



New England Surgical Society Newsletter

Volume 6, Number 1

December 2003

2003-2004 Executive Committee

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Office of the Executive Director

900 Cummings Center, Suite 221-U
Beverly, Massachusetts 01915
(978) 927-8330 / (978) 524-8890 fax
ness@prii.com

FROM THE PRESIDENT



Walter B. Goldfarb, M.D.

As the Fall descends into Winter in northern New England and the dark hours exceed those of the light, it is good time for reflection and introspection. One of the duties of the President of the NESS is to write this column on any subject, an opportunity that gives me a rather free range. In this spirit I shall address issues both generic to surgery and specific to the NESS and some personal observations relating to both.

The generic issues currently facing medicine in general and specific to surgery are far-reaching and momentous in their consequences. It involves the very definition of who we are as surgeons and how we get there and stay there. The recruitment of young surgeons in a day of declining interest, and in the refining and re-designing of the curriculum for the trainees, both in content and time involved, will result in a sea change in our profession. How this is conceived, implemented, and subsequently evaluated for efficacy is a major issue before the powers that be, i.e. The

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Editor's Corner

In the last issue, I thought back to the pivotal moment when a medical student decided to become a surgeon. Now I look back on the further adventures of that neophyte in residency and during what might as well have been his fellowship: two Berry Plan years at a Navy hospital (good preparation for subsequent private practice).

I am sure there are other tales to be told and I encourage your feedback and your contributions in this space.

Edward Z. Walworth, M.D., Editor

When I was saying good-bye to the staff in the Operating Room in the old Mary Hitchcock Hospital, the clerk asked me if I wanted to take my cards with me. I had been vaguely aware of preference cards, but now was handed a stack of 4 x 6 inch file cards listing the instruments and sutures that I liked to use for laparotomies and hernias and so forth. Naturally, these were the adopted preferences of a novice taught by masters. When I arrived at the Naval Regional Medical Center in Charleston, SC, and had saluted right and left, I gave the cards to the head nurse in the OR. When I finished my tour of duty and headed back to New England, the stack was thicker.

Many items had been crossed out and replaced. Each facility had different suppliers, so the brand name of sutures changed. What might have been a favored clamp of Bill Mosenthal was unavailable down south so I had learned to

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**Highlights of the EXECUTIVE COMMITTEE MEETING and the ANNUAL BUSINESS MEETING
September 19-21, 2003/ Newport, Rhode Island**

Report of the President

Dr. Dibbins introduced the newly elected Connecticut Representative, Dr. Edward M. Kwasnik.

A discussion on the future of NESS was held. Dr. Dibbins referred to his presidential column in the summer 2003 *Newsletter* in which he suggested that a discussion among the members is required on potential changes to the basic character of the Society. The Executive Committee discussed removing the ceiling on the number of members allowed into the Society and relaxing the mandatory Annual Meeting attendance requirement. Past Presidents Paul Friedmann and John Burke had corresponded with Dr. Dibbins and Dr. Dibbins subsequently spoke with Past Presidents Andy Warshaw, John Davis, and Brownell Wheeler about these issues. After all comments were reviewed, a general consensus was reached that the mandatory attendance requirement should remain in place with a liberal interpretation of excused absence. At this time, there is no pressure to remove the ceiling of the number of members. There is, however, an urgent need to reassess the Society's role in attracting young surgeons and actively engaging members in NESS activities. Suggestions included: accepting more papers for presentation at the Annual Meeting; changing how papers are published and in which *Official Journal*; and reviewing manuscripts prior to final submission to the *Journal* to ensure compliance with *Journal* protocol, thus increasing the publication acceptance rate. Discussions will continue on these issues.

Formation of a By-Laws Committee

Dr. Dibbins suggested that the By-Laws needed a thorough review and that consideration be given to codifying the protocols for membership of the Program Committee, defining the election of and rotation cycle of State Representatives, and other issues related to streamlining the By-Laws. It was agreed that an Ad-hoc By-Laws Committee be established. Dr. Goldfarb will appoint members and oversee the development of the Committee's charge.

Discussion of the Archives Committee

Dr. H. David Crombie, Chair, reported that the Committee had collected as much archival material as feasible and transferred these documents to the Countway Library in Boston. A thorough archival processing of the NESS materials would cost approximately \$10,000. The NESS Charitable Foundation had contributed an initial \$1,000 to have the archival materials cataloged at the Countway Library, but additional funding will be required. Dr. Goldfarb noted that the Society would be producing an NESS necktie (neckties, bowties, and scarves) to generate an enhanced "esprit de corps" for Society members, as well as income to support the oral history initiatives of the Archives Committee. He anticipated that the neckties would be available for sale at the next Annual Meeting in Montreal.

The Archives Committee had solicited the membership for any additional archival materials including Presidential Addresses, old photographs, and other memorabilia that would be important in the recognition of the 100th Anniversary of the Society in 2016. Dr. Crombie solicited volunteers to assist with the interviewing of senior members of the Society to add to the oral history archival material. It was agreed to formally include any financial support for the archives initiative in the annual budget process.

Report of the Secretary

Current membership totals 667 Surgeons: 269 Active, 358 Senior, 38 Associate, and 2 Honorary Members. Active membership has been growing incrementally over the past five years and at the current rate of growth the Society will attain the limit of 300 Active members in several years.

Report of the Treasurer

Dr. Coe reported that current assets as of June 30, 2003 amounted to \$170,014, which compared favorably with the total cash on hand in the same period in 2002. In reviewing the Income Statement, Dr. Coe reported that annual operational costs approximated \$89,000; this was offset by Dues and Assessments payments of \$92,550 and Investment Income of \$2,300. Dr. Coe referred the Committee to the proposed budget noting a projected income of \$154,685 against total disbursements of \$155,728 leading to a projected deficit of \$1,043.

Drs. Carl Bredenberg and Frederick R. Radke served as an Audit Committee and indicated that the Committee had found the financial records of the Society to be in order.

Report of the Recorder

Dr. Colacchio noted that five of the Society's manuscripts from the 2002 Annual Meeting together with Dr. Foster's Presidential Address, panel discussions, and invited lecture had been published in the April and May 2003 issues of the *Archives of Surgery* leading to a 63% acceptance rate, which was fairly consistent with the Society's performance over the past five years.

Dr. Colacchio has informed Dr. Claude Organ, Editor of the *Archives of Surgery*, that the 2003 Annual Meeting would include a smaller number of abstracts than in previous years and a number of panel discussions. Dr. Organ agreed to consider the publication of the panel discussions and the panel moderators will oversee the editing of the discussions for timely submission.

Dr. Colacchio distributed correspondence received from Dr. Organ noting the delay difficulties experienced with the timely editing and completion of discussions. Dr. Colacchio reported that he had worked with the Program Chair to develop a more efficient mechanism to complete the discussion editing process.

Report of the Program Committee

Dr. Perencevich reported that the Program Committee had met twice and reviewed 68 abstracts, from which eight were chosen for presentation and discussion and three for a new brief report, "Quick Shots" session; three of those abstracts competed for the Residents' Presentation Awards and two for the New Members' Prize competition.

The Program Committee expanded the panel discussion format to include two panel discussions: "Obesity", moderated by Dr. Peter N. Benoit; and "Open Abdomen", moderated by Dr. Rocco Orlando, III. Additionally, a "What's New in Surgery" lecture by newly elected member Dr. Kenneth K. Tanabe, focused on surgical treatment of melanoma. There were two joint sessions with the NESVS – a lecture on Angiogenesis Dependent Disease with M. Judah Folkman and the closing joint session issues panel on recruitment and retention issues.

A report on abstracts submitted, accepted, and manuscripts accepted for publication for the period 1997-2003 showed that the Society had a gone from a high of 71 submitted abstracts in 1997 with 21 papers accepted for presentation and 10 accepted for publication to the 2002 record of 26 abstracts submitted with 8 oral presentations accepted and 5 accepted for publication.

Report of the Charitable Foundation

Dr. Morton G. Kahan, President of the NESS Charitable Foundation, noted that total assets of the Foundation were almost over \$180,000 compared to \$174,730 for the June 30, 2002 period. The surplus was modest compared to last year's due primarily to a decrease in contributions.

Report of the Representative to the American College of Surgeons' Board of Governors

Highlights of Dr. Moore's report included: the ACS PAC, under the leadership of Dr. Andrew L. Warshaw had experienced a successful first; and the ACS has established regional committees to track legislative issues at the state and regional levels.

New Business

Dr. John Welch read the proposed amendments to the By-Laws and explained that amendments may be passed by unanimous vote of all members present without circulating the changes for one year.

Dr. Welch read the proposed amendments to Article 3, Officers, Section A regarding a succession schema. A motion was made and seconded to accept.

Considerable discussion took place surrounding the specific wording and options of the Nominating Committee in selecting both a President and President-Elect for succeeding years and subsequent Annual Meetings. After considerable discussion, the motion failed to receive a unanimous vote, and it was agreed to revisit this proposed amendment next year.

Dr. Welch read the proposed amendment addition to the By-Laws Article 8 regarding Archives and it was voted to accept the proposed amendment to include the establishment of the Archives Committee.

Report of the Nominating Committee

Dr. Ashby C. Moncure noted that the Committee, consisted of himself as Chair, together with Drs. H. David Crombie and Roger S. Foster, Jr. submitted the following slate:

President	Walter B. Goldfarb, MD
President-Elect	A. Benedict Cosimi, M.D.
Vice President	Nick P. Perencevich, MD
Secretary	Frederick H. Bagley, MD
Treasurer	Nicholas P.W. Coe, MD
Recorder	Thomas A. Colacchio, MD

NECROLOGY

- Stewart Armstrong, M.D.**, Wellesley, Massachusetts
Marshall K. Bartlett, M.D., Westwood, Massachusetts
P. Maynard Beach, Jr., M.D., Bangor, Maine
Martin L. Bradford, M.D., East Sandwich, Massachusetts
Charles A. Bucknam, M.D., West Hartford, Connecticut
Jack W. Cole, M.D., Camden, Maine
James H. Foster, M.D., Avon, Connecticut
William W. L. Glenn, M.D., Peterborough, New Hampshire
Stephen J. Hoyer, M.D., Barrington, Rhode Island
Gustaf E. Lindskog, M.D., Woodbridge, Connecticut
Ronald A. Malt, M.D., Wellesley, Massachusetts
William C. Quinby, M.D., Milton, Massachusetts
James V. Scola, M.D., Longmeadow, Massachusetts
Leonard Staudinger, M.D., Wakefield, Rhode Island

2003-2004 COMMITTEES

Archives Committee

H. David Crombie, Chair
Walter B. Goldfarb
James O. Menzoian
Dominic Zazzarino

Program Committee

James C. Hebert, Chair
Richard J. Barth, Jr.
Desmond H. Birkett
David E. Clark
Rocco Orlando, III
Thomas F. Tracy, Jr.
Frederick H. Bagley
Ex-Officio
Thomas A. Colacchio
Ex-Officio
Walter B. Goldfarb
Ex-Officio

Nominating Committee

H. David Crombie, Chair
Albert W. Dibbins
Roger S. Foster, Jr.

Ad Hoc ByLaws Committee

Walter B. Goldfarb, Chair

NESS Charitable Foundation

Frederick R. Radke, President
Dennis W. Vane, Secretary
Howard G. Pritham, Treasurer
David C. Brooks, Director
Graeme L. Hammond, Director
R. James Koness, Director

American Board of Surgery, The College, the major surgical societies, and indeed all of us. The manpower crisis in general surgery and the increasing role of women in medicine (and surgery) are issues that are being addressed. That seventy percent of general surgical residents end up in fellowship has the potential for a maldistribution of surgeons.

Another area of contention is the potential dilution of the general surgical training experience by the imposition of advanced fellowships in GI surgery, endocrine surgery, etc., the historic province of the general surgical residency experience. We as a regional society composed of academic and community and rural surgeons need to be concerned and involved in the discussions and implementation of the above considerations.

Other areas that we as surgeons face in this complex time include the malpractice crisis, decreasing reimbursement, and quality improvement plus outcome analysis. These issues are here to stay and demand our attention and involvement, both as individual surgeons and as a large regional society.

With increasing technologic advances, of which we and our patients are beneficiaries, comes the practical issues of the inevitable and increasing role of non-surgeons in the use of invasive procedures which were previously within our "surgical domain." An example of this is the abdication of much of endoscopy by surgeons to aggressive invasive gastroenterologists. We as surgeons need to be involved and reclaim our "place at the table." Endovascular procedures and ultrasonography are but two more examples in which the overlap of specialties can lead to unintended consequences -i.e. we could be shut out.

With respect to the issues and problems facing the NESS, things are more encouraging. We are a vibrant, active Society. The 2003 Annual Meeting, under the leadership of Dr. Al Dibbins, was a great success with over 60 abstracts submitted, the most in recent years. How to continue this momentum is an important task for the Society, if we are to maintain our relevancy and vigor. One way to address this is to encourage and foster more involvement in the governance of the Society and the scientific program by younger surgeons. This will be addressed this year by the Executive Committee and you will hear more about this at the Annual Meeting. Plans are already under way to make the Montreal meeting enjoyable and entertaining, as well as educational. Members of the Executive Committee and the Program Committee would welcome comments and suggestions to make the program as interesting as possible.

Despite the gravity of the above issues and the problems enunciated, I remain an unmitigated optimist and am envious of the opportunities afforded the younger surgical trainees of today.

Finally to close on a personal note, this past year has been one of major transition in my life. First and foremost being elected President of the NESS is the highest honor I could have had and I am humbled and grateful for it. I have

recently retired after over 38 years of practice in Portland. In looking back to my internship in St. Louis beginning in July 1959, it seems to be in another age.

The hospital and city were segregated, the heat and humidity unbearable, the work overwhelming (by today's standards), and the compensation \$35 a month. Despite this, I look back on those days of residency as my happiest and most productive. Total immersion in surgery was the order of the day. The contrast from six years of training and in my early years of practice in Portland to the present day are staggering. There was no endoscopy, laparoscopy, endotracheal intubation outside the OR, much less Special Care Units, no beepers, cell phones, or Medicare – we had large open wards and an unlimited supply of "ward patients." Cardiac and vascular surgery, now so dominant, were in their infancy. It was a simpler time in many ways with no phlebotomists (called interns and medical students) intensivists, emergency physicians, invasive radiologists or gastroenterologists or trauma specialists or oncologists, just to name a few. There were doctors, patients and nurses.

The diseases and operations also were different. Gastric surgery for acid peptic disease was the order of the day and the unofficial measuring rod of surgical training, i.e., how many gastric resections one did was considered an important measurement of the program. VA rotations at the time enhanced our numbers, but H2 blockers have taken care of that. Biliary operations, especially the frequent common duct procedures, are now essentially a thing of the past. One wonders how Sir Anthony Eden's extended biliary saga, as described by Past President John Braasch in the November '03 *Annals of Surgery*, would have fared in today's world of ERCP and radiologic intervention.

This is not a paean to the "old days." It is meant to say that our surgical world has changed dramatically. One only need read the Presidential Addresses of our Society – copies of which are given to each President-Elect to ponder – to understand that change is inexorable and we as individuals and

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FROM THE PRESIDENT

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as a Society should be part of the process in effecting, refining, and improving it.

Dr. Samuel J. Mixer in 1916 in the first Presidential address to the Society stated:

"These societies are absolutely essential to the life of the profession, stimulating intellectual competition and production, and giving their members a chance to advance new ideas and discuss old ones as well as to encourage that personal contact and acquaintance, without which no body of men can do its best work.

Is it too much to expect this representative body of men to add materially to the sum of surgical knowledge and at the same time to educate themselves and each other, thus becoming more fitted to serve and aid their suffering and unfortunate fellow men?we are proud of our corner of this great land, we are proud of our great men of the past and their achievements but the pace today is fast and if we are to hope to lead in the race we must push ever forward and work with body, mind and heart. May this new Society of ours help to keep us shoulder to shoulder as we press forward to overcome disease, superstition and cowardice and as one by one we throw up our hands and fall out, may worthier, younger and better trained men be ready to fill up the ranks."

Our mission could not have been better articulated today, 87 years later.

If any member of the Society has any thoughts regarding governance of the Society or suggestions for annual meeting improvements, please contact me, the Executive Committee or your State Representative. This *Newsletter* also serves as an open forum and the membership is urged to contribute.

The officers and Executive Committee join me in wishing you all the best for the New Year.

EDITOR'S CORNER

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cope with others. Amazingly, some changes represented improvements. When I started practice in Lewiston, the process began anew.

Over the years, the old cards yellowed and crumbled and were replaced one by one. Somehow, the transcriptions were never quite accurate because some favored stitch or clamp would disappear. "But Doctor, you never have asked for a Henley." "I used one three times last week!" After a while, I became convinced that there was a "Card Gremlin" - an imp that erased or changed an item after every case - determined to tweak what would otherwise be a finely tuned routine in the course of an operation.

Have things improved with the OR laptop? Hardly. The Gremlins have become digitally empowered and ever more wicked.

"Why do you keep giving me an loban drape for this simple clean case?"

"Well, it's on the screen here."

"Didn't you delete that item last week?"

"I thought so, but it popped up again."

And so it goes. I just wish that I had reclaimed those old cards. They have fallen by the wayside and will never be of use to a surgical historian.

Which brings me to my definition of "surgical archeology." Have you noticed how different the description of the abdomen is according to the specialty of the examiner? I recall one ophthalmologist who invariably described the bellies of his patients as "soft." Young or old, thick or thin, scarred or unmarred, their midsections were always "soft." Internists are a bit more thoughtful, using such terms as "distended" or "be-

nign." However, only surgeons mention old scars. We recognize the sunken RLQ scar in the older patient who had a ruptured appendix in childhood and spent three weeks in the hospital with a draining wound.

We know that the old meandering RPM incision probably meant that the patient underwent a combined appendectomy, cholecystectomy, and hiatus hernia repair twenty years earlier. We wonder why the old ObGyn made a different incision each time he did a C-section and the eventual hysterectomy in the nice old woman who now has diverticulitis; instead of one simple and straight scar down the lower midline, there are several random swipes sort of aiming at the symphysis.

Thoracotomy scars, flank incisions, short transverse belly scars from temporary colostomies, long vertical stripes running up the inner calf - each tells a tale that can translate into a paragraph in the patient's H & P, often quite pertinent to the situation at hand.

Now consider laparoscopy and minimally invasive surgery. Fun for the video game generation, exasperating for the archeologist. Those little slits are easy to miss. The patient is going to have to remember what he or she had along the way; we won't be able to tell at a glance.

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HIGHLIGHTS of the 84th Annual Meeting of the New England Surgical Society



September 19-21, 2003
Hyatt Regency, Newport, Rhode Island



The 2003 Annual Meeting of the New England Surgical Society was held at the Hyatt Regency in Newport, Rhode Island.

The meeting opened with a postgraduate workshop on "**Modern Management of Venous Disease**" held jointly with the New England Society for Vascular Surgery and directed by Elias Arous.

The workshop included nine presentations covering such topics as venous ulcers, varicose veins, DVT, and venous occlusion techniques. The workshop concluded with a "**Hands-On/Ask the Experts**" session featuring stations on "**Management of Venous Stasis Ulcers**," "**Laser Management of Varicose Veins**," "**IVC Filters**," "**Venous Occlusion Device with Laser**," "**Venous Occlusion Technique**," and "**Management of DVT**."

The meeting continued with three papers, followed by a "**Quick Shots**" session, chaired by Thomas Colacchio. Three more papers were presented and another joint session with the NESVS featured Judah Folkman on "**Angiogenesis-dependent Disease**"

concluded the scientific program for the day. State caucus meetings were held and a Welcoming Reception concluded the day's events.

The following day included two panel discussions. The first on

"**Obesity**" was moderated by Peter Benotti and the second on "**Open Abdomen**" was moderated by Rocco Orlando. A *What's New Lecture* on the "**Surgical Treatment of Melanoma**" was presented by Kenneth Tanabe.

Sunday's program began with the Presidential Address by Albert Dibbins, entitled "**Legacy**." Dr. Dibbins spoke of his surgical journey through Viet Nam and Pittsburgh on his way to Portland, reflecting on the change in teaching styles from one generation to the next. His words were warmly received.

The annual Samuel Jason Mixer Lecture was given by David Nahrwold on "**Surgical Competence and Maintenance of Certification**." The meeting adjourned with a joint issues panel on "**Looking for your partner in the next decade. The recruitment and retention of quality young surgeons for both general and vascular surgery**."

The social events offered in Newport included golf, a sail through Newport Harbor, a guided tour of Newport and the Elms Mansion, and all the fine dining and flavor that Newport offers.



RESIDENT PRIZE AWARD WINNERS

First Place

Bernadette Aulivole, M.D.

Beth Israel Deaconess Medical Center

"Major Lower Extremity Amputation:

Outcome of a Modern Series"

Second Place

Nahel Elias, M.D.

Massachusetts General Hospital

"Is Completion Lymphadenectomy Following a Positive Sentinel Lymph Node Biopsy for Malignant Cutaneous Melanoma Always Necessary?"

NEW MEMBER PRIZE WINNERS

Timothy J. Babineau, M.D.

Boston Medical Center

"The Cost of Operative Training for Residents"

Paul E. Morrissey, M.D.

Rhode Island Hospital

*"Renal Transplant Survival from Older Donors:
A Single Center Experience"*

FROM THE ANNUAL MEETING.....



Our thanks to Edward Walworth, Marcia Goldfarb, and Michael Deren for sharing their photographs from the NESS Annual Meeting.

NEW MEMBERS

Peter B. Angood, MD	<i>Worcester, Massachusetts</i>
Richard B. Arenas, MD	<i>Springfield, Massachusetts</i>
Nabil A. Atweh, MD	<i>Bridgeport, Connecticut</i>
J. David Beatty, MD	<i>Burlington, Vermont</i>
Tom P. Bell, MD	<i>Norwich, Connecticut</i>
Monica M. Bertagnolli, MD	<i>Boston, Massachusetts</i>
Stephen W. Brooks, MD	<i>Hyannis, Massachusetts</i>
Maureen A. Chung, MD	<i>Providence, Rhode Island</i>
Andrew A. Conlan, MD*	<i>Worcester, Massachusetts</i>
Christopher J. Corey, MD	<i>Stoughton, Massachusetts</i>
James F. Flaherty, MD	<i>Hartford, Connecticut</i>
Michael P. Hirsh, MD	<i>Worcester, Massachusetts</i>
Kenneth F. Howe, MD	<i>Nashua, New Hampshire</i>
Stephen E. Karp, MD	<i>Burlington, Massachusetts</i>
Christopher J. Kwolek, MD	<i>Boston, Massachusetts</i>
Stephen J. Lahey, MD	<i>Worcester, Massachusetts</i>
K. Francis Lee, MD	<i>Springfield, Massachusetts</i>
Paul Y. Liu, MD	<i>Providence, Rhode Island</i>
Thomas E. MacGillivray, MD	<i>Boston, Massachusetts</i>
Imtiaz A. Munshi, MD	<i>Springfield, Massachusetts</i>
Nilima A. Patwardham, MD*	<i>Worcester, Massachusetts</i>
Colleen M. Ryan, MD	<i>Boston, Massachusetts</i>
William V. Sardella, MD	<i>Hartford, Connecticut</i>
Donald L. Schassberger, MD	<i>Waterville, Maine</i>
Antonio C. Toledo, MD	<i>New London, Connecticut</i>
James Whiting, MD	<i>Portland, Maine</i>

** Senior member*

FUTURE MEETINGS

2004 Annual Meeting

October 1-3

Hilton Montreal Bonaventure
Montreal, Quebec, Canada

2005 Annual Meeting

September 30-October 2

Mount Washington Hotel
Bretton Woods, New Hampshire

2006 Annual Meeting

September 15-17

Mystic Marriott Hotel and Spa
Groton, Connecticut



New England Surgical Society
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Beverly, MA 01915

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