

HISTORICAL PRESENTATIONS

From the 25th Annual Meeting of the Southern Association for Vascular Surgery

The Southern Association for Vascular Surgery: The beginning

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Although many aspects of the history of the Southern Association for Vascular Surgery are noteworthy, I would like to focus on and confine my remarks to the beginning, the first year, a period about which few are aware. Dr Archie has asked me to be brief, and therefore, just as I imagine King Henry VIII said to two of his six wives, I shall not keep you long.

I think it all began in December 1975 during the annual meeting of the Southern Surgical Association at the Homestead in Hot Springs, Virginia. Dr John Foster invited a few of us to his room to discuss the feasibility of starting a regional vascular society in the South. I do not recall who was there, but there were no more than five or six surgeons present. John explained that for the past few years he and Dr Jack Wylie had been discussing the need for regional vascular societies. Such organizations would provide a mechanism, whereby surgeons who concentrated on vascular surgery and who may not desire or qualify for membership in the National Vascular Organizations would have a forum to present reports, exchange information, and improve contemporary vascular surgical practice in their communities. Jack Wylie had learned through referrals he received of mismanaged vascular cases that there was a need for a means of educating marginal surgeons. In addition, such continuing education would maintain the high quality of those already providing excellent care and possibly serve as a form of credentialing for those interested on focusing on vascular surgery. At that time, of course, there were hardly any vascular training programs and no programs approved by the Residency Review Committee. The approved training programs would await the initiative of the National Vascular Societies. No doubt this idea had been germinating in Jack's mind for some time, and in John Foster he found an enthusiastic disciple who agreed with the concept and thought such an organ-

ization would be welcomed and would flourish in the South. Clearly, the spectacular progress of the Southern Vascular over the last 25 years has served as testimony and verified and confirmed John's vision.

In any event, at that meeting in John Foster's room at the Homestead those assembled agreed that such an organization was not only desirable but necessary for the aforementioned reasons, provided enough interest could be engendered to make it more than a small vascular surgical travel club. It was agreed at that time that John would take the initiative and set up an organizational meeting in Nashville, Tenn, in early 1976.

On January 24, 1976, several vascular surgeons met in Nashville to attend the Southern Regional Vascular Group Organizational Meeting. Attending were Dr Carlos Chavez from Jackson, Miss; Dr Andy Dale from Nashville; Dr Cal Ernst from Lexington, Ky; Dr John Foster from Nashville; Dr Ed Garrett from Memphis, Tenn; Dr Garland Perdue from Atlanta, Ga; Dr Manley Stallworth from Charleston, SC; and Dr Bernie Thompson from Little Rock, Ark. One of the junior faculty at Vanderbilt, Dr Dick Dean, also sat in. For various reasons others who were invited could not attend; they included Drs Bob Cordell, Stan Crawford, Bill Edwards, George Johnson, Norm Rich, Francis Robicsek, Jesse Thompson, Glenn Young, and Mel Williams. All of those invited were later to be designated as Founding Members and appear as such in programs of our annual meetings. These men represented most of the southern states.

We attended Surgical Grand Rounds at the Vanderbilt University Hospital, and then the eight invitees who were present adjourned to John Foster's office for the organizational meeting. I recall John saying to me, "Cal, you sit at the desk and take notes." I dutifully did so and in fact referred to my original pencil-scribbled version when preparing these remarks. Dr Foster, in his compulsive and comprehensive style, included 25 items on the agenda. Needless to say we did not address them all. We mainly addressed the purpose and requirements for membership, realizing that these were the most important to get off to a good start. At the outset we did not even have a name and not being shy, I suggested the Southern Association for Vascular Surgery. John chimed in, "Good, that spells SAVS."

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Competition of interest: nil.

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We had heard from most invitees who were unable to attend. Nonetheless, John told me to use the phone on his desk and call Dr Jesse Thompson in Dallas. At that time, and to this day, Jesse was an icon to me, and I felt reluctant to call and suggested a man of greater stature and reputation such as himself place the call. John said, "Nonsense, your calling will let Jesse know that we have young blood in this organization." Needless to say, Jesse strongly endorsed our efforts that day and still vigorously supports the Southern Vascular.

The general sense was to include both private practitioners and academicians because as Garland Perdue emphasized, many trainees were nonacademicians but required recognition of their specialty training as well as the opportunity to participate and contribute to educational meetings. Manly Stallworth agreed, saying such an organization is good for surgeons who cannot "get into" the National Societies. Carlos Chavez suggested that we must emphasize the exchange of information and serve as a clearing house for qualified vascular surgeons; that is, to serve as a screening function for vascular surgeons moving into a community. Andy Dale emphasized that we must not fractionate the National Societies, thereby detracting from their missions. Ed Garrett felt the group should be educational and not "certify or endorse" vascular surgeons but should try to initiate a regional vascular registry.

All agreed that members of each state should identify potential members in their respective states since they know them best. Initial membership size was set at 150. Membership should encompass the 13 southern states, but 10% of the members could reside outside these geographic boundaries, similar to the Southern Surgical Association.

We agreed to hold annual meetings in a warm climate in midwinter and have some fun in the sun. Consequently, scientific meetings were to be held in the mornings with the remainder of the days reserved for recreational activities. All agreed to avoid University Centers as meeting sites. This venue has proven successful over the years and makes the Southern Vascular unique in the regard. In fact, early on it was decided to invite selected individuals, mainly officers, of the National Societies to participate in our meetings. This allowed us to advertise our activities with the National Societies. Many of our invited guests, like Dr John Mannick, ultimately became honorary members and have contributed greatly to our mission.

Relative to our mission, all agreed that the Southern Vascular should have three objectives:

1. To promote fellowship of the members.
2. To promote the interchange of ideas.
3. To elevate standards of practice.

These principles are embodied and enumerated on our membership certificates that states, "Established to promote the art and science of peripheral vascular surgery, to further education, and to perpetuate friendships."

After a busy and productive morning, we adjourned to lunch at the Belle Meade Country Club courtesy of Andy Dale. After lunch we reconvened on the veranda; the first

order of business was to elect officers of this fledgling organization. Andy Dale immediately spoke up in his authoritarian voice that seemed to countenance no contradiction that he was nominating John Foster for President, Garland Perdue for Vice President, and Cal Ernst for Secretary-Treasurer. The slate was quickly and unanimously approved before anyone had a chance to object.

We decided that the all-important Membership Committee would consist of Andy Dale, Garland Perdue, and Cal Ernst. Ed Garrett was to chair the Program Committee, and John Foster was to identify our first meeting site for January 1977. Also, organizational details and day-to-day operations were left to the Secretary-Treasurer.

We all then moved over to John and Laird Foster's home for refreshments and to watch basketball games on TV. The day was topped off with a delightful dinner at the University Club with Vanderbilt surgery residents and the St Thomas vascular fellow attending.

It is astounding what details must be addressed when embarking on such an enterprise, so we met again in Albuquerque, NM, during the annual National Vascular meetings and again in October to finalize plans for our first meeting. Present at the October meeting were Drs Bob Cordell, Bill Edwards, Cal Ernst, John Foster, George Johnson, Bernie Thompson, Garland Perdue, Norm Rich, and Mel Williams.

At this meeting councillors-at-large were elected and included Drs Jesse Thompson, Bob Cordell, and Mel Williams. Bernie Thompson was asked to chair the constitution and bylaws committee. The Secretary-Treasurer reported that although the treasury was empty, 25 dues-paying members had been identified and a request for tax-exempt status had been filed with the Internal Revenue Service. We decided on a logo, and Cal Ernst was instructed to contact Norm Rich to obtain a photograph of Dr Rudolph Matas.

Norm will recall how the photograph of Dr Matas that he supplied traveled between Washington, DC, and Lexington, so that the logo could be engraved. It took several trips before it was perfect, and Norm commented after the photo had made several trips back and forth that "the old boy must be tired from all the traveling." Dr Matas was selected because he is acknowledged as the father of American vascular surgery. In perhaps his most significant address, "The Soul of the Surgeon," Matas established and emphasized the qualities of a surgeon on which the Southern Vascular was founded; hence, that is why he is our logo.

Finally, at the October meeting, John Foster reported that the first annual meeting would be held in Duck Key, Fla, and that George Johnson and Manly Stallworth were in charge of local arrangements.

Well, 34 members and 32 guests met at the Indes Inn in Duck Key on February 4 and 5, 1977, for our first annual meeting. Whereas we now employ professional meeting managers to orchestrate our meetings, in the early years it was all up to us. Many wives pitched in. The minutes of that first meeting note, "Although an accurate

tally of the ladies in attendance was not available, to this observer an estimate of 30 to 35 accompanied their spouses. Clearly, their charming and delightful presence added significantly to the conviviality of our first meeting," and still do, I hasten to add.

The program was highlighted by Dr Alton Ochsner's address concerning the accomplishments and vicissitudes in the life of Rudolph Matas. The title of his talk was "Reflections on Rudolph Matas—A Pioneer Southern Surgeon." Dr Ochsner was our first Honorary Member, and since then, 20 more have been added. The route to Honorary Membership is by Presidential appointment with Council confirmation.

Mrs Jane Ochsner accompanied Alton, and although there was no band for dancing and the banquet was informal, so much so that we ate on card tables, a delightful evening was enjoyed by all. Unlike our contemporary lavish banquets with musical entertainment and dancing, at the first meeting all we could afford was a roaming guitar player. Such entertainment activities established the format for future meetings, but I hasten to add that this is our first black-tie affair.

The scientific session was informative and stimulating and included such scholars as Drs John Foster, Stan Crawford, Ed Garrett, Bill Edwards, George Noon, John Ochsner, Terry Allen and Andy Dale, and Harold Harrison. Others who gave excellent papers at that first meeting included Drs George Johnson, Mel Williams, Dan Nunn, Manly Stallworth, Cal Ernst, Bob Smith, Glenn Young, and Norm Rich. Discussions of the essays left no doubt as to the discussants' agreement or disagree-

ment with the essayists. Indeed, the discussion sessions were freewheeling, honest, and frank but controlled and both stimulating and entertaining. Although the scientific program turned out to be outstanding, as have all to date, I am sure some will recall that Bernie Thompson, Ed Garrett, and George Johnson had to resort to considerable arm twisting to get enough papers to constitute a program. What an outstanding contrast with today, when the competition to appear on the program is so intense, which is reflected by the high quality of reports that are almost uniformly published in the *Journal of Vascular Surgery*. Although we are now published in the *JVS*, in the early days, only a few reports were published sporadically until we established a relationship with the journal *Surgery* in 1982 through the good graces of Drs George Zuidema and Walter Ballinger, then coeditors of that journal.

After the first meeting, we had a total of \$2168.87 in the treasury, anticipated returning to Duck Key the following year, and had high hopes that the fledgling Southern Association for Vascular Surgery would take wing and fly. I do not think I exaggerate when I say that we have soared like an eagle and after 25 years have established the Southern Vascular as a leading organization in the orbit of Vascular Surgery. Thanks to the dedication, hard work, foresight, and nurturing of the Founding Members and those few who had the eager optimism to agree with John Foster in 1975 to implement his vision, we are meeting for our 25th anniversary. To all I say Happy Anniversary and may God grant us many more.

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