SOUTHERN MEDICAL ASSOCIATION



Southern Medical Association

91 ANNUAL SCIENTIFIC ASSEMBLY
CHARLOTTE • NORTH CAROLINA
• NOVEMBER 6-9 • 1997 •

91ST YEARBOOK

YEARBOOK

SOUTHERN MEDICAL ASSOCIATION

Tim	Taylor			
Name				
35 La	Keshore	Dr.		
Address				
Birmi	ng han	AL	35209	
City	7	State	Zip (205) 945-1840	
1-800-	423-499	2 or	945-1840)
Telephone				-

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SOUTHERN MEDICAL ASSOCIATION

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PRESIDENT



TTanner 1930 adlien

Terrell B. Tanner, M.D.

Sky-pager

fax # 1-770-385-4935 (call him first)

enter our 1-800-423-4996

1-800-336-7032

enter beener code

HOME AND OFFICE ADDRESS:

P.O. Box 68, Oxford, Georgia 30267-0068

TELEPHONE: (770) 787-3272

BIRTHDATE: July 25, 1932

BIRTHPLACE: Hall County, Georgia

SPOUSE: Martha

EDUCATION:

B.A. degree, Emory University, 1953

M.D. degree, Emory University School of Medicine, 1959

SPECIALTY: Family Practice, Medical Management

JOINED SOUTHERN MEDICAL ASSOCIATION: 1967 (Life Member)

OFFICES HELD IN SMA:

Associate Councilor from Georgia, 1979-1989

Chairman, Section on Family Practice, 1982-1984

Councilor from Georgia, 1989-1994

Member of the Executive Committee of the Council, 1991-1997

Vice-Chairman of the Council, 1992-1993

Chairman of the Council, 1993-1994

Vice-President, 1994-1995

President-Elect, 1995-1996

President, 1996-1997

PRESIDENT-ELECT



J. Lorin Mason, Jr., M.D.

oakenwald

179 Wigeon Court

Pawley's Plantation

Pawleu's Island, 56 29585

HOME ADDRESS:

501 Rosewood Drive, Florence, South Carolina 29501

TELEPHONE: (803) 662-6673 Office Address: (843) 237-3509

901 E. Cheves Street, Suite 100, P.O. Drawer 1771, Florence, SC 29506-2705

TELEPHONE: (803) 662-5233; FAX: (803) 678-9003

BIRTHDATE: February 4, 1935

BIRTHPLACE: Gastonia, North Carolina

SPOUSE: Bebe

EDUCATION:

B.A. degree, Emory University, 1957 M.D. degree, Medical University of South Carolina, 1961

SPECIALTY: Orthopaedic & Traumatic Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: 1968

OFFICES HELD IN SMA:

Chairman, Section on Orthopaedic & Traumatic Surgery, 1984-1986

Associate Councilor from South Carolina, 1985-1990

Councilor from South Carolina, 1990-1995

Member of the Executive Committee of the Council, 1990-1991, 1992-1996

Vice-Chairman of the Council, 1993-1994

Chairman of the Council, 1994-1995

Vice-President, 1995-1996

President-Elect, 1996-1997

VICE-PRESIDENT



Hugh E. Stephenson, Jr., M.D.

HOME ADDRESS:

Five Danforth Circle, Columbia, Missouri 65201

TELEPHONE: (573) 442-3834

OFFICE ADDRESS:

University Hospital and Clinic, #1 Hospital Drive, Columbia, Missouri 65212

TELEPHONE: (573) 882-5645; FAX: (573) 884-4808

BIRTHDATE: June 1, 1922

BIRTHPLACE: Columbia, Missouri

SPOUSE: Sally EDUCATION:

A.B. degree, University of Missouri, 1943 B.S. degree, University of Missouri, 1943

M.D. degree, Washington University School of Medicine, 1945

SPECIALTY: Thoracic Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: 1954

OFFICES HELD IN SMA:

Associate Councilor from Missouri, 1976-1987

Councilor from Missouri, 1987-1996

Member of the Executive Committee of the Council, 1988-1989, 1993-1996

Vice-Chairman of the Council, 1994-1995

Chairman of the Council, 1995-1996

Vice-President, 1996-1997

IMMEDIATE PAST-PRESIDENT



J. Edward Hill, M.D.

HOME ADDRESS:

1376 Countrywood Cove, Tupelo, Mississippi 38801

TELEPHONE: (601) 844-8133

OFFICE ADDRESS:

Family Medicine Residency Center, 1680 South Green Street, Tupelo, Mississippi 38801 TELEPHONE: (601) 791-2260; FAX (601) 791-2263

BIRTHDATE: February 2, 1938

BIRTHPLACE: Omaha, Nebraska

SPOUSE: Jean

EDUCATION:

B.S. degree, University of Mississippi, 1960 M.D. degree, University of Mississippi, 1964

SPECIALTY: Family Practice

Joined Southern Medical Association: 1970

OFFICES HELD IN SMA:

Associate Councilor from Mississippi, 1985-1988

Councilor from Mississippi, 1988-1993

Member of the Executive Committee of the Council, 1988-1989, 1991-1996

Vice-Chairman of the Council, 1991-1992

Chairman of the Council, 1992-1993

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Board of Trustees, 1996-2002

EXECUTIVE VICE-PRESIDENT/CEO



William J. Ranieri

HOME ADDRESS:

1223 Country Club Circle, Birmingham, Alabama 35244 TELEPHONE: (205) 987-7828

OFFICE ADDRESS:

35 Lakeshore Drive, P.O. Box 190088, Birmingham, Alabama 35219-0088 TELEPHONE: (205) 945-1840; FAX: (205) 945-8885

BIRTHDATE: March 5, 1940 BIRTHPLACE: Chicago, Illinois

SPOUSE: Barbara
EDUCATION:

B.S. degree, Loyola University, 1961 M.B.A. degree, Loyola University, 1970

JOINED SOUTHERN MEDICAL ASSOCIATION: August 1980

OFFICES HELD IN SMA:

Executive Vice-President/CEO, 1980-Managing Editor, Southern Medical Journal, 1985-

EDITOR-SOUTHERN MEDICAL JOURNAL



J. Graham Smith, Jr., M.D.

HOME ADDRESS:

4272 Bit and Spur, No. 4, Mobile, Alabama 36608-2643 TELEPHONE: (334) 380-9134

OFFICE ADDRESS:

University of South Alabama, Suite 103, Building 1, 3401 Medical Park Drive, Mobile, Alabama 36693-3388

TELEPHONE: (334) 660-5650; FAX: (334) 660-5652

E-Mail: skeesmith@zebra.net

BIRTHDATE: November 22, 1928

BIRTHPLACE: Winston-Salem, North Carolina

SPOUSE: Jean

EDUCATION:

B.S. degree, Duke University, 1962 M.D. degree, Duke University, 1951

SPECIALTY: Dermatology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1960

OFFICES HELD IN SMA:

Chairman, Section on Dermatology, 1973-1974 Editor-Elect, Southern Medical Journal, 1990-1992 Editorial Board, Southern Medical Journal, 1976-Editor, Southern Medical Journal, 1992-

COUNCILOR ALABAMA



Ernest G. Moore, Jr., M.D.

e-mail address:

rgodwin@medisphere-hp.com

HOME ADDRESS:

2001 Garden Place, Birmingham, Alabama 35205

OFFICE ADDRESS:

2660 10th Avenue South, Suite 738, Birmingham, Alabama 35205

TELEPHONE: (205) 933-8833; FAX: (205) 933-8963

BIRTHDATE: January 22, 1938

BIRTHPLACE: Tallahassee, Alabama

SPOUSE: Sue

EDUCATION:

Vanderbilt University, 1959

B.S. degree, Auburn University, 1961

M.D. degree, Medical College of Alabama, 1966

SPECIALTY: Gynecology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1972

OFFICES HELD IN SMA:

Associate Councilor from Alabama, 1987-1996

Councilor from Alabama, 1996-1997

ASSOCIATE COUNCILORS ALABAMA

DENNIS W. BOULWARE, M.D.

Division of Clinical Immunology & Rheumatology University of Alabama, Birmingham 1670 University Boulevard Volker Hall, L205 Birmingham, AL 35294-0019

Specialty: Rheumatology

Telephone: (205) 934-9498; Fax: (205) 934-3278

RICHARD ESHAM, M.D.

Department of Internal Medicine P.O. Drawer 8569 Mobile, AL 36689

Specialty: Internal Medicine

TELEPHONE: (334) 460-7010; FAX: (334) 460-7913

WENDELL GAILLARD, M.D.

2125 Executive Park Drive Opelika, AL 36801

SPECIALTY: General Surgeon

TELEPHONE: (334) 749-5577; FAX: (334) 749-1967

J. Max Austin, Jr., Mb.

e-mail: avantille acl. com

Southern Gyn Oncology

1016 18th Street South

Suite A

Birmingham, AC 35205

(205) 939-1442 Fax

ALABAMA LEADERSHIP

Aldrete, Joaquin S. (Surgery), Past Councilor

Alpert, Martin (Cardiology), Assistant Editor, Journal Editorial Board; Member, Advisory Committee on Scientific Activities; Secretary, Section on Cardiology

Armstrong, James H. (Orthopaedic), Board of Trustees, Southern Orthopaedic Association

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Bean, Jessie (Mrs. Stuart K.), Auxiliary Councilor for Doctors' Day

Bean, Stuart K. (Emergency Medicine), Vice-Chairman, Section on Occupational Medicine

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Boulware, Dennis W. (Rheumatology), Associate Councilor; Member, Journal Editorial Board; Member, Advisory Committee on Multi-Media Programs

Bueschen, Anton J. (Urology), Assistant Editor, Journal Editorial Board

Chatham, W. Winn (Arthritis & Rheumatism), Member, Dial Access Editorial Board Cole, Philip, Member, Journal Editorial Board

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Gosney, Michael (Anesthesiology), Secretary-Elect, Section on Anesthesiology

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COUNCILOR ARKANSAS



Michael G. Mackey, M.D.

930-7863

car phone

HOME ADDRESS:

Post Office Box 189, Jonesboro, Arkansas 72403

OFFICE ADDRESS:

Area Health Education Center-Northeast, 223 East Jackson, Jonesboro, Arkansas 72401 TELEPHONE: (501) 972-9603; FAX: (501) 931-0839 mgm@ipa.net

E-Mail: mgmmgm@intellinet.com

BIRTHDATE: January 28, 1948

BIRTHPLACE: Hot Springs, Arkansas

SPOUSE: Cathy

EDUCATION:

B.A. degree, Hendrix College, 1969

M.D. degree, University of Arkansas School of Medicine, 1973

SPECIALTY: Nephrology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1985

OFFICES HELD IN SMA:

Associate Councilor from Arkansas, 1990-1994 Councilor from Arkansas, 1994-1999



Associate Councilors

ARKANSAS

BANKS BLACKWELL, M.D.

1400 West 43rd Avenue Pine Bluff, AR 71603

SPECIALTY: Orthopaedic & Traumatic Surgery
TELEPHONE: (501) 534-3122; FAX: (501) 534-1358

W. JOHN GILLER, JR., M.D.

704 W. Grove Street Suite 5 El Dorado, AR 71730

Specialty: Orthopaedic & Traumatic Surgery Telephone: (501) 862-1144; FAX: (501) 864-0782

LAWRENCE PRICE, M.D.

Director, AHEC Program 612 South 12th Street Fort Smith, AR 72901 SPECIALTY: Family Practice

Telephone: (501) 785-4896; Fax: (501) 785-0732

ANNA C. REDMAN, M.D.

1801 W. 40th Suite 6A Pine Bluff, AR 71603 SPECIALTY: Family Practice

TELEPHONE: (501) 541-9373; FAX: (501) 541-0109

ARKANSAS LEADERSHIP

Austin, L. K. (Pediatrics), Past Councilor

Barclay, David L. (Obstetrics & Gynecology) Past Councilor

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Blaylock, Ginny (Mrs. Jerry), Auxiliary Councilor for Health Education

Bradsher, Robert (Internal Medicine), Assistant Editor, Journal Editorial Board

Giller, Jr., W. John (Orthopaedic & Traumatic Surgery), Associate

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Jacks, David C. (Urology), Past Councilor

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Mackey, Michael G. (Nephrology), Councilor; Member, Executive Committee of the Council; Member, Advisory Committee on Multi-Media Programs; Member,

Coordinating Committee on Administration/Budget; Chairman, Advisory Committee

on Constitution and Bylaws

Pappas, Gwen (Mrs. Deno), President-Elect Auxiliary

Price, Lawrence (Family Practice), Associate Councilor

Redman, Anna C. (Family Practice), Associate Councilor

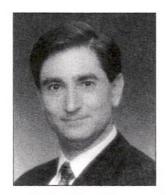
Redman, John F. (Urology), Board of Trustees; Past President; Past Councilor

Robbins, Sara (Mrs. Mark B.), Auxiliary Councilor for Doctors' Day

Rodgers, Rita (Mrs. Charles), Auxiliary Councilor for Medical Heritage

Wynne, George F. (Family Practice), Past Councilor

COUNCILOR DISTRICT OF COLUMBIA



Richard P. DeRosa, M.D.

HOME ADDRESS:

921 Towlston Road, McLean, Virginia 22102 TELEPHONE: (703) 759-3943

OFFICE ADDRESS:

3301 New Mexico Avenue, N.W., Suite 206, Washington, DC 20016 Telephone: (202) 895-1440; FAX: (202) 895-1448

BIRTHDATE: November 16, 1947 BIRTHPLACE: Orange, New Jersey

SPOUSE: Donna Marie

EDUCATION:

B.S. degree, Seton Hall University, 1969 M.D. degree, Georgetown University Medical School, 1972

SPECIALTY: General Surgery/Laparoscopic Surgery Joined Southern Medical Association: 1985

OFFICES HELD IN SMA:

Associate Councilor from the District of Columbia, 1989-1992 Councilor from the District of Columbia, 1992-1999

ASSOCIATE COUNCILORS DISTRICT OF COLUMBIA

ROBERT EMMA, M.D.

1015 33rd Street, N.W. Washington, DC 20007

Specialty: Psychiatry

TELEPHONE: (202) 337-0740

CHARLES F. HILL, JR., M.D.

1145 19th Street, N.W.

Suite 410

Washington, DC 20036

Specialty: Obstetrics & Gynecology

TELEPHONE: (202) 331-1740; FAX: (202) 296-9784

MARK REITER, M.D.

1145 19th Street, N.W.

Suite 410

Washington, DC 20036

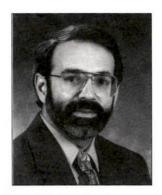
SPECIALTY: Obstetrics

TELEPHONE: (202) 331-1740; FAX: (202) 296-9784

DISTRICT OF COLUMBIA LEADERSHIP

Blundell, George P., Past Councilor Calhoun, Shirley (Mrs. Thomas J.), Auxiliary Councilor for Doctors' Day Cooper, William H. (Gynecology), Past Councilor Dennis, Gary C. (Neurosurgery), Member, Journal Editorial Board DeRosa, Richard P. (General Surgery/Laparoscopic Surgery), Councilor; Member, Executive Committee of the Council; Member, Coordinating Committee of Education; Member, Coordinating Committee on Administration/Budget; Member, Advisory Committee on Grants, Loans and Scholarships DeRosa, Donna (Mrs. Richard P.), Auxiliary Memorial Chairman Eglinton, Jody (Mrs. Gary), Auxiliary Councilor for Health Education Emma, Robert (Psychiatry), Associate Councilor Hill, Jr., Charles F. (Obstetrics & Gynecology), Associate Councilor Letterman, Gordon S. (Plastic & Reconstructive Surgery), Past Councilor Matterson, Rosa (Mrs. Richard), Auxiliary Councilor for Medical Heritage Perkins, W. Reams (Obstetrics & Gynecology), Past Councilor Reiter, Mark (Obstetrics), Associate Councilor

COUNCILOR FLORIDA



Clifford W. Lober, M.D.

HOME ADDRESS:

3142 Yattika Place, Longwood, Florida 32779

OFFICE ADDRESS:

505 W. Oak Street, #201, Kissimmee, Florida 34741-4933

TELEPHONE: (407) 846-7166; Answering Service (800) 722-1454;

FAX: (407) 846-3060 BIRTHDATE: August 25, 1951

BIRTHPLACE: New York, New York

SPOUSE: Randee

EDUCATION: M.D. degree, Duke University School of Medicine, 1974

SPECIALTY: Dermatology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1985

OFFICES HELD IN SMA:

Vice-Chairman, Section on Dermatology, 1985-1986 Secretary-Elect, Section on Dermatology, 1986-1987 Secretary, Section on Dermatology, 1987-1990 Chairman-Elect, Section on Dermatology, 1990-1991 Chairman, Section on Dermatology, 1991-1992 Associate Councilor from Florida, 1991-1995 Councilor from Florida, 1995-2000

Associate Councilors

FLORIDA

JEFFERSON D. MORGAN, M.D.

470 N.E. 51st Street Miami, FL 33137-3025

Specialty: Pathology

TELEPHONE: (305) 756-8860; FAX: (305) 545-6735

ROBERT L. MURRAH, JR., M.D.

800 West Morse Boulevard

Suite 5

Winter Park, FL 32789

Specialty: Orthopaedic

Telephone: (407) 647-0629; Fax: (407) 647-0025

DURELLE PEADEN, JR., M.D.

150 Redstone Avenue

Suite A

Crestview, FL 32539

Specialty: Emergency Medicine

TELEPHONE: (904) 682-9611; FAX: (904) 689-3742

PAULA OLIVER PELL, M.D.

125 Estado Way, N.E.

St. Petersburg, FL 33704-3619

Specialty: Emergency Medicine

TELEPHONE: (813) 821-2171; FAX: (813) 822-2194

FLORIDA LEADERSHIP

Alberts, F. Michael (Internal Medicine), Chairman, Section on Chest Diseases Caranasos, George J. (Geriatric Medicine), Secretary, Section on Geriatric Medicine Ciocon, Jerry O. (Geriatric Medicine), Vice-Chairman, Section on Geriatric Medicine Dockery, J. Lee, Past President, Past Councilor

Edison, Jill (Mrs. Neil H.), Auxiliary Councilor for Health Education

Ferrara, Andrea (Colon & Rectal Surgery), Secretary, Section on Colon & Rectal Surgery

Giesen, Jr., Andrew F. (Radiology), Past President; Past Councilor

Glass, L. Frank, Vice-Chairman, Section on Dermatology

Groene, Linda A. (Internal Medicine), Chairman, Section on Geriatric Medicine Hellinger, Michael (Colon & Rectal Surgery), Chairman, Section on Colon & Rectal Surgery

Hill, Washington C. (Obstetrics & Gynecology), Assistant Editor, Journal Editorial

Holt, Douglas A. (Infectious Diseases), Member, Dial Access Editorial Board

Hutton, Marge (Mrs. Patrick), Auxiliary Councilor for Medical Heritage

Jones III, Walter C. (Orthopaedic), Past Councilor

Kurzner, Howard (Orthopaedic), Past Councilor

Lober, Clifford W. (Dermatology), Councilor; Member, Journal Editorial Board; Member, Advisory Committee on Scientific Activities; Member, Advisory Committee on Constitution and Bylaws; Member, Coordinating Committee on Practice Management Services; Member, Presidential Committee on Selections

Maher III, James E. (Obstetrics), Chairman, Section on Obstetrics

McCall, Charles B. (Internal Medicine), Chairman, Task Force on Fellowship Membership; Past Councilor for Texas

Morgan, Jefferson D. (Pathology) Associate Councilor; Member, Advisory Committee on Scientific Activities; Member, Coordinating Committee of Membership; Secretary, Section on Pathology

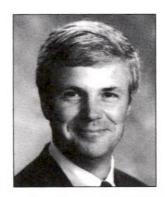
Murrah, Jr., Robert L. (Orthopaedic), Associate Councilor; Board of Trustees, Southern Orthopaedic Association

Peaden, Jr., Durelle (Emergency Medicine), Associate Councilor

Pell, Paula Oliver (Emergency Medicine), Associate Councilor; Member, Advisory Committee on Young Physicians Involvement; Secretary, Section on Medical Management and Administration

Rosabal, Orestes G. (Orthopaedic & Traumatic Surgery), Past Councilor Scott, Michaela (Oncology), Secretary, Southern Association for Oncology Seeger, James M. (Surgery), Member, Journal Editorial Board Taylor, Flora Jo (Mrs. Allen), Auxiliary Councilor for Doctors' Day

COUNCILOR GEORGIA



George L. Smith III, M.D.

HOME ADDRESS:

960 Todd Drive, Covington, Georgia 30209

TELEPHONE: (770) 786-8383

OFFICE ADDRESS:

30015

5303 Adams Street, Suite 5, P.O. Box 1557, Covington, Georgia 30210-1557

TELEPHONE: (770) 786-0643; FAX: (770) 786-8383

BIRTHDATE: July 30, 1953

BIRTHPLACE: Swainsboro, Georgia

SPOUSE: Donna EDUCATION:

B.S. degree, Mercer University, 1975

M.D. degree, Medical College of Georgia, 1979

SPECIALTY: Family Practice

JOINED SOUTHERN MEDICAL ASSOCIATION: 1986

OFFICES HELD IN SMA:

Associate Councilor from Georgia, 1993-1994 Councilor from Georgia, 1994-1999

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ASSOCIATE COUNCILORS

GEORGIA ALCESS.

50 Summer tore Rome, 6A 30165 KEVIN BROWN, M.D. 6000 Je

3810 River North Drive Gainesville, GA 30506

Addirsville 8A30103

SPECIALTY: Family Practice

TELEPHONE: (706) 865-1234 Fax: (706) 865-7265 (770) 713-1534 (770) 773-9448

BANKS CARROLL, M.D.

2737-C Warm Springs Road Columbus, GA 31904 Specialty: Family Practice

TELEPHONE: (706) 322-0304; FAX: (706) 322-7962

Bashir A. Chaudhary, M.D.

Medical College of Georgia Section of Pulmonary Diseases 1120 15th Street, BA S742 Augusta, GA 30912

SPECIALTY: Internal Medicine

TELEPHONE: (706) 721-2196; FAX: (706) 721-0763

ROYAL (ROY) T. FARROW, M.D.

1109 Burleyson Road Suite 201 Dalton, GA 30720

Specialty: Pediatrics

TELEPHONE: (706) 278-5373; FAX: (706) 278-5085

STEVE GOLDSCHMID, M.D.

VA Medical Center 1670 Clairmont Road Decatur, GA 30033

Specialty: Gastroenterology TELEPHONE: (404) 321-6111

GEORGIA LEADERSHIP

Anderson, Gail V. (Emergency Medicine), Member, Advisory Committee on Scientific Activities

Baker, Jr., Champ L. (Orthopaedic), Board of Trustees, Southern Orthopaedic Association

Boyer, Thomas D. (Gastroenterology), Member, Dial Access Editorial Board

Brown, Kevin (Family Practice), Associate Councilor

Bryant, Jr., Milton F. (Surgery), Member, Coordinating Committee on Physicians' Retirement

Burket, Roger C. (Neurology & Psychiatry), Vice-Chairman, Section on Neurology & Psychiatry

Burson, Jr., E. Napier (Gastroenterology), Past Councilor

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Stephens, Jeffrey L. (Infectious Medicine), Member, Advisory Committee on Young Physicians Involvement

Tanner, Terrell B. (Family Practice, Medical Management), President; Member, Executive Committee of the Council; Member, Coordinating Committee on Administration/Budget; Past Councilor

Teeslink, C. Rex (Radiology), Past Councilor

Tippins, Barbara (Mrs. William, Jr.), Auxiliary Councilor for Health Education Todino, Joel D. (Internal Medicine), Board of Trustees, Southern Association for Primary Care

Washburn, Sunny (Mrs. Lawrence, Jr.), Auxiliary Councilor for Medical Heritage Webster III, Paul D. (Gatroenterology), Member, Journal Editorial Board Yager, Howard S. (Family Practice), Vice-Chairman, Section on Emergency Medicine

COUNCILOR KENTUCKY



Nancy C. Swikert, M.D.

HOME ADDRESS:

10003 Country Hills Court, Union, Kentucky 41091 TELEPHONE: (606) 586-5534

OFFICE ADDRESS:

8172 Mall Road, Suite 231, Florence, Kentucky 41042 TELEPHONE: (606) 525-6247; FAX: (606) 525-1229 E-Mail: DDwarrow@aol.com

BIRTHDATE: November 3, 1952

BIRTHPLACE: Franklin, Kentucky

SPOUSE: Donald

EDUCATION:

B.S. degree, Western Kentucky University, 1973 M.D. degree, University of Louisville, School of Medicine, 1977

Specialty: Family Practice

JOINED SOUTHERN MEDICAL ASSOCIATION: 1990

OFFICES HELD IN SMA:

Associate Councilor from Kentucky, 1990-1996 Councilor from Kentucky, 1996-1997

ASSOCIATE COUNCILORS KENTUCKY

THOMAS BUNNELL, M.D.

3104 Dixie Highway Erlanger, KY 41018

SPECIALTY: Pulmonary Medicine

TELEPHONE: (606) 341-3460; FAX: (606) 341-7482

UDAY DAVE, M.D.

807 Shamrock Drive Madisonville, KY 42431-8646

SPECIALTY: Otolaryngology and Head and Neck Surgery

TELEPHONE: (502) 825-7377; FAX: (502) 825-7310

L. JACK SCOTT, M.D.

7961 Scottsville Road Alvaton, KY 42122

SPECIALTY: Anesthesiology Telephone: (502) 781-2089

H. MAC VANDIVIERE, M.D.

405 Danville Street Lancaster, KY 40444

Specialty: Preventive Medicine

TELEPHONE: (606) 792-6814; FAX: (606) 548-4502

KENTUCKY LEADERSHIP

Bunnell, Nancy (Mrs. Thomas), Auxiliary Councilor for Medical Heritage Bunnell, Thomas (Pulmonary Medicine), Associate Councilor

Callen, Jeffrey P. (Dermatology), Chairman, Section on Dermatology

Casale, Gloria A. (Preventive Medicine), Member, Advisory Committee on Young Physicians Involvement

Crabtree, Kenneth R. (Family Practice), Member, Presidential Committee on Affiliated Societies; Past Councilor; President, Southern Association for Primary Care

Dave, Uday (Otolaryngology and Head and Neck Surgery), Associate Councilor

Overstreet, Robert G. (Internal Medicine), Past Councilor

Parson, Gwen (Mrs. B.J.), Auxiliary Councilor for Health Education

Polk, Jr., Hiram C. (Surgery), Past Councilor

Powers, Jr., William (Obstetrics & Gynecology), Secretary-Elect, Section on Obstetrics

Scott, L. Jack (Anesthesiology), Associate Councilor; Member, Coordinating Committee on Practice Management Services

Smith, Jr., Charles C. (Internal Medicine), Past Councilor

Swikert, Nancy C. (Family Practice), Councilor; Member, Advisory Committee on Young Physicians Involvement; Member, Coordinating Committee on Long Range Planning; Member, Presidential Committee on Selections

Vanarthos, William J. (Radiology), Member, Advisory Committee on Scientific Activities; Chairman, Section on Radiology

Vandiviere, H. Mac (Preventive Medicine), Associate Councilor Vieillard, Marla (Mrs. Louis), Auxiliary Councilor for Doctors' Day

Winkler, Charles F. (Oncology), Board of Trustees, Southern Association for Oncology

COUNCILOR LOUISIANA



J. Patrick O'Leary, M.D.

HOME ADDRESS:

1539 Soniat Street, New Orleans, Louisiana 70115

OFFICE ADDRESS:

The Isidore Cohn, Jr., M.D., Professor and Chairman, Department of Surgery, Louisiana State University Medical Center, 1542 Tulane Avenue, New Orleans, Louisiana 70112-2822

Telephone: (504) 568-4751; Fax: (504) 568-4633

E-Mail: jolear@nomvs.lsumc.ed⊌

BIRTHDATE: June 20, 1941

BIRTHPLACE: New York, New York

SPOUSE: Sam EDUCATION:

B.S. degree, Belmont Abbey College, 1963 M.D. degree, University of Florida, 1967

SPECIALTY: Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: 1970

OFFICES HELD IN SMA:

Secretary-Elect, Section on Surgery, 1978-1979

Secretary, Section on Surgery, 1979-1981

Associate Councilor from Tennessee, 1979-1982

Councilor from Tennessee, 1982-1984

Member of the Executive Committee of the Council, 1982-1984, 1995-1996

Chairman, Section on Surgery, 1983

Associate Councilor from Texas, 1984-1989

Associate Councilor from Louisiana, 1989-1993

Councilor from Louisiana, 1993-1998

ASSOCIATE COUNCILORS LOUISIANA

GEORGE S. ELLIS, JR., M.D.

Children's Hospital 200 Henry Clay Avenue New Orleans, LA 70118 SPECIALTY: Ophthalmology

Telephone: (504) 896-9426; Fax: (504) 896-9762

PEYTON RANDOLPH HALL, M.D.

417 McMillan Road West Monroe, LA 71291

SPECIALTY: Obstetrics and Gynecology

TELEPHONE: (318) 322-7119; FAX: (318) 325-8475

ROBERT R. KUSKE, Jr., M.D.

Ochsner Clinic Department of Radiation Oncology 1514 Jefferson Highway New Orleans, LA 70121

SPECIALTY: Radiation Oncology

Telephone: (504) 842-3886; Fax: (504) 842-2037

WILLIAM A. McBride, M.D.

583 Janie Court

Shreveport, LA 71101-4295

Specialty: Psychiatry

TELEPHONE: (318) 424-6012; FAX: (318) 424-6156

JOSEPH J. O'DONNELL, M.D.

4150 Nelson Road Building C, Suite 9 Lake Charles, LA 70605

SPECIALTY: General Surgery/Nutrition

TELEPHONE: (318) 478-2327; FAX: (318) 478-6921

Louisiana Leadership

Allen, Robert J. (Plastic & Reconstructive Surgery), Secretary, Section on Plastic & Reconstructive Surgery

Beckerman, Robert C. (Pediatrics), Member, Journal Editorial Board

Ellis, Jr., George S. (Ophthalmology), Associate Councilor

Ellis, Sr., George S., Past Councilor

Ghoniem, Gamal (Urology), Chairman, Section on Urology

Hall, Peyton Randolph (Obstetrics and Gynecology), Associate Councilor

Hellstrom, Wayne J. (Urology), Vice-Chairman, Section on Urology

Hoasjoe, Denis K. (Otolaryngology), Chairman, Section on Otolaryngology-Head & Neck Surgery

Jordan, Diane (Mrs. Paul), Auxiliary Councilor for Health Education

Kalmar, John A. (Radiology), Vice-Chairman, Section on Radiology

Kay, Dennis (Radiology), Secretary, Section on Radiology

Kuske, Jr., Robert R. (Radiation Oncology), Associate Councilor; Board of Trustees, Southern Association for Oncology

Lansing, Paul B. (Surgery), Past Councilor

Lawton, Andrew M. (Ophthalmology), Secretary, Section on Ophthalmology

Massiha, Hamid (Plastic & Reconstructive Surgery), Chairman, Section on Plastic & Reconstructive Surgery

McBride, Opal (Mrs. W.A.), Auxiliary Historian Chairman

McBride, William A. (Psychiatry), Associate Councilor

McCool, Sancy (Mrs. E. Edward) Auxiliary President

Meier, J. Ralph (Pathology), Past President, Past Councilor

Nichols, Ronald L. (Surgery), Member, Journal Editorial Board

O'Donnell, Joseph J. (General Surgery/Nutrition), Associate Councilor

O'Leary, J. Patrick (Surgery), Councilor; Assistant Editor, Journal Editorial Board; Member, Dial Access Editorial Board; Member, Coordinating Committee of Education; Chairman, Advisory Committee on Multi-Media Programs; Member, Coordinating Committee on Long Range Planning; Chairman, Presidential Committee on Selections; Past Councilor for Tennessee

Olivier, Helen (Mrs. Henry), Auxiliary Councilor for Doctors' Day

Palazzo, Anthony J. (Pediatrics), Member, Coordinating Committee on Practice Management Services

Peck, Gary Q. (Pediatrics), Secretary, Section on Pediatrics & Adolescent Medicine

Puschett, Jules B. (Nephrology), Member, Journal Editorial Board

Quinet, Robert J. (Rheumatology), Chairman, Section on Rheumatology

Scroggins, Jr., Troy G. (Oncology), Board of Trustees, Southern Assocation for Oncology

Serebro, Leonard H. (Rheumatology), Member, Coordinating Committee of Education

Shellito, Judd (Internal Medicine), Member, Journal Editorial Board

Steele, Russell W. (Pediatrics), Member, Journal Editorial Board

Sullivan, Philip (Psychiatry), Secretary, Section on Neurology & Psychiatry

Tanner, Annelle (Mrs. Martin B.), Auxiliary Councilor for Medical Heritage

Tujague, Ruby (Mrs. Lawrence), Auxiliary Medical Heritage Judges Chairman

Wade, James (Plastic & Reconstructive Surgery), Secretary-Elect, Section on Plastic & Reconstructive Surgery

COUNCILOR MARYLAND



Robert M. Peroutka, M.D.

HOME ADDRESS:

1715 Gardiner Road, Hunt Valley, Maryland 21030 TELEPHONE: (410) 329-1835

OFFICE ADDRESS:

The Four East Madison Orthopaedic Associates, P.A. 6565 N. Charles Street, Suite 504, Baltimore, Maryland 21204 TELEPHONE: (410) 339-7784; (410) 225-9300; FAX: (410) 823-5719

BIRTHDATE: March 12, 1957 BIRTHPLACE: Baltimore, Maryland

SPOUSE: Peggy EDUCATION:

B.S. degree, Duke University, 1979 M.D. degree, University of Maryland School of Medicine, 1982

SPECIALTY: Orthopaedic and Traumatic Surgery
JOINED SOUTHERN MEDICAL ASSOCIATION: 1991

OFFICES HELD IN SMA:

Associate Councilor from Maryland, 1992-1996 Councilor from Maryland, 1996-2001

ASSOCIATE COUNCILORS MARYLAND

7-21-97 Rosigned moved to Virginia FREDERICK BERGMANN, M.D.

7441 Cherry Tree Drive Fulton, MD 20759

SPECIALTY: Urology

TELEPHONE: (301) 766-1365

TIMOTHY P. CODD, M.D.

3901 Greenspring Avenue Baltimore, MD 21211

SPECIALTY: Orthopaedic and Traumatic Surgery

TELEPHONE: (410) 225-9300; FAX: (410) 462-5111

RIYAZ H. JINNAH, M.D.

16514 Garfield Avenue Monkton, MD 21111

Specialty: Orthopaedic & Traumatic Surgery

TELEPHONE: (410) 788-1455; FAX: (410) 788-4022

CHARLES E. TAYLOR, M.D.

Patient Medical Group Two Knoll North Drive Columbia, MD 21045

Specialty: Internal Medicine

Telephone: (410) 964-5305; Fax: (410) 740-8658

ROBERT G. WEISS, M.D.

Department of Cardiology John Hopkins Hospital 600 N. Wolfe Room # Carnegie 584 Baltimore, MD 21287-6568

Specialty: Cardiology

TELEPHONE: (410) 955-1703; FAX: (410) 614-9190

MARYLAND LEADERSHIP

Bergmann, Frederick (Urology), Associate Councilor Codd, Timothy P. (Orthopaedic and Traumatic Surgery), Associate Councilor DeVore, Paul A. (Family Practice), Secretary-Elect, Section on Geriatric Medicine Dudley III, Albert H. (Orthopaedic Surgery), Member, Advisory Committee on Constitution and Bylaws; Chairman, Coordinating Committee on Practice Management Services; Chairman, Coordinating Committee on Long Range Planning; Past Councilor Dudley, Bette (Mrs. Albert H., III), Auxiliary Councilor for Medical Heritage Dunseath, William J.R. (Dermatology), Past Councilor Fantry, George T. (Gastroenterology), Vice-Chairman, Section on Gastroenterology Goodman, Myrna (Mrs. Stuart), Auxiliary Councilor for Doctors' Day Jinnah, Riyaz H. (Orthopaedic and Traumatic Surgery), Associate Councilor; Member, Coordinating Committee of Membership; Member, Advisory Committee on Young Physicians Involvement; Board of Trustees, Southern Orthopaedic Association Peroutka, Robert M. (Orthopaedic and Traumatic Surgery), Councilor; Member, Coordinating Committee of Membership; Member, Presidential Committee on Selections; Board of Trustees, Southern Orthopaedic Association Richards, Richard D. (Ophthalmology), Past President; Past Councilor Seidenberg, Susan (Mrs. Jonathan), Auxiliary Councilor for Health Education Singleton, Robert T. (Internal Medicine), Past Councilor Strahan, John F. (Dermatology), Past Councilor Taylor, Charles E. (Internal Medicine), Associate Councilor Umhau, John (Family Practice), Secretary, Southern Association for Primary Care Weiss, Robert G. (Cardiology), Associate Councilor

Yeager, George H. (Surgery), Past Councilor

COUNCILOR Mississippi



James C. Waites, M.D.

HOME ADDRESS:

Seven Highland Woods Drive, Laurel, Mississippi 39440

OFFICE ADDRESS:

Westridge Family Clinic, P.A., 307 S. 13th Avenue, Laurel, Mississippi 39440

TELEPHONE: (601) 649-7600; FAX: (601) 649-7628

E-Mail: jwaites@netdoor.com

BIRTHDATE: March 11, 1934

BIRTHPLACE: Centerville, Mississippi

SPOUSE: Jo EDUCATION:

B.S. degree, University of Southern Mississippi, 1954 M.D. degree, University of Mississippi Medical School, 1958

SPECIALTY: Family Practice

JOINED SOUTHERN MEDICAL ASSOCIATION: 1964

OFFICES HELD IN SMA:

Associate Councilor from Mississippi, 1986-1993 Councilor from Mississippi, 1993-1998

Member of the Executive Committee of the Council, 1995-1996

Vice-Chairman of the Council, 1996-1997

Associate Councilors

MISSISSIPPI

ROY D. DUNCAN, M.D.

4211 Hospital Road Suite 206

Pascagoula, MS 39581-5311

Specialty: Urology

TELEPHONE: (601) 762-2283; FAX: (601) 769-1171

WILLIAM H. HENDERSON, M.D.

2200 South Lamar Boulevard

Suite C

Oxford, MS 38655

Specialty: Obstetrics & Gynecology

TELEPHONE: (601) 234-1731; FAX: (601) 236-6886

Braxter Irby, Jr., M.D.

513C Brookman Drive

Brookhaven, MS 39601-2326

SPECIALTY: Internal Medicine

Telephone: (601) 833-3822; Fax: (601) 835-4330

ERIC LINDSTROM, M.D.

P.O. Box 407

Laurel, MS 39441-0407

Specialty: Ophthalmology

Telephone: (601) 426-9454; Fax: (601) 426-9476

JOHN J. McGraw, M.D.

424 South 13th Avenue

P.O. Box 2666

Laurel, MS 39442

SPECIALTY: Orthopaedic & Traumatic Surgery

TELEPHONE: (601) 649-5990; FAX: (601) 425-7510

Mississippi Leadership

Barnett, Jim C. (Family Practice/General Surgery), Board of Trustees; Past President; Past Councilor

Bowles, Alfred P. (Neurosurgery), Secretary-Elect, Section on Neurosurgery Bush, Nancy (Mrs. George), Auxiliary Councilor for Medical Heritage

Carlton, Jr., Frederick B. (Internal Medicine), Secretary, Section on Emergency Medicine

Carmichael, Kathy (Mrs. Ben), Editor, SOUTHERN CONNECTION

Crawford, Peggy (Mrs. DeWitt), Auxiliary Councilor for Doctors' Day

Das, Suman K. (Plastic & Reconstructive Surgery), Member, Journal Editorial Board

Duncan, Roy D. (Urology), Associate Councilor

Grenfell, Raymond F. (Internal Medicine), Past Councilor

Henderson, William H. (Obstetrics & Gynecology), Associate Councilor Member, Coordinating Committee on Long Range Planning; Board of Trustees, Southern Association for Primary Care

Herrington, Peggy (Mrs. Joe), Auxiliary Councilor for Health Education

Hill, J. Edward (Family Practice), Immediate Past President; Board of Trustees; Member, Executive Committee of the Council; Member, Coordinating Committee on Administration/Budget; Past Councilor

Irby, Jr., Braxter (Internal Medicine), Associate Councilor; Member, Coordinating Committee of Membership; Member, Advisory Committee on Constitution and

Bylaws

Lindstrom, Eric (Ophthalmology), Associate Councilor; Member, Coordinating Committee on Insurance

Lindstrom, Nancy (Mrs. Eric), Auxiliary Health Education Judges Committee Chairman

McGraw, John J. (Orthopaedic & Traumatic Surgery), Associate Councilor; Member, Coordinating Committee of Membership

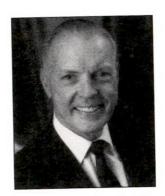
McHardy, G. Gordon (Gastroenterology), Past President; Past Councilor for Louisiana Morrison, John C. (Obstetrics & Gynecology), Member, Journal Editorial Board Rogers, Merrell (Mrs. Lee), Auxiliary Vice-President for Health Education

Vise, Jr., Guy T. (Orthopaedic), Past President; Past Councilor Vise, Sr., Guy T. (Family Practice), Past President; Past Councilor

Vise, W. Michael (Neurosurgery), Secretary, Section on Neurosurgery

Waites, James C. (Family Practice), Councilor; Member, Executive Committee of the Council; Chairman, Coordinating Committee on Insurance

COUNCILOR Missouri



Albert J. Campbell, Jr., M.D.

HOME ADDRESS:

1500 West 16th Street, Sedalia, MO 65301

TELEPHONE: (816) 826-2111

OFFICE ADDRESS:

625 East 13th Street, Sedalia, MO 65301

TELEPHONE: (816) 826-8989; FAX: (816) 826-7065

BIRTHDATE: November 20, 1931

BIRTHPLACE: Sedalia, MO

SPOUSE: Janet

EDUCATION:

A.B. degree, University of Missouri, 1953 B.S. degree, University of Missouri, 1954 M.D. degree, University of Pennsylvania, 1956

SPECIALTY: Family Practice

JOINED SOUTHERN MEDICAL ASSOCIATION: April 1963

OFFICES HELD IN SMA:

Associate Councilor from Missouri, 1981-1996 Councilor from Missouri, 1996-2001

ajama e murlin.com

ASSOCIATE COUNCILORS MISSOURI

GARY A. DYER, M.D.

resigned

1325 Village Drive Saint Joseph, MO 64506

SPECIALTY: Dermatology

TELEPHONE: (816) 364-1507; FAX: (816) 364-5711

JERRY L. MEYER, M.D.

905 Main

P.O. Box 759

Concordia, MO 64020

Specialty: Family Practice

TELEPHONE: (816) 463-7966; FAX: (816) 463-2465

ANN L. PEICK, M.D.

Kneibert Clinic

P.O. Box 220

686 Lester Street

Poplar Bluff, MO 63901

Specialty: Surgery

TELEPHONE: (573) 686-2411; FAX: (573) 686-8452

THOMAS C. SPARKMAN, M.D.

15 Doctors Park

Cape Girardeau, MO 63703-4927

Specialty: Family Practice

TELEPHONE: (573) 334-6053; Fax: (573) 334-7855

DAVID WILKINSON, M.D.

10007 Kennerly Road

St. Louis, MO 63128-2179 SPECIALTY: Neurosurgery

TELEPHONE: (314) 843-0122; FAX: (314) 843-0164

added 91

Clarence Martin, M.D. 2817 McClelland Blud, #252 Joplin, MO 64804 (417) 623-6114

MISSOURI LEADERSHIP

Campbell, Jr., Albert J. (Family Practice), Councilor; Member, Coordinating Committee of Education; Member, Coordinating Committee of Membership; Member, Advisory Committee on Grants, Loans and Scholarships Campbell, Janet (Mrs. A.J.), Auxiliary Long Range Planning Committee Chairman Dorton, Robert K. (Internal Medicine), Past Councilor Dyer, Eileen (Mrs. Gary), Auxiliary Councilor for Health Education Dyer, Gary A. (Dermatology), Associate Councilor Flaker, Greg (Internal Medicine), Chairman, Section on Cardiology Griggs, James Y. (Surgery), Past Councilor H'Doubler, Joan (Mrs. Charles), Auxiliary Councilor for Doctors' Day Jonas, Jr., Harry S. (Obstetrics & Gynecology), Past Councilor Mell, Roger L. (Orthopaedic Surgery), Past President; Past Councilor Meyer, Jan, Auxiliary Immediate Past President Meyer, Jerry L. (Family Practice), Associate Councilor Peick, Ann L. (Surgery), Associate Councilor; Member, Advisory Committee on Grants, Loans and Scholarships Perkins, Marge (Mrs. David), Auxiliary Doctors' Day Access Chairman Sparkman, Carol (Mrs. Thomas), Auxiliary Vice-President for Membership Sparkman, Thomas C. (Family Practice), Associate Councilor; Member, Coordinating Committee on Long Range Planning Steele, Mark T. (Emergency Medicine), Chairman, Section on Emergency Medicine Stephenson, Jr., Hugh E. (Thoracic Surgery), Vice-President; Member, Executive

Committee of the Council; Chairman, Presidential Committee on Endowments; Chairman, Presidential Committee on Affiliated Societies; Past Councilor

Vilmer, Gayle (Mrs. Stephen), Auxiliary Councilor for Medical Heritage Walsh, Irene (Pediatrics), Vice-Chairman, Section on Pediatrics & Adolescent Medicine

Wilkinson, David (Neurosurgery), Associate Councilor

COUNCILOR NORTH CAROLINA



David F. Martin, M.D.

HOME ADDRESS:

5125 Riverchase Ridge, Winston-Salem, NC 27104 TELEPHONE: (910) 659-9192

OFFICE ADDRESS:

Department of Orthopaedic Surgery and Rehabilitation, Bowman Gray School of

Medicine, Medical Center Boulevard, Winston-Salem, NC 27157

TELEPHONE: (910) 716-4207; FAX: (910) 716-6286

E-Mail: dmartin@bgsm.edu

BIRTHDATE: June 10, 1956

BIRTHPLACE: Lancaster, Pennsylvania

SPOUSE: Sue Ann

EDUCATION:

A.B. degree, Dartmouth College, 1978

M.D. degree, John Hopkins University School of Medicine, 1982

SPECIALTY: Ortho & Traumatic Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: May, 1988

OFFICES HELD IN SMA:

Associate Councilor from NC, 1991-1996 Councilor from North Carolina, 1996-2001

ASSOCIATE COUNCILORS NORTH CAROLINA

ELIZABETH E. CAMPBELL, M.D.

P.O. Box 30098 Raleigh, NC 27622

Specialty: Hematology & Oncology

TELEPHONE: (919) 781-7070; FAX: (919) 571-9352

ROY O. FAGAN III, M.D.

419 W. Harrison Street Reidsville, NC 27320

SPECIALTY: Internal Medicine

TELEPHONE: (910) 342-4448; FAX: (910) 342-4499

SIMON V. WARD III, M.D.

Rankin Women's Center 1718 East Fourth Street Suite 307 Charlotte, NC 28204

SPECIALTY: Obstetrics & Gynecology

TELEPHONE: (704) 332-8103; FAX: (704) 332-3532

NORTH CAROLINA LEADERSHIP

Andrews, Mary Leila (Mrs. R.J.), Auxiliary Councilor for Medical Heritage Campbell, Elizabeth E. (Hematology & Oncology), Associate Councilor Dameron, Jr., Thomas B. (Orthopaedic), Past President; Past Councilor Fagan III, Roy O. (Internal Medicine), Associate Councilor Goldner, J. Leonard (Orthopaedic), Past President; Past Councilor Hayes, Imogene (Genie) (Mrs. Hugh), Auxiliary Convention Chairman Hertzberg, Barbara S. (Radiology), Member, Journal Editorial Board Koman, L. Andrew (Orthopaedic), Member, Journal Editorial Board; Board of Trustees, Southern Orthopaedic Association

Liles, George W. (Surgery), Past Councilor

Martin, David F. (Orthopaedic & Traumatic Surgery), Councilor; Member, Coordinating Committee of Education; Chairman, Advisory Committee on Scientific Activities; Member, Advisory Committee on Young Physicians Involvement

May, Ronald B. (Pediatrics), Secretary-Elect, Section on Pediatrics & Adolescent Medicine

McCollum, Donald E. (Orthopaedic), Past Councilor

McDaniel, Jr., W. Jason (Orthopaedic), Secretary/Vice-President, Southern Orthopaedic Association

Niemeyer, Carolyn (Mrs. Charles J.), Auxiliary Councilor for Health Education Pope, Jr., Thomas L. (Diagnostic Radiology), Assistant Editor, Journal Editorial Board; Member, Coordinating Committee on Practice Management Services; Member, Coordinating Committee on Long Range Planning; Past Councilor

Siva, Ann (Mrs. Sivalingam), Auxiliary Councilor for Doctors' Day

Stein, Roy M. (Psychiatry), Member, Journal Editorial Board; Member, Dial Access Editorial Board; Member, Advisory Committee on Scientific Activities; Member, Advisory Committee on Multi-Media Programs

Ward III, Simon V. (Obstetrics & Gynecology), Associate Councilor; Secretary, Section on Obstetrics

COUNCILOR OKLAHOMA



Charles A. Farmer, Jr., M.D.

HOME ADDRESS:

3107 South Columbia Circle, Tulsa, Oklahoma 74105 TELEPHONE: (918) 743-4451

OFFICE ADDRESS:

••••••••••

St. John Medical Center, 1923 South Utica Ave., Tulsa, Oklahoma 74104

TELEPHONE: (918) 744-2969; FAX: (918) 744-2357

E-Mail: cafarm@aol.com BIRTHDATE: July 30, 1945

BIRTHPLACE: Dumas, Arkansas

SPOUSE: Sheri

EDUCATION:

B.S. degree, Arkansas Polytechnic College, 1967 M.D. degree, University of Arkansas School of Medicine, 1971

SPECIALTY: Emergency Medicine

JOINED SOUTHERN MEDICAL ASSOCIATION: 1987

OFFICES HELD IN SMA:

Chairman, Section on Emergency Medicine, 1990-1991 Secretary-Elect, Section on Emergency Medicine, 1991-1992 Secretary, Section on Emergency Medicine, 1992-1993 Associate Councilor from Oklahoma, 1990-1993

Councilor from Oklahoma, 1993-1998

Member of the Executive Committee of the Council, 1995-1996

ASSOCIATE COUNCILORS OKLAHOMA

ROBERT W. BLOCK, M.D.

OK College of Medicine-Tulsa Department of Pediatrics 2815 South Sheridan Road Tulsa, OK 74129-1045

Specialty: Pediatrics

TELEPHONE: (918) 838-4728; FAX: (918) 838-4729

CHESTER L. BYNUM, M.D.

1125 N. Porter Suite 100 Norman, OK 73074

Specialty: Radiology

TELEPHONE: (405) 364-1071; FAX: (405) 329-9771

THOMAS A. COBURN, M.D.

P.O. Box 1760 Muskogee, OK 74401 SPECIALTY: Family Practice

Telephone: (918) 682-4318; Fax: (918) 683-4136

JANE E. PULS, M.D.

Children's Hospital of Oklahoma Department of Pediatrics P.O. Box 26901 Oklahoma City, OK 73190

Specialty: Pediatrics

TELEPHONE: (405) 271-4407; FAX: (405) 271-8709

STEPHEN J. RIDDEL, M.D.

1401 East Van Buren McAlester, OK 74501

Specialty: Obstetrics & Gynecology

TELEPHONE: (918) 426-0240; FAX: (918) 423-4051

OKLAHOMA LEADERSHIP

Block, Robert W. (Pediatrics), Associate Councilor; Member, Journal Editorial Board; Member, Advisory Committee on Scientific Activities; Chairman, Section on Pediatrics & Adolescent Medicine

Bynum, Chester L. (Radiology), Associate Councilor

Bynum, Maureen (Mrs. Chester L.), Auxiliary Councilor for Health Education

Coburn, Thomas A. (Family Practice), Associate Councilor

Farmer, Jr., Charles A. (Emergency Medicine), Councilor; Member, Journal Editorial Board; Member, Advisory Committee on Multi-Media Programs; Member, Coordinating Committee of Membership; Member, Coordinating Committee on Physicians' Retirement

Farmer, Sheri (Mrs. Charles), Auxiliary Councilor for Doctors' Day Mask, Karen (Mrs. Dennis), Auxiliary Councilor for Medical Heritage

Puls, Jane E. (Pediatrics), Associate Councilor

Riddel, Stephen J. (Obstetrics & Gynecology), Associate Councilor

Tomsovic, Edward J. (Pediatrics), Past Councilor White, James E. (Orthopaedic), Past Councilor

COUNCILOR SOUTH CAROLINA



Donald R. Johnson, M.D.

HOME ADDRESS:

41 25th Avenue, Isle of Palms, South Carolina 29451 TELEPHONE: (803) 886-6964

OFFICE ADDRESS:

Carolina Spine Institute, 900 Bowman Road, Suite 300, Mt. Pleasant, SC 29464 TELEPHONE: (803) 849-1551; FAX: (803) 884-0629

BIRTHDATE: August 25, 1958

BIRTHPLACE: Summerville, South Carolina

SPOUSE: Single EDUCATION:

B.A. degree, College of Charleston, 1980

M.D. degree, Medical University of South Carolina, 1984

SPECIALTY: Orthopaedic & Traumatic Surgery, Spine Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: 1988

OFFICES HELD IN SMA:

Associate Councilor from South Carolina, 1992-1994 Councilor from South Carolina, 1995-2000

ASSOCIATE COUNCILORS SOUTH CAROLINA

JAN N. BASILE, M.D.

Medical University of South Carolina Veterans Administration Hospital Lead Physician, Primary Care 109 Bee Street Charleston, SC 29403

Specialty: Internal Medicine

TELEPHONE: (803) 577-5011, Ext. 6680; FAX: (803) 805-5798

COLEMAN FLOYD BUCKHOUSE, M.D.

Resigned 97

2008 Highland Avenue Florence, SC 29501-5417 SPECIALTY: Anesthesiology TELEPHONE: (803) 669-9043

SHELIA FISHER-JANES, M.D.

South Strand Family Practice P.O. Drawer 1329 Murrells Inlet, SC 29576 SPECIALTY: Family Practice

Telephone: (803) 651-2158; Fax: (803) 651-7131

RION M. RUTLEDGE, M.D.

1317 Ebenezer Road Rock Hill, SC 29732-2336 Rock Hill, SC 29732-2336 Carolinas Medical Group-Shiland 2633 Celanese Road

Specialty: Family Practice

TELEPHONE: (803) 327-1174; FAX: (803) 327-9861
-329-5/34 366-6600

985-1201

Added: 97

Julian L. Mason, III, Mp.
McLeod Family Medical
555 E. Cheves Street
Florence, 50 29506
(803) 667-2808
Fax (803) 667-1810

M. David Mitchell, MD.
110 Dillan Drive

Spartanburg, SC
29301
(864) 582-6396

Fax (864) 582-3001

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Ronald C. Hamdy, M.D.

HOME ADDRESS:

P.O. Box 65, Mountain Home, Tennessee 37684

TELEPHONE: (423) 926-4878 OFFICE ADDRESS:

Cecile Cox Quillen Professor of Geriatric Medicine and Gerontology, East

Tennessee State University, James H. Quillen College of Medicine, P.O. Box 70429,

Johnson City, Tennessee 37614-0429

TELEPHONE: (423) 926-1171, Ext. 7201; FAX: (423) 461-7939

E-Mail: hamdy.ronald@mtn-home.va.gov 423.232-6938

BIRTHDATE: July 31, 1946

BIRTHPLACE: Alexandria, Egypt

SPOUSE: Eleanor

EDUCATION:

University of Alexandria, Egypt, M.D., 1968

University of London, England, MRSC, LRCP, 1973

Royal College of Physicians, London, 1974

SPECIALTY: Internal Medicine/Geriatric Medicine

JOINED SOUTHERN MEDICAL ASSOCIATION: 1987

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TELEPHONE: (901) 422-0292; FAX: (901) 422-0440

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Professor & Chairman Department of Surgery East Tennessee State University P.O. Box 70575 Johnson City, TN 37614-0575 SPECIALTY: Surgery

TELEPHONE: (423) 929-6268; FAX: (423) 929-6259
439-6268
439

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406 East Parkview Dyersburg, TN 38024 SPECIALTY: General Surgery

Telephone: (901) 286-2824; Fax: (901) 287-7367

WESLEY EASTRIDGE, M.D.

P.O. Box 219
Gate City, VA 24251
SPECIALTY: Family Practice

TELEPHONE: (540) 386-3411; FAX: (540) 386-3492

R. BRUCE SHACK, M.D.

Vanderbilt University Medical Center 2100 Pierce Avenue 230 MCS Nashville, TN 37232-3631

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TELEPHONE: (615) 936-0160; FAX: (615) 936-0167

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Jean Edwards Holt, M.D.

HOME ADDRESS:

611 Sonterra Boulevard, San Antonio, Texas 78258

TELEPHONE: (210) 494-2491

OFFICE ADDRESS:

540 Madison Oak Drive, Suite 450, San Antonio, Texas 78258-3922

TELEPHONE: (210) 490-6434; FAX: (210) 490-3794 E-Mail: J1947holt@aol.com 0360

BIRTHDATE: September 18, 1947 BIRTHPLACE: Lamar, Missouri SPOUSE: G. Richard Holt, M.D.

EDUCATION:

B.A. degree, University of Missouri-Columbia, 1968M.D. degree, University of Missouri-Columbia, 1972

SPECIALTY: Ophthalmology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1979

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W. Ross Lawler, M.D.

UTHSC at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78284

Specialty: Family Practice

Telephone: (210) 567-4550; Fax: (210) 567-4579

DURWOOD E. NEAL, JR., M.D.

University of Texas Medical Branch at Galveston Division of Urology Dept. of Surgery 6.310 RT0540 Galveston, TX 77555-0540

SPECIALTY: Urology

TELEPHONE: (409) 772-2091; FAX: (409) 772-5144

Pamela M. Otto, M.D.

Department of Radiology UTHSCSA 7703 Floyd Curl Drive San Antonio, TX 78284-7800

Specialty: Radiology

TELEPHONE: (210) 567-6470; FAX: (210) 567-6418

VERONICA K. PIZIAK, M.D., Ph.D.

Scott and White Clinic 2401 South 31st Street Temple, TX 76508

SPECIALTY: Diabetes & Endocrinology

TELEPHONE: (817) 724-5678; FAX: (817) 724-1729

THEODORE ROSEN, M.D.

2815 Plumb Houston, TX 77005

Specialty: Dermatology

TELEPHONE: (713) 794-7129; FAX: (713) 794-7863

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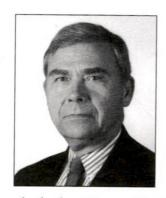
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T. Rudolph Howell, M.D.

HOME ADDRESS:

10905 Chalkley Road, Chester, Virginia 23831

TELEPHONE: (804) 748-2871

OFFICE ADDRESS:

Children's Hospital, Department of Radiology, 2924 Brook Road, Richmond,

Virginia 23220

TELEPHONE: (804) 321-7474, Ext. 6795; FAX: (804) 228-5930

BITHDATE: May 2, 1933

BIRTHPLACE: Wayne County, North Carolina

SPOUSE: Cheryl

EDUCATION:

B.S. degree, Wake Forest College, 1954

M.D. degree, Duke University School of Medicine, 1958

Specialty: Pediatric Radiology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1969

OFFICES HELD IN SMA:

Secretary-Elect, Section on Radiology, 1977-1978

Secretary, Section on Radiology, 1979-1981

Chairman-Elect, Section on Radiology, 1981-1982

Chairman, Section on Radiology, 1983

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ROBERT BUETHE, M.D.

11563 Clara Barton Drive Fairfax Station, VA 22039-1336 rasigned

SPECIALTY: OB/GYN and Aerospace Medicine

TELEPHONE: (703) 323-4667; FAX: (703) 425-8693

BOYD M. CLEMENTS, M.D.

Gloucester Family Practice

P.O. Box 430

Gloucester, VA 23061

Specialty: Family Practice

TELEPHONE: (804) 693-4300; FAX: (804) 693-2964

J. KIPLING JONES, M.D.

9842 Lori Road

Suite 102

Chesterfield, VA 23832

Specialty: Psychiatry

TELEPHONE: (804) 751-0453; FAX: (804) 796-1997

ALONZO H. MYERS, JR., M.D., F.A.C.S.

1802 Braeburn Drive Salem, VA 24153

Specialty: Orthopaedic & Traumatic Surgery

TELEPHONE: (540) 772-3530; FAX: (540) 772-3793

776-2036

Robert W. Klink, M.D.

added 8-22-97

Gloucester Women's Clinic

P.O. Box 1290

Gloucester, VA 23061-1290

Telephone: (804) 693-7198

FAX: (804) 693-0925

Specialty: Obstetrics & Gynecology

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Mehmet V. Kalaycioglu, M.D.

HOME ADDRESS:

101 Cherry Street, Shinnston, West Virginia 26431

TELEPHONE: (304) 592-3931

1 482 home address

OFFICE ADDRESS:

40 Main Street, Shinnston, West Virginia 26431 Telephone: (304) 592-2100; FAX: (304) 592-2102

BIRTHDATE: March 15, 1925 BIRTHPLACE: Izmir, Turkey

SPOUSE: Jeanny EDUCATION:

B.S. degree and M.D. degree, Istanbul University, Istanbul, Turkey, 1950

SPECIALTY: General Practice and General Surgery Joined Southern Medical Association: 1974

OFFICES HELD IN SMA:

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4620 MacCorkle Avenue, S.W. South Charleston, WV 25309

Specialty: Radiology

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JANELLE DUREMDES, M.D.

P.O. Box 1719 Princeton, WV 24740

SPECIALTY: Pediatrics

TELEPHONE: (304) 425-2310; FAX: (304) 487-3675

M. BRUCE MARTIN, M.D.

508 10th Street

Huntington, WV 25701

Specialty: Pediatrics

TELEPHONE: (304) 525-7471

MOHAMMED I. RANAVAYA, M.D., M.S.

Appalachian Institute of Occupational and Environmental Medicine

Route 1 North

Box 5C

Chapmanville, WV 25508

Specialty: Occupational Medicine

TELEPHONE: (304) 855-8605; FAX: (304) 855-9442

ILIGINO F. SALON, M.D.

713 S. Oakwood Avenue Beckley, WV 25801-5949

Specialty: Internal Medicine

Telephone: (304) 252-8541; Fax: (304) 253-2507

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New Orleans, LA 70112-2822; Telephone: (504) 568-4751;

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O'Neill Barrett, Jr., M.D. 2810 Chatsworth Drive, Columbia, SC 29223;

Telephone: (803) 736-0738

Jan N. Basile, M.D. Medical University of South Carolina, Veterans

Administration Hospital, Lead Physician, Primary Care, 109 Bee Street, Charleston, SC 29403;

Telephone: (803) 577-5011 ext. 6680;

FAX: (803) 805-5798

A. J. Campbell, M.D. 625 East 13th Street, Sedalia, MO 65301;

Telephone: (816) 826-8989; FAX: (816) 826-7065

Richard P. DeRosa, M.D. 3301 New Mexico Avenue, N.W., Suite 206,

Washington, D.C. 20016;

Telephone: (202) 895-1440; FAX: (202) 895-1448

T. Rudolph Howell, M.D. Children's Hospital, Department of Radiology, 2924

Brook Road, Richmond, VA 23220; Telephone: (804) 321-7474, Ext. 6795;

FAX: (804) 228-5930

David F. Martin, M.D. Department of Orthopaedic Surgery and

Rehabilitation, Bowman Gray School of Medicine, Medical Center Boulevard, Winston-

Salem, NC 27157; Telephone: (910) 716-4207;

FAX: (910) 716-6286

J. Patrick O'Leary, M.D. The Isidore Cohn, Jr., M.D., Professor and

Chairman, Department of Surgery, Louisiana State University Medical Center, 1542 Tulane Avenue,

New Orleans, LA 70112-2822;

Telephone: (504) 568-4751; FAX: (504) 568-4633

Veronica K. Piziak, M.D., Ph.D. Scott and White Clinic, 2401 South 31st Street,

Temple, TX 76508; Telephone: (817) 724-5678;

FAX: (817) 724-1729

Leonard H. Serebro, M.D. Ochsner Clinic, 1514 Jefferson Highway, New

Orleans, LA 70121; Telephone: (504) 842-4920;

FAX: (504) 842-4371

R. Bruce Shack, M.D. 2100 Pierce Avenue, 230 MCS, Nashville, TN

37232-3631; Telephone: (615) 936-0160;

FAX: (615) 936-0167

Committee Structure

Chairm	Martin, M.D. nan	Bowman Gray School of Medicine, Orthopaedic Surgery, Medical Center Boulevard, Winston-Salem, NC 27157-1070; Telephone: (910) 716-4207; FAX: (910) 716-6286
Jan N. Ba Vice-Cl	sile, M.D. nairman	Medical University of South Carolina, Lead Physician, Primary Care, Veterans Administration Hospital, 109 Bee Street, Charleston, SC 29403; Telephone: (803) 577-5011, Ext. 6680; FAX: (803) 805-5798
	Conroy, M.D nairman	Department of Anesthesia, MUSC, 171 Ashley Avenue, Charleston, SC 29425; Telephone: (803) 792-2322; FAX: (803) 792-2726
Martin Al	pert, M.D.	University of South Alabama, Cardiology, 10th Floor, Suite C, 2451 Fillingim Street, Mobile, AL 36617; Telephone: (334) 471-7916; FAX: (334) 470-5888
Gail V. Ar	nderson, M.D.	Grady Memorial Hospital, 80 Butler Street, S.E., Atlanta, GA 30303; Telephone: (404) 616-3386; FAX: (404) 616-6828
Robert W.	Block, M.D.	Department of Pediatrics, University of Oklahoma, College of Medicine-Tulsa, 2815 South Sheridan Road, Tulsa, OK 74129; Telephone: (918) 838-4728; FAX: (918) 838-4729
William B	rowder, M.D.	Professor & Chairman, Department of Surgery, East Tennessee State University, P.O. Box 70575, Johnson City, TN 37614-0575; Telephone (423) 929-6268; FAX: (423) 929-6259
George R.	Brown, M.D.	VA Medical Center, Mountain Home, TN 37684; Telephone: (423) 926-1171; FAX: (423) 461-7929
Wesley Ea	stridge, M.D.	2100 Malvern Court, Kingsport, TN 37660; Telephone: (540) 386-3411; FAX: (540) 386-3492
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William O. Richards, M.D. TVC, 3662, Vanderbilt University, Nashville, TN

37232; Telephone (615) 322-0259;

FAX: (615) 343-9485

Roy M. Stein, M.D. Department of Psychiatry (116A), VA Medical

Center, 508 Fulton Street, Durham, NC 27705;

Telephone: (919) 286-0411, Ext. 7483;

FAX: (919) 416-5831

William J. Vanarthos, M.D. UK Diagnostic Radiology, Kentucky Clinic, Room 108 B Morthing to A122, 800 Rose Street, Lexington, KY 40536;

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Telephone: (504) 568-4751; FAX: (504) 568-4633

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University Blvd., Volker Hall, Room L 205,

Birmingham, AL 35249-0019;

Telephone: (205) 934-9498; FAX: (205) 934-3278

2100 Malvern Court, Kingsport, TN 37660; Wesley Eastridge, M.D.

Telephone: (540) 386-3411; FAX: (540) 386-3492

Charles A. Farmer, Jr., M.D. St. John Medical Center, 1923 S. Utica Avenue,

Tulsa, OK 74104; Telephone (918) 744-2969;

FAX: (918) 744-2357

Steve Goldschmid, M.D. VA Medical Center, 1670 Clairmont Road, Decatur,

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FAX: (404) 728-7746

G. Richard Holt, M.D. Stone Oak Medical Building, 540 Madison Oak,

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Telephone: (210) 490-6434; FAX: (210) 490-3794

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Telephone: (501) 972-9603; FAX: (501) 931-0839

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> Medical Center, 508 Fulton Street, Durham, NC 27705; Telephone (919) 286-0411, Ext. 7483;

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A. J. Campbell, M.D. 625 East 13th Street, Sedalia, MO 65301;

Telephone: (816) 826-8989; FAX: (816) 826-7065

Charles A. Farmer, Jr., M.D. 1923 South Utica Avenue, Tulsa, OK 74104;

Telephone: (918) 744-2969; FAX: (918) 744-2357

Jean Edwards Holt, M.D. Stone Oak Medical Building, 540 Madison Oak,

Suite 450, San Antonio, TX 78258-3922; Telephone: (210) 490-6434; FAX: (210) 490-3794

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David F. Martin, M.D. Department of Orthopaedic Surgery, Bowman Gray

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Telephone: (910) 716-4207; FAX: (910) 716-6286

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Sharon Moore, M.D. VA Medical Center (11E), Mountain Home, TN

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Jan N. Basile, M.D. Medical University of South Carolina, Lead

Physician, Primary Care, Veterans Administration Hospital, 109 Bee Street, Charleston, SC 29403;

Telephone: (803) 577-5011, Ext. 6680;

FAX: (803)805-5798

Banks Blackwell, M.D. 1400 W. 43rd Avenue, Pine Bluff, AR 71603; Telephone: (501) 534-3122; FAX: (501) 534-1358

retephone. (501) 554-5122, 171M. (501) 554-1550

Milton F. Bryant, Jr., M.D. 2660 Peachtree Road, N.W., Unit 14D, Atlanta, GA 30305; Telephone: (404) 842-1431;

FAX: (404) 262-3674

Charles A. Farmer, Jr., M.D. St. John Medical Center, 1923 South Utica Avenue,

Tulsa, OK 74104; Telephone: (918) 744-2969;

FAX: (918) 744-2357

Bruce W. Herndon, M.D. 5398 Southwood Drive, Memphis, TN 38120;

Telephone: (901) 332-0074; FAX: (901) 332-0273

Dallas W. Lovelace III, M.D. P.O. Box 468, Orangeburg, SC 29116-0468;

Telephone: (803) 534-0053 or 536-1106 or

533-2445; FAX: (803) 533-2991 or 534-0291

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Washington, D.C. 20016;

Telephone: (202) 895-1440; FAX: (202) 895-1448

J. Edward Hill, M.D. Family Medicine Residency Center, 1680 South

Green Street, Tupelo, MS 38801;

Telephone: (601) 791-2260; FAX: (601) 791-2263

•••••••••••

Michael G. Mackey, M.D. Area Health Education Center-Northeast, 223 East

Jackson, Jonesboro, AR 72401;

Telephone: (501) 972-9603; FAX: (501) 931-0839

Terrell B. Tanner, M.D. 1008 Emory Street, P. O. Box 68, Oxford, GA 30267-0068; Telephone: (770) 787-3272

Ronald C. Hamdy, M.D. Cecil Cox Quillen Professor of Geriatric Medicine

> and Gerontology, East Tennessee State University, James H. Quillen College of Medicine, P. O. Box

70429, Johnson City, TN 37614-0249; Telephone: (423) 926-1171, Ext. 7201;

FAX: (423) 461-7939

1. ADVISORY COMMITTEE ON CONSTITUTION AND BYLAWS

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Albert H. Dudley III, M.D. 6565 North Charles Street, Suite 414, Baltimore,

MD 21204; Telephone: (410) 339-7784;

FAX: (410) 823-5719

T. Rudolph Howell, M.D. Children's Hospital, Department of Radiology, 2924

Brook Road, Richmond, VA 23220; Telephone: (804) 321-7474, Ext. 6795;

FAX: (804) 228-5930

Braxter Irby, Jr., M.D. 513-C Brookman Drive, Brookhaven, MS 39601-

2326; Telephone: (601) 833-3822;

FAX: (601) 835-4330

Mehmet V. Kalaycioglu, M.D. 40 Main Street, Shinnston, WV 26431;

Telephone: (304) 592-2100; FAX: (304) 592-2102

Clifford W. Lober, M.D. 505 W. Oak Street, #201, Kissimee, FL 34741;

Telephone: (407) 846-7166; FAX: (407) 846-3060

Randal Otto, M.D. UTHSCSA Department of Otolaryngology, 7703

> Floyd Curl Drive, San Antonio, TX 78284-7777; Telephone: (210) 567-5655; FAX: (210) 567-3617

George L. Smith III, M.D. P.O. Box 1557, 5303 Adams Street, Suite 5,

Covington, GA 30210; Telephone: (770) 786-0643;

FAX: (770) 786-8383

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William Browder, M.D. Professor and Chairman, Department Chairman

of Surgery, East Tennessee State University, P.O. Box 70575, Johnson City, TN 37614-0575;

Telephone: (423) 929-6268; FAX: (423) 929-6259

625 East 13th Street, Sedalia, MO 65301; A. J. Campbell, M.D.

Telephone: (816) 826-8989; FAX: (816) 826-7065

Richard P. DeRosa, M.D. 3301 New Mexico Avenue, N.W., Suite 206,

Washington, DC 20016;

Telephone: (202) 895-1440; FAX:(202) 895-1448

C. Ronald Kersh, M.D. Williamburg Radiation Therapy, 3901 Treyburn

Drive, Williamburg, VA 23185;

Telephone: (757) 220-4900; FAX: (757) 220-2480

Ann L. Peick, M.D. Kneibert Clinic, 686 Lester Street, P.O. Box 220,

Poplar Bluff, MO 63901;

Telephone: (573) 778-7171; FAX: (573) 785-2940

R. Bruce Shack, M.D. 2100 Pierce Avenue, 230 MCS, Nashville, TN

37232; Telephone: (615) 936-0160;

FAX: (615) 936-0167

Pramod Shah, M.D. VA Medical Center, Department of Psychiatry,

116A, Mountain Home, TN 37684;

Telephone: (423) 926-1171; FAX: (423) 461-7929

Thomas H. Young, M.D. 7208 Clements Avenue, Gloucester, VA 23061; Telephone: (804) 694-5450; FAX: (804) 693-8822

VI. COORDINATING COMMITTEE ON PRACTICE MANAGEMENT SERVICES

Albert H. Dudley III, M.D. 6565 North Charles Street, Suite 414,

Chairman Baltimore, MD 21204; Telephone: (410) 339-7784;

FAX: (410) 823-5719

Jack W. Bonner III, M.D. Behavioral Health Services, 701 Grove Road,

Greenville, SC 29605-5601;

Telephone (864) 455-7834; FAX: (864) 455-4540

Carl J. Gerber, M.D., Ph.D. VA Medical Center, Mountain Home, TN

37684; Telephone (423) 461-7990;

FAX: (423) 461-7972

W. John Giller, Jr., M.D. 704 West Grove Street, Suite 5, El Dorado, AR

71730; Telephone: (501) 862-1144;

FAX: (501) 864-7082

T. Rudolph Howell, M.D. Children's Hospital, Department of Radiology, 2924

Brook Road, Richmond, VA 23220; Telephone: (804) 321-7474, Ext. 6795;

FAX: (804) 228-5930

Donald R. Johnson, M.D. Carolina Spine Institute, 900 Bowman Road, Suite

300, Mt. Pleasant, SC 29464;

Telephone: (803) 849-1551; FAX: (803) 884-0629

Clifford W. Lober, M.D. 505 West Oak Street #201, Kissimmee, FL 34741-

4933; Telephone: (407) 846-7166;

FAX: (407) 846-3060

Anthony J. Palazzo, M.D. P.O. Box 370, Bogalusa, LA 70427;

Telephone: (504) 732-1568; FAX: (504) 732-4458

Thomas L. Pope, Jr., M.D. Department of Radiology, Bowman Gray School of

Medicine, Medical Center Boulevard, Winston-Salem, NC 27157-1088; Telephone: (910) 716-2478;

FAX: (910) 716-0555

L. Jack Scott, M.D. 7961 Scottsville Road, Alvaton, KY 42122;

Telephone: (502) 781-2089

VII. COORDINATING COMMITTEE ON LONG RANGE PLANNING

Albert H. Dudley III, M.D. 6565 North Charles Street, Suite 414,

Chairman Baltimore, MD 21204; Telephone: (410) 339-7784;

FAX: (410) 823-5719

J. Max Austin, Jr., M.D. Southern Gyn Oncology, 1016 18th Street South,

Suite A, Birmingham, AL 35205;

Telephone: (205) 939-1551; FAX: (205) 939-1442

William H. Henderson, M.D. 2200 South Lamar Boulevard, Suite C, Oxford, MS

38655; Telephone: (601) 234-1731;

FAX: (601) 236-6886

G. Richard Holt, M.D. Stone Oak Medical Building, 540 Madison Oak,

Suite 450, San Antonio, TX 78258;

Telephone: (210) 490-6434; FAX: (210) 490-3794

T. Rudolph Howell, M.D. Children's Hospital, Department of Radiology, 2924

Brook Road, Richmond, VA 23220; Telephone: (804) 321-7474, Ext. 6795;

FAX: (804) 228-5930

Donald R. Johnson II, M.D. Carolina Spine Institute 900 Bowman Road, Suite

300, Mt. Pleasant, SC 29464;

Telephone: (803) 849-1551; FAX: (803) 884-0629

J. Patrick O'Leary, M.D. LSU Medical Center, Department of Surgery, 1542

Tulane Avenue, New Orleans, LA 70112-2822; Telephone: (504) 568-4751; FAX: (504) 568-4633

Thomas L. Pope, Jr., M.D. Department of Radiology, BGSM-WFU-NCBH,

Medical Center Boulevard, Winston-Salem, NC

27157-1088; Telephone: (910) 716-2478;

FAX: (910) 716-9823

George L. Smith III, M.D. P.O. Box 1557, 5303 Adams Street, Suite 5,

Covington, GA 30210-1557;

Telephone: (770) 786-0643; FAX: (770)786-8383

Thomas C. Sparkman, M.D. 15 Doctors Park, Cape Girardeau, MO 63703-4927;

Telephone: (573) 334-6053; FAX: (573) 334-7855

Nancy C. Swikert, M.D. 8172 Mall Road, Suite 231, Florence, KY 41042;

Telephone: (606) 525-6247; FAX: (606) 525-1229

I. PRESIDENTIAL COMMITTEE ON ENDOWMENTS

Hugh E. Stephenson, M.D. Chairman

University Hospital and Clinic, #1 Hospital Drive, Colmbia, MO 65212; Telephone: (573) 882-5645;

FAX: (573) 884-4808

T. Rudolph Howell, M.D.

Children's Hospital, Department of Radiology, 2924 Brook Road, Richmond, VA 23220:

Telephone: (804) 321-7474, Ext. 6795;

FAX: (804) 228-5930

Mehmet V. Kalaycioglu, M.D. 40

40 Main Street, Shinnston, WV 26431; Telephone: (304) 592-2100; FAX: (304) 592-2102

John B. Lynch, M.D.

Vanderbilt University Medical Center,230 MCS, 2100 Pierce Avenue, Nashville,TN 37232-3631;

Telephone: (615) 936-0160

M. Pinson Neal, Jr., M.D.

Medical College of Virginia, Virginia

Commonwealth University, 1200 East Broad Street, Box 295, MCV Station, Richmond, VA 23298-0295; Telephone: (804) 828-3526;

Richmond, VM 23225-1066

FAX: (804) 379-2782

George L. Smith III, M.D.

P.O. Box 1557, 5303 Adams Street, Suite 5, Covington, GA 30210-1557;

Telephone: (770) 786-0643; FAX: (770) 786-8383

II. PRESIDENTIAL COMMITTEE ON SPECIAL AWARDS (Members Unpublished)

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The Isidore Cohn, Jr., M.D., Professor and Chairman, Department of Surgery,

Louisiana State University Medical Center, 1542 Tulane Avenue, New Orleans, LA 70112-2822; Telephone: (504) 568-4751; FAX: (504) 568-4633

Jean Edwards Holt, M.D.

540 Madison Oak Drive, Suite 450, San Antonio,

TX 78258; Telephone: (210) 490-6434;

FAX: (210) 490-3794

Clifford W. Lober, M.D.

505 West Oak Street #201, Kissimmee, FL 34741-

4933; Telephone: (407) 846-7166;

FAX: (407) 846-3060

Ernest G. Moore, Jr., M.D.

2660 10th Avenue South, Suite 738, Birmingham,

AL 35205; Telephone: (205) 933-8833; FAX: (205) 933-8963

Robert M. Peroutka, M.D.

6565 N. North Charles Street, Suite 504, Baltimore,

MD 21204; Telephone: (410) 339-7784;

D

FAX: (410) 823-5719

George L. Smith III, M.D.

P.O. Box 1557, 5303 Adams Street, Suite 5,

Covington, GA 30210-1557;

Telephone: (770) 786-0643; FAX: (770) 786-8383

Nancy C. Swikert, M.D.

8172 Mall Road, Suite 231, Florence, KY 41042;

Telephone: (606) 525-6247;

FAX: (606) 525-1229

IV. PRESIDENTIAL COMMITTEE ON AFFILIATED SOCIETIES

(Changes during Affiliated Societies Summer Meeting)

Chairman

Hugh E. Stephenson, M.D. University Hospital and Clinic, #1 Hospital Drive, Columbia, MO 65212;

> Telephone: (573) 882-5645; FAX: (573) 884-4808

Kenneth R. Crabtree, M.D. 200 North Crawford Street, P. O. Box 487,

Tompkinsville, KY 42167; Telephone: (502) 487-6672; FAX: (502) 487-9577

J. F. Rick Hammesfahr, M.D. 1211 Johnson Ferry Road, Marietta, GA 30068;

(404) 565-0011; FAX: (404) 565-9866

John W. McCravey, M.D. 979 East Third Street, Suite 5004, Chattanooga,

TN 37403-3333; Telephone: (423) 752-5004;

FAX: (423) 756-9009

Living Past Presidents

1425 Lake mailande Drive 39301 Years Served
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(601) 485-9603
J. Leonard Goldner, Duke Hospital, South Trent Drive, Room 4529,
Blue Zone, Durham, NC 27710, (919) 684-2628
George J. Carroll, Louise Obici Memorial Hospital, 1900 North Main Street, Suffolk, VA 23434, (804) 539-8661
G. Gordon McHardy, 10 Japonica Street, Pass Christian, MS 39571,
(601) 452-4409
(601) 452-4409
(501) 664-4161
Andrew F. Giesen, Jr., 558 Mooney Road, Fort Walton Beach, FL 32547
(904) 862-5409
Thomas B. Dameron, Jr., Raleigh Orthopaedic Clinic, 3515 Glenwood Avenue,
P.O. Box 10707, Raleigh, NC 27605, (919) 781-5600
(901) 664.5795 1979,1980
(901) 664-5795
(504) 588-3980
Edwin C. Evans, 500 Westover Drive, N.W., Atlanta, GA 30305
(404) 355-2203
M. Pinson Neal, Jr., Medical College of Virginia, Virginia Commonwealth
University, 1200 East Broad Street, Box 295, MCV Station,
Richmond, VA 23298, (804) 828-3526
(410) 822-8105
John B. Lynch, Vanderbilt University Medical Center, 230 MCS,
2100 Pierce Avenue, Nashville, TN 37232-3631, (615) 936-01601984-1985
Guy T. Vise, Jr., Arthritis Surgery and Orthopaedic Institute,
766 Lakeland Drive, Suite B, Jackson, MS 39216, (601) 939-0902 1985-1986
William W. Moore, Jr., 400 Peachtree Dunwoody Circle, Atlanta, GA 30342,
(404) 892-8505
J. Lee Dockery, American Board of Medical Specialties, 1007 Church Street, Suite 404, Evanston, IL 60201-5913, (708) 491-9091
Roger L. Mell, St. Luke's West-Doctor's Building, 224 South Woods Mill Road,
Suite 255, Chesterfield, MO 63017, (314) 434-3240
Larry C. Smith, 1422 Morris Court, Huntington, WV 25701, (304) 429-6741 . 1989-1990
Jim C. Barnett, P.O. Box 267, Brookhaven, MS 39601, (601) 833-8685 1990-1991
John F. Redman, Department of Urology, University of Arkansas College
of Medicine, 4301 West Markham-Slot 540, Little Rock, AR 72205-7199,
(501) 686-5242
Thomas C. Rowland, Jr., 1333 Taylor Street, Columbia, SC 29201, (803) 254-1300
Angus M. McBryde, Jr., Medical University of South Carolina, 171 Ashley
Avenue, Charleston, SC 29425-2201, (803) 792-3856
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Johnson City, TN 37614, (615) 926-1171 ext. 7116
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(205) 237-1618
Margaret S. Klapper, 14300 Rock Creek Parkway, Parkway Village 7497,
Little Rock, AR 72221, (501) 227-4586
Joaquin S. Aldrete, Department of Surgery, UAB, Kracke Building, Fourth Floor, University Station, Birmingham, AL 35294,
(205) 934-5148
Robert L. Baldwin, 2700 10th Avenue South, St. Vincent's Professional
Building II, Suite 502, Birmingham, AL 35205-1202, (205) 933-2951 1987-1992
ballanig in caree see, building than 1 to see a see
ARKANSAS
Thomas G. Johnston, 5315 Scenic Drive, Little Rock, AR 72207,
(Filled unexpired term of Dr. Smith who left Arkansas.)
George F. Wynne, 113 West Cypress, Warren, AR 71671, (501) 226-2844 1964-1969
G. Thomas Jansen, 500 South University, Suite 501, Little Rock, AR 72205, (501) 664-4161
David L. Barclay, 4301 W Markham, Slot 518, Little Rock, AR 72205,
(501) 664-8502
L. K. Austin, 2100 Apache Drive, #A5, Jonesboro, AR 72401-7404,
(501) 935-0076
John F. Redman, Department of Urology, University of Arkansas College of
Medicine, 4301 West Markham - Slot 540, Little Rock, AR 72205-7199,
(501) 686-5242
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(304) 876-2130
William H. Cooper, 825 New Hampshire Avenue, N.W., Washington, DC 20037,
(202) 337-2727 (Filled unexpired term of Dr. Jones who resigned.) 1973-1974
W. Reams Perkins, 825 New Hampshire Avenue, N.W., Washington, DC 20037,
(202) 337-2727
Gordon S. Letterman, P.O. Box 541, Glen Echo, MD 20812-0541,
(202) 986-9335

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(Continued on next page)

Paul B. Lansing, 3525 Prytania Street, Suite 201, New Orleans, LA 70115,

Living Past Councilors Years Served MARYLAND Robert T. Singleton, 5109 Brook Green Road, Baltimore, MD 21229-2415, Richard D. Richards, 6553 Diamond Hall Road, Easton, MD 21601. William J. R. Dunseath, 7401 Osler Drive, Baltimore, MD 21204, John F. Strahan, 7401 Osler Drive, Suite 107, Baltimore, MD 21204, Albert H. Dudley, III, 6565 North Charles Street, Suite 414, Baltimore, MD MISSISSIPPI Guy T. Vise, Sr., 2814 Poplar Springs Drive, Meridian, MS 39305-4617. Raymond F. Grenfell, 514-H East Woodrow Wilson Avenue. Guy T. Vise, Jr., Arthritis Surgery and Orthopaedic, 766 Lakeland Drive, J. Edward Hill, Family Medicine Residency Center, 1680 South Green Street, **MISSOURI** James Y. Griggs, 1400 Fawn Valley Drive, St. Louis, MO 63131-4217. Robert K. Dorton, 1031 Bellevue Avenue, Suite 440, St. Louis, MO 63117-1858, Roger L. Mell, St. Luke's West-Doctor's Building, 224 South Woods Mill Road, Suite 255, Chesterfield, MO 63017, (314) 434-3240 Harry S. Jonas, Jr., University of Missouri-Kansas City School of Medicine. 2411 Holmes Street, Kansas City, MO 64108, (312) 464-4657 1986-1987 Hugh E. Stephenson, Jr., University Hospital and Clinic, #1 Hospital Drive,

Living Past Councilors Years Served **OKLAHOMA** James E. White, 6565 South Yale Avenue, Suite 1212, Tulsa, OK 74136, Edward J. Tomsovic, 4609 South Wheeling Avenue, Tulsa, OK 74105, SOUTH CAROLINA Warren Y. Adkins, Jr., 150 Ashley Avenue, 2nd Floor, St. Frances Annex, Thomas C. Rowland, Jr., 1333 Taylor Street, Columbia, SC 29201, I. Lorin Mason, Ir., 901 E. Cheves Street, Suite 100, P.O. Drawer 1771, Florence, **TENNESSEE** Benjamin F. Byrd, Jr., 2611 West End Avenue, Suite 201, G. Baker Hubbard, Sr., 35 Winfield Place, Jackson, TN 38305-3956, John B. Lynch, Vanderbilt University Medical Center, 230 MCS, 2100 Pierce J. Patrick O'Leary, Chairman, Department of Surgery, LSU Medical Center, 1542 Tulane Avenue, New Orleans, LA 70112-2822, (504) 568-4751 1982-1984 Louis A. Cancellaro, James H. Quillen College of Medicine, P.O. Box 70567, TEXAS Phillip W. Voltz, Jr., 8038 Wurzbach Road, P.O. Box 29429, L. S. Thompson, Jr., P.O. Box 2220, Southland Center, Dallas, TX 75221, John A. Webb, Rt. 1, Box 86A, Iowa Park, TX 76367, (817) 438-2878 1980-1985 Joseph T. Painter, 1218 Nantucket, Houston, TX 77057, (713) 792-2200 1985-1990 Charles B. McCall, 17056 Crossgate Drive, Jupiter, FL 33477, (407) 575-9086. . 1990-1994 VIRGINIA George J. Carroll, Louise Obici Memorial Hospital, 1900 North Main Street, Jerome E. Adamson, P.O. Box 695, Linville, NC 28646-0695, (804) 423-1133 . 1970-1973 M. Pinson Neal, Jr., Medical College of Virginia, Virginia Commonwealth University, Box 295, MCV Station, Richmond, VA 23298, (804) 828-3526

(Continued on next page)

(Filled unexpired term of Dr. Adamson who resigned.) 1973-1980

John A. Board, Box 34, MCV Station, Richmond, VA 23298,

Living Past Councilors

	Years Served
WEST VIRGINIA	
Nime K. Joseph, 1300 Market Street, Wheeling, WV 26003,	
(304) 232-8440	1967-1972
M. Bruce Martin, 508 Tenth Street, Huntington, WV 25701,	
(304) 525-7471	1972-1977
Larry C. Smith, 1422 Morris Court, Huntington, WV 25701,	
(304) 429-6741	1982-1987
Jack R. Traylor, Jr., 2561 Third Avenue, Huntington, WV 25703,	
(304) 525-9131	1987-1992

Section on Allergy & Immunology 16 Sectrock Ct. 29607

Chairman: Harini Hosain, M.D., 6 Doctors S Drive, Greenville, SC 29605;

Telephone: 864-232-3801, FAX: 864-370-0253-

422-1269

Secretary: D. Lynn Dickens, M.D., 909 Frostwood, Suite 135, Houston, TX

77024, Telephone: 713-461-6711, FAX: 713-461-9191,

Section on Anesthesiology

Chairman: Scott T. Reeves, M.D., MUSC, Dept. of Anesthesiology, 171 Ashley

Avenue, Charleston, SC 29425, Telephone: 803-792-2322,

FAX: 803-792-2726

Vice-Chairman: Richard Fishman, M.D., MUSC, Dept. of Anesthesiology, 171 Ashley

Avenue, Charleston, SC 29425, Telephone: 803-792-2322,

FAX: 803-792-2726

Secretary: Patti Roland, M.D., MUSC, Dept. of Anesthesiology, 171 Ashley

Avenue, Charleston, SC 29425, Telephone: 803-792-2322,

FAX: 803-792-2726

Secretary-Elect: Michael Gosney, M.D., 108 Chase Drive, Muscle Shoals, AL 35661,

Telephone: 205-381-2288, FAX: 205-383-5829

Section on Cardiology

Chairman: Greg Flaker, M.D., 2W30 University of Missouri Hospital & Clinics,

Columbia, MO 65212, Telephone: 573-882-2296, FAX: 573-884-4127

Vice-Chairman: John C.L. Yu, M.D., Texas Tech University, Health Sciences Center

At Amarillo, 1400 Wallace Blvd, Amarillo, TX 79106, Telephone 806-354-5489 ext 250, FAX: 806-354-5561

Secretary: Martin A. Alpert, M.D., Division of Cardiology, Suite 10C, University

of South Alabama Medical Center, 2451 Fillingim Street, Mobile, AL

36693, Telephone: 334-471-7916, FAX: 334-470-5888

Section on Chest Diseases

Chairman: F. Michael Alberts, M.D., Professor of Medicine, Moffit Cancer

Center & Research Institute, 12902 Magnolia Drive, Tampa, FL 33612-9497, Telephone: 813-972-8436, FAX: 813-979-3092

33012-9497, Telephone: 013-972-0430, FAA: 013-979-3092

Vice-Chairman: Lloyd E. Hayes, M.D., Chief, Pulmonary Disease & Critical Care

Medicine, Greenville Memorial Hospital, 701 Grove Road, Greenville,

SC 29605, Telephone: 864-455-7874, FAX: 864-455-8933

Secretary: Bashir A. Chaudhary, M.D., Pulmonary Section, AF-2030, Medical

College of Georgia, Augusta, GA 30912, Telephone: 706-721-2196, FAX: 706-721-0763

Secretary-Elect: John DuPre, M.D., Assistant Professor of Medicine, Section of

Pulmonary Diseases, 1120 15th Street, AF 2024, Augusta, GA 30912,

Telephone: 706-721-2566, FAX: 706-721-3069

(Continued on next page)

Section on Colon & Rectal Surgery

Chairman: Michael Hellinger, M.D., University of Miami Sylvester

Comprehensive Cancer Center, Division of Colon & Rectal Surgery (310 T), 1475 NW 12th Avenue Room 3550, Miami, FL 33136,

Telephone: 305-243-9110, FAX: 305-243-4907

Secretary: Andrea Ferrara, M.D., Colon & Rectal Clinic of Florida, 110 W.

Underwood Street, Orlando, FL 32806, Telephone: 407-422-3790,

FAX: 407-425-4358

Section on Dermatology

Chairman: Jeffrey P. Callen, M.D., University of Louisville, 310 East Broadway,

Suite 200, Louisville, KY 40202, Telephone: 502-583-1749,

FAX: 502-583-3028

Chairman-Elect: Theodore Rosen, M.D., 2815 Plumb, Houston, TX 77005,

Telephone: 713-794-7129, FAX: 713-794-7863

Vice-Chairman: L. Frank Glass, M.D., Univ South Florida College of Medicine, UMC

Box 19, 12901 Bruce B. Downs Blvd, Tampa, FL 33612, Telephone:

813-974-2854, FAX: 813-974-4272

Secretary: Philip R. Cohen, M.D., Department of Dermatology, University of

Texas-Houston Medical School, 6431 Fannin, Suite 1.186, Houston, TX 77030, Telephone: 713-500-7150, ext. 1154, FAX: 713-500-7168

713-500-7154

Section on Emergency Medicine

Chairman: Mark T. Steele, M.D., Truman Medical Center, 2301 Holmes Street,

Kansas City, MO 64108, Telephone: 816-556-3127,

FAX: 816-881-6282

Vice-Chairman: Kent I. Cohen, M.D., 5800 Long Grove Drive,

Atlanta GA, 30328, Telephone: 404-250-9801, FAX: 404-250-9801

Secretary: Frederick B. Carlton, Jr., M.D., 2500 North State Street, Jackson, MS

39216, Telephone: 601-984-5570, FAX: 601-984-5583

Section on Family Practice

Chairman: W. Ross Lawler, M.D., 7703 Floyd Curl Drive, San Antonio, TX

78284, Telephone: 210-567-4550, FAX: 210-567-4579

Vice-Chairman: Howard S. Yager, M.D., 3109 E. Shadowlawn Avenue NE, Atlanta,

GA 30305, Telephone: 404-261-1165, FAX: 404-266-8038

Secretary: Boyd M. Clements, M.D., Gloucester Family Practice, Box 430,

Gloucester, VA 23061, Telephone: 804-693-4300, FAX: 804-693-2964

Secretary-Elect: Rion M. Rutledge, M.D., 1317 Ebenezer Road, Rock Hill, SC 29732-

2336, Telephone: 803-327-1174, FAX: 803-327-9861

(SAR paga 51)

Section on Gastroenterology

Chairman: C. Mel Wilcox, M.D., UAB-GI DIVISION, UAB Station, Birmingham, AL 35294-0007, Telephone: 205-934-6110,

FAX: 205-934-1537

Vice-Chairman: George T. Fantry, M.D., University of Maryland, Division of Gastro,

Room N3W62, 22 South Greene Street, Baltimore, MD 21201,

Telephone: 410-328-8732, FAX: 410-328-8315

Secretary: Eapen Thomas, M.D., VA Medical Center (111D), Johnson City, TN

37601, Telephone: 423-926-1171, ext. 2481, FAX: 423-461-7939

Secretary-Elect: Ervin Y. Eaker, M.D., Division of Gastroenterology (Room 4035)

DELP), 3901 Rainbow Blvd, Kansas City, KS 66160, Telephone: 913-588-6019, FAX: 913-588-3995

Section on Geriatric Medicine

Chairman: Linda A. Groene, M.D., Cleveland Clinic of Florida, 3000 W. Cypress

Creek Road, Ft. Lauderdale, FL 33309-1743, Telephone: 954-978-5154,

FAX: 954-987-5844

Vice-Chairman: Jerry O. Ciocon, M.D., Cleveland Clinic Florida, 2900 W. Cypress

Creek Road, Ft. Lauderdale, FL 33309, Telephone: 954-978-5153,

FAX: 954-978-5081

Secretary: George J. Caranasos, M.D., University of Florida, Dept. of Medicine,

P.O. Box 100277, Gainesville, FL 32610, Telephone: 352-395-0651, FAX: 352-338-9884

Secretary-Elect: Paul A. DeVore, M.D., 4203 Queensbury Road, Hyattsville, MD

20781, Telephone: 301-277-8100, FAX: 301-927-1708

Section on Gynecology

Chairman: William W. Maxwell, M.D., 1325 Pennsylvania Avenue, Suite 350, Ft.

Worth, TX 76104, Telephone: 817-332-2121,

FAX: 817-338-4516

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FAX: 806-354-5561

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(Continued on next page)

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1997 Annual Meeting: July 24-26, 1997, Inn at Spanish Bay, Pebble Beach, California

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1997 Annual

June 13-15, 1997, Opryland Hotel, Nashville, Tennessee

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44 Jamestown Count

3737 Essen Lane

HOME ADDRESS:

7646 Boyce Drive, Baton Rouge, LA 70809-1159 TELEPHONE AND FAX: (504) 926-4544

BIRTHPLACE: Arkadelphia, Arkansas

Spouse: E. Edward McCool, Jr., M.D. (deceased)

Baton Rouge, LA 70809-2167 (250×10-14-97) EDUCATION: B.A. degree, Newcomb College/Tulane Univ. 1956

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125 Trivista Right, Hot Springs, AR 71901 Telephone: (501) 624-0775; FAX: (501) 525-9114

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SPOUSE: Deno

EDUCATION: Baptist Hospital School of Nursing, 1961

JOINED SOUTHERN MEDICAL ASSOCIATION AUXILIARY: 1971

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Telephone: (409) 632-5911, FAX: (409)639-7472

Convention Imogene (Genie) Hayes (Mrs. Hugh)

3617 Lakeside Drive Charlotte, NC 28270 Telephone: (704) 844-2990

Doctors' Day

Vice-President: Marlynn Rhyne (Mrs. Robert)

109 Burgess Circle Moulton, AL 35625 Telephone: (205) 974-1193

Access: Marge Perkins (Mrs. David)

1318 Oaktree Estates Ct. Chesterfield, MO 63017 Telephone: (314) 532-2820

Judges: Mary Ivester (Mrs. J. Ray, Sr.)

19 Guerard Road Charleston, SC 29407 Telephone: (803) 556-3777

Finance Martha Bruner (Mrs. C.B.)

3700 Autumn Drive Fort Worth, TX 76109

Telephone: (817)924-4989, (817) 924-1023

Health Education

Vice-President: Merrell Rogers (Mrs. Lee)

11 Parc Monceau St Tupelo, MS 38801 Telephone: (601)844-13

Telephone: (601)844-1334

Access: Jane Altmeyer (Mrs. Robert)

27 Elmwood Place Wheeling, WV 26003 Telephone: (304)242-8447

Judges: Nancy Lindstrom (Mrs. Eric)

809 Cherry Lane Laurel, MS 39440

Telephone: (601) 649-4805

Long Range Planning Janet Campbell (Mrs. A. J.)

1500 West 16th Street Sedalia, MO 65301

Telephone: (816) 826-7065,

(O) (816) 826-8989, FAX: (816) 826-2111

Auxiliary Committee Chairmen

Medical Heritage

Vice-President: Betty Haisten (Mrs. M. Wyatt)

3590 Brentwood Drive Beaumont, TX 77706 Telephone: (409) 892-0429

Access: Winyss Shepard (Mrs. Richard)

4537 Dolly Ridge Road Birmingham, AL 35243 Telephone: (205) 967-3442

Judges: Ruby Tujague (Mrs. Lawrence)

11325 Highland Road Baton Rouge, LA 70810 Telephone: (504) 769-7898

Membership

Vice-President: Carol Sparkman (Mrs. Thomas)

2 Starwood Drive

Cape Girardeau, MO 63701 Telephone: (573) 334-3653

Memorial Donna DeRosa (Mrs. Richard P.)

921 Towlston Road McLeary, VA 22101

Telephone: (703) 759-3943; FAX: (703) 759-3806

SOUTHERN CONNECTION

Editor: Kathy Carmichael(Mrs. Ben)

106 Colonial Place Hattiesburg, MS 39401 Telephone: (601) 268-9642

HISTORIAN Opal McBride (Mrs. W. A.)

583 Janie Court

Shreveport, LA 71106 Telephone: (318) 865-3282

Management Staff



Executive Vice-President/C.E.O.: William J. Ranieri

Primary Responsibilities: Implementing the policies and direction of the Council; Executing and Administering Association Programs; Managing the Day to Day Operation of the Association; Employment and Direction of all Staff personnel; Represents the Association to the Public and other Associations; Treasurer of Association; Managing Editor of the Southern Medical Journal and other publications; President of SMA Services, Inc.



Director of Association Services: Cynthia L. Lenoir

Primary Responsibilities: Developing and implementing programs on Membership Recruitment and Retention; Marketing, Communications and Public Relations; Meeting Planning for Annual Meeting, Educational Meetings and Seminars, Leadership Meetings and Affiliated Society Meetings; Graphics Department; Travel Department; Auxiliary; Affiliated Societies; Marketing Research; SMA Mailing Service and Copy Center.



Director of Education: Dave M. Barzler

Primary Responsibilities: Planning, Developing, Implementing and Evaluating Educational Programs and Services; Editorial Services for the Southern Medical Journal and the Journal of the Southern Orthopaedic Association; Multi-Media Programs; Coordination of Annual Meeting Scientific Program; Research & Education Foundation; Society of 1906; SMA Special Awards.



Director of Fringe Benefit Programs: Kenneth M. Vinzant
Primary Responsibilities: Management, Marketing, Administration,
Product Development and Financial Accountability for the
Association's Insurance, Retirement, IRA and Investment and
Financial Services Programs.



Director of Internal Operations: Timothy R. Taylor

Primary Responsibilities: Managing Financial Resources of the Association and Affiliates; Accounting Department; Information Systems Department; Grants, Loans and Scholarship Programs; Management of the Facilities; Coordination of Annual Meeting Registration.



Director of Practice Management Services: Rudy Sturm III

Primary Responsibilities: Procurement of New Products and Services;

Maintaining and Marketing Existing Products and Services for the
Physicians' Purchasing Program; Coordination of SMA Reimbursement
Services.

MINUTES FROM EETINGS

90TH ANNUAL SCIENTIFIC ASSEMBLY SOUTHERN MEDICAL ASSOCIATION BALTIMORE, MARYLAND

Includes all Meetings held between November 1995 and November 1996

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Proceedings of the Council

• The Cloister, Sea Island, Georgia •

• Friday-Saturday, June 7-8, 1996 • 8:00 a.m.-12:00 noon

CALL TO ORDER

The Council of the Southern Medical Association met at The Cloister, Sea Island, Georgia, on June 7-8, 1996. The meeting was called to order at 8:00 a.m. each day by the Chairman, Hugh E. Stephenson, Jr., M.D.

ROLL CALL

Members of the Council of Southern Medical Association present were Hugh E. Stephenson, Jr., M.D., Chairman, Columbia, Missouri; Ronald C. Hamdy, M.D., Vice-Chairman, Johnson City, Tennessee; J. Edward Hill, M.D., President, Tupelo, Mississippi; J. Lorin Mason, Jr., M.D., Vice-President, Florence, Carolina; Louis A. Cancellaro, M.D., Ph.D., Immediate Past President, Johnson City, Tennessee; J. Max Austin, M.D., Birmingham, Alabama; Michael G. Mackey, M.D., Jonesboro, Arkansas; Richard P. DeRosa, M.D., Washington, D.C.; Clifford W. Lober, M.D., Kissimmee, Florida; George L. Smith III, M.D., Covington, Georgia; Patrick O'Leary, M.D., New Orleans, Louisiana; Albert H. Dudley III, M.D., Baltimore, Maryland; James C. Waites, M.D., Laurel, Mississippi; Thomas L. Pope, Jr., M.D., Winston-Salem, North Carolina; Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma; Donald R. Johnson, M.D., Charleston, South Carolina; Jean Edwards Holt, M.D., San Antonio, Texas; Rudolph Howell, M.D., Richmond, Virginia; and Mehmet V. Kalaycioglu, M.D., Shinnston, West Virginia.

Absent member of the Council was Terrell B. Tanner, M.D., President-Elect, Oxford, Georgia.

Also present were J. Graham Smith, Jr., M.D., Mobile, Alabama; Mrs. Jan Meyer, Concordia, Missouri; and Mrs. Sancy McCool, Baton Rouge, Louisiana.

Staff present from Birmingham, Alabama, were Mr. William J. Ranieri, Executive Vice-President/CEO; Ms. Cynthia Lenoir, Director of Association Services; Mr. Timothy R. Taylor, Director of Internal Operations; Bruce J. Bellande, Ph.D., Director of Education; Mr. Rudy Sturm, Director of Practice Management Services; Mr. Dave Barzler, Director of Special Projects and Services; and Mrs. Judy Fields, Administrative Assistant.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the November 14, 1995, meeting of the Council were distributed for review.

The following correction was made to the Minutes taken during the November 14, 1995, meeting of the Council on page 14, paragraph 1: "Mrs. Mr. Ranieri also stated that SMA continues to pay 100% of hospital claims."

ACTION: — It was moved by Dr. Hamdy and seconded to approve the Minutes taken during the November 14, 1995, meeting of the Council, making the one correction mentioned. The motion carried unanimously.

REPORT OF THE PRESIDENT J. Edward Hill, M.D.

Dr. Hill reported that he has attended three state meetings this year: Georgia, South Carolina, and Mississippi. He stated that the Annual Meeting is coming along very well and that he feels it is the best over-all CME program SMA has ever had. He reported that this year more emphasis is being made to recognize students

and residents. A symposium designed for young physicians entitled "The Bottom Line — Will There Be a Job?" is scheduled during the meeting. He reported that we are using shuttle bus services for residents and students in medical schools in the immediate surrounding area to encourage their attendance to our meeting. He also reported that this year SMA is not going to have a President's Reception on Friday evening. This gives attendees the following options for that night: 1) Free night, 2) Wine Tasting and Auction, or 3) Attend a presentation on the "Cause of Death of Edgar Allen Poe."

Dr. Hill reported that the President's Symposium on Sunday is shaping up well and is extremely timely. This symposium deals with Interspecialty Conflict Resolution. He stated that he is disappointed that the pre-registration is down from last year and hopes that the Council can suggest ways to help increase our registration.

Dr. Hill reported that since the death of Dr. Clovis Crabtree, he has appointed Dr. Nancy Swikert as interim Councilor from Kentucky to fill the unexpired term of Dr. Crabtree. He stated that Dr. Swikert has been involved with SMA for a long time.

REPORT OF THE CHAIRMAN Hugh E. Stephenson, Jr., M.D.

Dr. Stephenson reported that this has been a good six months. He reported that we have been trying to build on the work of our predecessors. He reported that Dr. Lorin Mason's work in preparation for this year has made it easy for him.

Dr. Stephenson reported that the highlight of the year has been the effectiveness of our committee structure, the committee chairmen, and the work of the committee members.

Dr. Stephenson presented the fol-

lowing recommendations from the Executive Committee for Council review and approval:

RECOMMENDATION: The Executive Committee recommends that a search committee be established to seek applications for the position of Editor of the Southern Medical Journal. The contract for the existing Editor expires in less than two years. The current Editor will be invited to submit his resume again.

ACTION:—It was moved an seconded that a search committee will be appointed by Dr. Stephenson to seek applications for the position of Editor of the Southern Medical Journal. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends that the Council implement membership dues of \$50.00 for the membership category of "Active Retired" physician members. A recruitment incentive will also be developed for this membership category.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Waites that the Council approve the recommendation to implement membership dues of \$50.00 for the membership category of "Active Retired" physician members. A recruitment incentive will also be developed for this membership category. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends to the Council the establishment of a membership recruitment program for the Section Officers and an orientation program at the Section Secretaries Conference.

ACTION:—It was moved by Dr. Farmer and seconded by Dr. O'Leary that the Council approve the recommendation to establish a membership recruitment program for the Section Officers and an orientation program at

the Section Secretaries Conference. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends to the Council each Specialty Section give an SMA orientation including slides at the Annual Scientific Assembly.

ACTION:—It was moved and seconded that the Council approve the recommendation that each Specialty Section give a SMA orientation including slides at the Annual Scientific Assembly. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends to the Council a reduction of 50% of the annual membership fee for the first year of membership after completion of training. The Membership Committee strongly recommend the allocation of resources appropriate to track the status of the Resident Associate Members.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Farmer that the Council approve the recommendation to reduce by 50% the annual membership fee for the first year of membership after completion of training. The Membership Committee strongly recommends the allocation of resources appropriate to track the status of the Resident Associate Members. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends to the Council that "outcome indicators" for and the "impact" of educational meetings be presented at the summer meeting of the Council.

ACTION:—It was moved and seconded that the Council approve the recommendation that "outcome indicators" for and the "impact" of educational meetings be presented at the summer meeting of the Council. The motion carried unanimously.

RECOMMENDATION:-The

Executive Committee recommends to the Council that the Mission Statement be reviewed and approved by the Council at the summer meeting in June.

ACTION:—It was moved and seconded that the Council approve the recommendation that the Mission Statement be reviewed and approved by the Council at the summer meeting in June. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends approval of the 1996-97 proposed budget, Auxiliary Budget, capital expenditures budget, and Executive Committee and Council Expense budget.

ACTION:—It was moved and seconded that the Council approve the 1996-1997 proposed budget, Auxiliary Budget, capital expenditures budget, and Executive Committee and Council Expense budget. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends that an Ad Hoc Committee of the Coordinating Committee on Education be appointed to assess the long range goals of SMA's Educational Programs (including Video-teleconferences and Dial Access), the SOUTH-ERN MEDICAL JOURNAL, and the Internet (world wide web) and their effect on SMA. Both committees will be represented and will provide a review of the selection of courses to be offered, faculty chosen, meeting sites determined, and should provide a broad view of where Education and the whole organization is headed as we move into the future.

ACTION:—It was moved and seconded that the Council approve that an Ad Hoc Committee of the Coordinating Committee on Education be appointed to assess the long range goals of SMA's Educational Programs (including Video-teleconferences and Dial Access), the SOUTHERN MEDICAL JOURNAL, and the

Internet (world wide web) and their effects on SMA. Both committees will be represented and will provide a review of the selection of courses to be offered, faculty chosen, meeting sites determined, and should provide a broad view of where Education and the whole organization is headed as we move into the future. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends modifying this budget to include the appropriate additional revenue should the Council choose to approve the recommendation from the Coordinating Committee on Membership to charge annual dues to "Retired" members.

ACTION:—It was moved and seconded that the Council approve the recommendation to modify this budget to include the appropriate additional revenue should the Council choose to approve the recommendation from the Coordinating Committee on Membership to charge annual dues to "Retired" members. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends that a survey be sent to the financial assistance office at the 54 medical schools in SMA's territory to determine how our loan program should be structured (as well as for public relations). Once the survey data has been compiled and reviewed by the Advisory Committee, a more definitive recommendation will be presented to the Council.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Hamdy that the Council approve the recommendation that a survey be sent to the financial assistance office at the 54 medical schools in SMA's territory to determine how our loan program should be structured (as well as for public relations). Once the survey data has been compiled and reviewed by the Advisory Committee, a more

definitive recommendation will be presented to the Council. The motion carried unanimously.

RECOMMENDATION:—The Executive Committee recommends that an appropriate amount of money be made available for loans from the Endowment Fund each year. Once the survey data has been compiled, it will be brought before the Council in November for further discussion.

Background:

The Endowment Fund, which has accumulated from contributions from members of the 1906 Society as well as contributions from members on dues notices, sale of chances on the auto giveaway at Annual Meetings, and various Auxiliary activities, is now over \$450,000 and is not earning a very high rate of return in today's investment market. Comparable returns could be made by putting this money to use in our Residency Loan Program. Since loans are repaid, the principal would be sustained with interest accruing to further increase the Endowment Fund. This would relieve the General Operating budget from the cash flow required to maintain the Loan Program. Use of this money will permit us to offer more appealing loans by allowing us to increase the loan amounts available.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Hamdy that the Council approve the recommendation that an appropriate amount of money be made available for loans from the Endowment Fund each year. Once the survey data has been compiled, it will be brought before the Council in November for further discussion. The motion carried unanimously.

Dr. Stephenson announced the following Candidates for Vice-Chairman of the Council:

- Charles A. Farmer, Jr., M.D., Councilor for Oklahoma
- 2) I. Patrick O'Leary, M.D.,

Councilor for Louisiana

3) James C. Waites, M.D., Councilor for Mississippi

REPORT OF THE AUXILIARY PRESIDENT

Mrs. Jan Meyer

Mrs. Meyer outlined the following activities as those she has been involved in during the past year: She reported that she presided at the 1995 Post Convention Board Meeting in Kansas City, Missouri, presided at the 1st President/President-Elect Workshop in Kansas City, Missouri, attended a meeting in Baltimore with staff to plan auxiliary events at the 1996 Annual Meeting, and met at the same time with the auxiliary Convention Chair and Co-Chair to plan various events at the Convention. reported that she attended and addressed the following state conven-North Carolina, Tennessee, Missouri, Alabama, Georgia, Kentucky, Louisiana, Maryland, Virginia, Mississippi, District of Columbia, and Florida. Mrs. Myer also attended and gave reports to SMA Coordinating Committee on Membership Atlanta, Georgia, sent seasons greetings to the SMA Auxiliary Board members in December, wrote four Newsletters to the SMAA Board and personal correspondence to State Presidents, wrote a message for Southern Connection, and worked on the agenda for the Annual Meeting in Baltimore.

She also reported that she will be attending the following meetings for the remainder of the year: American Medical Association Alliance, West Virginia Medical Alliance Annual Meeting, and Planning Meeting with the SMAA President-Elect and Nominated President-Elect in Birmingham.

Mrs. Meyer reported that the Auxiliary Membership Committee has sent 486 welcome letters to spouses of new SMA members as of April 8, 1996.

Mrs. Meyer recognized the following SMAA slate of officers for the 1996-1997 year:

President-Elect
Gwen Pappas, Arkansas
Vice-President of Doctors' Day
Marlynn Rhyne, Alabama
Vice-President of Medical Heritage
Betty Haisten, Texas
Vice-President of Health Education
Merrell Rogers, Mississippi
Vice President of Membership
Carol Sparkman, Missouri
Secretary
Nicki Bazaco, Virginia

REPORT OF THE AUXILIARY PRESIDENT-ELECT

Mrs. Sancy McCool

Mrs. McCool reviewed her activities for the year. She also stated that this next year she plans to work on the misconception people have regarding Southern Medical Association as well as work on the membership.

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REPORT OF THE EDITOR J. Graham Smith, Jr., M.D.

Dr. Smith gave an overview of the activities during the past year of publishing the Journal. He reported that the Journal is currently exploring having a CME article in each issue. He also reported that the possibility of a surgical supply company providing complimentary subscriptions to Residents in the southern region is currently being considered. Dr. Smith reported that Jackson-Gaeta Group, Inc., has been successful in increasing advertising in the Journal. He also reported that the publication process is now fully computerized and all but a small number of accepted manuscripts are submitted on computer disk. He stated that with an anticipated start date of June or July, 1996, the Southern Medical Journal in full text will be

made available on the Internet through HealthGate Data Corporation with issues available back to January 1995.

ANNUAL REPORTS OF THE STATE COUNCILORS

Dr. Stephenson invited each Councilor to present a verbal report on their states activities.

REPORT OF THE EXECUTIVE VICE-PRESIDENT Mr. William J. Ranieri

Mr. Ranieri reported that this year has been a year of revamping, reorganizing, and refocusing ourselves to cope with the ever-increasing rapidity of change. He stated that with the pressures of competition and limited ability to increase dues revenue, SMA must seek to enhance revenue growth from other sources while maintaining a continuing commitment to cost reductions.

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He stated that change has become a constant factor in the medical associations' world. He stated that in order to survive and grow, we must deal with change by recognizing trends as they begin to occur and have a management system to identify issues quickly and communicate them effectively to the management team. He stated this provides an opportunity for direct involvement by all levels of management, improves communication among the staff, and identifies problems and develops solutions.

Mr. Ranieri reported that perhaps the most fundamental change taking place in SMA is the shift toward involvement of the medical practice in the association. He stated more physicians are practicing in larger groups that are often part of larger, complex organizations. He stated that

SMA must identify with physician organizations and become recognized as an association that can provide value to the medical practice and its employees. We must not lose sight of the fact that the focus of all our efforts is the individual practicing physician. He also stated that we must continue to add benefits for each single professional member, as well as for the entire organization in which the physician practices. Mr. Ranieri stated that this is the reason we have focused on coding and reimbursement, fringe benefits, retirement planning, purchasing, and organizational consulting service programs.

Mr. Ranieri reported that SMA has had extensive development through the electronic media, and our presence has been established on the Internet. He stated we are receiving more than 100 contacts a week, and contacts continue to grow rapidly. He also stated that we view the Internet as an extremely cost effective way to reach our membership. This medium of communication will be used to market and sell services, provide information, and educate.

Mr. Ranieri reported that our educational activities have been refocused. He stated that once again we are looking for innovative ways to reach our members by staying on the cutting edge of new technology. We have cut back on our on-site seminars, thus freeing up needed resources to expand our video conferencing programs, as well as using the Internet for educational programs along the lines of Dial Access and Clinical Concepts. He stated that the focus is on problemoriented CME that can be brought to the physician via the Internet more quickly and cost-effectively than with any other medium.

REPORT OF THE DIRECTORS

Dr. Stephenson called on each Director to report on their department and activities for the year.

REPORT OF FUTURE PLANS FOR "MEETING THE CHALLENGE"

Mr. William J. Ranieri

Mr. Ranieri reported that the Task Force on Leadership Development recommended the following two changes to the President's Club "Meeting the Challenge" Program:

- 1) If an Associate Councilor successfully recruits 10 new SMA dues paying members, that Associate Councilor would be awarded 25 bonus points. If the Associate Councilor recruited 25 new dues paying members, that Associate Councilor would be awarded a 50 point bonus.
- 2) Five points are to be awarded an Associate Councilor who presents a poster or paper at any SMA sponsored educational meeting other than the Annual ScientificAssembly or Symposia for which we already award five points).

Mr. Tim Taylor awarded a prize to Dr. Jean Edwards Holt, Councilor for Texas, for having the most points at the end of May for the "Meeting The Challenge" Program.

REPORT OF THE COORDINATING COMMITTEE ON EDUCATION

Dr. Holt wanted to thank Dr. Stephenson for giving her the opportunity to serve on the Coordinating Committee on Education. She stated that although the Annual Meeting is the keynote item for this committee, the regional meetings are very important. Having moved from member-

ship to education she, has a goal to reinforce the educational and membership areas of our organization so that we have two strong forces to benefit from our organization. She would like to encourage the organization strongly emphasize the new section on medical management.

NEW BUSINESS

Dr. Austin stated that he wants to stay involved in the leadership process of SMA, but because of the present rules, by his not being elected as Vice-Chairman, he will be out of the process at the end of his term. He stated that at the present time the only way a person can continue to be involved in the leadership process is to resign as Councilor before the end of his term. Therefore, Dr. Austin stated that he will be resigning as Councilor of Alabama after the Summer Meeting to enable him to run again as Councilor of Alabama. The Bylaws now state that you cannot run as Councilor again if you complete your term of office.

Dr. Cliff Lober reviewed a letter sent to Mr. Ranieri February 12, 1996, with the following suggestions for consideration: 1) Use of Focus Groups, 2) Presentation at Section Meetings, 3) Benefits Booklet, and 4) Staff Visits to Offices. These items were discussed and Mr. Ranieri had already passed his suggestions to the appropriate person at SMA.

ADJOURNMENT

There being no further business to come before the Executive Committee of the Council, Dr. Stephenson adjourned the meeting at approximately 12:15 p.m.

Proceedings of the Council

• Baltimore, Maryland •

• November 19, 1996 • 1:30 p.m. - 5:00 p.m.

CALL TO ORDER

The Council of the Southern Medical Association met in the Maryland Salon F of the Renaissance Harborplace, Baltimore, Maryland, on November 19, 1996. The meeting was called to order at 1:30 p.m. by the Chairman, Hugh E. Stephenson, Jr., M.D.

ROLL CALL

Members of the Council present were Hugh E. Stephenson, Jr., M.D. Chairman, Columbia, Missouri; Ronald C. Hamdy, M.D., Vice-Chairman, Johnson City, Tennessee; J. Edward Hill, M.D., President, Tupelo, Mississippi; Terrell B. Tanner, M.D., President-Elect, Oxford, Georgia; J. Lorin Mason, M.D., Vice-President, Florence, South Carolina; Louis A. Cancellaro, Ph.D., M.D., Immediate Past President, Johnson City, Tennessee; J. Max Austin, Jr., M.D., Birmingham, Alabama; Michael G. Mackey, M.D., Jonesboro, Arkansas; Richard P. DeRosa, M.D., Washington, D.C.; Clifford W. Lober, M.D., Kissimmee, Florida; George L. Smith III, Covington, Georgia; Nancy C. Swikert, M.D., Florence, Kentucky; J. Patrick O'Leary, M.D., New Orleans, Louisiana; Albert H. Dudley III, M.D., Baltimore, Maryland; James Waites, M.D., Laurel, Mississippi; Thomas L. Pope, Jr., M.D., Winston-Salem, North Carolina; Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma; Donald R. Johnson, M.D., Charleston, South Carolina; Jean Edwards Holt, M.D., San Antonio, Texas; Rudolph Howell, M.D., Richmond, Virginia; Mehmet Kalaycioglu, M.D., Shinnston, West Virginia.

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Also present were Kenneth Crabtree, M.D., President, SAFP, Thompkinsville, Kentucky; A. J. Campbell, M.D., Sedalia, Missouri; David F. Martin, M.D., Winston-Salem, North Carolina; Robert M. Peroutka, M.D., Baltimore, Maryland; Mrs. Jan Meyer, Concordia, Missouri; Mrs. Sancy McCool, Baton Rouge, Louisiana.

Staff present from Birmingham, Alabama were Mr. William J. Ranieri, Executive Vice-President/CEO; Ms. Cynthia L. Lenoir, Director of Association Services; Mr. Timothy R. Taylor, Director of Operations; Mr. Dave Barzler, Director of Education; Mr. Kenneth M. Vinzant, Director of Fringe Benefit Programs; Mr. Rudy Sturm, Director of Practice Management Services; and Mrs. Judy Fields, Administrative Assistant.

RECOGNITION OF OUTGOING AND INTRODUCTION OF NEW COUNCILORS

Dr. Stephenson thanked Dr. Albert J. Dudley III, Councilor for Maryland, and Dr. Thomas L. Pope, Jr., M.D., Councilor for North Carolina, for their hard work and dedicated service during their term of office. Dr. Hugh E. Stephenson, Jr., M.D., Councilor for Missouri, is also an outgoing Councilor. Dr. Stephenson also introduced Nancy C. Swikert, M.D., Councilor for Kentucky who is serving the remaining term for Dr. Clovis Crabtree who passed away this past year. He also introduced the following Councilors-Elect: Dr. Albert I. Campbell, M.D., Councilor for Missouri; David F. Martin, M.D., Councilor for North Carolina; and Robert M. Peroutka, M.D., Councilor for Maryland.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the June 6, 1996, meeting of the Executive Committee of the Council and June 7-8, 1996, meeting of the Council were distributed for review.

ACTION:— It was moved and seconded to approve the Minutes taken during the June 6, 1996, meeting of the Executive Committee of the Council and the June 7-8, 1996, meeting of the Council. The motion carried unanimously.

REPORT OF THE PRESIDENT J. Edward Hill, M.D.

Dr. Hill thanked everyone for the opportunity and pleasure of serving as president of SMA in its 90th year. He stated that it has been very rewarding for both him and Jean.

Dr. Hill stated that at this year's Annual Meeting SMA was able to bring a great variety of information in multiple formats to our membership.

Dr. Hill also stated that the Annual Meeting still provides the most comprehensive opportunity for physicians to come together and be updated, not only in their specialties, but in joint specialties.

Dr. Hill reported that for the first time, SMA is offering a live videoconference at the Annual Meeting. This videoconference will be broadcast to more than 600 sites, and he feels it will reach more than over 5,000 or 6,000 physicians and other providers. He indicated that this year one of SMA's aims was to get students and residents in the area to come to its Annual Meeting. There are 6 major medical schools in the area, and 4 of these schools agreed to participate. SMA will be providing transportation to and from these schools to the Annual Meeting all day Thursday. A special program is also planned for the students and residents on Thursday evening.

Dr. Hill commented that all aspects of medicine are changing rapidly, yet our mission at SMA is not changing at all. He stated that it is still to foster the art and science of medicine. He stated that we at SMA are going to have to be a lot more innovative, aggressive, progressive, and risk taking than we have been in the past to improve. He also stated we are going to have to be that way when we address issues like the rapid clinical change in clinical medicine, escalating ethical dilemmas, rapid business changes, and the changes in technology.

Dr. Hill presented the following recommendations to the Council for approval:

RECOMMENDATION:—That the Council establish electronic communication between the SMA Council and staff within a maximum of three months and use the necessary surveys of Council members to see what each Council member needs to be linked electronically.

ACTION:—It was moved and seconded that the Council establish electronic communication between the SMA Council and staff within a maximum of three months and use the necessary surveys of Council members to see what each Council member needs to be linked electronically. The motion carried unanimously.

RECOMMENDATION:—That the Council establish a long-range planning entity from key people interested in long-range planning. This committee would meet on a monthly basis, even if by electronic or telephone conference, so there would be a monthly brain storming session. The present Long-Range Planning Committee would be eliminated.

ACTION:—It was moved and seconded that the Council establish a long-range planning entity from key people interested in long-range planning. This committee would meet on a monthly basis, even if by electronic

or telephone conference, so there would be a monthly brain storming session. The present Long-Range Planning Committee would be eliminated. The motion carried unanimously.

RECOMMENDATION:—That SMA look again at the election process of the leadership process in detail so SMA does not lose the talents of exceptional leaders.

ACTION:—It was moved and seconded that SMA look again at the election process of the leadership process in detail so SMA does not lose the talents of exceptional leaders. The motion carried unanimously.

REPORT OF THE CHAIRMAN Hugh E. Stephenson, Jr., M.D.

Dr. Stephenson reported that it has been a wonderful year to work with the Council, and he appreciates everyone's input. He reported that SMA had a very good fiscal year with a surplus of \$527,600 and after write-offs well over \$300,000.

Dr. Stephenson stated the strategic plan approved this past year has been established and is moving ahead very effectively. He identified the five goals as: growth, image, financial reserves, communications, and research analysis and evaluation. He also stated that when we, as a governing body, approved this plan, we recognized the need to stay focused. These goals provided a frame work to address the number of problems that SMA, as well as other medical associations, are facing in these trying times.

Dr. Stephenson stated that SMA recognized that it must maintain a professional medical association image and provide its membership a measurable value through the programs and services it offers.

Dr. Stephenson indicated that our membership is obviously changing.

He stated that there has been a tremendous shift from the solo practitioner to the physicians practicing in large medical clinics.

Dr. Stephenson once again thanked all of the Council for allowing him to serve as Chairman of the Council.

Dr. Stephenson presented the following recommendations from the Executive Committee for Council review and approval:

ACTION:—It was moved and seconded that the Council approve the recommendation that the amount for a Residency Training Loan be increased from \$2,400 per loan to \$5,000 per loan and also increase the amount of the funding from the current \$40,000 a year, from the loan program, to \$90,000 a year and take the additional monies from the investments currently held in the Endowment Fund. The motion carried unanimously.

ACTION:—It was moved and seconded that the Council approve the recommendation to limit investment in Affiliated entities with a predetermined dollar amount (recommended \$75,000) which may be exceeded only upon further approval by the Council. The Council will determine the dollar amount on an individual basis. The motion carried unanimously.

ACTION:—It was moved and seconded to empower Arthur Andersen to audit CIGNA's activities in reference to the SMA Insurance Program. The motion carried unanimously.

ACTION:—It was moved and seconded to implement the new accounting standard (SFAS No. 124), required to be adopted in fiscal 1997, which requires investments to be recorded at fair market value with gains and losses being reported in the income statements for both organizations (SMA and SMA Services, Inc.) The motion carried unanimously.

ANNUAL REPORTS OF THE STATE COUNCILORS

Dr. Stephenson invited each Councilor to present an oral report on their states activities.

AFFILIATED SOCIETIES' REPORTS

Southern Association for Primary Care

Dr. Crabtree reported that the current membership for SAPC is 255 dues-paying members with a total membership of 461. The SAPC is sponsoring a meeting in Cancun, February 13-15, 1997, and the 1997 Annual Meeting is scheduled to be held June 13-15, at the Opryland Hotel, Nashville, Tennessee. The 1998 Annual Meeting is schedule in conjunction with the Southern Association for Oncology.

REPORT OF THE EXECUTIVE VICE-PRESIDENT Mr. William J. Ranieri

Mr. Ranieri reported that SMA had a very strong financial success last year with a surplus of over \$500,000. The write offs mentioned were all caused by new standards in accounting procedures or because of federal regulations. He stated that none of the write-offs effected cash flow.

Mr. Ranieri reported that the new fiscal year that began in July appears to be continuing that momentum. He stated that in some cases it is a little stronger than it was last year. He stated that one problem area that remains is the membership numbers. Mr. Ranieri stated that we anticipated an additional decrease this year and we are running a little below schedule. He stated that we usually experience a decrease in membership in the first four or five months of the fiscal year and that the decline is sometimes offset by the last six or seven months.

Mr. Ranieri stated that we have had

an encouraging growth in advertising for the *Journal*.

A primary area of concern for SMA has been the insurance program. The SMA engaged the consulting firm of Towers and Perrin to do a study to find a way around the many compliance issues SMA is facing at the state level. We found that SMA needed to go back to a doctor's only program, which means that only physicians who are members of the Southern Medical Association can participate in the SMA Insurance Program. approach will alleviate all of the compliance issues that SMA now faces in the states where we do business. This means employees of physicians cannot participate in the SMA group program. However, SMA has signed an agreement with an insurance company (American Medical Insurance Company) that will offer individual health insurance coverage to employees. He stated that of the total number of people in the insurance program, approximately 800 were effected.

Mr. Ranieri stated that our major problem and concern still continues to be membership. The executive staff and association staff recognize that membership is the number one priority for all of us. We are all working together toward a common goal to increase our membership numbers.

REPORT OF THE DIRECTORS

Dr. Stephenson called on each Director to report on his or her department and activities for the upcoming year.

REPORT OF THE AUXILIARY PRESIDENT

Mrs. Jan Meyer

Mrs. Meyers thanked everyone for their help and support during her year as President of the SMA Auxiliary. She reviewed her activities since the June SMA Council meeting.

She stated how important she feels it is for the Auxiliary President or a representative go to the different states to promote the SMA. She stated that the Auxiliary has been working on breast cancer awareness this year as its only health-education project.

REPORT OF THE AUXILIARY PRESIDENT-ELECT

Mrs. Sancy McCool

Mrs. McCool stated that she has had an involved and satisfying year serving as President-Elect of the Auxiliary. The Auxiliary will continue to work on breast awareness, and the theme this year is Reaching New Heights. She stated the Auxiliary is working hard to do its part in increasing SMA membership. The goal for the Auxiliary is to have every member get a member.

Mrs. McCool thanked the Council for its support, and she is looking forward to a good year.

REPORT OF THE EDITOR J. Graham Smith, Jr., M.D.

Dr. Smith gave an overview of the activities during the past year of publishing the *Journal*.

REPORT OF THE AUDIT COMMITTEE

Jim Barnett, M.D., in the absence of Larry C. Smith, M.D., presented the Audit Committee report

Dr. Barnett stated that the audit firm Arthur Anderson & Company found no irregularities or financial discrepancies in the audit.

Dr. Barnett indicated that there are three significant changes that SMA was required to implement that had an impact on the bottom line for the fiscal 1996 year:

1) SMA is now required to accrue

and book expense related to a postretirement benefit - specifically SMA pays a portion of the cost of health insurance premiums for retirees who qualify up until age 65. The cumulative accrual for this benefit was \$87,600.

- 2) We are required to recognize and account for the research grants in the fiscal year the commitment is made to give these grants. The impact of this principle was \$62,268 for the 1996 fiscal year.
- 3) The third significant adjustment was in the amount of reserves for bad debt expense of \$34,000. This provides full reserving of Southern Association for Primary Care's outstanding debt to SMA and SMA Services, Inc. (which is right at \$100,000 on June 30) even though SMA had waived its \$30,000 management fee for the year.

REPORT OF THE PRESIDENTIAL COMMITTEE ON SELECTIONS

Dr. J. Max Austin presented the following nominations to serve for the 1996-1997 year:

President

Terrell B. Tanner, M.D.

President-Elect

J. Lorin Mason, Jr., M.D.

Vice-President

Hugh E. Stephenson, Jr., M.D.

Chairman of the Council Ronald C. Hamdy, M.D.

Executive Committee Members Richard P. DeRosa, M.D.

Michael G. Mackey, M.D.

George L. Smith III, M.D.

Trustee

J. Edward Hill, M.D.

ACTION:— It was moved and seconded to approve the nominations as presented by the Presidential

Committee on Selections. The motion carried.

By secret ballot, James C. Waites, M.D. was nominated to Vice-Chairman of the Council.

ADJOURNMENT

There being no further business to come before the Council, Dr. Stephenson adjourned the meeting at approximately 5:00 p.m.

Proceedings of the Executive Committee of the Council

The Mountain Brook Inn
Birmingham, Alabama
February 23, 1996
5:30 p.m.
8:00 p.m.

CALL TO ORDER

The Executive Committee of the Council of the Southern Medical Association met at the Mountain Brook Inn, Birmingham, Alabama, on February 23, 1996. The meeting was called to order at 5:00 p.m. by the Chairman, Hugh E. Stephenson, Jr., M.D.

ROLL CALL

of the Executive Committee of the Council present were Hugh E. Stephenson, Jr., M.D., Chairman, Columbia, Missouri; J. Edward Hill, M.D., President, Tupelo, Mississippi; Terrell B. Tanner, M.D., President-Elect, Oxford, Georgia; J. Lorin Mason, Jr., M.D., President, Florence, South Carolina; Louis A. Cancellaro, Ph.D., M.D., Immediate Past President, Johnson City, Tennessee; J. Patrick O'Leary, M.D., New Orleans, Louisiana; James C. Waites, M.D., Laurel, Mississippi; and Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma.

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Absent member of the Executive Committee of the Council was

Ronald C. Hamdy, M.D., Vice-Chairman, Johnson City, Tennessee.

Staff present from Birmingham, Alabama, were Mr. William J. Ranieri, Executive Vice-President/CEO; Ms. Cynthia L. Lenoir, Director of Association Services; Mr. Timothy R. Taylor, Director of Operations; Bruce J. Bellande, Ph.D., Director of Education; Mr. Luke Hartsfield, Manager, Fringe Benefits Program; Mr. Rudy Sturm, Director of Practice Management Services; Mr. Dave Barzler, Director of Special Projects and Services; Mr. Tony Baulos,

Coordinator of Sponsorship and Exhibits; and Mrs. Judy Fields, Administrative Assistant.

Prior to the meeting, Mr. Baulos gave an update and demonstration of SMA's current Internet home page.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the November 14, 1995, meeting of the Executive Committee of the Council were distributed for review.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Cancellaro to approve the Minutes taken during the November 14, 1995, meeting of the Executive Committee of the Council. The motion carried unanimously.

REPORT OF THE PRESIDENT J. Edward Hill, M.D.

Dr. Hill reported he had the opportunity to visit the Virginia State Medical Association meeting. He stated he has sent out membership reminder letters and plans to send out a series of letters. Each letter will have a different message informing the membership of SMA activities.

He also reported that the plans for the Annual Meeting in Baltimore are coming along well. He plans to make the Opening Ceremony and Doctor's Day Luncheon shorter, and the President's Reception on Friday may be a light cocktail reception to allow free time for invitees to enjoy the city.

Dr. Hill also reported there are seven major medical schools within the Baltimore area. He stated we are in the process of developing a plan to market to the students and residents of these schools. This would include buses running back and forth to the meeting. He also indicated contact has been made with the Dean of Students and Residency Directors of each school, in order to give the students and residents an opportunity to attend our meeting.

The President's Symposium planned for the Annual Meeting will center around conflict resolution between specialties. Dr. Hill feels we have come up with a good, high-quality person to develop this program for us.

REPORT OF THE CHAIRMAN Hugh E. Stephenson, Jr., M.D.

Dr. Stephenson reported that we have had several meetings both in person and over the telephone to finalize all the SMA committee appointments. Also, most of the Associate Councilors have been named and everything seems to be done in terms of appointments for the coming year.

He also reviewed the following schedule of upcoming meetings:

- March 30-31 Advisory Ad Hoc and Task Force Committee Meeting - Atlanta, Georgia
- 2) April 26-28 Coordinating Committee - Atlanta, Georgia
- June 6-9 Summer Meeting of the Council - Sea Island, Georgia
- 4) November 20-24 90th Annual Scientific Assembly Meeting, Baltimore, Maryland

He reported that it was recommended to combine the Committee on Administration with the Budget Committee made up from the Officers of the Association. A meeting is scheduled on Sunday, April 28, 1996. The members of this committee are:

Terrell B. Tanner, M.D., Chairman Richard P. DeRosa, M.D. Ronald C. Hamdy, M.D. J. Edward Hill, M.D. Michael G. Mackey, M.D. J. Lorin Mason, Jr., M.D. Hugh E. Stephenson, Jr., M.D., Ex-Officio

REPORT OF THE EXECUTIVE VICE-PRESIDENT Mr. William J. Ranieri

Mr. Ranieri reported that SMA Services is continuing to do well. He has been meeting with each Director and their key people to identify the major issues that are affecting each department and to develop some recommendations and objectives. This process has been taking place in order to make the MBOs more meaningful to all of us.

He also reported that our market has dramatically changed. With these changes it is vital for SMA to provide value to its membership and to make that value known. The approach to membership will come in three areas:

- 1) Individual Physicians
- 2) Clinic Membership
- 3) Corporate Membership

Mr. Ranieri reported that we still have to appeal as a professional association to individual physicians and show them that we as an organization can offer services that physicians cannot get anywhere else.

He added that SMA has started a clinic membership program with a target audience of administrators, office managers, or other partners of the management team. The program started about two years ago on a limited basis. There are now over 250 clinics enrolled with approximately 20-40 new clinics joining a month. Our goal is to have 400 clinics by the end of

June. A brochure is also being utilized to promote the program. Our philosophy is that once we have the clinic as a member, we will be able to enroll the physician within that clinic.

He stated that we also have started a corporate membership program that will be molded for each corporation. At this time we have two proposals out to organizations. Our first meeting is scheduled with Dr. Terrell Tanner from the Prison Health Service in Atlanta, Georgia on March 18, 1996.

Mr. Ranieri reported that SMA has eight active Staff Task Force committees in place at this time. These committees are looking into ways SMA can better serve its membership.

He stated that we have two major problems that we are looking into:

- 1) The slow *Journal* advertising sales
- 2) Insurance Program

The *Journal* advertising sales are slow, but we are confident they are going to increase because the firm we have now is going about trying to get advertising into our *Journal* in a much more professional way. We have increased our opportunities for grant money from pharmaceutical companies for new and different programs at SMA.

He added that the two major problems we are having in the insurance program are: 1) Our rates are becoming non competitive, and 2) various state legislation regarding small businesses has created compliance difficulties. Because of these difficulties, he felt we needed to re-evaluate our basic insurance program.

Mr. Rainier reported that several consulting firms have been contacted to look at our insurance program and develop for us a RFP (Request for Proposal). They will find other insurance carriers who will bid on our business, including CIGNA, and, after these proposals are received, help us

evaluate and analyze the proposals and make a selection on what we want to do. We also want them to help identify networks that have negotiated contracts for large discounts. The field has been narrowed to two firms... Towers and Perrin Consultants and Dean Consulting. Both firms have the experience and expertise needed.

He added that all the firms we interviewed indicated we should consider a self-insured program. We realize we need to be careful not to increase our risk, but we will include this option in our study.

He stated that the estimated cost for hiring a consulting firm would be between \$60,000 and \$100,000. The money would come out of the insurance program, not SMA. The study should be done by June and implemented by September.

ACTION: It was moved by Dr. Mason and seconded by Dr. Cancellero that the Executive Committee grant Mr. Ranieri the authority to select one of these two companies to look into our insurance program. The motion carried unanimously.

Mr. Ranieri reported that SMA has been working on diversifying the funds in the Retirement Program. He stated the market value of the IRA fund is now in excess of 2% over book value providing \$2 million in excess reserves.

He also stated that SMA negotiated final arrangements with Prudential to transfer IRA funds from CIGNA to Prudential with a guaranteed rate of return of 6.5% for 2 years on the Guaranteed Long Term Bond account and the \$2 million excess money will remain in a separate account. The money can be used anytime, but ideally, after 2 years, to supplement the rate being received from Prudential. He stated that the other advantage of Prudential is that it offers a family of mutual funds that many of the doctors have been requesting.

He added that the Retirement

Program is still offering 7.5%, which will be good through April. We have had an indication from CIGNA & Hartford that they are going to drop their rate severely, which is in line with the market.

Mr. Ranieri stated that another major program we want to look into after the insurance program is in place is the Workmen's Compensation Program. There is a tremendous opportunity for us to get into that kind of program. We could save the doctors money and could make money for SMA. We have been told if we start looking in September, that by the first of next year we could have a program in place.

Mr. Ranieri reported that at the last Board meeting of the Southern Association for Family Practice, which was held in Kansas City, the Board unanimously voted to change the name of Southern Association for Family Practice to Southern Association for Primary Care. The reason they considered that change was the changing demands and focus of the membership and potential membership. A survey of the membership was taken and more than 61% voted in favor of the name change.

ACTION: It was moved by Dr. O'Leary and seconded by Dr. Tanner that the Council approve the name change of SAFP to SAPC. This motion was favored by eight members and one member was against.

Mr. Ranieri reported that prior to the meeting, copies of the Financial Report for the quarter ending December 31, 1995, were distributed for review showing the financial projection is on target.

ADJOURNMENT

There being no further business to come before the Executive Committee of the Council, Dr. Stephenson adjourned the meeting at approximately 10:00 p.m.

Proceedings of the Executive Committee of the Council

• The Cloister, Sea Island, Georgia •

• Thursday, June 6, 1996 • 3:00 p.m. - 5:00 p.m.

CALL TO ORDER

The Executive Committee of the Council of the Southern Medical Association met at The Cloister, Sea Island, Georgia, on June 6, 1996. The meeting was called to order at 3:00 p.m. by the Chairman, Hugh E. Stephenson, Jr., M.D.

ROLL CALL

Members of the Executive Committee of the Council present were Hugh E. Stephenson, Jr., M.D., Columbia, Chairman, Missouri; Ronald C. Hamdy, M.D., Vice-Chairman, Johnson City, Tennessee; J. Edward Hill, M.D., President, Tupelo, Mississippi; J. Lorin Mason, Jr., M.D., Vice-President, Florence, Carolina; Louis A. Cancellaro, M.D., Ph.D., Immediate Past President, Johnson City, Tennessee; J. Patrick M.D., Orleans, O'Leary, New Louisiana; James C. Waites, M.D., Laurel Mississippi; and Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma.

Absent member of the Executive Committee of the Council was Terrell B. Tanner, M.D., President-Elect, Oxford, Georgia.

Staff present from Birmingham, Alabama, were Mr. William J. Ranieri, Executive Vice-President/CEO; Ms. Cynthia Lenoir, Director of Association Services; Mr. Timothy R. Taylor, Director of Internal Operations; Bruce J. Bellande, Ph.D., Director of Education; Mr. Rudy Sturm, Director of Practice Management Services; Mr. Dave Barzler, Director of Special Projects and Services; and Mrs. Judy Fields, Administrative Assistant.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the February 23, 1996, meeting of the Executive Committee of the Council were distributed for review.

The following correction was made to the Minutes taken during the February 23, 1996 meeting of the Executive Committee of the Council on page 10, paragraph 7: "Mr. Ranieri stated that another major program we want to look into after the insurance program is in place is the Workmen's Worker's Compensation Program."

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Waites to approve the Minutes taken during the February 23, 1996, meeting of the Executive Committee of the Council making the one correction mentioned. The motion carried unanimously.

REPORT OF THE PRESIDENT J. Edward Hill, M.D.

Dr. Hill reported that he has attended three state meetings this vear: Georgia, South Carolina, and Mississippi. He stated that this year there would not be a President's Reception on Friday evening. He stated that this would give everyone the following choices: 1) Free night, 2) Attend a Wine Tasting and Auction, and 3) Attend a presentation on "The Cause of Death of Edgar Allen Poe." Dr. Hill reported that a symposium on Interspecialty Conflict Resolution is scheduled during the Annual Meeting. Dr. Hill reported that since the death of Dr. Clovis Crabtree, he has appointed Dr. Nancy Swikert as interim Councilor from Kentucky to complete his term. He stated that Dr.

Swikert has been involved with SMA for a long time.

Dr. Hill stated that he was disappointed that pre-registration is down for the Annual Meeting from previous years. He feels that everyone should try to work harder to get members to register for the meeting.

REPORT OF THE CHAIRMAN

Dr. Stephenson presented the following recommendations for Executive Committee approval:

RECOMMENDATION:—The Executive Committee recommends that a search committee be established to seek applications for the position of Editor of the Southern Medical Journal. The contract for the existing Editor expires in less than two years. The current Editor will be invited to submit his resume again.

ACTION:—It was moved by Dr. Waites and seconded by Dr. O'Leary that a search committee be established to seek applications for the position of Editor of the Southern Medical Journal. The motion carried unanimously.

RECOMMENDATION:—The Membership Committee recommends that the Council implement membership dues of \$50.00 for the membership category of "Active Retired" physician members. A recruitment incentive will also be developed for this membership category.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Waites that the Council implement membership dues of \$50.00 for the membership category of "Active Retired" physician members. A recruitment incentive will also be developed for this membership category. The motion carried unanimously.

RECOMMENDATION:—The Membership Committee recommends to the Council the establishment of a membership recruitment program for the Section Officers and an orientation program at the Section Secre-

taries Conference.

ACTION:—It was moved by Dr. Farmer and seconded by Dr. O'Leary to establish a membership recruitment program for the Section Officers and an orientation program at the Section Secretaries Conference. The motion carried unanimously.

RECOMMENDATION:—The Membership Committee recommends to the Council each Specialty Section give an SMA orientation, including slides, at the Annual Scientific Assembly.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Waites that each Specialty Section give an SMA orientation, including slides, at the Annual Scientific Assembly. The motion carried unanimously.

RECOMMENDATION:—The Membership Committee recommends to the Council a reduction of 50% of the annual membership fee for the first year of membership after completion of training. The Membership Committee strongly recommends the allocation of resources appropriate to track the status of the Resident Associate Members.

ACTION:—It was moved by Dr. Waites and seconded by Dr. O'Leary to reduce by 50% the annual membership fee for the first year after completion of training. The Membership Committee strongly recommends the allocation of resources appropriate to track the status of the Resident Associate Members. The motion carried unanimously.

RECOMMENDATION:—The Coordinating Committee on Education recommends to the Council that "outcome indicators" for and the "impact" of educational meetings be presented at the summer meeting of the Council.

ACTION:—It was moved and seconded that an "outcome indicators" for and the "impact" of educational meetings be presented at the summer

meeting of the Council. The motion carried unanimously.

RECOMMENDATION:—The Coordinating Committee on Education recommends to the Council that the Mission Statement be reviewed and approved by the Council at the summer meeting in June.

ACTION:—It was moved and seconded that the Mission Statement be reviewed and approved by the Council at the summer meeting in June. The motion carried unanimously.

RECOMMENDATION:—The Coordinating Committee on Administration/Budget recommends approval of the 1996-97 proposed budget, Auxiliary Budget, capital expenditures budget, and Executive Committee and Council Expense budget.

ACTION:—It was moved and seconded that the Council approve the 1996-1997 proposed budget, Auxiliary Budget, capital expenditures budget, and Executive Committee and Council Expense budget. The motion carried unanimously.

RECOMMENDATION:—The Coordinating Committee on Administration/Budget recommends that an Ad Hoc Committee of the Coordinating Committee on Education be appointed to assess the long range goals of SMA's Educational Programs (including Video-teleconferences and Dial Access), the SOUTHERN MED-ICAL JOURNAL, and the Internet (www) and their effect on SMA. Both committees will be represented and will provide a review of the selection of courses to be offered, faculty chosen, meeting sites determined, and should provide a broad view of where Education and the whole organization is headed as we move into the future.

ACTION:—It was moved and seconded that an Ad Hoc Committee of the Coordinating Committee on Education be appointed to assess the long range goals of SMA's Educational Programs (including video-teleconferences and Dial Access), the SOUTH-

ERN MEDICAL JOURNAL and the Internet (www) and their effects on SMA. Both committees will be represented and will provide a review of the selection of courses to be offered, faculty chosen, meeting sites determined, and should provide a broad view of where Education and the whole organization is headed as we move into the future.

RECOMMENDATION:—The Coordinating Committee on Administration/Budget recommends modifying this budget to include the appropriate additional revenue should the Council choose to approve the recommendation from the Coordinating Committee on Membership to charge annual dues to "Retired" members.

ACTION:—It was moved and seconded that the Council approve the recommendation to modify this budget to include the appropriate additional revenue should the Council choose to approve the recommendation from the Coordinating Committee on Membership to charge annual dues to "Retired" members. The motion carried unanimously.

RECOMMENDATION:—The Advisory Committee on Grants, Loans & Scholarships recommends that a survey be sent to the financial assistance office at the 54 medical schools in SMA's territory to determine how our loan program should be structured (as well as for public relations). Once the survey data has been compiled and reviewed by the Advisory Committee, a more definitive recommendation will be presented to the Council.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Hamdy that the Council approve the recommendation that a survey be sent to the financial assistance office at the 54 medical schools in SMA's territory to determine how our loan program should be structured (as well as for public relations). Once the survey data has been compiled and reviewed

by the Advisory Committee, a more definitive recommendation will be presented to the Council. The motion carried unanimously.

RECOMMENDATION:—The Advisory Committee on Grants, Loans & Scholarships recommends that an appropriate amount of money be made available for loans from the Endowment Fund each year. Once the survey data has been compiled, it will be brought before the Council in November for further discussion.

Background:

The Endowment Fund, which has accumulated from contributions from members of the 1906 Society as well as contributions from members on dues notices, sale of chances on the auto giveaway at Annual Meetings, and various Auxiliary activities, is now over \$450,000 and is not earning a very high rate of return in today's investment market. Comparable returns could be made by putting this money to use in our Residency Loan Program. Since loans are repaid, the principal would be sustained with interest accruing to further increase the Endowment Fund. This would relieve the General Operating budget from the cash flow required to maintain the Loan Program. Use of this money will permit us to offer more appealing loans by allowing us to increase the loan amounts available.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Hamdy that an appropriate amount of money be made available for loans from the Endowment Fund each year. Once the survey data has been compiled, it will be brought before the Council in November for further discussion. The motion carried unanimously.

REPORT OF THE EXECUTIVE VICE-PRESIDENT Mr. William J. Ranieri

Mr. Ranieri reported on activity regarding the Insurance Program. He reported that there are two major problems with SMA's insurance program. The first problem is varying state legislation regarding small businesses, which has created compliance difficulties. The second major problem is that our rates have become noncompetitive. Based on those two major problems, we requested to hire a consulting firm to take a comprehensive look at our insurance program in order to help us overcome the two problems facing SMA. The firm of Towers-Perrin Consultants was hired to help us evaluate our insurance program. It was hoped that the study would be done by June, but unfortunately, it was more complex than they thought. SMA has been discussing with them on a regular basis, and plans are being made to send out a Request For Proposal, through Towers-Perrin, to approximately 40 or 50 companies. Mr. Ranieri hopes to have a clear understanding about the changes in the insurance program by the October quarter and to implement a new program by January 1997. He stated that SMA's current program is very complex because of all the options offered. The complexity of what we now have will not change much when we go to a new program, but, instead of having just one carrier, we may have as many as 50 carriers. He stated that it all depends on how many respond and which meet our needs. These programs could vary from state to state. Mr. Ranieri stated that our goal is to simplify the program but to expand the number of insurance companies that participate with us. He feels SMA will have a better program than it offers now.

Mr. Ranieri stated that, recognizing the increasingly competitive health care environment as well as the economic pressures facing medical associations, the SMA must develop a strategy for the future that does not address what we should do tomorrow, but, rather, what we should do today to be ready for an uncertain tomorrow. In order to survive and grow, we must deal with change by recognizing trends as they begin to occur and by having a management system that identifies issues quickly and communicates them effectively to the management team. To do this, our organization must be: membership driven, cost-effective, continually improving, responsive, and timely in making decisions for major initiatives.

Mr. Ranieri stated that with these characteristics in mind, he reviewed SMA's 1996-1997 Strategic Plan.

He also reported that SMA has had extensive development through electronic media with our presence on the Internet. He stated that we are receiving more than 100 contacts a week, and our contacts continues to grow rapidly. We view the Internet as an extremely cost effective way to reach our membership. This medium of communication will be used to market and sell services, provide information, and educate.

ADJOURNMENT

There being no further business to come before the Executive Committee of the Council, Dr. Stephenson adjourned the meeting at approximately 5:00 p.m.

Proceedings of the Executive Committee of the Council

- Renaissance Harborplace Baltimore, Maryland
 - November 19, 1996 9:00 a.m. 12:00 Noon

CALL TO ORDER

The Executive Committee of the Council of the Southern Medical Association met at the Renaissance Harborplace, Baltimore, Maryland, on November 19, 1996. The meeting was called to order at 9:00 a.m. by the Chairman, Hugh E. Stephenson, Jr., M.D.

ROLL CALL

Members of the Executive Committee of the Council present were Hugh E. Stephenson, Jr., M.D., Columbia, Missouri; Chairman, Ronald C. Hamdy, M.D., Vice-Chairman, Johnson City, Tennessee; J. Edward Hill, M.D., President, Tupelo, Mississippi; Terrell B. Tanner, M.D., President-Elect, Oxford, Georgia; J. Lorin Mason, Jr., M.D., President, Florence, South Carolina; Louis A. Cancellaro, Ph.D., M.D., Immediate Past President, Johnson City, Tennessee; J. Patrick O'Leary, M.D., New Orleans, Louisiana; James C. Waites, M.D., Laurel, Mississippi; and Charles A. Farmer, Ir., M.D., Tulsa, Oklahoma.

Staff present from Birmingham, Alabama, were Mr. William J. Ranieri, Executive Vice-President/CEO; Ms. Cynthia L. Lenoir, Director of Association Services; Mr. Timothy R. Taylor, Director of Operations; Mr. Dave Barzler, Director of Education; Mr. Rudy Sturm, Director of Practice Management Services; and Mrs. Judy Fields, Administrative Assistant.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the June 6, 1996, meeting of the Executive Committee of the Council were distributed for review.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Hamdy to approve the Minutes taken during the June 6, 1996, meeting of the Executive Committee of the Council. The motion carried unanimously.

REPORT OF THE PRESIDENT I. Edward Hill, M.D.

Dr. Hill thanked everyone for the opportunity and pleasure to serve this year as president of SMA. He stated that it has been very rewarding for both him and Jean. He stated that he would give a short report at this meeting and give a more detailed report at the Council Meeting.

Dr. Hill stated that we have all seen enormous changes take place in medicine during the 10 years that he has been involved with SMA. He stated that our priority is and must remain the care of our patients using the available resources we have in a cost-effective way.

Dr. Hill stated that he feels that this year's Annual Meeting is the best planned meeting as far as material and information is concerned.

Dr. Hill stated that the Annual Meeting still provides the most comprehensive opportunity for physicians to come together and be updated, not only in their specialty, but in joint specialties. He stated that he feels this has been our strength in the past and hopes SMA will make it an even stronger part of our organization.

REPORT OF THE CHAIRMAN Hugh E. Stephenson, Jr., M.D.

Dr. Stephenson reported that it has been an exciting year for Southern Medical Association and he appreciated the opportunity to work with the leadership and staff. He reported that it has been a difficult year for the health community, particularly for the medical community. He reported that there has been a tremendous increase in the competitiveness of our healthcare environment, and as physicians, we continue to face strong pressures for change. Dr. Stephenson reported that he believes that this past year SMA has attempted to develop a strategy to better prepare us for the future and enable us to continue our strong growth and development.

Dr. Stephenson reported that this year we have seen a tremendous turnaround in our financial situation, and, hopefully, it will be a year that provides us a solid foundation upon which

to build for the coming years.

Dr. Stephenson presented the following recommendations for Execu-

tive Committee approval:

RECOMMENDATION:-The Advisory Committee on Grants, Loans & Scholarships recommends that the amount for a Residency Training Loan be increased from \$2,400 per loan to \$5,000 per loan.

ACTION:—It was moved by Dr. Waites and seconded by Dr. O'Leary that the amount for a Residency Training Loan be increased from \$2,400 per loan to \$5,000 per loan.

RECOMMENDATION:-A motion was made by the Audit Committee to limit investment in Affiliated entities with a pre-determined dollar amount (recommended \$75,000) which may be exceeded only upon further approval by the Council. The Council will determine the dollar amount on an individual basis.

ACTION:-It was moved by Dr. O'Leary and seconded by Cancellaro to limit investment in Affiliated entities with a pre-determined dollar amount (recommended \$75,000) which may be exceeded only upon further approval by the Council. The Council will determine the dollar amount on an individual basis.

RECOMMENDATION:—A motion was made by the Audit to empower Arthur Committee Andersen to audit CIGNA's activities in reference to the SMA Insurance

ACTION:—It was moved and seconded to empower Arthur Andersen to audit CIGNA's activities in reference to the SMA Insurance Program.

RECOMMENDATION:—A motion was made by the Audit Committee to implement the new accounting standard (SFAS No. 124) required to be adopted in fiscal 1997 which requires investments to be recorded at fair market value with gains and losses being reported in the income statements for both organizations (SMA and SMA Services, Inc.).

ACTION:-It was moved by Dr. Cancellaro and seconded by Dr. Waites to implement the new accounting standard (SFAS No. 124) required to be adopted in fiscal 1997 which requires investments to be recorded at fair market value with gains and losses being reported in the income statements for both organizations (SMA and SMA Services, Inc.).

REPORT OF THE EXECUTIVE VICE-PRESIDENT

Mr. William J. Ranieri

Mr. Ranieri reported that SMA has had a good year. From a financial perspective, we experienced one of the strongest profits we have ever had. He stated that this was largely because of cost cutting measures taken into consideration after Dr. Mason steered us on a cost-reduction track.

Mr. Ranieri reported that our biggest problem at Southern Medical Association this year is growth. SMA has had a good year if you look at internal growth of the association's programs and services. He stated that there has been an increase in participation of the membership and an enhancement of our image around the South. He feels everything internally has looked tremendous; however, our major problem continues to be the growth in membership. Unfortunately, that is a problem most medical associations are experiencing. He stated that we lost about 4% of our membership last year, and SMA budgeted for a 4% loss this year. Mr. Ranieri stated that everyone at SMA recognizes the importance of membership and that we have to market as we always have to the individual physician. He stated that we send out around 30,000 letters a month and enroll about 200 to 300 members per month from that mailout. He stated that the problem has been on the back end: the percentage of retention has gone down. Mr. Ranieri stated that he feels that part of the reason is the shift from small groups and solo-type practices to large groups where doctors are now employees of the organizations they are working for, and as a result, their perception of what they need changes. He reported that many times the decision to become a member of an organization is controlled by the organization.

Mr. Ranieri reported that we still have to appeal as a professional association to individual physicians and show them that we as an organization can offer services that physicians can-

not get anywhere else.

Mr. Ranieri also stated that the Search Committee met for the Journal and a decision was made to look at the Journal Editor from a different perspective, recognizing that there needed to be more direction administratively and more control in reporting administratively in order for the council to function as the general trend setter, direction setter and policy maker for the Journal. He stated in view of its findings, the committee recommended we implement a recommendation that was made several years ago and approved by the Council in regard to having the Editor report to Mr. Ranieri as the CEO, as the other division directors report. He stated that this recommendation was sent out as the committee requested to all the Council, and an unanimous vote was received in favor of implementing the recommendation. He reported that he is talking with the Editor of the *Journal* at the Annual Meeting concerning the following:

1) To clearly identify and develop an understanding of the direction, focus, and scope of the *Journal* that can be reported to the Executive Committee and the Council.

To implement some theme subjects this coming year where we can use the *Journal* to integrate what SMA is doing in other areas, such as CME.

3) To set an issue in 1997 to be on hypertension (as we are having our Inaugural Conference on Hypertension in June 1997) and solicit papers. We would identify 10-20 hypertension centers or medical schools that are very active in hypertension and seek their participation in providing that will be peer reviewed. From that process, papers will be selected and a stipend will be presented to the author to provide a scholarship to the institution of his or her choice. This would become our first theme article. We would announce the winners of this process at our Inaugural Conference on Hypertension in lune.

Dr. O'Leary commented that he is a part of the American Surgeon, which is published through the Southeastern Surgical Congress, and he stated that they do a supplement to the Journal, which gets you away from the peer review and many of the problems of inviting someone to send in a paper to be peer reviewed. He also stated that you can pay out an amount if you do it as a supplement; however, there could be some problems if it is paid out as a scholarship or an award for an article in published peer review Journal. He

also stated that supplements can be paid for by drug companies. He stated that this could be a profit item for SMA.

OLD BUSINESS

Dr. Mason asked Mr. Ranieri to give an update on the insurance program. Mr. Ranieri reported that the outcome of all the study is that we have to go back to the doctors-only program. This is the only option that we have found to be viable, and this will begin in January. Our advisors came to the same conclusion that SMA needs to go back to the doctorsonly program. He stated that this was the only way to continue to offer the SMA insurance as we know it to physicians. With this program SMA could overcome the compliance issues of all the states.

Mr. Ranieri stated the problem then became what we could do for the

employees of the physicians. He stated that at this time about 1,000 employees are covered by SMA health insurance, and a real effort has been made to find insurance coverage for those employees. Mr. Ranieri stated that we found a company (American Medical Security) that will write an individual health insurance policy for employees of physicians. This program will be more cost-effective than buying insurance through the state.

Dr. Mason requested that he would like to have a standard report showing a graph on membership included in material passed out to leadership.

ADJOURNMENT

There being no further business to come before the Executive Committee of the Council, Dr. Stephenson adjourned the meeting at approximately 12:00 noon.

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Attendance at Specialty Section Meetings

Annual Scientific Assemblies/1991-1996

Section	1991	1992	1993	1994	1995	1996
Allergy and Immunology	23	28	24	14	14	22
Anesthesiology	25	46	17	26	22	15
Cardiology	_	-	-	-	50	36
Chest Diseases	40	30	48	18	30	28
Colon and Rectal Surgery	33	20	35	26	34	25
Dermatology	144	88	130	59	74	72
Emergency Medicine	42	60	59	45	34	40
Family Practice	70	71	80	43	110	84
Gastroenterology	40	38	65	30	25	25
Geriatric Medicine	_	_	-	_	33	33
Gynecology	60	45	60	40	25	41
- Medical Management	_	_	_	(Fig. 1)	31	23
Medicine	37	58	75	95	80	35
Neurology and Psychiatry	36	38	33	27	32	25
Neurosurgery	13	14	22	13	18	18
Obstetrics	35	29	55	32	17	19
Occupational Medicine	_	_	21	24	27	18
Oncology	13	_	_	15	16	16
Ophthalmology	27	27	34	16	25	20
Orthopaedic and Trauma Surgery	46	34	20	23	60	25
Otolaryngology–Head & Neck Surgery	31	30	45	27	35	20
Pathology	86	40	39	30	39	49
Pediatrics and Adolescent Medicine	35	40	24	22	37	24
Plastic and Reconstructive Surgery	44	30	44	43	29	20
Radiology	30	30	40	30	35	17
Rheumatology	12	12	32	30	26	26
Surgery	55	30	43	40	28	20
Urology	32	37	36	29	22	23

These attendance figures are turned in by the Section Secretaries at the conclusion of an annual meeting. The figures represent the Section's largest attendence.

Annual Meeting Registration Record

			Host	Other	Total		Paramedical	Technical	0	Total
	Date		Physicians	Physicians	Physicians	Students	Personnel	Exhibitors	Guests	Total
	1906-1915	No Record of Attendance	200	1 2 1 7	1.47/			102	222	1.867
	1916- Nov. 13-16	Atlanta		1,247	1,476	55	-	103	233	1,476
	1917- Nov. 12-15	Memphis		1,025	1,168	46	-	78	184	1,470
	1918-	No Meeting-Influenza Pandemi			0.02			0.5	1.40	1 270
	1919- Nov. 10-13	Asheville		912	983		54	85	148	1,270
	1920- Nov. 15-18	Louisville		872	1,102	114	40	149	171	1,576
	1921- Nov. 14-17	Hot Springs		993	1,074	-	39	90	241	1,444
	1922- Nov. 13-16	Chattanooga		1,230	1,337		26	129	289	1,781
	1923- Nov. 12-15	Washington		1,363	1,696	214	26	143	495	2,574
	1924- Nov 24-27	New Orleans		1,559	1,911	169	15	120	510	2,725
	1925- Nov. 9-12	Dallas		1,732	2,042	144	19	151	513	2,869
	1926- Nov. 15-18	Atlanta		1,557	1,884	139	27	174	445	2,669
	1927- Nov. 14-17	Memphis	. 275	1,728	2,003	251	24	212	438	2,928
	1928- Nov. 12-15	Asheville	. 70	1,221	1,291	-	20	154	379	1,844
	1929- Nov. 19-22	Miami	. 163	1,180	1,343		19	84	572	2,018
	1930- Nov. 11-15	Louisville	. 258	1,232	1,490	224	21	144	356	2,235
	1931 - Nov. 18-20	New Orleans	. 423	1,266	1,689	231	33	154	462	2,569
	1932- Nov. 15-18	Birmingham	. 276	971	1,247	_	32	104	239	1,622
-	1933- Nov. 14-17	Richmond	. 264	1,319	1,583	279	61	141	407	2,471
39	1934- Nov. 13-16	San Antonio	. 304	1,641	1,945	-	27	141	739	2,852
	1935- Nov. 19-22	St. Louis	. 695	1,999	2,694	690	18	279	614	4,295
	1936- Nov. 17-20	Baltimore	. 847	2,365	3,212	660	51	375	581	4,879
	1937 - Nov. 30 - Dec. 3	New Orleans	. 573	2,238	2,811	736	177	370	1,328	5,422
	1938- Nov. 15-18	Oklahoma City	. 353	1,914	2,267	262	389	342	778	4,038
	1939- Nov. 21-24	Memphis	. 385	1,837	2,222	412	595	300	734	4,263
	1940- Nov. 12-15	Louisville	. 436	1,639	2,075	412	667	361	629	4,144
	1941- Nov. 10-13	St. Louis	. 762	1,944	2,706	683	378	498	774	5,039
	1942- Nov. 10-12	Richmond	. 353	1,130	1,383	337	136	187	392	2,435
	1943 - Nov. 16-18	Cincinnati	. 305	1,410	1,715	94	176	255	520	2,760
	1944- Nov. 13-16	St. Louis	. 559	1,557	2,116	441	461	431	762	4,211
	1945 - Nov. 12-15	Cincinnati	. 207	1,270	1,477	88	52	269	545	2,431
	1946- Nov. 4-7	Miami	. 443	1,648	2,091	-	135	241	1,074	3,541
	1947- Nov. 24-26	Baltimore	. 949	1,718	2,667	332	407	445	674	4,525
	1948- Nov. 25-28	Miami	. 508	1,087	1,595	27	115	308	629	2,674
	1949- Nov. 14-17	Cincinnati	. 248	1,235	1,483	32	143	264	490	2,412
	1950- Nov. 13-17	St. Louis		1,391	2,117	472	92	323	644	3,648
	1951- Nov. 5-8	Dallas		1,575	2,053	160	_	190	850	3,253
	1952- Nov. 10-13	Miami		1,591	2,173	34	177	246	1,107	3,737
	1953- Oct. 26-29	Atlanta		1,781	2,347	266	195	325	900	4,033
	1954- Nov. 8-11	St. Louis		1,614	2,201	614	336	391	772	4,314
	1955- Nov. 14-17	Houston	0.05	1,579	2,386	*	*	676	951	4,013
	1777-1404. 17-17	I IOUSIOII	. 001	1,515	2,500					ed on next page

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Annual Meeting Registration Record

Date	Location	Host Physicians	Other Physicians	Total Physicians	Students	Paramedical Personnel	Technical Exhibitors	Guests	Total
1956- Nov. 12-15	Washington	1.083	2.090	3,173	314	*	982	969	5,438
1957- Nov. 11-14	Miami Beach		2.174	3,235	177	*	721	1,870	6,003
1958- Nov. 3-6	New Orleans		2,331	3,587	454	*	753	1,327	6,121
1959- Nov. 16-19	Atlanta		1,972	2,657	205	*	554	799	4,215
1960- Oct. 31-Nov.			1,400	2,028	305	*	636	735	3,964
1961- Nov. 6-9	Dallas		1,868	2.722	121	*	603	939	4,385
1962- Nov. 12-15	Miami Beach		2,255	3,023	99	115	620	1,231	5,088
1963- Nov. 18-21	New Orleans		2,712	3,505	545	112	593	1,875	6,630
1964- Nov. 16-19	Memphis		1,564	2,176	204	83	418	816	3,697
1965- Nov. 1-4	Houston		1,649	2,213	47	68	626	825	3,779
1966- Nov. 14-17	Washington		1,570	2,425	65	96	666	669	3,921
1967- Nov. 13-16	Miami Beach		**	2,487	55	78	555	607	3,782
1968- Nov. 18-21	New Orleans		2,390	3,062	440	177	726	1,314	5,719
1969- Nov. 10-13	Atlanta	452	2,339	2,791	187	78	753	1,224	5,033
1970- Nov. 16-19	Dallas	474	1,819	2,293	82	82	622	1,066	4,145
1971 - Nov. 1-4	Miami Beach	526	1,606	2,132	57	119	658	1,256	4,222
1972- Nov. 13-16	New Orleans		2,514	3,299	448	178	667	1,387	5,979
1973 - Nov. 11-14	San Antonio		**	2,347	97	183	628	1,842	4,097
1974- Nov. 17-20	Atlanta	388	2,372	2,760	78	140	451	690	4,119
- 1975- Nov. 16-19	Miami Beach	**	**	1,979	55	116	466	709	3,325
1976- Nov. 7-10	New Orleans	**	**	2,364	468	154	293	910	4,189
1977- Nov. 6-9	Dallas	**	**	1,332	46	50	410	447	2,285
1978- Nov. 11-14	Atlanta		***	2,504	65	98	411	1,177	4,255
1979- Nov. 4-7	Las Vegas		**	2,142	7	116	334	1,229	3,828
1980- Nov. 16-19	San Antonio			2,367	25	90	363	832	3,677
1981- Nov. 15-18	New Orleans		**	2,376	74	92	419	1,264	4,225
1982- Oct. 30-Nov			**	2,614	17	112	473	1,405	4,621
1983- Nov. 6-9	Baltimore		**	2,697	31	105	498	1,480 1.619	4,811 4,832
1984- Nov. 4-7	New Orleans		**	2,627	35	81	470 522	1,585	4,848
1985- Nov. 17-20	Orlando		**	2,618	41	82	493	1,880	
1986- Nov. 8-11	Atlanta		**	3,141 2,913	61	45 48	559	1,540	5,564 5,121
1987- Nov. 1-4	San Antonio		**	4,093	157	117	692	2,360	7,419
1988- Nov. 6-9	New Orleans		**	2,678	49	62	545	1.802	5.136
1989- Nov. 5-8	Washington		36.96	2,759	42	44	515	1,533	4.893
1990- Oct. 14-17	Nashville	130111	**	2,305	11	15	712	1,333	4,376
1991- Nov 16-19	Atlanta		2.030	2,419	9	47	432	1,202	4,109
1992 - Nov. 12-15	San Antonio		1,777	2,419	63	45	455	1,207	4,195
1993- Oct. 28-31	New Orleans		1,///	2,923	26	27	437	1,165	3,708
1994- Nov. 2-6	Orlando		1,761	2,151	55	23	279	1,463	3,971
1995 Nov. 15-19	Kansas City		1,761	1,914	40	20	471	584	3,029
1996-Nov. 20-24	Baltimore		1,509	1,717	TU	20	777	201	5,025

^{*} Breakdown not available; included in figure under "Technical Exhibitors."

^{**} Breakdown not available see "Total Physicians."

CONSTITUTION AND BYLAWS

SOUTHERN MEDICAL ASSOCIATION

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Constitution-Articles of Incorporation

ARTICLE I- NAME

The name of the corporation shall be Southern Medical Association.

ARTICLE II- PURPOSE

The purposes of the Southern Medical Association (the "Association" or the "Corporation") shall be to develop and foster the art and science of medicine by:

- A) developing and promoting initiatives in medical education;
- B) providing practice-related services to enhance the ability of the members of the Association to serve their patients;
- C) providing activities which encourage membership and collegial interaction among the members of the Association.

The Association shall not at any time take active part in any political or sectarian questions or take concerted action for securing legislative enactments.

ARTICLE III- POWERS

The Corporation shall possess and may exercise all of the powers and privileges granted by the laws of the State of Alabama to nonprofit corporations, together with all powers necessary or convenient to the conduct, promotion or attainment of the activities or purposes of the Corporation, limited only by the restrictions set forth in these Articles of Incorporation; provided, however, that the Corporation shall not engage in activities that are not in furtherance of its charitable purposes other than as an insubstantial part of its activities.

ARTICLE IV- TERM OF EXISTANCE

The term for which the Corporation is to exist shall be perpetual.

ARTICLE V- MEMBERSHIP

SECTION 1. Active Members. The membership of this Association shall be by invitation to physicians who are eligible to be members of the following state medical societies: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia who are sponsored by the respective state Councilor, to invited medical officers of the United States Army, Navy, Air Force, Public Health Service and Veterans Administration on active duty, and to invited members of the Puerto Rico Medical Association who are citizens of the United States of America.

SECTION 2. Associate and Emeritus Members. This Association may have such classes of associate and emeritus membership as may be provided for in the Bylaws of this Constitution.

ARTICLE VI- OFFICERS

SECTION 1. Officers of the Association. The officers of the Association shall be a President, President-Elect, Vice-President, Trustees, Councilors, and an Executive Vice-President. There shall also be officers of each Section of the Association.

SECTION 2. Elected Officers

A. General Officers. The President-Elect and Vice-President of the Association shall be elected annually at the first general session of an annual meeting. All elections shall be made by the type of ballot (secret, voice, or raising of hands) as the majority of those members present may desire. A majority of the votes shall be necessary for election. If no one receives a majority of the votes cast the member receiving the smallest number of votes shall be dropped and the balloting shall be repeated. A list of nominees for President-Elect and Vice-President shall be submitted to the Council by the Committee on Selections. The submission of such a list does not preclude nominations from the floor. The results of these nominations along with the report of the Council shall be submitted to the membership as the final order of business at the first general session of an annual meeting.

- **B.** Trustees. The Trustees shall be six in number and shall be elected by the Council, one each year, to serve for a period of six years. The oldest member in point of service shall be the Chairman.
- C. Section Officers. The officers of each Section shall consist of a Chairman, Vice-Chairman and Secretary, and when so desired by the members of the Section, a Chairman-Elect as an additional officer or in place of the Vice-Chairman, elected annually by the members of the respective Sections at a regular session of the Section during an annual meeting. Section Officers assume office at the end of the annual meeting during which they were elected and should be members of the Association.

SECTION 3. Appointed Officers.

- A. Administrative Officers. An Executive Vice-President shall be selected by the Council, with salary, duties, and tenure of office to be determined by the Council.
- B. Councilors. The Councilors shall be appointed by the President, one from each of the states and the District of Columbia enumerated in ARTICLE V— Membership, Section 1. Active Members and shall serve for five years, and shall not be eligible for reappointment, the

Councilor terms expiring with the close of annual meetings. This Section shall become effective as of 1933, the Councilor terms to expire as follows: Group 1: (1933) Louisiana, Mississippi, Oklahoma; Group 2: (1934) Arkansas, District of Columbia, Georgia; Group 3: (1935) Florida, South Carolina, Texas, Virginia; Group 4: (1936) Maryland, Missouri, North Carolina; Group 5: (1937) Alabama, Kentucky, Tennessee, West Virginia. The Council shall be the governing body of the Association. It shall have jurisdiction over all questions involving the rights and standings of members, whether in relation to other members or to this Association. All matters brought before the general sessions or Sections shall be referred to the Council for consideration.

ARTICLE VII- SCIENTIFIC ACTIVITIES SECTION 1. Annual Meetings. The Association shall hold an annual meeting during which there shall be not less than two general sessions, one of which may be devoted to the business of the Association and restricted exclusively to the membership when so determined by the Council or by the Executive Committee of the Council or upon a petition filed by not less than twenty-five members of the Association; there may be meetings of the Executive Committee of the Council and the Council, scientific Section sessions, technical and scientific exhibits, and such general programs as may be arranged by the Section Officers in cooperation with the Committee on

Scientific Activities. The time and place for

holding each annual meeting shall be fixed by the Council.

SECTION 2. Scientific Sections. The Association may from time to time constitute and designate Scientific Sections of the Association, which shall be organized and shall perform such duties and responsibilities as may be from time to time designated.

SECTION 3. Publications. The Association shall own and publish the Southern Medical Journal which shall be the official organ of the Association and other such publications which may be provided for by the Association. The Association may designate such ownerships of publications as deemed advisable.

ARTICLE VIII- SEAL

The Association shall have a common seal, with power to break, change, or renew the same at pleasure.

ARTICLE IX- REGISTERED AGENT AND REGISTERED OFFICE

The address of the registered office of the Association is 35 Lakeshore Drive, Birmingham, Alabama 35209. The registered agent at that address is William J. Ranieri.

ARTICLE X- AMENDMENTS

The Association may, at any annual meeting, amend the Articles of Incorporation by a two-third's affirmative vote of the members present and voting during a general session of that meeting, provided the amendment has been presented to the membership at least 30 days prior to the meeting.



ARTICLE I. MEMBERSHIP

Section 1. Classification

There shall be the following classes of members.

A. Active Members

membership active this Association shall be by invitation to physicians who are eligible to be members of the state medical societies of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia, and who are sponsored by the respective state or district Councilor; to invited medical officers of the United States Army, Navy, Air Force, Public Health Service and Veterans Administration on active duty; to invited members of the Puerto Rico Medical Association who are citizens of the United States of America.

2. Active members shall have full privileges of Association membership, including the right to hold office, vote, and receive the Southern Medical Journal.

3.Active members shall pay full dues to the Association, either annually or by payment of a life membership fee. Active members may be excused from the payment of Association dues for one of the following reasons: financial hardship, extended illness, postgraduate training, (defined as that period during which a member participates in an organized training course), > retirement from active practice, or on temporary service as full-time commissioned medical officers in the reserve Armed Forces. Active members excused from the payment of Association dues shall have the right to vote and hold office, but shall not receive the Southern Medical Journal, except by personal subscription. Nothing in this or following sections shall be construed to be retroactive to affect previously classified honorary members.

B. Associate Members

The Association may have the following classes of Associate Members:

Class 1.A member who has moved from the territory of the Association;

Class 2. A physician from outside the territory of the Association;

Class 3. An intern or resident not yet a member of a state medical society and medical students of the medical schools in the member states or the District of Columbia;

1. To be eligible for Associate Membership, under Classes 2 and 3, a person must satisfy the

requirements set forth in Section 1. Active Members, except eligible for membership in a state or district society in the case of Class 3, and holding the degree of Doctor of Medicine in the case of Class 3 medical students.

2.Under Classes 1, 2, and 3, individuals may be accepted for Associate Membership by the Executive Vice-President, their eligibility under the provisions of this Section having been determined.

3. Associate Members shall neither hold office nor be entitled to vote.

4.Associate Members under Classes 1 and 2, shall pay regular annual dues and shall receive the Southern Medical Journal.

5.Associate Members under Class 3 shall not pay dues, and shall not receive the Southern Medical Journal except by personal subscription.

C. Interim Members

An Interim Member shall be a physician who is otherwise eligible for membership in the Association and who has been invited by the Association to become an interim member.

Interim Members shall not be required to pay dues, and shall have such rights and privileges of membership as may be determined by the Council.

The term of membership of interim members shall be limited to one year.

Interim Members shall not be eligible to vote or hold office.

D. Honorary Members

The Association may designate Honorary Members who shall be composed of those physicians whose contribution to the promotion of medical science is recognized by the Association in conferring such membership.

Such membership shall be approved by the Council. Honorary Members shall have all privileges of other members of the Association, excepting that they shall not be eligible to vote or hold office. Honorary Members shall not be dues-paying members.

E. Ex Officio Members

The Association may designate ex officio Members who shall be composed of those persons who by virtue of their positions as active Deans of Medical Schools or other institutions of learning are conferred membership by the Council of the Association.

Ex Officio members shall have all privileges of other members of the Association except that they shall not be eligible to vote or hold office.

Ex Officio members shall not be dues-paying members.



F. Emeritus Members

An Active Member in good standing who is over 70 years of age and who has been a member for a period of twenty-five (25) years is eligible for Emeritus Membership.

Emeritus members shall not pay dues but shall enjoy all privileges of the Association, but shall not hold office.

G. Institutional Members

The Association may have Institutional Members composed of Physicians who are members of medical associations which have entered into affiliation agreements with the Association for educational programs and other programs of the Association; provided, the privileges and dues of such members shall be as specified in the affiliation agreements but they shall not be greater than the privileges or dues of Associate Members.

Section 2. Application for Membership

Application for membership in this Association shall be made in writing. The Association reserves the right to accept or reject any applicant for membership.

Section 3. Termination of Membership

Any member who is subject to a license revocation or suspension by a state board of medical examiners or comparable licensing agency shall automatically forfeit his membership in this Association. The Association may at any annual meeting, on recommendation of the Council, suspend or expel any member of the Association by a majority vote of those present and voting.

Section 4. Reinstatement

A former member whose membership in the Association has been terminated may, after a period of one year, reapply for membership in the Association. Such application shall be referred to and acted on by the Council.

ARTICLE II. DUES

Section 1. Annual Membership Dues

The dues of this Association shall be established by the Council, and shall be payable annually on the member's anniversary date in advance. Membership shall begin on the date of application, provided the application for membership is approved. The Council shall also be authorized to establish Life Membership fees.

Section 2. Non-Payment of Dues

Any member whose dues are unpaid on the member's anniversary date shall thereafter be deemed a member not in good standing and shall be ineligible after such date for any benefits of membership. If such member's dues remain unpaid for three months after the member's anniversary date, the member shall be automatically suspended at the end of such peri-

od. On a full payment of the member's arrearage, the member shall be automatically reinstated as a member in good standing from the date of suspension.

ARTICLE III. OFFICERS Section 1. Elected Officers

Elected officers of this Association shall be a President, a President-Elect, and a Vice-President.

Section 2. Appointed Officers

The appointed officers of the Association shall consist of the Councilors, the Associate Councilors, the Trustees, and an Executive Vice-President (CEO), who may also serve as the Treasurer of the Association.

Section 3. Qualifications

To be eligible for the office of President, President-Elect, or Vice-President of the Association such person shall be a member in good standing of the Association and shall at the time of nomination either be a member of the Council or have served as a member of the Council within a period of five years.

Section 4. Term of Office

A. The term of the elected officers shall be one year commencing at the conclusion of the Annual Meeting at which such officers were elected.

B.The term of Councilors shall be a period of five years commencing on the date of their appointment, and they shall be ineligible for reappointment after having served one full term.

C. The term of Trustees shall be for a period of six years commencing on the date of their appointment.

D.Each elected or appointed officer shall serve the term designated or until his successor is elected or appointed.

Section 5. Vacancy in Office

A.A vacancy in any elected or appointed office other than that of President or in any appointed office other than that of Councilor or Associate Councilor shall be filled by the Council.

B.A vacancy in the office of President shall be filled by the President-Elect for the remainder of that term of office.

Section 6. Duties of Officers

A. President

- The President shall preside at all general sessions of an Annual Meeting and all functions at which the Association is host.
- The President may deliver an annual address at the general session to be held at a time and place decided upon by the Executive Committee of the Council.
- 3. The President shall be an ex officio mem-

ber of the Council and of the Executive Committee of the Council, excepting that the President shall not be eligible to vote for the election of a Vice-Chairman of the Council except to cast a vote in the event of a tie.

 The President shall consult with the Committee on Scientific Activities in the formulation of the program for the scientific assembly.

 The President shall appoint members of the Association to carry out duties of local arrangements in conjunction with the Annual Scientific Assembly.

6. The President shall, on nomination of the outgoing Councilor, and in consultation with the Presidential Committee on Selections appoint a Councilor from each state and the District of Columbia.

 The President shall appoint, on nomination by the respective Councilor, five Associate Councilors from each state or district.

 The President shall appoint the Chairman and members of the Presidential Committee on Selections and the members of the Presidential Committee on Special Awards.

 The President shall fulfill such other duties as may pertain to the office of President.

B. The President-Elect

- The President-Elect shall assist the President in the discharge of his duties and in the absence of the President shall assume such duties.
- The President-Elect shall designate the Councilors-Elect, who will be appointed Councilor when the President-Elect becomes President.
- The President-Elect shall serve as Chairman of the Presidential Committee on Special Awards and shall have such other duties and responsibilities as may be required by the office.

C. Vice-President

- The Vice-President shall assist the President in the discharge of his duties, and in the absence of the President and President-Elect shall assume such duties.
- The Vice-President shall serve as Chairman of the Presidential Committee on Endowments and of the Presidential Committee on Affiliated Societies.
- The Vice-President shall be available to consult with the Chairman of the Council.
- 4. The Vice-President shall have such other duties and responsibilities as may be

required by the office.

D. Executive Vice-President

 The duties and responsibilities of the Executive Vice- President shall be as stated in Article VIII, Sections 1. and 2.

ARTICLE IV. TRUSTEES Section 1. Composition

The Board of Trustees shall consist of the six most recent Past Presidents of the Association. No member of the Board of Trustees shall be eligible to serve for more than one consecutive six year term.

Section 2. Duties of the Board of Trustees

1.It shall be the duty and responsibility of the Board of Trustees to render advisory and consultative advice to the officers of the Association.

2.At the request of the Council, the Board of Trustees shall serve as the Auditing Committee. In so acting, it will be charged with the responsibility of reviewing the financial audits of the Association and they shall submit an annual audit report to the Executive Vice-President, the Chairman of the Council, and the President. When acting as the Auditing Committee they shall convene before or at the annual meeting of the Association for such purpose. The Auditing Committee shall act by the majority vote of the Trustees present.

3. The Board of Trustees shall serve as the History Committee of the Association.

4.The Board of Trustees shall have other duties as may be designated by either the Council or the President of the Association.

ARTICLE V. COUNCIL

Section 1. Composition of Council

The Council shall consist of twenty-one members, four of whom shall be the President, the President-Elect, the Vice-President and the Immediate Past President. The other seventeen shall be appointed by the President, as provided in Article III, Section 6 (A6 & B2) and shall represent each of the sixteen states and the District of Columbia which comprise the territory of the Association. All Councilors representing the sixteen states and the District of Columbia comprising the territory of the Association shall be divided into five classes which shall be designated respectively, Group I through Group V as set forth in the Constitution.

Section 2. Annual Meeting of Council

The annual meeting of the Council shall be held at such time and place as may be set by the Chairman of the Council, during or immediately preceding the general Annual Meeting of the Association.

Section 3. Notice of Meeting of Council

At least ten days prior to a meeting written notice shall be given to members of the Council of the date, time and place for holding of the Annual Meeting of Council. The Council may hold such additional meetings as deemed necessary.

Section 4. Special Meetings of Council

A special meeting of the Council shall be called by the Chairman of the Council to accomplish any business of the Council or shall be called at the written request of any three Councilors. Notice of special meetings shall be the same as for the Annual Meeting.

Section 5. Quorum for Meetings of Council

The quorum for any meeting of the Council shall be a majority of the members of Council.

Section 6. Council Authority

- A. The Council shall be the governing body of the Association.
- **B.** The Council shall have and exercise between meetings of the Association the following power and authority over the affairs of the Association:
 - It shall cause to be established Committees and Sections in accordance with these bylaws and shall designate the Chairman of the Council to appoint the members of such Committees and Sections.
 - It shall be charged with the responsibility to cause to be conducted annually an audit of the financial affairs of the Association.
 - It shall, subject to these bylaws, establish policies and procedures for the conduct of the affairs of the Association.
 - It shall appoint the Executive Vice-President (CEO) of the Association, a Treasurer of the Association, and the Editor of the Southern Medical Journal.
 - It shall establish the fiscal year of the Association.
- C. Any Councilor shall be subject to removal from such office by the President upon the concurrence in that action of two-thirds of the members of the Council.

ARTICLE VI. OFFICERS AND DUTIES OF COUNCIL

Section 1. Council Officers

A.There shall be a Chairman and a Vice-Chairman of the Council.

1. Chairman:

The Chairman shall be that person who occupied the office of Vice-Chairman during the preceding year.

2. Vice-Chairman: (Chairman-Elect)
The Council shall elect a Vice-Chairman in

the following manner:

- (a) Prior to the annual meeting, the Chairman of the Selections Committee shall contact all of the eligible candidates from the Class of Councilors completing their third year to ascertain their willingness to serve as Vice-Chairman.
- (b) At the annual meeting such Councilors' names will be presented to the Council.
- (c) Voting shall be by secret ballot.
- (d) Ballots shall be counted by the President of the Association, the Chairman of the Council, and the Executive Vice-President.
- (e) There shall be no absentee ballots.
- (f) The person receiving a majority of votes cast will become Vice-Chairman and Chairman-Elect.
- (g) In the case where there are more than two candidates for this office, none of whom receives a majority of votes on the first ballot, there shall be a runoff vote to consider only the two candidates who received the highest number of votes cast on the first ballot.
- (h) The President shall withhold his/her vote and cast it only in case of a tie between the candidates receiving the most votes.

Section 2. Vacancies

In the event of any vacancy in the office of Chairman or Vice-Chairman of the Council, a new Chairman or Vice-Chairman shall be elected from the group of which such officer was a member in the manner provided except that such election shall occur at a special meeting of the Council. This special meeting of the Council shall be held within thirty days from the date such office becomes vacant and all eligible candidates shall be ascertained not later than fifteen days prior to the date of the meeting and such eligible candidates shall be contacted to ascertain their willingness to serve and a slate submitted of eligible candidates presented not later than five days prior to the meeting.

Section 3. Duties of the Officers of the Council

A. Chairman

- The Chairman shall preside at all meetings of the Council and of the Executive Committee.
- The Chairman shall report to the membership of the Association at its Annual Meetings on the activities of the Council during the interval between Annual Meetings and shall recommend to the membership such actions as are appropriate under these Bylaws.
- 3. The Chairman or any two members of the

Executive Committee may convene a meeting of the Executive Committee.

- The Chairman shall appoint members of committees and chairmen of such committees in accordance with these Bylaws except as otherwise provided.
- The Chairman shall assist the President in the planning of the Annual Meeting of the membership.
- The Chairman shall serve as an ex officio member of all committees of the Association, except the Committee on Soluctions.
- 7. The Chairman shall perform such other duties as designated by the Council.

B. Vice-Chairman

- The Vice-Chairman shall assist the Chairman as requested.
- The Vice-Chairman shall, in the absence of the Chairman, preside at the meetings of the Council and of the Executive Committee.
- The Vice-Chairman shall act as Parliamentarian at all meetings of the Council, the Executive Committee and the membership.
- The Vice-Chairman shall serve as a liaison to the Southern Medical Association Auxiliary.

Section 4. Duties of Councilors

- Councilors shall represent the state or the district in which the Councilor resides or practices.
- Each Councilor will represent the Association to the members in his state or district and seek to encourage membership in and participation in the activities of the Association by physicians in his state.
- Each Councilor shall attend the meetings of the Council.
- Each Councilor shall perform such other duties as may be designated by his position.

Section 5. Term of Office of Councilors

The term of office for Councilors shall be five years from the date of appointment, and they shall be ineligible for reappointment after having served one full term.

Section 6. Vacancies of Office

In the event a vacancy occurs on the Council, the President in office at the time the vacancy occurs shall, in consultation with the Presidential Committee on Selections, appoint a successor to fill the unexpired term. The successor may be eligible to be appointed to serve a full term as Councilor, succeeding himself.

Section 7. Associate Councilor

Each Councilor who represents a state or the District of Columbia shall nominate for appointment by the President, five physician members from such Councilor's territory who shall be designated as Associate Councilors.

A. Duties

Associate Councilors shall be charged with the duty and responsibility to stimulate interest in all activities of the Association with particular emphasis on membership, and to assist their respective Councilor in any way. In the absence of the Councilor, he may appoint one of the Associate Councilors to act in his stead as a member of the Council.

B. Term of Office

The term of office of the Associate Councilors shall be a maximum of five years concurrent with the term of the Councilor who represents the State or District in which the Associate Councilor resides or practices. Associate Councilors may, however, be recommended by the Councilor for replacement based on any annual performance review.

ARTICLE VII. EXECUTIVE COMMITTEE

Section 1. Composition

The Executive Committee of the Council shall consist of nine or ten members: the Chairman and Vice-Chairman of the Council, the Immediate Past President, President, President-Elect, and Vice-President of the Association, and the three or four additional Councilors, appointed by the Chairman, in rotation alphabetically by name, one or two from each of the classes not represented by the Chairman and Vice-Chairman, who are members of that Class of Councilors serving the third year of their term of office, so that each councilor shall serve at least one year on the Executive Committee of the Council.

Section 2. Chairman and Vice-Chairman of Executive Committee

The Chairman and Vice-Chairman of the Council shall serve as Chairman and Vice-Chairman of the Executive Committee of the Council.

Section 3. Duties of Executive Committee

The Executive Committee of the Council shall act for the Council between meetings of the Council to consider special matters and report its findings and conclusions to the Council. Any matters of such urgency that they should not be held over to the Council meeting shall be acted upon by the Executive Committee.

ARTICLE VIII. COUNCIL APPOINTMENTS

Section 1. Executive Vice-President (CEO)

There shall be an Executive Vice-President (CEO) who shall be responsible for implementing the policies and direction of the Council; execute and administer Association programs; and manage the day to day operation of the Association. The Executive Vice-President (CEO) shall employ and direct all staff personnel, full and part-time, including the assignment of duties of such employees. In this capacity, he shall be generally charged with engaging, promoting, and assigning duties and tasks to all staff personnel, shall seek to expand the membership and participation of the Association and its activities, shall be generally charged to receive and administer funds of the Association, shall represent the Association to the public and to other Associations, and shall perform such other tasks and duties as may be delegated or assigned to him by the Council. He shall act as the Managing Editor of the Southern Medical Journal and other publications of the Association.

Section 2. Treasurer

The offices of the Executive Vice-President (CEO) and Treasurer may be combined and vested in the same person at the discretion of the Council. If the offices are separate, the Treasurer shall be selected by the Council which shall determine his salary, duties and tenure of office. He shall be charged to receive all funds from the Executive Vice-President (CEO) and deposit the same in a bank or banks located in the domicile of the Association. Such depositories shall be designated by the Southern Medical Association and the Council. He shall also perform other duties and tasks as assigned by the Council.

Section 3. Editor

A. The Editor shall have the following areas of responsibilities:

- Shall be responsible for the non-advertising portion of the Southern Medical Journal, and other publications of the Association, including the preparation of editorials, the selection and editing of scientific articles, and the general format with approval of the Executive Vice-President (CEO).
- May appoint or recommend the employment of assistant or associate editors and/or an Editorial Board with the consent of the Council.
- Shall review, or cause to be reviewed, any books which in his discretion merit the publication of a review in

the Southern Medical Journal.

- Shall establish practical mechanics for handling manuscripts and other materials for publication with the consent of the Executive Vice-President (CEO).
- May employ necessary secretarial assistance with the consent of the Council.
- May perform such other duties as may be assigned.

ARTICLE IX. COMMITTEES

Section 1. Coordinating Committees

A.There shall be eight Coordinating Committees to be known as:

- Coordinating Committee on Education.
- Coordinating Committee on Membership.
- Coordinating Committee on Insurance.
- 4. Coordinating Committee on Physicians' Retirement Program.
- Coordinating Committee on Budget/ Administration.
- 6. Coordinating Committee on Long Range Planning.
- Coordinating Committee on Special Projects and Services.
- Coordinating Committee on Practice Management Services.

B. Chairman

The Chairman of each Coordinating Committee shall be appointed by the Chairman of the Council annually, but no person shall be able to serve more than five consecutive years.

C. Composition of Coordinating Committees

- Each of the Coordinating Committees shall have from three to nine members appointed annually by the Chairman of the Council.
- The Chairman of each Advisory and Ad Hoc Committee shall be made a member of the appropriate Coordinating Committee. No person shall serve more than eight years as combined member and chairman.

The Chairman of the Council is charged to provide continuity of these committees when making appointments.

- The President and the Chairman of the Council shall be ex officio members of all Coordinating Committees.
- Each Coordinating Committee shall report in writing each year to the Executive Committee its activities and budget.

Section 2. Advisory Committees

A.There shall be seven Advisory Committees known as:

- 1. Committee on Scientific Activities.
- Committee on Grants, Loans, and Scholarships.
- Committee on Publications and Advertising.
- 4. Committee on Multi-Media Programs.
- 5. Committee on Constitution and Bylaws.
- 6. Committee on the Employees' Pension Plan and Personnel.
- 7. Committee on Young Physicians.

B. Chairman of Advisory Committee.

- The Chairman shall be appointed annually by the Chairman of the Council.
- No person shall serve more than eight years as combined member and chairman.

C. Composition of Advisory Committees.

- Each Advisory Committee shall have from three to nine members who may be Councilors, Associate Councilors, or members of the Association.
- Each Advisory Committee member shall be appointed annually by the Chairman of the Council.
- The President and Chairman of the Council shall be ex officio members of each Advisory Committee.
- No person shall be eligible to serve for more than six consecutive years as a committee member, except the Chairman.
- The Chairman of the Council is charged to provide continuity of these committees when making appointments.

D. Reports of Advisory Committees.

Each Advisory Committee shall report in writing each year to the designated Coordinating Committee for such Advisory Committee its activities and budget.

Section 3. Presidential Committees

A. There shall be four Presidential Committees known as:

- Presidential Committee on Special Awards.
- 2. Presidential Committee on Selec-
- 3. Presidential Committee on Endowments.
- Presidential Committee on Affiliated Societies.

Section 4. Ad Hoc Committees

Ad Hoc Committees may be appointed by the President or Chairman of the Council as

may be deemed necessary. Ad Hoc Committees may be appointed annually by the President or the Chairman of the Council to undertake such activities as shall be designated for such committee and shall have constitution and duration and shall make reports as shall be designated.

Section 5. Duties and Responsibilities of Coordinating, Advisory, and Presidential Committees

A. Coordinating Committee on Education:

Shall coordinate the activities of the Committee on Scientific Activities, the Committee on Publications and Advertising, the Committee on Multi-Media Programs, and such Ad Hoc Committees as shall be annually assigned to it.

A-1. Committee on Scientific Activities

The Committee on Scientific Activities shall be vested with the responsibility for the formulation and content of the scientific activities of the Annual Meeting. The Committee shall include in its scope of activities the following:

- The format and content of the scientific sessions of the annual meeting;
- The development and assignment of a scientific theme or themes for the annual meeting in cooperation with the Section Secretaries;
- Design and nature of postgraduate courses, workshops, specialty and multi-disciplinary programs for the Annual Meeting;
- 4. Shall maintain liaison with:
 - Medical school faculties and students in the site of the Annual Meeting;
 - Specialty and sub-specialty organizations;
 - Allied health science organizations, and cooperate with them, in developing and designing of scientific programs and continuing education activities;
- Shall be responsible for the selection and judging of scientific exhibits shown at the Annual Meeting.
- Shall be responsible for monitoring and evaluating scientific activities of the Annual Meeting.
- Shall serve as an advisory group to the Section Secretaries in developing their Section specialty programs and coordinating and assisting the Secretaries in arranging combined Section meetings.

A-2. Committee on Publications and Advertising

This Committee shall review all items advertised in any publication of the Association and has the prerogative of rejecting any items of questionable merit. This Committee is responsible for supervising all publications of the Southern Medical Association acting in both a regulatory and advisory capacity. The Editor(s) and Executive Vice-President (CEO) shall serve as ex officio members of the Committee, which should include three members appointed from the Editorial Board by the Editor.

A-3. Committee on Multi-Media Programs

A. Duties shall include:

- Dial Access. As availability and needs arise, new programs shall be selected and negotiated with authors, editors and sponsors. All existing programs shall be reviewed on a regular basis so that material presented is current. Minor or major changes shall be made as necessary to maintain the newest and best material. The Dial Access Ready Reference Catalog shall be maintained and updated whenever necessary.
- Video Access. Production facilities, marketing methods and scientific material for videocassette programs shall be reviewed on an annual basis.

B. Coordinating Committee on Member-

Shall coordinate the activities of the Committee on Young Physicians and such Ad Hoc Committees as shall be annually assigned to it.

B-1. Committee on Young Physicians

It shall be the duty of this committee to review specific program areas and services that would be of interest to Young Physicians. The committee will also generate an annual list of both Educational Programs and Membership Services that would meet the perceived needs of physicians in the under forty age category.

C. Coordinating Committee on Insurance

This Committee shall periodically review the insurance program of the Association and work in liaison with the administrator and/or underwriters to ensure the success of the program, and to see that the interests of participants are adequately protected.

D.Coordinating Committee on Physicians' Retirement Program

This Committee shall periodically review the Physicians' Retirement Program of the Association and work in liaison with the SMA staff.

E. Coordinating Committee on Budget/ Administration

This Committee shall coordinate the activities of the Committee on Constitution and Bylaws, the Committee on Grants, Loans, Scholarships and such Ad Hoc Committees as shall be annually assigned to it. It shall also be the duty of this committee to meet at least annually to review the staff pension plan(s) and recommend changes which might improve the employee benefits package and to review any personnel problems which may arise during the year relative to the staff. This Committee shall review budgetary information including revenues and expenses, financial projections, major capital expenditures, and key financial indicators. The Committee will also review variances in the Budget and other major program developments from a financial perspective. This Committee shall consist of the President, President-Elect, Vice-President, Chairman, Vice- Chairman and two members at large from the Council appointed by the Chairman of the Council. The President-Elect shall serve as the Chairman of this committee.

E-1. Committee on Constitution and Bylaws

It will be the duty of this Committee to periodically review the Constitution and Bylaws, to receive suggestions from members of the Association relative to any changes which should be made and to bring the suggested changes before the Coordinating Committee on Administration for approval and recommendations to the Council.

E-2. Advisory Committee on Grants, Loans, and Scholarships

It shall be the duty of this Committee to formulate and recommend policies and criteria for awarding grants, loans and scholarships. It shall review all applications and determine the recipients of the grants, loans and scholarships available through the Association at a meeting to be held annually after the deadline for receiving applications. The Committee may be composed of members who are representative of the specialties of medicine at the discretion of the Chairman of the Council.

F. Coordinating Committee on Long Range Planning

This Committee shall select the time, location, and agenda of periodic study sessions for the Council. These sessions are to be spent considering past, present, and future problems of the Southern Medical Association. Recommendations are to be given to the Executive Committee for approval and presentation to the Council.

G. Coordinating Committee on Special Projects and Services

This Committee shall review such potential projects and services proposed to be conducted by the Association as may from time to time be submitted to the Committee for its study and recommendations or which the Committee may independently select for study.

H. Coordinating Committee on Practice Management Services

This Committee shall periodically review the programs, services, and products offered by Reimbursement Services and the Physicians' Purchasing Program and shall make recommendations to enhance participation in these programs.

I. Presidential Committee on Special Awards

A confidential Committee on Special Awards consisting of five members with the President-Elect as Chairman, shall be appointed by the President to evaluate the contributions of the various candidates for special awards. If suitable candidates are selected by the Committee, it shall submit the names of not more than three such members to the Council for each award. The Council may elect one for each respective award and presentation of the awards will take place at the Second General Session of that annual meeting.

I. Presidential Committee on Selections

This Committee shall seek, receive, and consider names for all elected officers with the exception of the Section Officers. The members of this committee shall consist of one Councilor representing each group of Councilors (total of five), as defined in the Constitution, and two members at large who may be, but are not necessarily, Councilors. The members and Chairman shall be appointed by the President. The Chairman of this Committee must be made known to the general membership so that nominations for elective officers can be submitted to him at least thirty days prior to the first annual meeting of the Council. A list of nominees shall be submitted to the Council. This Committee shall, as may be requested by the President, consult with the President and President-Elect in the identification of and selection of nominees for appointment as Councilors. The appointment of this committee will be on an annual basis, but no person shall be eligible to serve more than two consecutive annual terms.

K. Presidential Committee on Endowments

This Committee shall provide direction for the development, visibility and viability of the Research and Education Foundation, a permanent endowment established to ultimately fund SMA's Grants, Loans, and Scholarships programs, recommendand approve programs, policies and marketing efforts required to generate contributions to the Research and Education Foundation, and recommend and approve methods of giving to the Foundation and ways in which contributors can be recognized for various levels of giving. Also, volunteer personal time and effort in securing major gifts to the Foundation and set an example, by personal contributions, for the general membership of The Committee shall support The Society of 1906 and recommend and approve programs to enhance the visibility and growth of the Society.

L. Presidential Committee on Affiliated Societies

This Committee shall discuss common goals, objectives and programs among the various affiliated societies and identify ways of effecting stronger working relationships between the Southern Medical Association and the Affiliated Societies. This Committee shall consist of the President of each of the Affiliated Societies and shall be chaired by the Vice-President of the Association.

ARTICLE X. ANNUAL MEETING Section 1. Annual Meeting

There shall be an annual meeting of the Association, which shall be at such time and place as shall be determined by the Council and reasonable prior notice of the time and place of holding such annual meeting shall be given to all members of the Association. At all business sessions the attendance of not fewer than twenty members shall constitute a quorum to conduct business.

Section 2. Composition of Annual Meeting

The annual meeting shall consist of such sessions to include Business, Scientific, Educational, and such other endeavors as may be designated for consideration. The schedule of activities for the Annual Meeting shall be established by the Council annually and such activities shall be furnished to the membership in advance of the Annual Meeting. The President of the Association shall preside at all general sessions of the Annual Meeting, or in his absence the Vice-President. Such business shall be conducted at the General Session as shall be designated by the Presiding Officer.

Section 3. Scientific Sections of the Annual Meeting

The Scientific Sections of the Association shall hold such sessions as may be arranged by the Section Secretaries with the approval of the

Committee on Scientific Activities. All persons attending must be properly registered before being admitted to the Scientific Session.

Section 4.Creation of New Sections and

Abolition of Existing Sections.

New Sections may be created by vote of the Council after receiving petition from thirty active members of the Association representing that specialty or sub-specialty and representing twelve of the states or the District of Columbia in the Southern Medical Association territory. Recommendations to abolish a Scientific Section may be made to the Council when that Section's participation, interest, and attendance warrants review over a period of two years. The Council shall consider such recommendations and act with respect to the same.

Section 5. Section Officers

There shall be the following Section Officers who shall be elected by the section under such procedures and rules as may from time to time be adopted by each section:

A. Chairman.

The Chairman shall perform such duties as may be provided by the rules of the Section. He shall be responsible for selecting and inviting the Section's official guest speaker and shall cooperate with the Secretary in arranging the Section program for an annual meeting.

B. Vice-Chairman.

The Vice-Chairman shall assist the Chairman in his duties and preside over the Section meetings in the absence of the Chairman.

C.Secretary.

- The Secretary shall arrange the Section program for an annual meeting in cooperation with the Chairman.
- The Secretary shall be the official correspondent with the headquarters office.
- The Secretary shall maintain or cause to be maintained the records of the Scientific Section.
- 4. The Secretary shall consult with the Executive Vice-President (CEO) to determine if the prospective nominees for Section Officers are eligible to hold office prior to their nomination.
- 5. The Secretary shall be responsible for collecting papers presented at an annual meeting and forwarding them to the Association offices along with the list of newly elected Section Officers.
- 6. The Secretary shall attend the annual Section Secretaries' Conference to be held as soon as practical after the annual meeting for the purpose of formulating the general schedule of scien-

tific sessions for the annual meeting in cooperation with the Committee on Scientific Activities.

D. Secretary-Elect

 The Secretary-Elect shall make himself acquainted with the duties of the Secretary and attend the Section Secretaries' Conference.

The Secretary-Elect shall perform such other duties as may be appointed.

Section 6. Scientific Section Steering Committees.

A.The Scientific Section Committees may have a formal Steering Committee at the election of such Committee. If constituted, the Steering Committee shall be made up of the current Chairman, Vice-Chairman, Secretary, the Chairman-Elect, if this office is utilized by the Section, and the three immediate past Chairmen. The duties of the Section Steering Committee shall include:

- 1. Aid in planning the work of the Section;
- Evaluation of papers read before the Section for possible publication;
- Serve as a Section nominating committee;
- Fill vacancies that occur among Section Officers;
- Perform such other duties as they appear necessary.

ARTICLE XI. SPECIAL AWARDS Section 1. Distinguished Service Award.

There shall be a Distinguished Service Award of the Association which may be awarded annually to any member of the Association in recognition of outstanding contributions to the advancement of medical science and/or the Association. Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 2. Seale Harris Award.

There shall be a Seale Harris Award which may be awarded annually to any member of the Association as recognition for important research accomplishment in the broad field of metabolism, endocrinology, nutrition, or for research which contributes to a better understanding of the chemical changes occurring in disease. Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 3. Original Research Award.

There shall be an Original Research Award of the Association, consisting of a medal and a cash prize, which may be awarded annually in recognition of original research in clinical medicine or the basic science as applied to medicine. Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 4. Determination of Awards.

These awards will be determined by a confidential Committee appointed by the President to evaluate the contributions of the various candidates for special awards. The Committee shall submit the names of not more than three persons to the Council for each award. The Council may elect one for each respective award and presentation of awards will take place at the Second General Session of the Annual Meeting.

ARTICLE XII. SOUTHERN MEDICAL ASSOCIATION AUXILIARY

There shall be an Auxiliary to the Southern Medical Association which will function under the jurisdiction of the Council. The Executive Committee of the Council will be the Advisory Committee to the Auxiliary. Financial support to the Auxiliary may be granted at the discretion of the Council. The fiscal year will coincide with that of the Association.

ARTICLE XIII. RULES OF ORDER

The rules contained in the current edition of Roberts' Rules of Order, Newly Revised shall govern the proceedings of the Association in all cases in which they are applicable and in which they are not inconsistent with these Bylaws or special Rules of Order which the Association may adopt.

ARTICLE XIV. INDEMNIFICATION OF OFFICERS AND AGENTS OF THE SOUTHERN MEDICAL ASSOCIATION

Every person who is, or has been, a Councilor, Trustee, Officer, Employee or Agent of the Association, or of a subsidiary or of an affiliate owned or controlled by the Association, shall be indemnified by the Association in a manner and to the extent authorized and permitted by the Alabama Nonprofit Corporation Act. The foregoing rights of indemnifications shall be without prejudice to any other rights to which any such Trustee, Councilor, Officer, Employee or Agent may be entitled as a matter of law.

ARTICLE XV. AMENDMENTS

These Bylaws may be amended at any Annual Meeting by a two-thirds affirmative vote of the members present and voting at a General Session of that Meeting after the Amendment has been presented in writing to the Council prior to the meeting and copies of the changes are disseminated to the membership attending the meeting.

FACTS

SOUTHERN MEDICAL ASSOCIATION

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What is the Southern Medical Association?

Even long-time members have difficulty at times recalling all the facts about SMA so, this portion of the YEARBOOK is designed to give, in capsule form, facts which you—as an Officer—should know about your organization.

Birth of a Medical Association

NAME: Southern Medical Association DATE OF BIRTH: October 3, 1906

PLACE OF BIRTH: The Read House, Chattanooga, Tennessee

FOUNDING FATHERS: Approximately 150 "attending physicians" were on hand for

the organizational meeting.

Vital Statistics

1906

Membership-Approximately 200 members from a six-state territory—Alabama, Florida, Georgia, Louisiana, Mississippi,

Tennessee

Annual Dues-\$2

Scientitic Assembly—3 Sections

Publications-None

Assets—Just some dedicated physicians

1996

Approximately 40,000 members from a territory comprised of Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia

\$100

28 Sections

Southern Medical Journal (monthly) and Southern Medicine (quarterly); both owned and published by the Association

•••••••••••

A growing roster of dedicated physicians, an Annual Meeting unparalleled for its scientific sessions, its publications, a headquarters building valued at \$2,100,000.00, Southern Orthopaedic Association, Southern Association for Oncology and Southern Association for Family Practice, Affiliates, are but a few of the Association's assets today. SMA Services, a wholly owned for-profit subsidiary providing services to SMA and its members.

Purpose of the Southern Medical Association

The exclusive purpose of this unique organization is to develop and foster scientific medicine. Conceived as an organization which could, on a regular basis, promote the progress of scientific medicine generally and in particular, attack problems peculiar to the South; established as a voluntary, non-profit organization, and chartered under the laws of the State of Alabama, the Association is independent of other medical societies, but works closely with them.

Dedicated exclusively to serving the professional needs of physicians of the South, SMA strives to bring its members into closer touch and in more perfect harmony with each other, creating a society unique in its opportunity for fraternal relationships and in

its personal significance.

Although the Association has grown from a membership of approximately 200 in 1906 to a membership of over 40,000 today, its purpose remains the same and is so stated in its CONSTITUTION and BYLAWS, ARTICLE II—PURPOSE.

Organization and Early History of the Southern Medical Association

The Southern Medical Association, like the sturdy oak, from a little acorn grew; but this was no ordinary acorn. Its embryo contained the elements of need, vision, and opportunity embodied in a previously existing organization known as the Tri-State Medical Association of Alabama, Georgia, and Tennessee, which was composed of some two hundred physicians.

Representatives of the Tri-State group, along with representatives from Florida, Louisiana, and Mississippi, met in Chattanooga, Tenn., on October 2, 1906, in response to an invitation from the President of the Tennessee State Medical Association. The invitational letter stated that the members of the Nashville Academy of Medicine felt that "there was a growing feeling among doctors of the southern group of states that a Southern Medical Association should be organized."

These representatives, most of whom were presidents of their state medical associations, adopted a resolution for presentation to the Tri-State Medical Association, stating among other reasons, that "a greater opportunity for selfimprovement and achievement in the realm of scientific research is required by the progressive and cultured physicians of the district (the South) than is afforded by the state societies, and which, on account of its large membership, is denied them in the American Medical Association." The resolution, presented the next day (October 3, 1906), called for the merging of the Tri-State Medical Association into this larger body, thereby becoming the nucleus of the proposed Southern Medical Association.

Anticipating favorable action on the resolution, a Committee on Constitution and Bylaws was appointed on October 2, 1906, with instructions to have a tentative draft of the CONSTI-TUTION and BYLAWS for the proposed Southern Medical Association ready to present to the Tri-State group the next day. Working all night, the Committee drafted a proposed CON-STITUTION calling for the formation of a voluntary, independent organization of physicians which would eventually embrace all of the sixteen Southern states and the District of Columbia. It further called for the Tri-State Medical Association to "thaw and resolve themselves into a dew; to die in order that the baby Southern Medical Association could be born."

In an atmosphere charged with emotion, the resolution and the tentative draft of the first CONSTITUTION were debated as the first order of business of the Tri-State group. There were impassioned pleas "on behalf of the young physicians of the Southern states for a wider field to engage our talents." as well as for "a stimulus, an

incentive to spur us on to worthy deeds to more intensive study, to greater accomplishments in the field of medicine and surgery." Jere L. Crook, M.D., Chairman, Committee on Constitution and Bylaws, tried to make the group visualize a great Southern Medical Association whose programs would deal with diseases peculiar to the Southern states and would present to the world the results of the research, the clinical experience, at the bedside and in the operating room, of the splendid body of men composing the ranks of the medical profession of the South.

Naturally, the fine record of the Tri-State group was ardently defended, citing loyalty and accomplishments of its members but the arguments for greater opportunities for scientific improvement and for a wider fellowship among physicians triumphed. The founder of the Tri-State group, J. B. Cowan, M.D., Tullahoma, Tenn., who was Chief Surgeon on the staff of Lieutenant General Nathan Bedford Forrest 1861-1865, understandably loathe to see his own brainchild die, and having pledged to fight any move to that effect, was so impressed with the "pleas of these ambitious young doctors for a chance to try their wings over all Dixie Land" that he moved the adoption of the resolution and the tentative CONSTITUTION and BYLAWS "without changing one jot or one tittle." The motion carried unanimously and thus the Southern Medical Association was born.

The work of organizing moved rapidly—a Nominating Committee was appointed, met promptly, and upon making its report, the first officers of the Southern Medical Association were elected and installed on October 3, 1906, at The Read House in Chattanooga, Tenn.

The first annual meeting was held in Birmingham, Ala. September 24-25, 1907, with a Scientific Assembly composed of three sections: Medicine, Surgery, and Ophthalmology. At this meeting H.H. Martin M.D., Savannah, Ga., first President of the Association, summarized the general feeling of the members of the Southern Medical Association in regard to their new organization when, in closing his President's Address, he said:

"I wish to express my entire satisfaction with the unqualified success of this, our first annual meeting, and to publicly thank the various Section Officers for the most excellent program furnished for this meeting. I have never seen a better one in any medical association in this country The Southern Medical Association is tonight an accomplished fact. Its future is in your hands to make of it what you will."

Thus began the growth and development of the Southern Medical Association.

Officers and Governing Bodies of the Southern Medical Association

Just as the individual shares the responsibility of democratic government so the individual member of the Southern Medical Association shares the responsibility of managing its affairs. But a pure democracy is an inefficient and cumbersome form of organization and each of the members does not wish to study and vote on every single detail of the business of the Association. Therefore, provisions have been made whereby grants of power are distributed among officers and governing bodies.

GRANTS OF POWER...

The membership has adopted a CONSTITUTION and BYLAWS (which it may abolish, change, or amend) which invests power in, and describes the duties of certain bodies and officers of the Association. In addition, the CONSTITUTION and BYLAWS(1) states the purpose of the Association; (2) establishes requirements for and classes of membership; (3) provides for the scope and mechanics of meetings; (4) describes the manner of election, power, and duties of officers; (5) provides for the election or appointment of committees; (6) establishes and defines the administrative machinery; (7) prescribes dues and fiscal procedures and (8) provides for amendments.

OFFICERS...

The officers of the Association fall into two categories—the elected and the appointed officers. A complete outline of the duties of all officers, elected and appointed, is included in the BYLAWS.

THE GOVERNING BODIES...

THE COUNCIL

Through provisions in the CONSTITU-TION and BYLAWS, the membership established the Council as the governing body of the Association, and defined its composition, duties, and powers.

The Council consists of twenty-one members; four officers and one member representing each of the sixteen states and the District of Columbia which constitute the territory of the Association. Appointed by the President, a Councilor serves a five-year term, is not eligible for reappointment, unless he was appointed to fill an unexpired term, and is not eligible for elective office during his tenure as Councilor. The Council elects a Chairman and Vice-Chairman annually.

Much of the detail work of the Council is accomplished by efficient use of committees created for specific purposes. Through its Chairman, the Council makes a report of its findings, recommendations, and actions to the membership at the first general session of each annual meeting.

THE EXECUTIVE COMMITTEE OF THE COUNCIL

The Executive Committee of the Council acts for the Council and the membership between Annual Meetings. This smaller body of nine (or ten) is composed of the Chairman and Vice-Chairman of the Council, who also serve as Chairman and Vice-Chairman of the Executive Committee of the Council, the Immediate Past President, President, President, and Vice-President of the Association, and three (or four) additional Councilors, appointed by the Chairman, who are members of that Class of Councilors serving the third year of their term of office, so that each Councilor shall serve at least one year on the Executive Committee.

The primary function of the Executive Committee of the Council is to consider all matters of business and report its findings and conclusions to the Council for action. Any matters of such urgency that they should not wait over until the Annual Meeting may be acted upon by the Executive Committee of the Council, however.

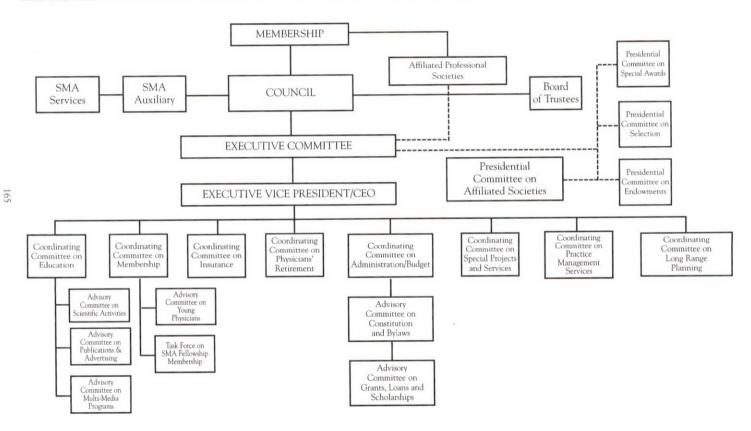
THE BOARD OF TRUSTEES

The Board of Trustees shall serve as the Auditing Committee to review the financial audit. They shall also submit an Annual Audit Report to the Executive Vice-President, Chairman of the Council, and President.

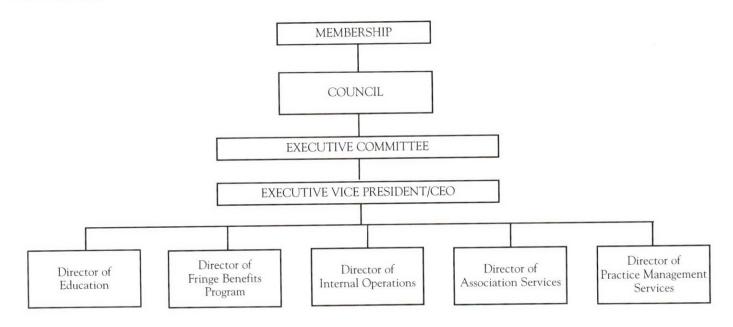
The Board of Trustees is composed of six members elected by the Council, one each year, to serve for a period of six years, with the oldest member in point of service serving as Chairman.

GENERAL ADMINISTRATION

By and large, the official governing bodies of the Association are policy-making groups. Decisions, programs, and policies established by the governing bodies are put into effect through (1) the administrative machinery of the Executive Vice-President and his staff at the headquarters office in Birmingham, Alabama, and (2) the Editor, Associate and Assistant Editors, and the Editorial Board.



Southern Medical Association Management Chart



Membership in the Southern Medical Association

WHO CAN BELONG...

The membership of SMA is by invitation to physicians eligible for membership in the following state medical societies: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, who are sponsored by the respective state Councilor, to invited medical officers of the United States Army, Navy, Air Force, Public Health Service and Veterans Administration on active duty, and to invited members of the Puerto Rico Medical Association who are citizens of the United States of America.

The CONSTITUTION and BYLAWS of the Association provides for active membership as well as for various classes of associate and emeritus membership.

DUES...

The modest dues of the Association, which includes the member's subscription to the SOUTHERN MEDICAL JOURNAL, keeps membership in this scientific organization well within the financial reach of all physicians. Effective July 1,1992, the annual dues were set at \$100, payable in advance, with membership effective on the date of the application.

Life membership is available to members in good standing upon application and the payment of the appropriate fee according to the fol-

lowing table:

Attain	16	ed											
Age													Fee
40													\$ 2415.00
41													\$ 2355.00
42													\$ 2287.50
43													\$ 2227.50
44													\$ 2152.50
45													\$ 2092.50
46													\$ 2025.00
47													\$ 1965.00
48													\$ 1905.00
49													\$ 1837.50
50													\$ 1777.50
51													\$ 1717.50
52													\$ 1650.00
53													\$ 1605.00
54													\$ 1537.50
55													\$ 1477.50
56													\$ 1425.00
57													\$ 1380.00
58													\$ 1312.50
59													\$ 1267.50
60													\$ 1215.00
61													\$ 1162.50
62													\$ 1117.50
63													\$ 1065.00
64													\$ 1012.50
65													\$ 967.50
66													\$ 930.00
67													\$ 877.50
68													\$ 840.00
69													\$ 802.50
70													\$ 667.50

Activities of the Southern Medical Association I. The Annual Meeting

GENERAL INFORMATION...

The Association's annual meeting is traditionally held in November each year in one of the cities located within the Association's territory. Dates for the Annual Meeting are selected at least 5 years in advance and conform to a Thursday-Sunday schedule. Dates and sites are subject to review and approval by the Council. All scientific activities, meetings, and exhibits at SMA annual meetings are open to physicians who are eligible for membership in their local and state medical societies whether or not they are members of the Southern Medical Association. Medical and nursing students, interns, residents, and paramedical personnel may also attend.

Generally, the format of an annual meeting consists of two parts—the scientific program and the exhibits both scientific and technical. Specifically, the scientific activities of the Southern Medical Association are divided into twenty-eight Sections, running the gamut from Allergy to Urology. Section work is augmented by general sessions, joint sessions with two or more Sections cooperating to present programs of special interest, special symposia on timely subjects, meetings of conjoint societies, postgraduate courses, scientific exhibits and posters, and technical exhibits, all designed for one purpose - to enhance the practice of medicine.

SCIENTIFIC SECTIONS...

The modern concept of Section work was instituted by the Association at its first annual meeting in Birmingham, Ala., in 1907 when scientific programs were presented in three Sections: Medicine, Surgery, and Ophthalmology. Thus the basic reason for the founding of the Association in 1906 - "to provide a greater opportunity for self-improvement and achievement...

As specialization developed, the need for a forum for the discussion of problems and progress in these new fields developed also. The Southern Medical Association has been quick to sense these needs related to special interests and has created Sections for their benefit. The Association has often led the way in the recognition of certain specialties by being the first general medical organization to create Sections for these specialties. When interest in, and the need for more than a single session are demonstrated, and the specific needs cannot be incorporated into existing Section programs, a new Section is created for that special need. At the same time, when need for a Section no longer exists or when its work has been absorbed by other Sections, then such Sections are discontinued. This practice of being constantly alert to the needs and wishes of the physicians in the South has produced an ever-changing list of the Association's Sections. The following list summarizes the Sections created by the Association in chronological order, with any changes from the original listed under the appropriate Section.

VEAD ADDD	WED
YEAR APPRO	
BY COUNCI	
1906	Medicine
1906	Surgery
1906	Ophthalmology
	1912— changed to Ophthalmology,
	Rhinology, Otology and
	Laryngology
	1923— changed to Eye, Ear, Nose
	and Throat
	1929— changed to Ophthalmology
	and Otolaryngology
	1963— changed to Ophthalmology
1911	Hygiene and Preventive Medicine
	1913— changed to Public Health
	1913— changed to Public Health 1961— changed to Preventive
	Medicine
1912	1968— discontinued
1912	Ophthalmology, Rhinology,
	Otology and Laryngology
	1923— changed to Eye, Ear, Nose
	and Throat
	1929— changed to Ophthalmology
	and Otolaryngology
	1963— changed to Otolaryngology
	1983— changed to Otolaryngology-
	Head and Neck Surgery
1916	Pediatrics
	1983— changed to Pediatrics and
	Adolescent Medicine
1919	Urology
1919	Orthopedic Surgery
.,.,	1923— changed to Bone and Joint
	Surgery
	1942— changed to Orthopaedic
	and Traumatic Surgery
	1994— changed to Orthopaedic
1919	and Trauma Surgery
1919	Roentgenology
1000	1920— changed to Radiology
1920	Obstetrics
1920	Neurology and Psychiatry
	1974— changed to Neurology,
	Neurosurgery, and Psychiatry
	1986— changed to Neurology and
	Psychiatry; new Section on
	Neurosurgery formed
1922	Dermatology and Syphilology
	1961— changed to Dermatology
1922	Medical Directors of Southern Life
	Insurance Companies
	1923— discontinued
1923	Pathology
1924	Gastro-Enterology
1/21	1931— changed to Gastroenterology
1926	Medical Education
1920	1938— changed to Medical
	Education and Hospital
	Training
1027	1954— discontinued
1927	Railway Surgery
	1944— discontinued
1927	Gynecology
1937	Anesthesia
	1945— changed to Anesthesiology

BY COUNC	IL SECTION ON
1938	Allergy
	1983— changed to Allergy &
	Immunology
1938	Proctology
	1970— changed to Colon and Rectal Surgery
1941	Physical Therapy
	1944— changed to Physical Medicine
	1949— changed to Physical Medicine and Rehabilitation
	1980— discontinued
1941	General Practice
	1973— changed to Family Practice
1944	Industrial Medicine and Surgery
	1980— discontinued
1960	Plastic and Reconstructive Surgery
1973	Chest Diseases
1978	Emergency Medicine
1986	Neurosurgery
1987	Oncology

Cardiology Geriatric Medicine 1994 Medical Management and 1995 Administration

Rheumatology

Occupational Medicine

Currently the scientific assembly of the Southern Medical Association is comprised of the following Scientific Sections:

SECTION ON...

Neurosurgery

Occupational Medicine

Obstetrics

Oncology

Ophthalmology

1989

1992

1993

Allergy & Immunology Anesthesiology Cardiology Orthopaedic and Trauma Surgery Chest Diseases Otolaryngology-Head Colon and Rectal and Neck Surgery Surgery Dermatology Pathology Pediatrics and **Emergency Medicine** Adolescent Medicine Family Practice Plastic and Gastroenterology Geriatric Medicine Reconstructive Surgery Gynecology Reconstructive Medical Management Radiology and Administration Rheumatology Medicine Surgery Neurology and Urology Psychiatry

Each section elects its own officers-a Chairman, Vice-Chairman, Secretary, and Secretary-Elect, with primary responsibility for program planning resting with the Secretary. Duties of all officers are outlined in the CON-STITUTION and BYLAWS. Section programs are coordinated in the winter at the annual Section Secretaries' Conference which is attended by the members of the Association's Committee on Scientific Activities in addition to the Section Secretaries. Every effort is made to see that well-rounded scientific programs are planned for each Section.

A physician attending a Southern Medical Association meeting is not required to attend only one Section. He may spend time where, in his opinion, it will be most beneficial to him. This freedom to choose provides great program flexibility, variety and personal appeal. At the same time this plan enables the Southern Medical Association to reach one of its continuing goalshelping doctors practice better medicine.

EXHIBIT HALL...

SCIENTIFIC POSTERS - In addition to the scientific sessions, postgraduate courses and symposia offered to physicians attending the annual meeting, there is an opportunity for physicians to submit and present scientific posters for display in the Exhibit Hall. Scientific posters were first introduced in 1988, and since then, submissions have continuously increased. Scientific exhibits, effective for the 1996 Assembly, have been discontinued.

TECHNICAL EXHIBITS - Technical Exhibits offer the busy physician the opportunity to view the latest drugs, medical equipment, and services on the market. These exhibits are carefully screened by Committees and represent the highest standards in quality, originality, and value. Awards are made for the most outstanding technical exhibits.

THE SOCIAL SIDE ...

The annual meeting, while geared primarily for education, also has its moments of relaxation. Thriving on an informal atmosphere-where physicians from every type of practice can meet to exchange ideas-SMA has a widely known reputation for its "Southern Hospitality." Social highlights of the annual meeting include: alumni reunions, Section social events, annual golf tournament, tennis tournament, fun run, President's Reception, Luncheon, and Dinner Dance, activities for the spouses planned by the Southern Medical Association Auxiliary, and, of course, fellowship with members of the medical profession from all parts of the United States and many foreign countries.

II. Continuing Medical Education Activities

The Southern Medical Association is committed to expanding and diversifying its educational opportunities to provide a more comprehensive network of continuing medical education activities. On-site seminars and regional postgraduate conferences are conducted annually. Multi-Media Programs, which offer self-directed learning opportunities, provide a comprehensive and coordinated continuing medical education network of high quality programs at very reasonable prices.

MULTI-MEDIA PROGRAMS...

Dial Access

Dial Access, SMA's unique medical hotline, provides toll-free, concise, and current medical information for physicians through a toll-free, state-of-the-art audiotext telecommunications system, as a cost-free benefit for SMA membership. Through an automated, touch-tone-activated system, callers may select from more than 900 audiotapes in 12 clinical disciplines: Allergy & Immunology, Arthritis & Rheumatism, Cancer, Cardiovascular Diseases, Critical Care & Medicine, Endocrinology Emergency Metabolism, Gastroenterology, Infectious Diseases, Obstetrics & Gynecology, Pediatrics, and Psychiatry, and the non-clinical section, Practice Management. Each section is updated regularly to assure that information presented is the most current possible.

SMA members may call toll-free, as frequently as they wish, listen to as many tapes as they choose. They may leave messages, hear SMA's educational calendar and request monographs free of charge. The information is also available instantly, via FAX-on-demand. Because of its hitech accessibility and clinical reliability, Dial Access provides a national multidisciplinary resource designated to meet the diverse needs and schedules of practicing physicians. Approximately 10,000 calls are received per year.

Dial Access tapes are approved for hour-forhour credit in Category 2 of the AMA's Physician Recognition Award and AAFP's prescribed credit. Cumulative credit earnings are mailed to each participant at the beginning of each calendar year.

Satellite Videoconferences

SMA's complimentary, live satellite videoconferences cover differential diagnoses, medical therapies and management protocols for topics such as Cholesterol, Osteoporosis, Hepatitis, HIV/AIDS, Dermatology, Arthritis, Stroke, and Influenza; and non-clinical programs such as Pharmacoeconomics.

Programs feature nationally prominent physicians and offer CME credit for physicians, and credit for nurses and pharmacists. More than 1,000 sites across the continental U.S., in Hawaii and Alaska, have participated in SMA's interactive programs.

Video Access

SMA provides videotapes for physician and patient education at affordable prices. Some provide category 1 CME credit.

Audio Access

Selected educational seminars are compiled on audiotape and are made available for purchase. Most programs are approved for hour-for-hour credit in Category 2.

Clinical Concepts

Home study courses compiled from Dial Access tape monographs. Each course presents 5 to 10 monographs on a specific subject. Some provide Category 1 credit, AMA's Physician Recognition Award, for successful completion of the test and evaluation form.

Computer Access

A CD-ROM research program offers backfiles for three years of abstracts from 207 of the most subscribed to medical journals. It also includes full text from the New England Journal of Medicine and The Southern Medical Journal.

INFORMATION ACCESS

Non-clinical, published information on risk and practice management. Some courses offering Category 1 CME.

III. Publications

THE SOUTHERN MEDICAL JOURNAL... BRIEF HISTORY

During the first years of its history, the Association did not actually own a journal. Various publications were named "official organ of

publication" from time to time.

At the annual meeting held in Atlanta, Ga., November 10-12, 1908, arrangements were made for the Medical Report of Shreveport, Shreveport La., to serve as the official organ of publication, with the name to be changed to Journal of the Southern Medical Association, effective January 1909 (Vol. 2, No. 1). Oscar Dowling, M.D., Shreveport, La., Secretary-Treasurer of the Southern Medical Association, was Editor. It was discontinued as Journal of the Southern Medical Association as of December 1909.

The Gulf States Journal of Medicine and Surgery, Mobile, Ala., formerly the Mobile Medical and Surgical Journal, became the Association's official organ of publication in January 1910 (Vol. 16, No. 1). Owners Seale Harris, M.D., and H. A. Moody, M.D., both of Mobile, Ala., served as Editors.

The Southern Medical Journal, a publication privately owned by a group of Nashville, Tenn., physicians began in Nashville, Tenn., in July 1908 (Vol. 1, No. 1). It was purchased in October or November 1910 by Seale Harris, M.D., Mobile, Ala., as principal owner with some other physicians having minor financial interest. Thus, the owners of the Gulf States Journal of Medicine and Surgery merged this publication (Vol.17, No.5) with their newly acquired publication, the Southern Medical Journal with the December 1910 issue (Vol. 3, No. 11). Also, beginning with the December 1910 issue, the new Southern Medical Journal carried the additional designation of Journal of the Southern Medical Association. Seale Harris, M.D., Mobile, Ala., served as Editor until November 1921, and H. A. Moody, M.D., Mobile, Ala., served as Managing Editor until April 1916.

From December 1910 to May 1916, J. A. Witherspoon, M.D., W. D. Haggard, M.D., William Litterer, M.D., W. A. Bryan, M.D., and M. M. Cullon, M.D., all of Nashville, Tenn., and Oscar Dowling, M.D., Shreveport, La., were

Associate Editors.

From June 1916 to October 1917, M. Y. Dabney, M.D., became Managing Editor and James R. Garber, M.D., Birmingham, Ala., became Associate Editor. From December 1917 to December 1919, Dr. Dabney served as Acting Editor while Dr. Harris was on active military duty. From January 1920 to November 1921, both Dr. Dabney and Dr. Garber were designated Associate Editors.

In November 1921 the Southern Medical Association, with a membership of 6,328, purchased the Southern Medical Journal from Dr.

Harris and his co-owners and elected Dr. Dabney, Editor. Dr. Harris resigned as Editor at that meeting. Dr. Dabney served as Editor from December 1921 to December 1954 and his wife, Eugenia B. Dabney, served as Assistant Editor, 1930-1935, and Associate Editor from 1935 until December 1954.

Curtice Rosser, M.D., Dallas, Tex., and Tinsley R. Harrison, M.D., Birmingham, Ala., were Associate Editors from January 1951 to December 1954. Curtice J. Lund, M.D., New Orleans, La., served as an Associate Editor from January 1951 to December 1952. Howard L. Holley, M.D., Birmingham, Ala., served as an Associate Editor from January 1954 to December 1954.

Others who have served as Assistant Editor are Harris D. Riley Jr., M.D. (1967-1970), Sam E. Stephenson Jr., M.D. (1968-1990), Addison B. Scoville, Jr., M.D. (1976-1989), and J. Leonard

Goldner, M.D. (1971-1974).

R. H. Kampmeier, M.D., Nashville, Tenn., became Editor and Mr. V. O. Foster, Birmingham, Ala., Managing Editor, effective December 1, 1954. Mr. Robert F. Butts, Birmingham, Ala., became Managing Editor, December 1, 1960. Harris D. Riley, Jr., Oklahoma City, Okla., became Associate Editor of the *Journal* in January 1971, and assumed the role of Editor in January 1973, upon Dr. Kampmeier's retirement. Dr. Kampmeier was retained as Advisory Editor. In September 1977, John B. Thomison, M.D., of Nashville, Tenn., was appointed Editor succeeding Dr. Riley.

Beginning in 1980 William J. Ranieri became Managing Editor of the *Journal*. In July 1992, the Council voted to name Dr. Thomison Editor Emeritus upon his retirement at the end of that year. In January 1993 J. Graham Smith, Jr., M.D., became Editor.

With sound business and editorial management, the *Journal* has not only grown in size and financial stability, but it has also grown in scientific stature and influence. Its cumulative contribution to the medical literature parallels and mirrors the growth and scientific development of medicine in the South.

The Journal Today

Throughout its entire life, the Southern Medical Journal has adhered to its main objective announced in the first issue: to help doctors practice better medicine by bringing to them high quality, original articles by leading medical researchers and specialists and general information of concern to the medical profession.

The Southern Medical Journal is a general medical publication which presents monthly some 35 major articles, many of them illustrated with photographs and drawings. Its contents are as broadly based as the practice of medicine and surgery.

Articles are chosen from hundreds submitted and from the 400 or so papers presented at the annual scientific sessions by leaders in the various specialized fields of medicine.

Offices of the Journal are in the headquarters building of the Southern Medical Association in Birmingham, Ala. The Editor, J. Graham Smith, Jr., M.D., is a practicing dermatologist in Mobile, Ala.

Assisting the Editor are Associate Editors Richard D. deShazo, M.D., and Angus M. McBryde, Jr., M.D.; 14 Assistant Editors; the Editorial Board (established by Dr. Kampmeier in 1954), which now consists of 34 members appointed by the Editor with the consent of the Council; and the Advisory Committee to the Editorial Board, which is composed of the Secretaries of the Scientific Sections of the Southern Medical Association.

Today the Southern Medical Journal goes into the 16 Southern states and the District of Columbia which comprise the Association's membership territory, as well as all other states, Puerto Rico, the Virgin Islands, the Canal Zone, and 22 European and Asiatic countries. One of the most influential medical publications in the world, the Journal brings to the practicing physician knowledge that will enable him to provide the best possible care for patients in this age of rapidly changing modern medicine.

THE SOUTHERN MEDICAL BULLETIN...

When the Association was only three years old—at the New Orleans Meeting, November 9-11, 1909—the Council recommended the publication of a quarterly bulletin. On November 1, 1912, the Southern Medical Bulletin, Volume 1, Number 1, was issued. It included the program for the forthcoming Annual Meeting and other information about the Association. The Council approved this bulletin, authorized its continuance, and the Southern Medical Bulletin has been published quarterly since 1912.

At the Miami Beach Meeting in 1957 a proposal to expand the quarterly Southern Medical Bulletin to a monthly publication was reviewed and approved by the Council. The first step of the proposed expansion was taken when the new format of the Southern Medical Bulletin was introduced with the March 1961 issue with R. H. Kampmeier, M.D., Nashville, Tenn., Editor. The Bulletin was accepted overwhelmingly by the Southern physicians.

The purpose of the *Bulletin* was to provide interesting and up-to-date scientific and non-scientific information for virtually all of the practicing physicians in the Association's membership territory and to stimulate interest in the Association and its various activities.

Each issue was designed to be of reference value, covering various subjects of interest such as current VD problems, cancer, rehabilitation, alcoholism and habituating drugs, family planning, roadside injuries, and the impact of the federal government upon medical care. From 1912 through 1968 the September issue of the Bulletin contained the preliminary program for the Annual Meeting. The second step in expanding the Bulletin came in 1969 when all four of the quarterly issues followed the basic format, but with increased size, and the preliminary program for the Annual Meeting was published separately. During 1970 the Bulletin increased to six issues, one every other month.

Southern Medicine

In January 1972, the name of the Southern Medical Bulletin was changed to Southern Medicine.

After a great deal of thought and intensive costs analysis, it was decided on February 11, 1978 to terminate publication of *Southern Medicine* in its existing form.

Today, Southern Medicine provides important information concerning SMA's educational programs and services for its members, including details for upcoming seminars, workshops, postgraduate courses, and the annual meeting, as well as information on Dial Access, Video Access, and Audio Access offerings. Southern Medicine also provides up-to-date information on the benefits and services offered through the Association, including those of the Fringe Benefits Program, he Physicians Purchasing Program, SMA Travel Services, and Design Print, the Association's graphic design service.

In addition, Southern Medicine also regularly features articles concerning socio-economic and other issues of importance to the physician and his practice, as well as spotlights on various members of the Association and regular messages from its leading officers.

Southern Medicine is published quarterly (January, April, July, October) and is provided free of charge to all dues-paying members of the Association.

IV. Residency Training Loan Fund

ORIGINALLY A GRANT PROGRAM...

Recognizing the increasing need of financial assistance for those physicians who had completed their formal education, but who are seeking additional education in the form of residency training and fellowships, the Southern Medical Association established the Southern Medical Association Residency Training Grant Fund at the Miami Beach Meeting, November 1962. This project of the Association provided funds to allow a physician to complete a chosen number of years of training without adding to his previous indebtedness and still receive an income, which, while not necessarily commensurate with his education and value, would allow him a comfortable existence during this training period. The first four grants under this program were awarded in 1963 for the residency year 1963-1964. Five grants were awarded in July 1964; seven, July 1965; ten, July 1966; eleven, July 1967; fourteen, July 1968.

The Grant Fund was established so that recipients as well as other members of the Association, could make tax-deductible donations to the Fund thereby increasing the number of residents who could be assisted. While recipients of a grant assumed no legal obligation to repay, it was hoped all would assume a moral obligation to do so.

THEN A LOAN PROGRAM...

At the New Orleans Meeting, November 1968, the Council voted to change the existing Residency Training Grant Fund to the Residency Training Loan Fund and the Association's CONSTITUTION and BYLAWS were amended by changing the committee's name to the Committee on Grants and Loans. The amount available for loans for the year July 1969-July 1970 was \$30,000.

THEN A GRANT PROGRAM AND LOAN PROGRAM...

In order to provide assistance to those in financial need as well as give recognition to exceptional individuals, greater flexibility was needed in the program. Therefore, the Council voted at the Atlanta Meeting, November 1969, to give the Committee on Grants and Loans full authority to determine the needs and merits of each applicant and decide if a grant should be awarded or if a loan should be approved. The total amount of funds available for grants and loans for the year July 1, 1977-June 30, 1978 was \$40,000 (\$10,000, grants; \$30,000, loans).

NOW A LOAN PROGRAM...

At its Midwinter Meeting in Birmingham, Alabama, February 13, 1977, the SMA Executive Committee of the Council voted to discontinue giving grants under this program and made it strictly a loan program.

In November 1988 the Council voted to increase the amount available for Residency Training Loans and Research Project Grants to \$150,000 (from the previous amount of \$100,000) to become effective July 1, 1989.

RULES GOVERNING THE LOAN PROGRAM...

- (1) Eligibility Requirements . . . In order to be eligible to apply for a loan from this Fund, an applicant must satisfy the following requirements:
 - (a) be a citizen of the United States of America;
 - (b) be a graduate of an accredited medical school who is entering a program approved by The Liaison Committee on Medical Education;
 - (c) have completed one year of post medical training prior to receipt of first loan payment (application may be made, however, during final portion of internship);
 - (d) be engaged (or accepted) in residency training in an approved hospital in the territory of the Southern Medical Association;
 - (e) shall be required to have the Head of Department or the Director of Residency Program to submit a letter outlining the applicant's need.

Persons serving in the armed services are ineligible.

- (2) Selection of Recipients...The criteria for the selection of loan recipients shall be based on need and potential. Selection shall be made by the Advisory Committee on Grants, Loans, and Scholarships prior to July 1.
- (3) Amount of Loan . . . The loan shall be primarily for personal use with the exact amount determined by individual need. The maximum loan available to one applicant shall be \$5,000, payable at the rate of \$416.67 per month for twelve months, beginning annually on July 1. A recipient may apply for additional loans.
- (4) Application for Loan... Official application forms may be secured from the Southern Medical Association, 35 Lakeshore Drive, P.O. Box 190088, Birmingham, Alabama 35219-0088. Applicants shall be required to submit to the headquarters office by April 1:
 - (a) a completed official application form:
 - (b) a curriculum vitae;
 - (c) letter from Head of Department or director of Residency Program where applicant is currently enrolled or has been accepted outlining applicant's need;

- (5) Interest Rate on Loans . . . No interest shall be charged on loans made from this Fund until the beginning of the second year after the completion of recipient's residency training or at the end of the sixth year after recipient's graduation from medical college, whichever comes first. The interest rate charged shall be seven percent per annum or the current interest rate charge for FHA loans, whichever is less.
- (6) Requirements for Loan Recipients . . . Loan

recipients shall be required to:

- (a) Apply for Associate Membership (free to residents) in the Southern Medical Association.
- (b) Sign properly executed promissory note to be filed at the SMA headquarters office.
- (c) Submit a progress report of the year's activities at the end of the loan year.

V. Research Project Fund

Members of the Committee of Grants and Loan observed that funds for initiating small research projects were not readily available in most medical centers or training areas. Therefore, at the Atlanta Meeting, November 1969, the Council established the SMA Research Project Fund. This Fund originally consisted of \$6,000 annually from which grants could be made to those participating in investigative projects. Due to the large number of applications received for grants from this Fund during the first year of operation, the Committee of Grants and Loans recommended to the Council at the Dallas Meeting. November 1970, that the amount of grants be increased to \$20,000 annually (July 1-June 30). This Fund is under the direction of the Committee of Grants and Loans.

At the New Orleans Meeting in November 1976, the Committee on Grants and Loans recommended that the amount for grants be increased to \$40,000 annually. In 1982 the Committee on Grants and Loans approved a grant increase in the amount of \$20,000, making the total amount available \$60,000.

In November, 1988 the Council of the SMA voted to increase the combined amount available for Research Grants and Residency Training Loans to \$150,000 from the previous amount of \$100,000. This would become effective July 1, 1989.

RULES FOR GOVERNING THE RESEARCH PROJECT FUND...

(1) Amount Available...

(a) The headquarters office shall be responsible for notifying the Deans and Heads of Departments at the medical schools and their affiliated hospitals located in SMA's territory that limited funds are available for those participating in investigative projects.

(b) Money in the Research Project Fund will be available primarily to physicians in house staff training (Graduate Medical Education) and Medical Students located at medical schools, medical centers, osteopathic schools and their affiliated hospitals rather than to established faculty investigators. (c) Depending on the availability of funds, the maximum grant available from this Fund, per school year, shall be \$2,500. A maximum of two grants may be awarded per medical school or medical center depending upon availability of funds.

(2)Purpose . . .

(a) A grant from this Fund shall be primarily for the purpose of starting a new project, or for the continuation of a relatively new project.

(b) A grant from this Fund shall be used primarily for the purchase of expendable items (which includes the purchase and maintenance of animals) but may be used to fund research assistants when deemed appropriate for the protocol being submitted. NO TRAVEL EXPENSES WILL BE FUNDED. Funds must be used as applied for or they revert back to SMA. <u>Under no circumstances will funds be transferred outside of SMA's territorial boundaries.</u>

(3) Application...

(a) Official application forms may be secured by writing the Director, Internal Operations, Southern Medical Association, 35 Lakeshore Drive, P.O. Box 190088, Birmingham, Alabama 35219-0088. Deadline for receiving applications is April 1.

(4) If Approved. . .

When a grant is awarded, the Southern Medical Association shall issue a check jointly to the applicant and the institution with which the applicant is associated. This check shall be mailed to the applicant.

(5) Requirements...

Faculty/Clinical Advisor is required to: Submit a letter outlining the potential clinical applications of the project. Recipients of grants from this Fund shall be requested to:

- (a) apply for membership in Southern Medical Association (Free to medical students and residents); and
- (b) Recipient and Faculty/Clinical Advisor are required to send Southern Medical Association a summary of the results of the research project upon its completion.

VI. Medical Student Scholarship Fund

Recognizing the need for providing assistance to first-year medical students, particularly those of superior abilities, the Council established the Southern Medical Association Medical Student Scholarship Fund at the Atlanta Meeting, November 1969. This fund now provides \$1,500 of scholarship per medical school located within the territory of the Southern Medical Association and is under the direction of the Advisory Committee on Grants, Loans and Scholarships.

RULES GOVERNING THE MEDICAL STUDENT SCHOLARSHIP FUND...

(1) Amount Available. . .

(a) The headquarters office shall be responsible for notifying the Deans of all medical schools located in SMA's territory that limited funds are available for scholarships for first-year medical students.

(b) The maximum scholarship available from this Fund, per school year, shall be \$1,500. The \$1,500 may be allocated among one or more deserving students at the discretion of the Dean and has historically been distributed to either one or three students. (2) Purpose...

A scholarship from this Fund shall be for the purpose of giving aid in providing tuition to first-year students of superior ability who are in need of scholarship funds.

(3) Application...

(a) Application for a scholarship from this Fund must be made by the Dean on behalf of his students, by writing to the Chairman, Advisory Committee on Grants, Loans and Scholarships, c/o Timothy Taylor, Director, Operations, Southern Medical Association, 35 Lakeshore Drive, P.O. Box 190088, Birmingham, Alabama 35219-0088.

(b) The letter should give:

- (1) full name and mailing address of the students;
- (2) explanation of student's needs;
- (3) deserving qualities of the students for scholarships.

(4) If Approved...

When scholarship is awarded the headquarters office shall notify the Dean, and shall issue a check jointly to the applicant and the school and send it directly to the medical school.

VII. Southern Medical Research and Education Foundation

In 1986 SMA established an Educational Endowment Fund to provide funding for the scholarships, research projects and other programs supporting the educational purposes of the Association. The Association's five year goal is to obtain \$1.5 million in endowment principal. In December 1987, SMA launched a Planned Giving Program incorporating the existing Endowment Fund with several other options for charitable giving. Donors may target gifts for scholarships, lectureships or special educational programs through gifts from various means including bequests, life insurance, real estate, or securities. With any gift, donors may establish memorials for deceased loved ones or recognition for a colleague.

In November, 1988, Southern Medical Research and Education Foundation was established at the charter meeting of the SMA Ad Hoc Funds Development Committee.

Purposes of the Foundation are to provide an investment in the future of medical and health care delivery, to stimulate interest in conducting research, to provide financial aid to deserving medical students and to recognize or memorialize donors and their designees.

In 1991, the Committee on Endowments approved a formal recognition program for contributors to the Research and Education Foundation as follows:

President's Circle- \$1,000 Contribution Picture at Annual Meeting Name in Annual Report and Southern Medical Journal Annual Meeting Ribbon Benefactor- \$250 - \$999 Contribution Name in Annual Report and Southern Medical Journal Annual Meeting Ribbon

Patron- \$50 - \$249 Contribution Name in Southern Medical Journal Annual Meeting Ribbon

The Society of 1906

The establishment of the "Society of 1906" was approved in 1990 in Nashville. The Society recognizes major contributors to the Foundation. SMA physicians may become members of the "Society of 1906" by contributing \$5000 to the fund over a five year period or by making a \$20,000 bequest. Recognition and benefits of the "Society of 1906" include:

- "Society of 1906" plaque
- "Society of 1906" tie and Annual Meeting Ribbon
- Picture in Annual Report
- "Wall of Fame" picture at Annual Meeting
- · Annual Black-Tie Reception

The twenty-seven Charter Members of The Society of 1906 were honored at the SMA's 85th Annual Scientific Assembly in Atlanta in November of 1991. Charter Members attended the first annual black-tie reception and were given a beautiful medallion representing their commitment to the goals of SMA's Research and Education Foundation. As of 12-15-96, The Society of 1906 had Sixty-eight (68) members.

Donations to the Southern Medical Research and Education Foundation may be sent or inquiries directed to Southern Medical Association Research and Education Foundation.

VIII. Awards

The Southern Medical Association has created from time to time awards so that the Association might honor worthy members. Presently there are three official awards of the Association; the Distinguished Service Award; the Seale Harris Award; and the Original Research Award. Nomination and application forms, which may be obtained from the headquarters office, must be received at the headquarters office by August 1.

All nominations and applications are considered by the Committee on Special Awards. This confidential Committee, consisting of five members with the Vice-President as Chairman, is appointed by the President to evaluate the contributions of the various candidates for special awards. If suitable candidates are selected by the Committee, it submits the names of not more than three such members to the Council for each award. The Council may then select one for each respective award and presentation of the awards takes place at the last general session of the Annual Meeting.

THE RESEARCH MEDAL...

During the 1912 Annual Meeting in Jacksonville, Fla., the Association established the Research Medal which could be awarded from time to time to a member of the Association for meritorious and original research work provided the member had made contributions to medical science of sufficient importance to merit this distinction.

In 1961 both the Research Medal and the Original Research Award existed. Then in 1962 the Research Medal as established in 1912 was discontinued in favor of the Dr. Robert D. and Alma Moreton Original Research Award.

RECIPIENTS OF THE RESEARCH MEDAL

- 1912– Jacksonville Meeting– C. C. Bass, M.D., New Orleans, La., "for his epoch-making achievement in the study of malaria, namely: the cultivation of the malaria parasites in artificial media."
- 1916— Atlanta Meeting—J. Shelton Horsley, M.D., Richmond, Va., "in recognition of his original contributions and studies in the domain of vascular surgery."
- 1921 Hot Springs Meeting Kenneth M. Lynch M.D., Dallas, Tex., "for his original and meritorious investigations in the parasitology of tropical diseases."
- 1932 Birmingham Meeting Evarts A. Graham M.D., St. Louis, Mo., "for his outstanding research work, especially on the diagnosis and pathology of inflammatory diseases of the gallbladder and liver."
- 1933- Richmond Meeting- William de B. MacNider M.D., Chapel Hill, N.C., "for

- original and meritorious research, especially in the field of experimental nephritis."
- 1937 New Orleans Meeting Ernest W. Goodpasture, M.D., Nashville, Tenn., "for his outstanding achievements through his research on the cultivation and the nature of viruses."
- 1940– Louisville Meeting– Alfred Blalock, M.D. Nashville, Tenn., "in recognition of his distinguished contributions to knowledge of the circulation, especially in relation to shock."
- 1942 Richmond Meeting Perrin H. Long, M.D., Baltimore, Md., "in recognition of his outstanding contributions to the knowledge of bacteriology and chemotherapy."
- 1943 Cincinnati Meeting Tom Douglas Spies, M.D., Birmingham, Ala., "in recognition of his outstanding contributions to our knowledge of the science of human nutrition, especially in his elucidation of the earlier and better methods of diagnosis and treatment of disease."
- 1945 Cincinnati Meeting Tinsley R. Harrison, M.D. Dallas, Tex., "In recognition of his outstanding contributions toward the elucidation of structural and functional aspects of cardiovascular disease and particularly of practical problems arising from failure of the circulation."
- 1946 Miami Meeting William H. Sebrell, Jr., M.D. Bethesda, Md., "in recognition of his important contributions to the understanding of nutrition and its relation to public health."
- 1947 Baltimore Meeting George E. Burch, M.D. New Orleans, La., "in recognition of his important investigations in the clinical physiology of the circulation and of his valuable contributions of the understanding of cardiovascular disorders."
- 1949 Cincinnati Meeting Seale Harris, M.D., Birmingham, Ala., "in recognition for his original and pioneer description of hyperinsulinism, for continued and meritorious achievements in the fields of nutrition and metabolism and especially his investigations of diabetes mellitus and his contributions to its treatment."
- 1950– St. Louis Meeting– Guy L. Hunner, M.D., Baltimore, Md., "for clarifying the relationship of focal infections as disease producers in the genitourinary tract, and especially for his constructive work on the diagnosis and treatment of the medical and surgical diseases of the urinary tract."
- 1954– St. Louis Meeting– Robert E. Stone, M.D., Birmingham, Ala., "in appreciation of his outstanding professional attainments and original research of benefit to

mankind in the recognition and treatment of nutritional disorders and diseases of metabolism."

1957 – Miami Beach Meeting – Joseph H. Hill, M.D., Dallas, Tex., "in recognition of his many contributions in the field of hematology, particularly in his original mass production method of desiccating human plasma and application in the therapy of shock, in his additions to the knowledge concerning the Rh factor, and in his current studies on leukemia."

1960– St. Louis Meeting– Leslie V. Rush, M.D., Meridian, Miss., "for research resulting in the development of the Rush pin, an intramedullary steel pin for internal fixation of fractures"

tion of fractures."

1961 – Dallas Meeting – May Owen, M.D., Fort Worth, Tex., "for research in determining that glove powder was the cause of foreignbody granuloma on the serosal surface of the intestines in abdominal surgery."

THE DR. ROBERT D. AND ALMA MORETON ORIGINAL RESEARCH AWARD...

At the Dallas Meeting in 1961, the Association established the Original Research Award consisting of a medal and cash prize, which may be awarded annually in recognition of original research in clinical medicine or the basic sciences as applied to medicine. Nominations for this award may be made by submitting an essay, curriculum vitae, and a photograph to the head-quarters office by August 1. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. The Committee on Special Awards evaluates all essays submitted, and the recipient is notified and receives the Award at the last general session of an Annual Meeting.

RECIPIENTS OF THE DR. ROBERT D. & ALMA W. MORETON ORIGINAL RESEARCH AWARD

1968– New Orleans Meeting– Donald E. McCollum, M.D., Durham, N.C., Robert S. Matthews, M.D., Greenville, S.C., and Michael T. O'Neill, M.D., Durham, N.C., for their essay "Aseptic Necrosis of the Femoral Head: Associated Diseases and Evaluation of Treatment."

1973 – San Antonio Meeting – Gilbert H. Fletcher M.D., Houston, Tex., for his work in building the first practical head for the housing of cobalt in the giving of external

radiation.

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1974– Atlanta Meeting– John W. Kirklin, M.D., Birmingham, Ala.

1975– Miami Beach Meeting– Cornelia P. Channing, Ph.D., Baltimore, Md.

1978– Atlanta Meeting– Bruce Schoenberg, M.D., Bethesda, Md. 1980– San Antonio Meeting– George W. Molnar, Ph.D., Little Rock, Ark.

1981- New Orleans Meeting- John Barry McCraw, M.D., Norfolk, Va.

1983 – Baltimore Meeting – Howard W. Jones, M.D. and Georgeanna Seegar Jones, M.D., Norfolk, Va.

1986– Atlanta Meeting– Franz H. Messerli, M.D. New Orleans, La.

1989– Washington, D.C. Meeting– David W. Bilheimer, M.D., Dallas, Tx.

1990- Nashville Meeting- James A. Roberts, M.D., Covington, La.

1992 – San Antonio Meeting – Joseph G. Sinkovics M.D., Tampa, Fl.

1993 – New Orleans Meeting – John J. Costanzi, M.D., Austin, Tx.

1994–Orlando Meeting–Paul C. Gillette, M.D., Charleston, SC

1995– Kansas City Meeting– R. Neal Garrison, M.D., Louisville, KY

1996– Baltimore Meeting–Richard W. McCallum, M.D., Kansas City, KS

THE DISTINGUISHED SERVICE AWARD...

At the Houston Meeting in 1955 the Association created the Distinguished Service Award which may be awarded annually to any member of the Association in recognition of outstanding contributions to the advancement of medical science and/or the Association. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. Deadline for receiving nominations is August 1. The Committee on Special Awards evaluates all nominations and the recipient is notified and receives the Award at the last general session of an Annual Meeting.

RECIPIENTS OF THE DISTINGUISHED SERVICE AWARD

1956– Washington Meeting– Curtice Rosser, M.D., Dallas, Tex.

1957 – Miami Beach Meeting – Kenneth M. Lynch, M.D., Charleston, S.C.

1958 – New Orleans Meeting – T. W. Moore, M.D., Huntington, W.Va.

1959– Atlanta Meeting– R. L. Sanders, M.D., Memphis, Tenn.

1960–St. Louis Meeting–Everett S. Lain, M.D., Oklahoma City, Okla.

1961 – Dallas Meeting – George E. Burch, M.D., New Orleans, La.

1962-Miami Beach Meeting-Wilburt C. Davison M.D., Durham, N.C.

I 963–New Orleans Meeting–Fount Richardson M.D., Fayetteville, Ark. (posthumously)

1964– Memphis Meeting– Hollis E. Johnson, M.D., Nashville, Tenn.

1965– Houston Meeting– Milford O. Rouse, M.D., Dallas, Tex. 1967- Miami Beach Meeting- Robert D. Moreton, M.D., Houston, Tex.

1968– New Orleans Meeting– M. Pinson Neal, Sr., M.D., Columbia, Mo.

1969– Atlanta Meeting– R. H. Kampmeier, M.D., Nashville, Tenn.

1970- Dallas Meeting- Joe T. Nelson, M.D. Weatherford, Tex.

1971 – Miami Beach Meeting – Seymour F. Ochsner, M.D., New Orleans, La.

1972 – New Orleans Meeting – Charles M. Caravati, M.D., Richmond, Va.

1973 – San Antonio Meeting – Edgar Hull M.D., Pascagoula, Miss.

1974– Atlanta Meeting– Woodard D. Beacham M.D., New Orleans, La.

1975 – Miami Beach Meeting – George H. Yeager M.D., Baltimore, Md.

1976– New Orleans Meeting– J. Garber Galbraith, M.D., Birmingham, Ala.

1977 – Dallas Meeting – Harris D. Riley, Jr., M.D., Oklahoma City, Okla.

1978– Atlanta Meeting– N. C. Hightower, Jr., M.D., Temple, Tex.

1979– Las Vegas Meeting– Margaret S. Klapper, M.D., Birmingham, Ala.

1980– San Antonio Meeting– Howard L. Holley, M.D., Birmingham, Ala.

1981 – New Orleans Meeting – Walter C. Jones, M.D., Coral Gables, Fla.

1982 – Atlanta Meeting – George M. Haik, M.D., New Orleans, La.

1983– Baltimore Meeting– Phillip W. Voltz, Jr., M.D., San Antonio, Tex.

1984– New Orleans Meeting– H. William Scott, Jr., M.D., Nashville, Tenn.

1985- Orlando Meeting- James C. (J.C.) Tanner, Jr., M.D., Atlanta, GA.

1986– Atlanta Meeting– John Adriani, M.D., New Orleans, La.

1987 – San Antonio Meeting – John B. Thomison, M.D., Nashville, Tenn.

1988– New Orleans Meeting– Albert C. Esposito, M.D., Huntington, W.V.

1989 – Washington, D.C. Meeting – Hiram C. Polk, Jr, M.D., Louisville, Ky.

1990- Nashville Meeting- Lenox D. Baker, M.D., Durham, N.C.

1991 – Atlanta Meeting – G. Thomas Jansen, M.D., Little Rock, Ark.

1992 – San Antonio Meeting – Charles E. Horton, M.D., Norfolk, Va.

1993 – New Orleans Meeting – Edward T. Krementz, M.D., New Orleans, La.

1994- Orlando Meeting- M. Pinson Neal, Jr., M.D., Richmond, VA

1995– Kansas City Meeting– J. Leonard Goldner, M.D., Durham, NC

1996—Baltimore Meeting—Thomas B. Dameron, Jr., M.D., Raleigh, NC

SEALE HARRIS AWARD...

Established at the New Orleans Meeting in

1958, this award is presented annually to any member of the Association in recognition for important research accomplishment in the broad field of metabolism, endocrinology, nutrition, or for research which contributes to a better understanding of the chemical changes occurring in disease. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. Deadline for receiving nominations is August 1. After nominations are evaluated by the Committee on Special Awards, the recipient is notified and receives the award at the last general session of an Annual Meeting.

RECIPIENTS OF THE SEALE HARRIS AWARD

1959 – Atlanta Meeting – Tom Douglas Spies, M.D., Birmingham, Ala., "for his contributions and accomplishments in the field of nutrition."

1960– St. Louis Meeting– Nicholas C. Hightower, Jr. M.D., Temple, Tex., "for his investigations and achievements in the field of metabolic diseases and gastroenterology."

1961 – Dallas Meeting – Henry H. Turner, M.D., Oklahoma City, Okla. "for his distinguished and meritorious work in glandular disorders in the human, to which he has contributed internationally, and for which he is so widely accepted as an authority."

1962 – Miami Beach Meeting – Howard L. Holley M.D., Birmingham, Ala., "for his investigations on the synovial fluid in normal subjects and in patients with rheumatoid arthritis and for more recent studies on the chemical nature of hyaluronic acid." ••••••••••

1963- New Orleans Meeting- Joe M. Blumberg, M.D., Washington, D.C., "for his investigations and achievements in pathology and research and for his contributions to medicine which have been recognized and accepted all over the world."

1967 – Miami Beach Meeting – Julian M. Ruflin, M.D., Durham, N.C., "for his original investigative work centering about the malabsorption state, elucidation of the etiology of Whipple's disease and its management, and the nature of duodenal ulcer pain." (Note: actual presentation of this award was at the 1968 Meeting in New Orleans).

1970- Dallas Meeting- Grace Goldsmith, M.D., New Orleans, La., "for her investigations and research in the fields of metabolism and nutrition."

1972 – New Orleans Meeting – John T. Galambos, M.D., Atlanta, Ga., "for his research and contributions to the field of gastroenterology."

1973 – San Antonio Meeting – Stanley J. Dudrick, M.D., Houston, Tex., "for his work in intravenous alimentation." 1974– Atlanta Meeting– H. Harlan Stone, M.D., Atlanta Ga.; Robert S. Nelson, M.D., Houston, Tex.

1975 – Miami Beach Meeting – W. Dean Warren, M.D., Atlanta, Ga.

1976– New Orleans Meeting– John S. Fordtran, M.D., Dallas, Tex.

1980– San Antonio Meeting– Elliot Weser, M.D., San Antonio, Tex.

1981 – New Orleans Meeting – Constance Pittman, M.D., Birmingham, Ala

1982 – Atlanta Meeting – Hiram C. Polk, M.D., Louisville, Ky.

1983 – Baltimore Meeting – Addison B. Scoville, Jr., M.D., Nashville, Tenn.

1984 New Orleans Meeting Edward M. Copeland, III, M.D., Gainesville, Fla.

1986– Atlanta Meeting– James M. Moss, M.D., Alexandria, Va.

1987 – San Antonio Meeting – J. Claude Bennett, M.D., Birmingham, Ala.

1988– New Orleans Meeting– Albert L. Hyman, M.D., New Orleans, La.

1990- Nashville Meeting- Paul G. McDonough M.D., Augusta, Ga.

1991 – Atlanta Meeting – Vardaman M. Buckalew, Jr., M.D., Winston-Salem, N.C.

1992 – San Antonio Meeting – Basil Isaac Hirschowitz, M.D., Birmingham, AL

1993 – New Orleans Meeting – Buris R. Boshell, M.D., Birmingham, AL

1994- Orlando Meeting- James A. Pittman, Jr., M.D., Birmingham, AL

1995 – Kansas City Meeting – Antonio M. Gotto, Ir., M.D., Houston, TX

1996–Baltimore Meeting–David A. Clark, M.D., New Orleans, LA

THE SCIENTIFIC EXHIBIT AND POSTER AWARDS...

Scientific exhibits became an official part of the annual meeting at the Louisville Meeting in 1920. The Council established a Committee on Scientific Exhibit Awards, and Certificates were given for: Best Exhibit by an Individual Physician; Best Exhibit by a Medical School; Best General Exhibit. In 1924, the Council voted to change the award designation to: First Award; Second Award; Third Award; and, Honorable Mention Award(s) at the discretion of the Committee. In 1984, six place awards were offered and the Honorable Mention was changed to Certificate of Merit. In 1988, poster presentations were included as part of the scientific portion of the annual meeting.

The Committee on Scientific Exhibits, Posters and Awards is a subcommittee of the Advisory Committee on Scientific Activities. The following standards are used by the Committee in making the scientific exhibit awards: originality, practicability, applicability to practice of medicine, quality, teaching, value, quantity and personal demonstration.

A plaque, certificate and ribbon are awarded for first place, and certificates and ribbons are awarded for second through sixth places. Certificates of Merit are awarded for those exhibits warranting such recognition. Recognition certificates are given to all participating scientific exhibitors and poster presenters.

THE TECHNICAL EXHIBIT AWARD...

At a meeting of the Executive Committee of the Council held in Atlanta, Ga., March 31, 1973, the C. P. Loranz Award for the outstanding Technical Exhibit was established. Recipients of this award are:

1973 – San Antonio Meeting – Roche Laboratories, "Heart Sounds."

1974– Atlanta Meeting– Roche Laboratories

1975- Miami Beach Meeting- Eli Lilly & Company

1976– New Orleans Meeting– Merck, Sharp & Dohme

1977 – Dallas Meeting – Roche Laboratories

1978– Atlanta Meeting– Schering Laboratories

1979 – Las Vegas Meeting – Wyeth Laboratories 1981 – New Orleans Meeting – Wyeth

Laboratories

1982- Atlanta Meeting- Pfizer Laboratories

1983 – Baltimore Meeting – Roche Laboratories

1984 – New Orleans Meeting – Schering Laboratories

1985– Orlando Meeting– Roche Laboratories 1986– Atlanta Meeting– The Upjohn Company

1987– San Antonio Meeting– Mead Johnson
Pharmaceuticals

1988– New Orleans Meeting– Parke-Davis

1989– Washington, D.C. Meeting– Roerig Division, Pfizer Pharmaceuticals

1990- Nashville Meeting- Mead Johnson Pharmaceuticals

1991 – Atlanta Meeting – Sandoz Pharmaceuticals Corporation

1992– San Antonio Meeting– Wyeth-Ayerst Laboratories

1993 New Orleans Meeting U.S. Pharmaceuticals Group: Pfizer Labs, Pratt Pharmaceuticals, and Roerig.

1994- Orlando Meeting- Wyeth-Ayerst Laboratories

1995–Kansas City Meeting–Hoechst Roussel Pharmaceuticals, Inc.

1996–Baltimore Meeting–Wyeth-Ayerst Laboratories

IX. Southern Medical Association Auxiliary

During the Southern Medical Association Annual Meeting in Washington, D.C., November, 1923, Mrs. Seale Harris of Birmingham, Alabama, was chosen to organize an Auxiliary for this group. The proposed Auxiliary was organized the following year during the SMA Annual Meeting in New Orleans, Louisiana. There were 88 charter members from 16 states and the District of Columbia.

Spouses of members of the Southern Medical Association are automatically members of the SMA Auxiliary and there are no membership dues. Membership is limited to spouses of physicians who are members of SMA and widows/widowers of deceased members who were in good standing at the time of death.

Through the year, the SMA Auxiliary participates in several interesting projects, including the promotion of Doctors' Day, the encouragement of participation in Medical Heritage (Research and Romance) projects, Health Education Awareness, and Membership. The Auxiliary also maintains a close relationship with the state medical auxiliaries in each of its member states and aids in the promotion of membership in the Association.

The Southern Medical Association Auxiliary has made an organized effort to develop meaningful programs for the spouses of SMA members. Several important new developments have

occurred during the past few years which have laid the groundwork for strong and effective programming for future years.

To improve communications, the SMA Auxiliary publishes a newsletter entitled SOUTHERN CONNECTION. This newsletter serves as a vehicle for presenting information, programs, and services available to Auxiliary members from the Southern Medical Association. It also helps to inform Auxiliary members around the region of activities of interest underway for various Auxiliary members.

Realizing that to become a strong and effective leader, one must be knowledgeable about the Association, the Auxiliary initiated the Annual Leadership Conference to teach its leadership about the many programs, accomplishments, and goals of the SMA. This Conference has been successful in its belief that in knowledge there is strength.

The Auxiliary also develops and coordinates a comprehensive program presented during the SMA Annual Meeting which includes a variety of leadership meetings and seminars.

The Southern Medical Association Auxiliary continues to grow in strength and in dedication, always striving to build a stronger and more effective organization.

Activities of SMA Services, Inc.

I. SMA Member Insurance Program

The Southern Medical Association Insurance Program was established in 1952 when a Disability Insurance Plan was approved by the Council. Since that time, the program has expanded to include ten basic insurance plans, as well as several other distinctive plans, each designed to meet the specific needs of physicians and their family members.

The Association's Coordinating Committee on Insurance, alert to the needs and wishes of the members of the Association, continuously updates the various plans in an effort to provide the most coverage for the premium dollar and, ultimately, the best insurance program available to the medical profession.

WHO IS ELIGIBLE?...

- · SMA members and associate members
- · Spouses of SMA members and unmarried dependent children up to 19 years of age.
- · Coverage is extended for unmarried dependent children to age 30 if they are continuous full-time students.

PLANS AVAILABLE THROUGH THE SMA INSURANCE PROGRAM...

- 1. TERM LIFE (Up to \$1,000,000) Payable in event of death due to any cause. Twenty benefit plans from which to choose. Dependent coverage available. (Spouse up to \$250,000 and Children up to \$7,500).
- 2. ACCIDENTAL DEATH & DISMEM-BERMENT (Up to \$1,000,000) Full amount payable in addition to Life Insurance in the event of accidental death; proportional amounts payable for dismemberment. Twenty plans from

which to choose. Spouse benefits also available up to \$250,000. 3. LONG TERM DISABILITY INCOME

(Up to \$10,000 per month) Guaranteed monthly income in the event of long term disability. Two plans from which to choose with varying waiting and benefit payment periods. SMA's Disability plan offers benefits for a period of 24 months or until age 65, and with SMA's Disability Plus plan, benefits are payable until age 70.

4. SHORT TERM DISABILITY INCOME (Up to \$2,000 per month) Guaranteed monthly income in the event of sickness or disability. Sickness and accident benefits payable from first day: confinement not required. Premium waived if totally disabled.

- 5. MAJOR MEDICAL (Up to \$2,000,000 per person) Eighty percent of all eligible expenses up to \$5,000 (\$4,000 in benefits paid) and 100% of all eligible expenses for the remainder of that calendar year payable after deductibles are satisfied. Deductible amounts range from \$300 to \$5,000.
- 6. PREFERRED PROTECTION PACK-AGE (Up to \$2,000,000 per person) Twenty percent discount on major medical premiums for non-smoking physicians under age 40. Eighty percent of all eligible expenses up to \$5,000 (\$4,000 in benefits paid) and 100% of all eligible expenses for the remainder of that calendar year payable after deductibles are satisfied. Deductible amounts range from \$300 to \$5,000.
- 7. PHYSICIANS COURTESY PLAN (Up to \$2,000,000 per person) This plan is designed for physicians who are extended professional and medical courtesies by colleagues and require only a hospital expense plan. Deductible amounts range from \$300 to \$1,500.
- 8. DENTAL Calendar year benefit maximum up to \$1,000 after deductible for insured and any covered dependent. Diagnostic and preventive-no deductible. No medical insurance required for eligibility.
- SURVIVOR ANNUITY INCOME (Up to \$1,000 per month)

Five-hundred or one-thousand dollars per month for five years to any named beneficiary. If named beneficiary is surviving spouse, benefits continue for 10 additional years or until remarriage of the beneficiary. If member and spouse are killed in the same accident, benefits will continue until the youngest child reaches age 19, or age 30 if a full-time student.

10. DAILY HOSPITAL INDEMNITY (Up to \$300 per day) Daily benefits of \$100, \$150, \$200, \$250 or \$300 available from the first day of hospitalization. Double daily benefits are payable for hospitalization for cancer, intensive care, or coronary care treatment before age 65. Benefits are payable directly to the insured.

COVERAGES AVAILABLE TO FULL TIME EMPLOYEES OF MEMBER PHYSICIANS....

- TERM LIFE (Employees only) Amounts available: \$10,000, \$15,000, \$30,000, \$40,000, \$50,000.
- ACCIDENTAL DEATH & DISMEM-BERMENT (Employees only) Amounts available: \$10,000, \$15,000, \$30,000, \$40,000, \$50,000.
- LONG TERM DISABILITY (Employees only) Up to \$3,000 per month guaranteed monthly income in the event of disability. Waiting periods to choose from are: 90, 180 or 365 days.
- DENTAL (Employees and their families)
 Calendar year benefit maximum up to \$1,000 after deductible for insured and any covered dependent. Diagnostic and preventive - no deductible. No medical insurance required for eligibility.
- 5. MAJOR MEDICAL

While employees of physician members are not eligible for health insurance coverages under the SMA Member Insurance Program, SMA does make major medical coverage available to employees and their families through individual contracts provided by selected insurance carriers. Because the coverages are provided individual contracts, premiums are administered on a case by case basis by the selected carrier. In addition, certain restrictions may coverage Employees desiring additional details about the individual health insurance coverages available should contact an SMA telephone sales representative.

GROUP INSURANCE PROGRAM...

The Southern Medical Association makes a true group insurance program available to medical related facilities. Programs can be tailored to meet the needs of the group with premiums based on a variety of factors, including location, size of the group and average age.

MEDICAL STUDENT/ RESIDENT INSURANCE PROGRAMS...

In 1992, SMA introduced a special insurance

program: designed to meet the particular needs of medical students and residents. Both plans offer two levels of coverage: (1) a comprehensive benefit plan and (2) an economical limited benefit plan. Students and Residents may also choose to add additional coverages including Short Term Disability and Term Life insurance.

ADMINISTRATIVE SERVICES...

In 1992, SMA's for profit subsidiary, SMA Services, Inc., initiated the marketing of insurance administrative services to medical associations. The first sale of these administrative services occurred in the Summer of 1992. Administrative services provided include billing, collections, customer service, limited underwriting and program management and marketing.

MEDJET ASSISTANCE (TRAVELERS ASSISTANCE) PROGRAM...

For an annual membership fee, the MEDjet Assistance Program, a travelers' assistance program-not an insurance policy-makes high quality aeromedical transportation available to program members in the event of an injury or illness (requiring acute medical care or life support technology) occurring anywhere in the world.

The MEDjet Assistance Program is endorsed by SMA and is available to SMA members, associate members, their families and employees.

MEDICAL MALPRACTICE INSURANCE...

In 1996, the Southern Medical Association announced the endorsement of Doctors Insurance Reciprocal, one of the leading providers of physician medical malpractice insurance. In addition to being rated "A" (excellent) by the A.M. Best Company and owned and governed by physicians, DIR offers a number of excellent medical malpractice programs accompanied by a variety of risk management programs for physicians.

SMA and DIR work together to help SMA members obtain quality malpractice coverage at competitive prices.

II. SMA Physicians' Retirement Program

The Southern Medical Association adopted a Physicians' Retirement Program during the annual meeting in Atlanta in November, 1974. Marketing of the Retirement Program was initiated in January, 1975. In 1982, an Individual Retirement Account was added.

The Council established a Committee on Physicians' Retirement during the New Orleans

Meeting in November, 1981.

In July of 1990, the Council of The Southern Medical Association approved a motion to move the administration and marketing of the retirement program in-house. The move was completed in January 1992.

WHO IS ELIGIBLE?...

SMA members, associate members, and their family and employees.

DEVELOPMENT OF SALES ORGANIZATION

In order to meet the more complex and growing needs of program participants, a new sales philosophy was adopted in 1993. Rather than relying on direct mail and telephone contact to promote and market the program, a sales organization was created with the ultimate goal of having an SMA Regional Representative located within driving distance of ninety percent of the membership. Today the sales organization includes twenty-one regional representatives who actively service existing program participants and promote and market the program's products and services to the general membership.

2. INVESTMENT AND FINANCIAL SERVICES

At the same time that the sales organiza-

tion was created, a decision was also made to increase the scope of products and services made available to the membership through the SMA Retirement Program. Effective October 1, 1993, SMA Services, Inc. entered into a business relationship with ProEquities Inc. to make available to Southern Medical Association members the opportunity to purchase such products as Mutual Funds, Bonds, Variable Annuities and Specialized Life Insurance products. ProEquities, Inc. is a wholly owned subsidiary of Protective Life Corporation, a holding company located in Birmingham, Alabama. ProEquities, Inc. is a member of the National Association of Securities' Dealers and Securities Investors (NASD) Protection Corporation (SIPC). SMA Services, Inc. will be providing administrative support for the activities of ProEquities, Inc. being conducted at the Southern Medical Association headquarters in Birmingham, Alabama.

SMA's own Coordinating Committee on Physicians' Retirement has managed the development of this program. The Committee will continue to monitor program operation to ensure that the products and services offered are consistent with the needs of physician members. With a wide range of products and services now available through the SMA Retirement Program and the qualified sales organization in place to deliver these products and services, the SMA Retirement Program is poised to meet the competitive challenges of the next century.

III. SMA Physicians' Purchasing Program

Since the inception of the Physicians' Purchasing Program in 1982 discounted medical professional and consumer items have been purchased by more than 12,500 members of the Southern Medical Association.

The Physicians' Purchasing Program is one of the largest and most comprehensive programs of its kind available to physicians and negotiates contracts with manufacturers and vendors for the distribution of discounted products to its members. All products selected for the program must be of the highest quality; must be backed by outstanding service; and must be competitively priced.

As a PPP member you will receive our Monthly Showcase featuring the latest in products and services available through the program. Twice each year you will also receive a comprehensive catalog of namebrand products all at discounted prices. Customer service representatives are available via a toll-free number to answer questions or quote prices on most profes-

sional and personal items on the market today.

SMA's distributor network allows for prompt delivery and outstanding service on thousands of items.

Professional items available through the purchasing program include medical and surgical supplies, laboratory and diagnostic equipment, office equipment, and computers just to name a few. A wide range of personal items available include automobiles, TV's, VCR's, stereos, and cameras.

SMA's PPP also offers a Reception Room Magazine Subscription Service including over 80 popular magazines at the lowest trade rates available. SMA members are encouraged to take advantage of the cost savings for new subscriptions or renewals.

Everyday more physicians are discovering the power of group purchasing through the SMA's Physicians' Purchasing Program. This exclusive program is available only to members of the Southern Medical Association and their families.

IV. SMA Reimbursement Services

SMA's Reimbursement Services Division completed its fourth year of operation in December. Reimbursement Services offers a subscription Hotline Telephone Service using an 800 number to answer individual questions from physician members and their staff on coding, Medicare, other third party payors, reimbursement and practice management related questions. Hotline subscribers and individual subscribers also receive the PRN Newsletter, a bimonthly publication to keep readers informed of coding, Medicare and reimbursement related issues and changes.

The Operative Report Review Service provides written recommendations on both CPT and ICD-9-CM coding for individual operative reports, and provides documentation to assist with appeals to insurance carriers for review of reimbursement levels.

Reimbursement Services provides programs on Basic and Advanced CPT and ICD-9-CM coding, specialty coding, evaluation and management coding, in addition to a number of programs contracted through private groups.

In addition, Reimbursement Services developed a menu of Customized Consulting Services, both on-site and off-site, including coding and reimbursement programs, coding audits, review of charts to minimize liability for documentation errors and risk management. Also offered are customized seminars, review of encounter forms for accurate and complete codes, review of Medicare EOB's and Medicare claims to determine optimum payment and to pinpoint claims submission errors.

Next year, Reimbursement Services has expanded the number of seminar sites, and will offer programs on Basic and Advanced ICD-9-CM and CPT coding, OB-GYN coding, Orthopedic coding, General Surgery coding, Primary Care Coding, and a one-half day program on Evaluation and Management coding. We will continue to expand our consulting services and our Hotline Services to provide information and assistance to physician members.

V. SMA Marketing and Design Print

SMA Design Print was formed as SMA Graphics in 1984 to help defray the costs of typesetting for Southern Medical Journal, as well as other publications of the Association. The division has grown to become a full-service graphic art, imaging, and typesetting production house, creating all of SMA's publications, direct mail, and advertisements. Design Print also makes its graphics services available to the SMA membership and the general public.

The division immediately realized its goal of saving the Association money and is proud to offer its services at extremely competitive prices.

In 1991 the newly created Marketing Department was incorporated into the SMA Graphics division. This created a full-service in-house department that performed not only the Association's graphics and typesetting functions, but also all facets involved with internal marketing planning, creative development, corporate marketing, public relations, and communications.

As a division dedicated to service, some of the revenue generated by Design Print has been

applied to the expansion and enhancements of the services it provides. In 1994 the division moved to a more spacious location minutes away from SMA's headquarters building to accommodate its newly established small printing service and its enhanced imaging services. In moving to a stand-alone location, the division changed its name to Design Print to create more appeal, visibility, and understanding of its services to the general public. The print division was intended to satisfy many of the smaller printing needs of the Association at a fraction of the commercial cost. SMA's Marketing department supervises the print production for all projects that necessitate the assistance of outside printing vendors. Design Print's imaging services allow for significant cost savings by saving the cost of preprint filmwork from outside vendors. Together, these have grown to be some of Design Print's most popular and costsaving services. SMA Marketing and Design Print continue their efforts to meet the needs of SMA membership, staff, and the local public by providing the most complete and technologically modern services available.

VI. SMA Travel Services

SMA Travel Services was developed in 1987 to handle the travel arrangements for Southern Medical's rapidly expanding educational programs and numerous committee and council meetings. In addition, Travel Services began arranging the annual meetings for the affiliated societies. These programs alone have made SMA Travel very successful. However, as SMA members became familiar with the services available through SMA Travel, requests for personal vacation and business travel increased. SMA Travel now operates as a full service agency reflecting the SMA tradition of quality service and efficiency.

SMA Travel offers the knowledge of an experienced travel staff, trained with an emphasis on service. All types of travel needs can be met whether it be international, domestic, vacation,

or business. SMA Travel also provides extensive special meeting planning services offering group room rates as well as savings for air travel in conjunction with a meeting.

As an added membership benefit, in 1990, SMA Travel developed the SMA Travel Club. Members of the travel club enjoy special discounts offered on many airline carriers, tours, cruises, car rentals, and hotels. In addition, Travel Club members receive a monthly newsletter highlighting special trips and promotions in addition to important travel information.

SMA Travel Services strives to meet the needs of SMA members by offering personalized travel services often neglected in the travel agency industry today.

Headquarters Office and Staff of the Southern Medical Association

Prior to 1910, physicians elected to the office of Secretary, Treasurer, or Secretary and Treasurer maintained Association records. In that year, Seale Harris, M.D., of Mobile, Alabama, was elected Secretary and Treasurer. He maintained the Association offices in Mobile until July 1915, when he relocated to Birmingham, Alabama, and moved the Association's offices to the Empire Building. Dr. Harris served as Secretary and Treasurer, as well as Editor, until his retirement in 1921. While Dr. Harris was on active military duty from November 1917 until November 1919, James R. Garber, M.D., was Acting Secretary.

Upon Dr. Harris' retirement, Mr. C. P. Loranz of Birmingham was named Secretary-Treasurer and Business Manager, a position he held until November 1928. He had worked for Dr. Harris as Business Manager of Southern Medical Journal, which was then privately owned by Dr. Harris. Mr. Loranz was designated Assistant Treasurer of the Association in November 1914 and Business Manager in November 1916. His title was changed to Secretary, Treasurer, and General Manager in November 1928, and, under the all-inclusive title of Secretary-Manager, he served until December 1, 1954.

On that date, Mr. V.O. Foster of Birmingham took over the executive duties of the Association with the new title of Executive Secretary and Treasurer, with a five-year contract. However, the Council, wishing to continue using the vast experiences of Mr. Loranz after his retirement, voted to retain Mr. Loranz Advisor and Professional Relations Counselor for a period of three years. arrangement was renewed for a second threeyear period ending December 1, 1957. Mr. Butts, who had served as Assistant to the Secretary-Manager, 1948-1950, and Assistant Secretary-Manager, 1950-1954, was elected Business Manager with a five-year contract beginning December 1, 1954.

In September 1959 Mr. Foster became ill before fulfilling his contract. Mr. Butts was asked to serve as Acting Executive Secretary and Treasurer until further notice in addition to continuing as Business Manager.

At the Dallas Meeting, November 1961, Mr. Butts was given the title of Executive Director, which would include his present titles of Executive Secretary and Treasurer, Business Manager, and Managing Editor.

Following a Constitutional change in November 1977, Mr. Butts assumed the title of Executive Vice-President. The Bylaws were changed during the New Orleans Meeting in November 1976 to reflect this change.

Mr. Butts retired from his position as Executive Vice-President on July 1, 1980, but remained as a Consultant until December 1981.

Mr. William J. Ranieri was appointed the New Executive Officer in August 1980.

In 1984 SMA Services, Inc. was organized as a wholly owned subsidiary, and Mr. Ranieri was appointed as its President and Chief Executive Officer.

THE HEADQUARTERS OFFICE

The Association's offices were in the Van Antwerp Building, Mobile Ala., from November 1910 until July 1915 and in the Empire Building in Birmingham from July 15, 1915 until 1958.

Ground-breaking ceremonies for one of the country's most modern association buildings were held on August 4, 1957. The split-level structure of masonry and glass, located at 2601 Highland Avenue, Birmingham, completed at a cost of \$250,000 was dedicated September 7, 1958.

The headquarters office contained 6,854 square feet of space and was situated on a lot of nearly one and one-half acres. It provided a meeting place and business center, executive offices, offices for the Association's publications, Auxiliary room, mailing room, conference room, and storage space.

In July 1984, the headquarters office was moved to a new building at 35 Lakeshore Drive. Tastefully furnished, the building contains 22,000 square feet of space and is situated on 2 acres with beautiful landscaping, convenient to the interstate system. The office building has easy access to all areas of Birmingham and is only 15 minutes from the airport.

Places of Meetings and Presidents

- 1906 Chattanooga, Tenn., organization meeting
- 1907 Birmingham, Ala., *H. H. Martin, Savannah, Ga.
 - 1908 Atlanta, Ga., *B. L. Wyman, Birmingham, Ala.
 - 1909 New Orleans, La., *G. C. Savage, Nashville, Tenn.
 - 1910 Nashville, Tenn., *W. W. Crawford, Hattiesburg, Miss.
 - 1911 Hattiesburg, Miss., *Isadore Dyer, New Orleans, La.
 - 1912 Jacksonville, Fla., *James M. Jackson, Miami, Fla.
 - 1913 Lexington, Ky., *Frank A. Jones, Memphis, Tenn.
 - 1915 Lexington, Ky., Trank A. Jones, Mempins, Tenn.
 - 1914 Richmond, Va., *Stuart McGuire, Richmond, Va.
 - 1915 Dallas, Tex., *Oscar Dowling, New Orleans, La.
 - 1916 Atlanta, Ga., *Robert Wilson, Charleston, S.C.
 - 1917 Memphis, Tenn., *Duncan Eve, Sr., Nashville, Tenn.
 - 1918 Influenza pandemic; no meeting that year
 - 1919 Asheville, N.C., *Lewellys F. Barker, Baltimore, Md.
 - 1920 Louisville, Ky., *E. H. Cary, Dallas, Tex.
 - 1921 Hot Springs National Park, Ark., *Jere L. Crook, Jackson, Tenn.
 - 1922 Chattanooga, Tenn., *Seale Harris, Birmingham, Ala.
- 1923 Washington, D.C., *W. S. Leathers, Jackson, Miss.
 - 1924 New Orleans, La., *Charles L. Minor, Asheville, N.C.
 - 1925 Dallas, Tex., *Stewart R. Roberts, Atlanta, Ga.
 - 1926 Atlanta, Ga., *C. C. Bass, New Orleans, La.
 - 1927 Memphis, Tenn., *J. Shelton Horsley, Richmond, Va.
 - 1928 Asheville, N.C., *William R. Bathurst, Little Rock, Ark.
 - 1929 Miami, Fla., *T. W. Moore, Huntington, W.Va.
 - 1930 Louisville, Ky., *Hugh S. Cumming, Washington, D.C.
 - 1931 New Orleans, La., *Felix J. Underwood, Jackson, Miss.
 - 1932 Birmingham, Ala., *Lewis J. Moorman, Oklahoma City, Okla.
 - 1933 Richmond, Va., *Irvin Abell, Louisville, Ky.
 - 1934 San Antonio, Tex., *Hugh Leslie Moore, Dallas, Tex.
 - 1935 St. Louis, Mo., * H. Marshall Taylor, Jacksonville, Fla.
 - 1936 Baltimore, Md., *Fred M. Hodges, Richmond, Va.
 - 1937 New Orleans, La., * Frank K. Boland, Atlanta, Ga.
 - 1938 Oklahoma City, Okla., *J. W. Jervey, Greenville, S.C.
 - 1939 Memphis, Tenn., *Walter E. Vest, Huntington, W.Va.
 - 1940 Louisville, Ky., *Arthur T. McCormack, Louisville, Ky.
- 1941 St. Louis, Mo., * Paul H. Ringer, Asheville, N.C.
 - 1942 Richmond, Va., *M. Pinson Neal, Sr., Columbia, Mo.
 - 1943 Cincinnati, Ohio, * Harvey F. Garrison, Jackson, Miss.
 - 1944 St. Louis, Mo.,*James A. Ryan, Covington, Ky.
 - 1945 Cincinnati, Ohio, * Edgar G. Ballenger, Atlanta, Ga. (Deceased in Office)
 *E. Vernon Mastin, St. Louis, Mo. (President at Annual Meeting)
 - 1946 Miami, Fla., *M. Y. Dabney, Birmingham, Ala.
 - 1947 Baltimore, Md., *Elmer L. Henderson, Louisville, Ky.
 - 1948 Miami, Fla., * Lucien A. LeDoux, New Orleans, La.
 - 1949 Cincinnati, Ohio, *Oscar B. Hunter, Sr., Washington, D.C.
 - 1950 St. Louis, Mo., *Hamilton W. McKay, Charlotte, N.C.
 - 1951 Dallas, Tex., *Curtice Rosser, Dallas, Tex.
 - 1952 Miami, Fla., *R. J. Wilkinson, Huntington, W.Va.
 - 1953 Atlanta, Ga., *Walter C. Jones, Miami, Fla.
 - 1954 St. Louis, Mo., *Alphonse McMahon, St. Louis, Mo.
 - 1955 Houston, Tex., *R. L. Sanders, Memphis, Tenn.
 - 1956 Washington, D.C., *W. Raymond McKenzie, Baltimore, Md.
 - 1957 Miami Beach, Fla., *J. P. Culpepper, Jr., Hattiesburg, Miss.
 - 1958 New Orleans, La., *W. Kelly West, Oklahoma City, Okla.

(Continued On Next Pages)

^{*} Deceased

1959	Atlanta, Ga., *Milford O. Rouse, Dallas, Tex.
1960	St. Louis, Mo., *Edwin Hugh Lawson, New Orleans, La.
1961	Dallas, Tex., *Lee F. Turlington, Birmingham, Ala.
1962	Miami Beach, Fla., *A. Clayton McCarty, Louisville, Ky.
1963	New Orleans, La., *Daniel L. Sexton, St. Louis, Mo.
1964	Memphis, Tenn., *Robert D. Moreton, Houston, Tex.
1965	Houston, Tex., *R. H. Kampmeier, Nashville, Tenn.
1966	Washington, D. C., J. Garber Galbraith, Birmingham, Ala.
1967	Miami Beach, Fla., Guy Thompson Vise, Sr., Meridian, Miss.
1968	New Orleans, La., *Oscar R. Hunter, Jr., Washington, D.C.
1969	Atlanta, Ga., *Donald F. Marion, Miami, Fla.
1970	Dallas, Tex., J. Leonard Goldner, Durham, N.C.
1971	Miami Beach, Fla., *Albert C. Esposito, Huntington, W.Va.
1972	New Orleans, La., *J. Hoyle Carlock, Ardmore, Okla.
1973	San Antonio, Tex., *Joe T. Nelson, Weatherford, Tex.
1974	Atlanta, Ga., George J. Carroll, Suffolk, Va.
1975	Miami Beach, Fla., *Andrew M. Moore, Lexington, Ky.
1976	New Orleans, La., G. Gordon McHardy, New Orleans, La.
1977	Dallas, Tex., G. Thomas Jansen, Little Rock, Ark.
1978	Atlanta, Ga., Andrew F. Geisen, Jr., Fort Walton Beach, Fla.
1979	Las Vegas, Nev., Thomas B. Dameron, Jr., Raleigh, N.C.
1980	San Antonio, Tex., G. Baker Hubbard, Sr., Jackson, Tenn.
1981	New Orleans, La., J. Ralph Meier, New Orleans, La.
1982	Atlanta, Ga., Edwin C. Evans, Atlanta, Ga.
1983	Baltimore, Md., M. Pinson Neal, Jr., Richmond, Va.
1984	New Orleans, La., Richard D. Richards, Baltimore, Md.
1985	Orlando, Fla., John B. Lynch, Nashville, Tenn.
1986	Atlanta, Ga., Guy T. Vise, Jr., Jackson, Miss.
1987	San Antonio, Tex., William W. Moore, Jr., Atlanta, Ga.
1988	New Orleans, La., J. Lee Dockery, Gainesville, Fla.
1989	Washington, D.C., Roger L. Mell, Chesterfield, Mo.
1990	Nashville, Tenn., Larry C. Smith, Huntington, W.V.
1991	Atlanta, Ga., Jim C. Barnett, Brookhaven, Miss.
1992	San Antonio, Tex., John F. Redman, Little Rock, Ark.
1993	New Orleans, La., Thomas C. Rowland, Jr., Columbia, S.C.
1994	Orlando, Fla., Angus M. McBryde, Jr., Mobile, Ala.
1995	Kansas City, Mo., Louis A. Cancellaro, Johnson City, Tenn.
1996	Baltimore, Md., J. Edward Hill, Tupelo, Miss.

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November 14-18, 2001	Nashville, Tennessee

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Pain Management July 18-20 Kiawah Island, South Carolina

> Multispecialty Update August 15-17 Key Biscayne, Florida

2nd Annual Managed Care Conference August 22-24 Atlanta, Georgia

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