the Case Western Reserve University Medical School for interns and residents of the local hospitals. Later, other modalities for surgical teaching, including closed circuit TV, were explored but were felt to be impractical at the time. It was finally decided to use the Medical School's Postgraduate Course on Fundamental Surgical Problems for resident training. Initially, there were to be four meetings a year, one of which was to be held at a local hospital. A nominating committee and a committee on Constitution and By-Laws were appointed.

In 1954, a Resident Essay Contest was instituted with the winner asked to give his paper at the annual meeting of the Society. It is of interest that the first winner of this contest was Dr. John Davis, now Chairman Emeritus of the Department of Surgery at Vermont University Medical School. He spoke on "The Value of Colloids in the Treatment of Hypovolemia." The papers presented for this contest have been from all of the local hospitals and from many outside the Cleveland area. They have been of a caliber that has made the selection of winners very difficult. On one occasion, there were twenty-eight papers of such excellence that eighteen prizes were awarded, including fourteen honorable mentions. As recent as 1993, thirty papers were submitted, roughly one-half clinical and one-half research. First, second and third place prizes were awarded in each group.

Quite early in the existence of the new Society, exchange visits with other Surgical Societies provided stimulation and pleasant companionship. The first such visit to Chicago in 1952 was an overnight trip on the New York Central with a Clinic Day starting at 7:00 a.m., and ending around 10:00 p.m., after a dinner meeting. Chicago surgeons were gracious hosts and appreciative guests when they came to Cleveland the next year. The visit of the Pittsburgh Surgical Society in the fall of 1953 was complicated when the Tudor Arms Hotel didn't honor the reservations for our guests because of a labor union convention. Our Society's return visit the next year almost ended in disaster on the last train out of Pittsburgh with wheels awash in the flooding Ohio River. Visits were exchanged with the Buffalo Surgical

Society, mostly by train, with the midnight train from Buffalo not arriving in Cleveland until 4:30 a.m. to the disgust of those who had decided not to drive. After some difficulty in arranging an exchange of visits with the Toronto Surgical Society, this activity was neglected for several years. Trips in recent years have been more ambitious in terms of distance and therefore have been by plane, with the exception of the 1965 visit to Roswell Park in Buffalo by bus. No one on that trip will forget the two-hour delay at Larry's Truck Stop in northeast Pennsylvania while the New York State inspectors "took our bus apart and rebuilt it" before allowing us to proceed. Trips have also been made to specific places of interest, not involving an exchange of visits with other surgical societies. One of the first of these was to the National Institute of Health in Bethesda in 1964, followed by visits to the Mayo Clinic in 1966 and the Lahey Clinic in 1968. In 1969, the Society visited the University of Toronto at the invitation of one of our former members, Dr. William Drucker, then professor and chairman of the Department of Surgery. In 1970, a three-day trip to Houston provided an excellent morning at the Baylor College of Medicine. A bus excursion to N.A.S.A. or a Mexican tour completed the trip. In 1972, at the invitation of a former Lakeside resident, Dr. John H. Davis, professor and chairman of the Department of Surgery, the Society visited the University of Vermont in Burlington. This was judged to have been one of the friendliest, best organized, and most rewarding trips and not only for skiers. The following year, the Society visited the Ochsner Clinic, Tulane University, and the Louisiana State University Medical Center in New Orleans. In 1975, members of this Society and their spouses traveled to San Juan, Puerto Rico, for a three-day meeting with the Puerto Rican chapter of the American College of Surgeons. In 1976, the Society visited the University of Miami Medical School as guests of Dr. Robert Zeppa, chairman of the Department of Surgery. The attendance did not do justice to a fine program. The pattern of the travel meetings in the past few years has changed somewhat to joint programs with other surgical societies in Ohio. In 1977, a joint program was put on with the Toledo Surgical Society at the Medical College of Ohio. In 1978, we were guests of the Akron group of the Cleveland Surgical Society, and in 1979, put on a joint program with the Ohio State University. Again, in 1980, we helped the Akron City Hospital celebrate its 50th anniversary. More recently in 1990, the Toledo Surgical Society asked if we would be interested in having a meeting in Toledo.

One of the founding members influential in shaping the early activities of the Society was Dr. Carl H. Lenhart, who died in 1955, and in whose honor a lecture series was established. In 1957, Dr. Warren Cole gave the first Lenhart Memorial Lecture. This lecture series became one of the high points of the academic year in Cleveland. The list of Lenhart lectures is indeed a list of contemporary great men in surgery. For some years these lectures were given in the Museum of Natural History. On one occasion, a

wink of one of the owls in back of the portable bar had a chastening effect toward the end of the cocktail hour, until it was realized that the owls were not stuffed. Other senior surgeons of the era and early presidents of the Society included Bob Dinsmore and Claude Beck. In 1972, the family of Dr. Edward Rambasek provided funds for an annual Rambasek lecture which was usually held in the fall of each academic year. The last Rambasek lecture was held in 1989. In 1990, the suggestion was made for more named lectureships in the Society. Since such lectureships would be limited by the limited number of meetings each year, it was decided that the fall meeting should recognize renowned members of the Society on a rotating basis.

In 1957, some of the hospitals in the Cleveland area had the fourth year of their resident training program disapproved by the Conference Committee on Graduate Training in Surgery. A letter was sent to the Conference Committee for clarification of the requirements for an approved program. The most important result of this letter was the appointment by then President F. A. Simeone of a standing committee of the Cleveland Surgical Society on Graduate Educational Training. Originally this Committee was designed to examine training programs at the request of local hospitals and give advice. The activities of this Committee, along with the report on Postgraduate Education and Training by Dr. Frank Barry, were given to this Society in December of 1958. As the Committee's experience grew along with a reputation of scrupulous honesty, it actually took over the function of evaluating local resident training programs for the Conference Committee. The New England Surgical Society was the only other local Surgical Society in the country to be so honored. In 1960, the Committee had evaluated all of the local hospital training programs. In 1961, they met with the Education Committee of the Cleveland Society of Obstetricians and Gynecologists to consider the problem of an exchange of residents for suitable training in both disciplines. The Postgraduate Committee was inactive for a short period but was reactivated by then President Dr. Stanley Hoerr in December 1964. The new Committee consisted primarily of Directors of Surgery of the hospitals with surgical training programs in the Cleveland and Akron areas. Rather than being a committee to review local surgical training programs, the Committee felt that their function was to consider and possibly define solutions to some of the thorny problems facing the education of surgical residents at that time. Some of the problems addressed by the committee were the use of private patients in residency training and the danger of federal programs such as Medicare to graduate education. Other problems considered were the teaching of gynecology in the general surgery residency and of general surgery in the gynecology residency; how the basic sciences should be taught and integrated in surgical residency education; what is the appropriate end point in surgical education; finally, what is the place of such specialties as Urology, Neurosurgery,

Otorhinolaryngology, and Anesthesia in the surgical education program? This committee was one of the most active and productive groups in the Cleveland Surgical Society. As the Society grew in numbers, it became too large for the hospital type of meeting with operative clinics designed originally to occupy one meeting a year. There was a shift toward dinner meetings with prominent guest speakers and to panel discussions of timely subjects. In 1965, roundtable discussions following dinner were instituted by President Joseph Bilton. This became known as the Bilton Round Table Discussions. Members were free to choose between the 13 or 14 fundamental surgical problems being discussed at the various tables moderated by knowledgeable members in their respective fields. In 1966, following the establishment of a Surgical Research Committee, an afternoon Research Forum was to precede the dinner and Round Table discussion. The Research Forum was designed specifically to allow residents to present results of their own clinical or laboratory research. The combined program rapidly became one of the most popular meetings of the year. In 1981, it was decided to combine the Resident Essay Contest with the Surgical Research Forum to be held in the afternoon with the first prize winning essay to be presented at the evening meeting followed by the invited speaker's address. In 1983, two prizes were established in the Resident Research Forum, one for clinical investigation and one for basic science research. Subsequently, Dr. Joseph Avellone was honored by the addition of his name to the first place clinical prize.

In 1970, the Committee on Graduate Education organized city-wide grand rounds. Initially these were held at the Scott Auditorium at Cleveland Metropolitan General Hospital on one Saturday morning a month. Time was set at 11:00 a.m. to permit attendance by people who had a conflict with other hospital teaching programs. Programs were then rotated on an annual basis to Bunts Auditorium at the Cleveland Clinic Foundation and then to the RB&C amphitheater at University Hospitals. In spite of obtaining continuing medical education credit for the programs, the Society discontinued the grand rounds for lack of attendance. There was unanimous approval by the membership that these meetings be replaced by six evening dinner meetings a year plus the annual meeting in May with scientific presentations by distinguished invited speakers.

Starting in 1978, there has been a succession of evening meetings, usually with guest speakers. These have been generally well attended and have been popular. A number of these have been joint meetings with the Cleveland Orthopedic Society, the Ob-Gyn Society, the Cleveland Radiologic Society, and especially the Cleveland Vascular Society. The annual meeting held in the auditorium of the Museum of Natural History in May of 1985 differed from other annual meetings in that the honored speaker was not from the medical profession but was Dr. Ely Ginsberg,

Ph.D. His topic was "The Future of Surgeons and Surgery—No Easy Answer." In addition, spouses were invited to attend. The response was excellent and the auditorium was filled to near capacity. In 1989, the Cleveland Surgical Forum was instituted dedicating one meeting a year with ten to fifteen minute presentations by members or residents of unusual or perplexing surgical problems.

From its inception, the philosophy of the Cleveland Surgical Society has been that it is primarily a scientific organization interested in patient care, research and education, and not involved directly in social or economic issues. In 1978, the membership was pooled by letter concerning this issue. The membership was nearly equally divided, and it was concluded that the President or the Executive Council should study the various socioeconomic issues as they were raised. In 1988, the January meeting was given over to the discussion of professional liability, evidence that socioeconomic issues had become important in the agenda of the Society.

The Cleveland Surgical Society had its 30th anniversary celebration in May 1979 at the Westwood Country Club. Eleven of the original Founders Group were present and were acknowledged by the Society. One of these was Dr. William D. Holden, the first Secretary of the Society, now Emeritus Oliver H. Payne Professor of Surgery at Case Western Reserve Medical School.

In 1982, the administrative functions of the Society were transferred to the Academy of Medicine of Cleveland. In 1983, the Articles of Incorporation for the Society were unanimously approved. As a result, the Society gained a tax-exempt status as a non-profit organization, directed to the purpose of surgical education.

There has been considerable change in surgical education, surgical procedures and in the methods of surgical practice since the Society was founded. Changes seem to be taking place even more rapidly today. Representing the best talent in the community, the Society is certain to maintain its leadership in pointing toward excellence in patient care, teaching and research in the future.

Epilogue

*May those who follow in the footsteps of the founders
and leaders of the Society treasure and preserve it for
future generations of surgeons in this community.*

The Cleveland Surgical Society By-Laws

ARTICLE I — Name, Place and Purposes

Section 1. Name. The corporation shall be known as the Cleveland Surgical Society (hereinafter referred to as the “Society”).

Section 2. Place. The principal office of the Society in the State of Ohio shall be located in the City of Cleveland, County of Cuyahoga.

Section 3. Purposes. The purposes for which the Society is formed are: to improve the science and art of surgery and the interchange of medical knowledge and information thereon; to promote research for improving the quality and safety of surgery and surgical procedures; to engage in scientific or educational purposes generally as the Executive Council, from time to time, may determine to be beneficial to mankind; to provide funding in support of the activities and purposes set forth herein; and to do any and all things which may be necessary or incidental to these Bylaws, the Society shall not carry on any other activities not permitted to be carried on: a) by a corporation exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Revenue Law). Furthermore, no part of the net income of the Society, or its property or assets, shall at any time inure to the benefit of any individual member, or of any private individual, or be used to promote the candidacy of any person seeking political office.

ARTICLE II — Members

Section 1. General Requirements. Active and associate members shall reside or practice within a radius of 100 miles from Cleveland. They shall be members of their respective County Medical Societies, although this requirement may be waived by unanimous vote of the Executive Council.

Section 2. Classes of Members. There shall be four classes of members: active, associate, honorary and life.

(a) Active member. Active members ordinarily shall either be Fellows of the American College of Surgeons, or Diplomates of a surgical specialty board belonging to the American Board of Medical Specialties. The Membership Committee shall submit completed applications for membership to the Executive Council for approval.

An associate candidate not so qualified may present credentials generally regarded as equivalent by his peers. The Executive Council may by unanimous vote admit such a candidate to active membership.

(b) Associate member. Associate members are surgeons having completed training who are not yet qualified for active membership, but who are working toward such qualification. Associate membership shall be limited to a term of five years. The Executive Council shall review and approve associate membership.

(c) Honorary member. Honorary membership is bestowed by unanimous vote of the Society after the name of the candidate has been approved by the Executive Council and has been presented at the preceding meeting.

(d) Life member. All active members who have either reached the age of 65 years or who have retired from practice shall become life members. Life members shall enjoy all the rights and privileges of active members, but they shall be exempt from paying dues.

Section 3. The Right to Vote and to Hold Office. Only active and life members shall have the right to vote and to hold office in the Society.

Section 4. Termination of Membership. The membership of active members may be terminated by action of the Executive Council for non-payment of dues, or for loss of Fellowship in the American College of Surgeons, or for other good and sufficient reason. Before any action is taken by the Executive Council, (except for non-payment of dues) the member shall be notified in writing of the reasons for the proposed termination. The member shall be given the opportunity to meet with the Executive Council, with an attorney if desired, within two weeks of such notification, to protest the proposed termination.

The membership of associate members may be terminated after five years, if they fail to become active members, or reapplication for associate membership is not approved by the Executive Council. Associate membership may also be terminated for non-payment of dues, after written notification.

Section 5. Reinstatement. Active members may be reinstated by action of the Executive Council after payment of dues and/or reinstatement by the American College of Surgeons. In other situations, a new application must be submitted for readmission as an active member.

ARTICLE III — Officers

Section 1. Officers. The officers of the Society shall consist of a President, a President-Elect, a Secretary-Treasurer and three Councilors.

Section 2. Term of Office. The President and President-Elect shall serve one year terms. The Secretary-Treasurer shall serve a two year term. The Councilors, one of whom is elected annually, shall serve three year terms.

Section 3. Nomination and Election Procedures.

(a) **Nominations.** The President, President-Elect and Past President shall serve as the Nominating Committee. The Nominating Committee shall prepare a slate of candidates for President-Elect, Secretary-Treasurer and Councilor, for approval by the Executive Council. Further nominations may be made from the floor at the time of the election. (The President-Elect automatically succeeds to the Presidency when the latter's term is over.)

(b) **Election.** Election of officers shall take place each year at the business session of the annual meeting. Election shall be by acclamation, or, if a majority of the Society so indicate, by a secret ballot in which a majority vote shall determine the election of officers.

(c) **Duties.** The new officers will assume their duties at the conclusion of the business meeting at which they were elected.

Section 4. Vacancies. A vacancy in any of the offices listed in Article III occurring during the year shall be filled by appointment by the Executive Council. The officer so appointed shall serve until the end of the term.

ARTICLE IV — Executive Council

Section 1. Composition. The Executive Council shall consist of the President, the President-Elect, the Secretary-Treasurer and the three Councilors. The retiring President shall be a member ex-officio for one year.

Section 2. Duties. The responsibility for the general conduct of the Society shall be vested in the Executive Council. The Executive Council shall consist of the President, President-Elect, Secretary-Treasurer and three Councilors. The Executive Council shall hold periodic meetings and may have special meetings at the discretion of the President.

The President and President-Elect each serve a one year term. The President-Elect automatically succeeds to the Presidency. The

Secretary-Treasurer serves for a two year term. The Councilors serve for three years, their terms so arranged that only one is elected each year. A Councilor may not succeed himself.

The President is the chief executive officer of the Society. He presides at all meetings of the Society and of the Executive Council, makes the appropriate appointments to the various committees and performs the usual and customary functions of his office. The President-Elect shall act for the President in his absence.

The Secretary-Treasurer shall perform the usual and customary functions of his dual appointment including the keeping of appropriate records and the sending out of all necessary notices.

Section 3. Meetings. The Executive Council shall determine the time and place of such meetings as it deems necessary.

ARTICLE V — Meetings

Section 1. Frequency, Character and Location. The number, character and location of general meetings of the Society shall be proposed by the Program Committee to the Executive Council for final approval. The annual meeting shall take place in May, and there shall be a minimum of one other meeting during the "Society Year".

Section 2. Notice to Members. The Secretary-Treasurer shall send written notice of each meeting to each member of the Society at least two weeks prior to the meeting.

Section 3. Open Meetings. General scientific meetings shall be open to the medical profession.

Section 4. Special Meetings. The President may call a special business meeting at his own discretion, or shall do so on the recommendation of the Executive Council, or on the written request of ten or more voting members of the Society.

Section 5. Quorum. A majority of the voting membership shall constitute a quorum at any business meeting.

ARTICLE VI — Committees

Section 1. Standing Committees. The Standing Committees will include the Membership Committee and the Program Committee.

Section 2. Other Committees. The Executive Council may form such committees as it deems necessary or advisable, and disband them at its pleasure.

ARTICLE VII — Dues and Fees

All dues and fees shall be determined by the Executive Council. Dues are to be paid prior to the second meeting of the year.

ARTICLE VIII — Rules of Procedure

All questions of procedure regarding the affairs of the Society, including the conduct of meetings of the members, the Executive Council and committees, shall be governed by the most recent edition of Roberts Rules of Order, except as otherwise provided by statute, the Articles of Incorporation, or these By-Laws.

ARTICLE IX — Amendments to the Bylaws

Amendments to the By-Laws may be proposed by any voting member of the Society. After consideration by the Executive Council, the proposed amendment will be submitted to the voting membership at least thirty days prior to its presentation at a business meeting of the Society.

Active Members

- Minoru Adachi, M.D.
 Jalaloddin Afnan-Badree, M.D.
 Rafal Al Badri, M.D.
 Ghassan Al Moasis, M.D.
 Frederick Alexander, M.D.
 J. Jeffrey Alexander, M.D.
 Seyd Jaffer Ali, M.D.
 David A. Andrews, M.D.
 J. Sheldon Artz, M.D.
 Ami Aszodi, M.D.
 Henry R. Baele, M.D.
 David C. Baringer, M.D.
 Joseph A. Bauer Jr., M.D.
 Donavin A. Baumgartner, M.D.
 Rem L. Bautista, M.D.
 James R. Bekeny, M.D.
 Jerrel W. Benson, M.D.
 Vincent G. Bertin, M.D.
 Edwin G. Beven, M.D.
 Janet M. Blanchard, M.D.
 Allen D. Bloom, M.D.
 George D. Boutouras, M.D.
 Christopher P. Brandt, M.D.
 Johnny A. Brawner, M.D.
 William E. Bruck, M.D.
 John A. Bukovnik, M.D.
 Ireno T. Cadsawan, M.D.
 Antonio A. Carlos, M.D.
 Joseph B. Carter, M.D.
 Vedantum R. Chari, M.D.
 Peter F. M. Chen, M.D.
 Raphael S. Chung, M.D.
 Julie A. Clayman, M.D.
 Ronald L. Copeland, M.D.
 Delos M. Cosgrove III, M.D.
 John Paul Crow, M.D.
 Joseph P. Crowe, Jr., M.D.
 Ziad R. Daoudi, M.D.
 Arthur B. Dalton, M.D.
 Krishna B. Deshpande, M.D.
 Melvyn I. Dinner, M.D.
 John Dorsky, M.D.
 Basem Droubi, M.D.
 Morris H. Drucker, M.D.
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