FROM THE PRESIDENT

Retirement from the Clinical Practice of Surgery

I am thankful to the members of the NESS for the privilege of serving as your President and I look forward to assisting the 2002 Program Committee in planning an annual meeting that will be both scientifically and socially rewarding.

In light of my recent retirement, I have been prompted to review when I first began to contemplate leaving the clinical practice of surgery. It was as a medical student that I first started to plan my retirement. It was then that I first heard the descriptions of George Crile, Sr., M.D., a once brilliant and technically skilled surgeon, who continued to perform surgery despite limited eyesight and other severe age-associated impairments. At the last annual meeting Dr. Walter Goldfarb quoted my father-in-law Dr. George Crile, Jr.’s critical reminiscence of his father who continued to practice as an impaired surgeon. His patients were only partially protected by surgical trainees and the surgeons who assisted him, who did their best to fix any problems. I was not long into my surgical training before I, too, saw examples of older surgeons practicing with impaired technical skills; I was admonished by Senior Residents to be particularly vigilant in protecting the patients of these surgeons. Most of us are aware of surgeons (some of national and international renown) continuing to practice despite declining skills.
The meeting began with a moment of silence in observance of the victims and rescue and medical personnel involved with the tragic events of September 11, 2001. In response to the tragedy, the Executive Committee has voted to give a $1,000 donation to the New York City Rescue Victims and Rescue Assistance Fund.

Report of the Secretary  
John P. Welch  
To encourage the attendance of new members to their first Annual Meeting, the Executive Committee hosted a New Member breakfast just prior to the Annual Business Meeting. The Committee will review the success of this program and determine whether it will be an annual event.

A special commemorative issue of the Archives of Surgery has been published and includes the six state histories and editorial materials regarding the history of the Society. The issue is being given to all members in attendance at the annual meeting and will be mailed to all members who could not attend.

The Executive Committee is reviewing the format of the Annual Meeting and potential venues for future meetings. Please take a moment to complete and return the survey included with this issue of the Newsletter to let the leadership know your preferences.

Current membership includes 254 Active, 354 Senior, 36 Associate and two Honorary Members for a total membership of 646 surgeons.

Executive Committee Meetings scheduled in 2002: Wednesday, January 16, 2002, Waltham, Massachusetts; Wednesday, June 5, 2002, Waltham, Massachusetts; Friday, September 27, 2002, Dixville Notch, New Hampshire.

Report of the Treasurer  
Robert M. Quinlan  
During the past year, revenues totaled $171,470, while expenses amounted to $157,546 resulting in a surplus of $13,924. The Society presently has $126,504 in assets which is close to its goal of maintaining reserves of at least 100% of its Annual Operating Budget. The Audit Committee has found the Financial Records to be in order.

Report of the Recorder  
Thomas A. Colacchio  
Nine of the 14 manuscripts presented at the 2000 Annual Meeting, together with five state histories were accepted for publication in the Archives of Surgery and appeared in the April 2001 issue. The 75% acceptance rate was consistent with the past several years. The Executive Committee has mandated peer-review of each manuscript prior to the meeting and approximately two-thirds of the authors complied last year; these tended to be the manuscripts that were accepted by the Archives of Surgery.

Report of the Program Committee  
Victor E. Priccolo  
Forty-one abstracts were submitted for the Annual Meeting and 19 papers were accepted, 9 of which were Resident Prize Essay submissions. The Society is applying for CME accreditation to the American College of Surgeons for the 2002 Annual Meeting. To date, CME has been issued by the University of Vermont.

Report of the Representative to the American Board of Surgery  
James C. Hebert  
The search process for a new Director of the American Board of Surgery is still in progress and input from any member of the Society would be welcomed.

Report of the Representative to the ACS Board of Governors  
Francis D. Moore, Jr.  
The College is considering an increase in membership dues and is undergoing a restructuring process and reassignment of staff duties.

Report of NESS Charitable Foundation  
Louis J. Vito  
The Foundation currently has over $158,000 in assets and continues to grow through contributions from the Membership, initiation fees, and its investment. The Foundation has agreed to pay for the costs of the printing of the special commemorative issue of the Archives of Surgery.

Report of the Nominating Committee  
Dr. Crombie called upon Dr. Lesley W. Ottinger to present the report of the Nominating Committee. Dr. Ottinger indicated that the Committee consisted of himself as Chairman, together with Drs. Peter J. Deckers and Ashby C. Moncure. The Committee submitted the following slate, which was subsequently voted by the membership:

- **President**: Roger S. Foster, Jr., M.D.  
  Shelburne, Vermont
- **President-Elect**: Albert W. Dibbins, M.D.  
  Portland, Maine
- **Vice President**: Jeremy R. Morton, M.D.  
  Portland, Maine
- **Secretary**: John P. Welch, M.D.  
  Hartford, Connecticut
- **Treasurer**: Robert M. Quinlan, M.D.  
  Worcester, Massachusetts
- **Recorder**: Thomas A. Colacchio, M.D.  
  Lebanon, New Hampshire
FROM THE PRESIDENT  
(continued from page one)

Research has shown that, while there is variability, cognitive skills tend to peak when we are in our third decade, then taper slowly to age 50 and then more steeply. Motor skills, strength, endurance, pattern recognition, hearing, and eyesight have similar patterns of decline. It has been found that by age 75, IQ scores are approximately 70% of those at age 25. (Oh, but that you and I could be the exception to the above pattern!) Some of this decline is compensated for by accumulated knowledge and experience. There is also evidence that remaining intellectually and physically active has an effect on the rate of decline; better known as, “use it or lose it.”

The standards for surgical knowledge, judgement, and technical skill are appropriately high. However, this means that the aging process can produce an impaired surgeon, despite the fact that senior surgeons have many skills, expertise, and abilities that are far from expended. There is a mandatory retirement age for commercial pilots, as well as flight simulators to test cognitive and motor skills. Neither exist for surgeons. I have no doubt that with advances in technology, well validated simulators to test surgical knowledge, skill, and judgement will eventually become available. In the meantime we are left with the much less objective surrogates of self-assessment, peer-assessment, and administrative-assessment. Alternatively there can be the self-imposed restriction of picking an arbitrary age for retirement. Long ago I chose age 65.

Most surgeons are not satisfied to go out to pasture, even if that pasture has well designed fairways and greens. Many surgeons wish to retire to something - to a second “career” or activity. Advice, that I believe is sound, is that successful retirement from clinical surgery requires planning and preparation. It appears that in the process of their busy and absorbing careers, many surgeons have neglected this planning. We need to encourage surgeons to include the probability of retirement from clinical surgery in their thinking and to make appropriate preparations to continue with activities that they find rewarding.

Roger S. Foster, Jr., MD, FACS
The scientific program for the 2001 Annual Meeting brought together an excellent balance of academic presentations, panel discussions, and reflective lectures. The paper presentations covered a broad range of topics including four papers on minimal access surgery (including a fascinating paper on hand-assisted laparoscopic liver resections), two trauma papers, and three hepatobiliary papers.

Reflecting the increased concerns about analyzing surgical outcomes, four papers were presented on outcome analysis; these papers generated excellent presentations by the invited discussants, as well as wide-ranging audience participation.

The resident prize went to a basic science presentation on the genesis of abnormal motility in ulcerative colitis – a very entertaining presentation on a novel subject.

The panel discussion on Saturday morning regarding the current difficulties with future trends in surgical education ran over its time limit due to the enthusiasm of the audience in responding to the panelists’ presentations. Moderated by Dr. Pricolo, the presentations by Nick Coe, Ken Burchard, and Joe Amaral covered a broad range of current challenges facing education of residents, recruitment of medical students into surgical residencies, and retention of residents in general surgery training programs. Some sobering statistics were presented regarding unfilled general surgery residency slots at well-recognized academic centers, and a number of discussants and audience members contributed to this important topic.

David Crombie’s presidential address was original, thoughtful, and inspiring, and reflected those humanistic qualities for which David has become so well known.

The final event of the program was the annual Mixter Lecture, in which Glenn Steele, formerly of Boston and now president of a large healthcare consortium in Pennsylvania, reflected (in an eye-opening fashion) on his career as it evolved from an academic medical center surgeon to the dean of a prestigious medical school and onward to his current position.

The program for this year’s meeting was, of course, held against the backdrop of the tragic events of September 11th in New York City and Washington, DC. But the enthusiasm for the presentations and the response of the presenters and audience members suggest that in spite of the uncertain and trying times ahead, our country and our surgical society will continue to prosper and flourish.

Victor Pricolo, M.D., Chairman
Program Committee

RESIDENT PRIZE AWARD WINNERS

First Place
Matthew D. Vrees
Rhode Island Hospital
“Abnormal Motility in Ulcerative Colitis: Role of Inflammatory Cytokines”

Second Place
Jean Y. Liu
VA Outcomes Group
“Late Outcomes After Laparoscopic Surgery for Gastroesophageal Reflux Disease”

Third Place
Marc Antonetti
Hartford Hospital
“Hand-assisted Laparoscopic Liver Surgery”
FROM THE ANNUAL MEETING.....

The Executive Committee gathers during the New Members Breakfast

H. David Crombie, (left) and Glenn Steele

George Dunlop, Worcester, Massachusetts

Our thanks to NESS member, ---- --- for taking the photographs during the NESS Annual Meeting

NECROLOGY

William E. Bloomer, M.D.
Long Beach, California
Richard D. Bush, M.D.
Monument Beach, Massachusetts
Charles F. Chandler, M.D.
Sebasco Estates, Maine
Burr H. Curtis, M.D.
Bloomfield, Connecticut
Warren F. Eberhart, M.D.
Contoocook, New Hampshire

Malcolm M. Ellison, M.D.
New London, Connecticut
William V. McDermott, M.D.
Dedham, Massachusetts
Thomas S. Risley, M.D.
Beverly, Massachusetts
Carter R. Rowe, M.D.
Boston, Massachusetts
Roger E. Weisman, M.D.
Hanover, New Hampshire
NEW MEMBERS

Peter A. Burke, M.D.
Boston, Massachusetts

Brian I. Callahan, Jr., M.D.
Andover, Massachusetts

Jonathan F. Critchlow, M.D.
Boston, Massachusetts

Eric Dobkin, M.D.
Hartford, Connecticut

William C. Feng, M.D.
Providence, Rhode Island

Steven J. Fishman, M.D.
Boston, Massachusetts

Richard B. Freeman, M.D.
Boston, Massachusetts

Tom Jaksic, M.D.
Boston, Massachusetts

Russell W. Jennings, M.D.
Boston, Massachusetts

Orlando C. Kirton, M.D.
Hartford, Connecticut

Kathleen A. Lavorgna, M.D.
Norwalk, Connecticut

William S. Laychock, M.D.
Lebanon, New Hampshire

Charles E. Littlejohn, M.D.
Stamford, Connecticut

Joren C. Madsen, M.D.
Boston, Massachusetts

Susan E. O’Connor, M.D.
Bangor, Maine

Sheridan R. Oldham, M.D.
Waterville, Maine

Dennis P. Orgill, M.D.
Boston, Massachusetts

Fabio M. Potenti, M.D.
Providence, Rhode Island

Malcolm K. Robinson, M.D.
Boston, Massachusetts

Ronnie A. Rosenthal, M.D.
West Haven, Connecticut

Janice G. Rothschild, M.D.
Boston, Massachusetts

Steven Schechter, M.D.
Providence, Rhode Island

Joanna M. Sentissi, M.D.
Newton, Massachusetts

Stephen M. Sentovich, M.D.
Boston, Massachusetts

Neal E. Seymour, M.D.
New Haven, Connecticut

Tajammul Shafique, M.D.
Laconia, New Hampshire

Steven J. Shichman, M.D.
Hartford, Connecticut

Barbara L. Smith, M.D., Ph.D.
Boston, Massachusetts

Scott J. Swanson, M.D.
Boston, Massachusetts

Kenneth K. Tanabe, M.D.
Boston, Massachusetts

Hector Tarraza, M.D.
Portland, Maine

David F. Torchiana, M.D.
Boston, Massachusetts

John P. Wei, M.D.
Burlington, Massachusetts

Moritz M. Ziegler, M.D.
Boston, Massachusetts

FUTURE MEETINGS of the
NEW ENGLAND SURGICAL SOCIETY

2002
Annual Meeting
September 27-29
The Balsams Resort
Dixville Notch
New Hampshire

2003
Annual Meeting
September 17-21
The Doubletree Islander
Newport, Rhode Island

2004
Annual Meeting
September 30-October 3
Hilton Montreal Bonaventure
Montreal, Quebec
Canada