



New England Surgical Society Newsletter

Volume 4, Number 2

Summer 2002

2001-2002 Executive Committee

President

Roger S. Foster, Jr., M.D.

President-Elect

Albert W. Dibbins, M.D.

Vice President

Jeremy R. Morton, M.D.

Secretary

John P. Welch, M.D.

Treasurer

Robert M. Quinlan, M.D.

Recorder

Thomas A. Colacchio, M.D.

Past President

H. David Crombie, M.D.

Representative to ACS Advisory Council for General Surgery

Victor E. Pricolo, M.D.

Representative to the ACS Board of Governors

Francis D. Moore, Jr., M.D.

Representative to American Board of Surgery

James C. Hebert, M.D.

Representative -Connecticut

John C. Russell, M.D.

Representative - Maine

Edward Z. Walworth, M.D.

Representative - Massachusetts

Nicholas P.W. Coe, M.D.

Representative - New Hampshire

Joseph P. Meyer, M.D.

Representative - Rhode Island

Victor E. Pricolo, M.D.

Representative - Vermont

Frederick H. Bagley, M.D.

Office of the Executive Secretary

13 Elm Street

Manchester, Massachusetts 01944
(978) 526-8330 / (978) 526-4018 fax
ness@prri.com

FROM THE PRESIDENT

The Challenge to the Future of the NESS



Roger S. Foster, Jr., M.D.

I believe that it is time for members of the New England Surgical Society to have a broad discussion of the format of future meetings.

Letters from several past officers of the NESS concerning trends in both the scientific program and the social activities of the NESS were discussed by the Executive Committee at its January meeting. The discussion resulted in a challenge from the Executive Committee to the Program Committee to modify the educational format of

this year's Annual Meeting in order to make the scientific program more meaningful. I look forward to the excellent program that has been developed in response to this challenge. This year's meeting will have fewer proffered papers and more invited speakers and panels. We will also seek to promote more open discussion from the floor. It was also agreed that the Society should give further consideration to both the choice of venue and the social pro-

A portion of this year's meeting will be devoted to a discussion among the members about ways to improve future meetings.

(continued on back page)



2002 Annual Meeting

September 27-29

The Balsams Resort

Dixville Notch, New Hampshire

9th Annual Surgical Resident/Fellow Research Presentation Day

The 9th Annual Surgical Resident and Fellow Research Presentation Day was held on Friday May 17, 2002 at the New England Medical Center in Boston. "This program has grown steadily each year and with almost forty abstracts submitted, this was the most select group of presentations to date," said Steven Schwartzberg, program organizer.

While the quality of the science is a key component to any educational activity, this program places particular emphasis on the quality of the written abstract, oral presentation, and audiovisual aids. This levels the playing field for those who wish to submit clinical work for consideration. Many residents use this forum as a "test run" before going to larger meetings or as an opportunity to refine their presentation skills in a somewhat more relaxed atmosphere.

"This is a great opportunity for residents and fellows from different programs to meet and exchange ideas and we hope that Surgical Residents and Fellows in Surgical Subspecialties (vascular, cardiothoracic, pediatric, critical care, etc.) will continue to participate," continued Dr. Schwartzberg.

The Visiting Professor Address was given by Dr. Josef E. Fischer, Chairman of the Department of Surgery at the Beth Israel/Deaconess Medical Center. Dr. Fischer presented his views on the current state of academic medicine.

This program has been sponsored in the past by the New England Surgical Society, the Massachusetts, Connecticut, and Maine chapters of the ACS and the Kiwanis Pediatric Trauma Institute. Last year 20 presentations from 14 New England and other regional programs were delivered and the abstracts were published in the November/December, 2001 issue of *Current Surgery*, the Official Journal of the Association of Program Directors in Surgery.

Watch Your Mail for Details on the

10th Annual Surgical Resident/Fellow Research Presentation Day

Friday, May 16, 2003

8:30 - 5:00

New England Medical Center, Boston

OUTSTANDING CLINICAL SCIENCE PRESENTATION

Malachi G. Sheahan, M.D.

Beth Israel Deaconess Medical Center

A Decade of Infrainguinal Bypass Procedures:

Predicting the Natural Course of

Lower Extremity Vascular Disease

Plaque and \$1,000 award from

New England Surgical Society

SECOND PLACE PRESENTATION

Erika K. Fellingner, M.D.

University of Vermont College of Medicine

Nitric Oxide and Prostacyclin Production from

Coronary Artery Bypass Graft (CABG) Conduit

Plaque and \$500 award from

New England Surgical Society

THIRD PLACE PRESENTATION

Jennifer E. Verbese, M.D.

Lahey Clinic Medical Center

Acute Rejection Rates after Live Donor

versus Cadaveric Liver Transplantation

Certificate and \$250 award from the Connecticut, Vermont and Maine Chapters of American College of Surgeons

OUTSTANDING BASIC SCIENCE PRESENTATION

Tracy C. Grikscheit, M.D.

Massachusetts General Hospital

Normal In Vivo Physiology of a Tissue

Engineered Large Intestine Pouch Model

Plaque and \$1,000 award from Massachusetts Chapter of the American College of Surgeons

HONORABLE MENTION PRESENTATION

Robert S. Farivar, M.D.

Brigham & Women's Hospital, Harvard Medical School

Growth Rate and Antigenicity of Cardiac Valve

vs. Aortic Endothelial Cells

NESS State Representatives

CONNECTICUT

John C. Russell, M.D.

(860) 224-5513/Fax:(860) 224-5713 /jrussell@nbgh.org

MAINE

Edward Z. Walworth, M.D.

(207) 783-1449 / FAX: (207) 777-3865 / ezwm@aol.com

MASSACHUSETTS

Nicholas P.W. Coe, M.D.

(413) 794-5165/Fax:(413) 794-5940/nicholas.coe@bhs.org

NEW HAMPSHIRE

Joseph P. Meyer, M.D.

(603) 224-0584 / Fax: (603) 225-5769

RHODE ISLAND

Victor E. Pricolo, M.D.

(401) 739-8010 / Fax: (401) 739-6087

VERMONT

Frederick H. Bagley, M.D.

(802) 775-1903 / Fax: (802) 775-5503

Looking Back: THE NESS 25 YEARS AGO



The year was 1977, Jimmy Carter was President of the United States with Walter Mondale as his Vice-President and Joseph A. Califano as Secretary of Health, Education and Welfare. The minimum wage was \$2.30 per hour and the Dow would not reach 2,000 for another 10 years. A gallon of gas cost less than a dollar. Nuclear power plants were being built.

In health care, the Medicare program had been in effect for over a decade; the AIDS epidemic had not yet exploded upon the world scene. Applying recombinant-DNA technology, Genentech Corporation scientists in that year induced bacteria to produce human somatostatin. The Swan-Ganz catheter to monitor pulmonary artery pressure was an advance in the management of the critically ill surgical patient. The U.S. Surgical Corporation, prompted by the work of Ravitch and Steichen, was producing its early reusable TA series staplers but the transformation of abdominal and thoracic surgery brought about by disposable staplers was still to come. It would be nearly fifteen years

before laparoscopic techniques would usher in the era of minimally invasive surgery.

The abdomino-perineal resection was still the standard in the treatment of low rectal cancers. At the Mayo Clinic, long a bastion of the classic radical mastectomy, there was an "official" shift to the modified radical, marking the end of the long-honored Halsted approach. Bilateral adrenalectomies were still being performed in the management of advanced breast cancer, but the age of effective chemotherapy had arrived. Bernard Fisher, later to be our Samuel Mixter Lecturer in 1999, was underway with meaningful clinical trials via NSABP that would profoundly effect the care of patients with breast cancer.

Bernard Fisher, later to be our Samuel Mixter Lecturer in 1999, was underway with meaningful clinical trials via NSABP that would profoundly effect the care of patients with breast cancer.

The year was 1977, Jimmy Carter was President of the United States with Walter Mondale as his Vice-President and Joseph A. Califano as Secretary of Health, Education and Welfare. The minimum wage was \$2.30 per hour and the Dow would not reach 2,000 for another 10 years. A gallon of gas cost less than a dollar. Nuclear power plants were being built.

The annual meeting of the Society was held at Wentworth-by-the-

Sea in Portsmouth, N.H., Sept. 30 to Oct. 2, 1977, with Gordon Donaldson of Boston as President. His Presidential Address entitled, "The First All-New England Surgeon" was a superb, thoroughly-researched dissertation on Nathan Smith (1762-1829), the unofficial patron saint of NESS. John Brooks of Boston became President-elect, and Frederick Ross of Fitchburg began his presidential term. The Executive Council of the Society was replete with future presidents: Bill Glenn, John Braasch, Brownell Wheeler, James Foster, John Reed, Walter Crandall, and John Davis.

Twenty-three scientific presentations reached print in the April, 1978 issue of *The American Journal of Surgery*. There were thirteen papers from Boston sites which included a report of 40 years experience with undifferentiated thyroid carcinoma at the Lahey Clinic, a 10-yr experience with penetrating wounds of the heart with 60% survival from Boston City Hospital, and a comparison of mesocaval with portocaval shunts in the emergency management of variceal bleeding from Massachusetts General Hospital. Among the six papers from Providence were reports on an eight-year experience with Marlex mesh for the repair of incisional hernias since its introduction in 1968, and a report by Bob Bowen and his colleagues on the shift from general/spinal to local anesthesia in the repair of adult groin hernias with attendant reduction in cost and hospital stay. The one international paper was a presentation on 200 patients with hydatid cysts of the liver from Madrid, Spain. George Clowes, as was his wont, contributed a research-oriented paper on insulin metabolism in septic shock.

All were papers of considerable substance followed by lively discussion. It was the tenth annual meeting at the Wentworth with its scenic splendor and ease of fellowship. There would be just one more visit there, in 1980, before its closing.

H. David Crombie, M.D.



Competency in Surgery



Albert W. Dibbins, M.D.

In 1998 the American Board of Medical Specialties (ABMS), the umbrella organization for all of the allopathic medical and surgical Boards, appointed a Task Force on Competency. This was done because all of the member Boards agreed that something more than a written examination every ten years was needed to validate that the credentials earned in the initial certification process had been maintained. The goal of the task force was to develop processes

which would allow each individual Board to certify to the public that its diplomates were competent to practice their specialties.

The Task Force identified six general competencies for all physicians: patient care, medical knowledge, interpersonal and communications skills, professionalism, practice based learning and improvement, and systems based practice. These same competencies were agreed upon by the Accreditation Council for Graduate Medical Education (ACGME), the governing body of all allopathic residency programs. In theory, each physician completing residency training would possess these basic competencies and would be certified as having them as a result of the initial Board examination.

The Task Force then recommended that each Board develop standards for the Maintenance of Certification which included four elements: evidence of cognitive expertise, evidence of commitment to lifelong learning and involvement in a periodic self-assessment process, evidence of evaluation of performance in practice, and evidence of professional standing. The American Board of Surgery (ABS), of which most of the members of the NESS are diplomates, has begun this process. The ABS will define the essential core of knowledge which every diplomate must have and continue to master regardless of the type of practice. The ABS will partner with the American College of Surgeons and other surgical organizations to accomplish this task. This is an area in which the NESS can and should play a major role by ensuring that it

presents appropriate educational opportunities to its members - opportunities which meet the standards required for maintenance of certification.

However, the greatest challenge lies in developing standards for the evaluation of performance in practice: evidence based surgery and outcomes measurement. Historically, the outcomes movement was begun in New England by Wennberg's identification of marked variation in the frequency of performance of specific operations in geographic areas of the same state. Even today, this variability continues to exist. The literature on surgical outcomes suggests that we have yet to define standards which are not institution dependent and that we need measurements and evidence which are applicable to everyone's practice.

I believe that the NESS and its members have a unique opportunity to participate in the development of generalizable measurements of competency. In New England there exist three institutions - Harvard School of Public Health, the Center for Evaluative Clinical Science at Dartmouth, and the Division of Health Science Research at Maine Medical Center - which are already engaged in outcome studies. The special problem of general surgery is that the practice is so heterogeneous and may be so different between teaching and non-teaching hospitals that it may be difficult to cover all circumstances. It is a task which should engage us because we owe it to our profession. We need to discuss this as we meet the challenges to the future not only of the NESS, but to the future of surgery in the United States.

...NESS can and should play a major role by ensuring that it presents appropriate educational opportunities to its members - opportunities which meet the standards required for maintenance of certification.

Dr. Dibbins is recently semi-retired. He continues to teach a Basic Science course for surgical residents at Maine Medical Center and teaches third year medical students at the University of Vermont. He continues to assist his practice partners in the OR and as a consultant and has an academic appointment as a Clinical Professor of Surgery at the University of Vermont.

Before his retirement, Dr. Dibbins was the Program Director for the general surgical residency at Maine Medical Center, as well as Associate Chief of Surgery.

Dr. Dibbins served on the NESS Program Committee for six years as the Maine representative and was Vice President in 1996.



Highlights of the EXECUTIVE COMMITTEE MEETING

June 5, 2002

Waltham, Massachusetts

Report of the President

The Program Committee has met several times during the past year to consider the results of the membership survey and suggestions from past officers of the Society regarding potential improvements to both the scientific program and the social activities of the Annual Meeting. Many changes will be incorporated into this year's program.

The Executive Committee approved Dr. Foster's recommendation of Dr. W. Gerald Austen of Boston, Massachusetts as the 2002 recipient of the Nathan Smith Award.

Report of the Secretary

Current membership totals 666 Surgeons: 271 Active, 356 Senior, 37 Associate, and 2 Honorary Members.

Necrology

Fennell P. Turner, II, M.D., Auburn, Maine

Laura E. Sanders, M.D., Winchester, Massachusetts

Report of the Treasurer

Bob Quinlan presented a financial report for the nine-month period ending March 31, 2002 noting total assets of \$142,974, an approximate \$9,000 increase over the previous year for the same period. The Income Statement reflected an increase in Dues and Assessments due in part to an increase in the voluntary payment of dues by Senior members. The 2001 Annual Meeting surplus was in line with the recommendations of the Executive Committee regarding total income and expense for the Annual Meeting.

Report of the Charitable Foundation

David Crombie presented a financial report for the nine-month period ending March 31, 2002 noting total assets of \$172,356 compared to \$155,738 for the period ending March 31, 2001. In reviewing the Income Statement, member contributions totaled \$16,449 and total receipts were \$22,118. With disbursements of almost \$8,000, the Foundation was well within the parameters of spending approximately half of total receipts in any given year.

Report of the Recorder

Eleven of the 19 papers presented at the 2001 Annual Meeting had been published in the April 2002 addition of the *Archives of Surgery*, representing an acceptance rate of 58%.

Report of the Program Committee

In light of recommendations, meeting evaluations, and extensive discussions, the Program Committee has revised the program to accommodate as many of the suggestions received as possible. This year will be a transition year for audiovisual presentations and presenting authors are encouraged to use LCD/PowerPoint and a single projection 35 millimeter capability will also be available. For the 2003 Annual

Meeting, only LCD/PowerPoint projection will be allowed for audiovisual presentation. The Program Committee is also organizing a number of social events including a round robin tennis tournament, shotgun golf tournament, nature walks, wine tasting, and a variety of other activities.

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

Chip Moore reported that the College had formed a 501(c) 6 organization with a political and advocacy agenda that would match the needs of its membership and the organization has developed a Political Action Committee to allow the College to participate in activities related to political action and support for candidates and elections.

The Executive Committee voted to nominate Dr. Moore for re-election as the Society's Representative to the ACS Board of Governors and to nominate Dr. Quinlan as the Society's alternate Representative.

Report of the Representative to the American College of Surgeons' Advisory Council for Surgery

Victor Pricolo noted the composition of the relatively large committee which now provides advice directly to the ACS Board of Regents on a variety of issues.

Report of the Representative to the American Board of Surgery

Jim Hebert reported that Dr. Frank R. Lewis, Jr. had been elected as the new Executive Director of the Board and reviewed the discussions on the changing demographics of the residency applicant pool for general surgery and the surgical specialties, as well as recent proposals to restructure graduate surgical education to incorporate the concepts of contracted training and tracking.

Report of the Ad-Hoc Archives Committee

David Crombie outlined the two alternatives for the disposition of the Society's archival material and the Executive Committee subsequently voted to proceed with the process of donating the Society's archival collection to the Countway Library; to request a \$1,000 grant from the NESS Charitable Foundation to accompany the gift of deed and expedite the archival organization of the materials; and to solicit the membership to add to the archival materials with photographs and any other documents as the Society approached its 100th anniversary.

New Business

Voted to elect Bruce J. Leavitt, M.D. of Burlington, Vermont to a six-year term as the Vermont Representative.

Voted to appoint Rocco Orlando, III, M.D. of Hartford, Connecticut for a six-year term on the Program Committee.



83rd Annual Meeting of the New England Surgical Society

September 27-29, 2002

The Balsams Resort , Dixville Notch, New Hampshire

ATTENTION NESS MEMBERS:

Following an extensive review of the annual meeting program, including the results of the annual meeting survey, the Executive Committee has made several changes in the format of the program.

Prior to the Executive Committee, letters were received from Drs. Foster, Cady & Thayer recommending increased interaction between speakers and the audience. In response, the Friday afternoon program will be dedicated to the presentation of abstracts. Each presentation will still be 10 minutes, but the 10-minute discussion period will be opened to the floor. The moderator will facilitate lively interaction.

Two panels have been scheduled for Saturday morning and the morning will conclude with the Presidential Address. The Saturday morning program also includes the New Members Breakfast.

The Business Meeting on Sunday morning will encourage discussions and suggestions for improving the meeting and ways to keep members active and interested in the annual program. The morning will conclude after the presentation of the Nathan Smith Award and Lecture.

We are pleased to present the following preliminary program and hope that it meets your needs. We look forward to your feedback.

PRELIMINARY PROGRAM HIGHLIGHTS

FRIDAY, SEPTEMBER 27

SCIENTIFIC SESSION I CHAIR: Neil S. Yeston, M.D.

Trans-Thoracic Collis Gastroplasty: Institutional Experience

The Management of Splenic Injury: A 20-Year Perspective

Casting Type Calcifications with Invasive and High Grade DCIS: A More Aggressive Disease?

MEN2: Genotype-Phenotype Analysis

SCIENTIFIC SESSION II CHAIR: TBD

Predictors of Complication and Suboptimal Weight Loss Following Laparoscopic Roux en Y Gastric Bypass: An Analysis of 188 Patients

Changes in General Surgical Workload

Utility of Intraoperative PTH Monitoring in Predicting Metabolic Control of PTH Levels in Secondary Hyperparathyroidism

Incidental Pancreatic Cysts: Clinico-Pathological Characteristics and Comparison to Symptomatic Patients

STATE CAUCUS MEETINGS

WELCOME RECEPTION

SATURDAY, SEPTEMBER 28

ANNUAL BUSINESS MEETING (Members Only)

PANEL DISCUSSION Moderator: David J. Schoetz, M.D.
"Controversies in Inflammatory Bowel Disease"
Neil H. Hyman, M.D., Peter M. Mowschenson, M.D.,
Jeffrey L. Cohen, M.D.

"WHAT'S NEW IN SURGERY: UROLOGY."
Steven J. Shichman, M.D.

PANEL DISCUSSION Moderator: Thomas F. Tracy, Jr., M.D.
"When Medical Error Becomes Medical Malpractice:
The Victims and the Circumstances"
Linda Crawford, LLC, Thomas J. Krizek, M.D.,
Kenneth A. Kern, M.D.

NATHAN SMITH AWARD

Presented to Dr. W. Gerald Austen, Boston,

PRESIDENTIAL ADDRESS Roger S. Foster, Jr., M.D.
"Breast Cancer Detection and Treatment:
A Personal and Historic Perspective"

ANNUAL BANQUET (Business Attire)

SUNDAY, SEPTEMBER 29

ANNUAL BUSINESS MEETING (Members Only)
Discussion of future format of Annual Meeting

SEVENTEENTH ANNUAL
SAMUEL JASON MIXTER LECTURE

Highlights of the Social Program planned for the Annual Meeting

This years Program Committee has made a special effort to develop a comprehensive social program with something for attendees of all ages. Members of the Society are encouraged to bring their families and enjoy this picturesque setting between the scientific sessions.

Friday, September 27, 2002:

Golf – individual tee times for early arrivals
Tennis – Both indoor and outdoor courts
Outdoor Games: Badminton, Basketball, Croquet
Hike to Sanguinary Ridge
Nature Walks
Culinary Demonstrations - \$12.50 per person
Cooking with Fresh Herbs
Creative “Lite” Desserts
Entertaining with low & non-alcoholic beverages

Culinary Demonstrations - \$12.50 per person
Gourmet Cooking
Distinctive Seafood Cookery
Hot Appetizers & Entertaining Ideas
Spirit of Hospitality - Wine Tasting Demonstration
Moose Watching Tour - \$25.00 per person

Children’s Program:

Programs for the following age groups:
Ages 3-6: One counselor per 5 children
Ages 5-12: One counselor per 8 children

Saturday, September 28, 2002

Golf – Individual tee times
Tennis – Indoor and outdoor courts
Outdoor Games: Badminton, Basketball, Croquet
Hike to Sanguinary Ridge
Nature Walks
History of The Balsams
Hands-on Workshop - \$15.00 per person
Pots of Fancy: Roses or lavender moss-filled flower pots
Potpourri Buffet: Make-your-own-sachets
Golf Tournament – Shot gun start
Tennis Round-about – Indoor and/or outdoor courts

Program for Ages 3-6 may include:

Storytelling, Outdoor Fun & Play, Painting Party, Group Coloring, Relays & Outdoor Games, Bubble Mania, Sand Castle Building, Mini Discovery Walk, Lawn Play, and Balloon Games.

Program for Ages 5-12 may include:

Name Games, Brain Teasers, Nature Hike, Scavenger Hunt, Nature Creations (crafts), Outdoor Play, Races & Relays, Parachute Games

ANNUAL MEETING SURVEY SAYS...

During last year’s annual meeting, a survey was distributed to the membership to help in planning for future meetings.

There were 195 responses (among the 595 members, 54% of whom are Senior members). A high percentage of respondents were more than 50 years old (82%), and 54% were Senior members.

- ♦ 42 members had attended three meetings in the last five years; 49 had attended two.
 - ♦ 70% preferred spending \$200-300 per night for accommodations, food, etc.
 - ♦ 65% preferred resort locations.
 - ♦ Do you favor a Saturday AM Spouse Program
 - 24% - Yes**
 - 19% - No**
 - 56% - No preference**
 - ♦ Do you favor an all-day scientific session on Saturday with elimination of Sunday morning session
 - 46% - Yes**
 - 54% - No**
-
-

gram at the Annual Meeting. A portion of this year's meeting will be devoted to a discussion among the members about ways to improve future meetings.

From 1949-1989 the annual meeting of the NESS was held at New England resort hotels, with most of the **overt** scientific program being composed of papers selected by the Program Committee from abstracts of papers submitted by Society members. The resort location with the entire group using the same dining facilities, recreational facilities, porches, and corridors resulted in a **covert** scientific program. The informal discussions, social and recreational interactions led to many friendships between surgeons from different parts of the New England region.

Many factors have led to changes in the character of NESS meetings. The closing of many of the older resort hotels limited the choices of resorts and there was a decision to use urban venues more frequently. There has been an increase in the number of members whose partners also have a career. The younger surgeons may be from a generation that perceives less of a place for surgical organizations in their lives. Over the past several years the program committees have noted that fewer high quality abstracts are being offered. There are probably many reasons for the decline in abstract number and quality. One reason may be the increased number of subspecialty organizations that compete for the available work. Another may be that the economic pressures related to decreases in grant funding and declining patient fees have led to less time and fewer funds for research by surgeons.

The NESS Constitution states that "the Society is constituted for the purpose of promoting the science of surgery... [and] to hold professional and social meetings..." I believe that inherent in limiting the membership in NESS and in having an educational program that involves a mixture of both formal and informal interaction is the concept that there is an important **covert** component to the meeting. Beyond any medical information obtained from the formal presentations of the selected papers are the formal and informal discussions in response to these presentations. Perhaps even more important is the chance for members to share experiences, problems, joys, concerns, and uncertainties. There is the opportunity for acquaintances and friendships beyond one's local community. The discussions at meetings such as NESS may help solve a problem or may lead to collaborations that mutually address a problem. The social and recreational interactions may simply provide a needed break from day to day professional activities. Ideally, the combination of scientific and social interaction will lead to rejuvenation and fresh inspiration towards one's career. The results of the recent membership survey showed a majority favored having more of the NESS meetings in resort locations.

To accomplish the multiple goals discussed above, the NESS will need to make sure that both its educational and social activities are rewarding to its members. Please come to the Annual Meeting in September prepared to participate in the discussions and to provide the ideas that will ensure that future meetings of the NESS are outstanding for both their scientific and social content.

Please come to the Annual Meeting in September prepared to participate in the discussions and to provide the ideas that will ensure that future meetings of the NESS are outstanding for both their scientific and social content.

**FUTURE MEETINGS
of the
NEW ENGLAND SURGICAL SOCIETY**

2003 Annual Meeting

September 19 - 21

Hyatt Regency
Newport, Rhode Island

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