SOUTHERN MEDICAL ASSOCIATION

92ND YEARBOOK

92nd Annual Scientific Assembly



November 18-22 • New Orleans, Louisiana

1997-1998 YEARBOOK

SOUTHERN MEDICAL ASSOCIATION

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CONTENTS

Officers				 		٠	7
Minutes from M	leetings						
91st Annual Sc	ientific Ass	sembly		 	•	• •	. 114
Constitution an	d By-Laws			 	٠		. 149
Facts on Southe	ern Medical	Associati	ion	 			. 167
Subject Index.				 			. 200
Index of Names	S			 			. 202

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

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BIRTHDATE: February 4, 1993

BIRTHPLACE: Gastonia, North Carolina

SPOUSE: Bebe

EDUCATION:

LOYINACO 20

A01. Com

B.A. degree, Emory University, 1957

M.D. degree, Medical University of South Carolina, 1961

SPECIALTY: Orthopaedic & Trauma Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: 1968

OFFICES HELD IN SMA:

Chairman, Section on Orthopaedic & Trauma 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

President, 1997-1998

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BIRTHPLACE: Columbia, Missouri

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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

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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

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Board of Trustees, 1997-2003

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JOINED SOUTHERN MEDICAL ASSOCIATION: August 1980

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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-

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Baldwin, Robert L. (Otolaryngology)

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Chatham, W. Winn (Arthritis & Rheumatism)

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Culpepper, R. Michael (Internal Medicine)

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Gosney, Donna (Mrs. Michael), Auxiliary Councilor for Doctors' Day

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Harrell, Lindy (Neurology & Psychiatry)

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Judge, D. Joseph (Pediatrics)

King, Judy A. (Pathology)

Klapper, Margaret S., (Internal Medicine)

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Oaks, Danny E. (Anesthesiology)

O'Toole, Emily (Mrs. John), Auxiliary Councilor for Medical Heritage

Ramsey, Kevin (Infectious Diseases)

Rhyne, Marlynn (Mrs. Robert), Auxiliary Vice-President for Membership Shepard, Winyss (Mrs. Richard), Auxiliary Doctors' Day Access Chairman

Smith, Jr., J. Graham (Dermatology)

Teplick, Steven (Radiology)

Thomas, Carol (Mrs. Lamar), Auxiliary Archives Committee Chairman

Thomas, William (Surgery)

Tucker, J. Allan, (Family Practice)

Turner, Jr., Malcolm E., Member, Journal Editorial Board

Wadibia, Emmanuel (Cardiology)

Wilcox, C. Mel (Gastroenterology)

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Bradsher, Robert (Internal Medicine)

Giller, Jr., W. John (Orthopaedic & Trauma Surgery)

Hiller, F. Charles (Pulmonary Diseases)

Huskins, John (Family Practice)

Jacks, David C. (Urology)

Jansen, G. Thomas (Dermatology)

Lawson, Nikki (Mrs. Larry), Auxiliary Councilor for Medical Heritage Mabry, Ruth (Mrs. Charles), Auxiliary Councilor for Doctors' Day

Mackey, Kathy (Mrs. Michael G.), Auxiliary Councilor for Health Education

Mackey, Michael G. (Nephrology)

Pappas, Gwen (Mrs. Deno), President Auxiliary

Price, Lawrence (Family Practice)

Redman, Anna C. (Family Practice) Redman, John F. (Urology)

Robbins, Sara (Mrs. Mark B.), Auxiliary Health Education Access Chairman

Wynne, George F. (Family Practice)

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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, 1992-2001

Member of the Executive Committee of the Council, 1997-2001

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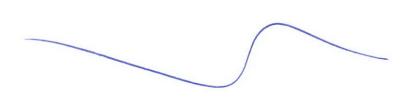
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5/6/05 Specialty: Obstetrics & Gynecology

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I have been notified by Dr. Benjamin H. Finder, M D., that we does not accept the position of Associate Councilor for the District of Columbia. Please mark through his name on page 20 in the Yearbook.

DISTRICT OF COLUMBIA LEADERSHIP

Blundell, George P., (Pathology)

Calhoun, Shirley (Mrs. Thomas J.), Auxiliary Councilor for Medical Heritage

Cooper, William H. (Gynecology)

DeRosa, Richard P. (General Surgery/Laparoscopic Surgery)

DeRosa, Donna (Mrs. Richard P.), Auxiliary Bylaws Committee Chairman

Eglinton, Jody (Mrs. Gary), Auxiliary Councilor for Health Education

Emma, Robert (Psychiatry)

•••••••••••

Finder, Benjamin H. (Surgery)

Hill, Jr., Charles F. (Obstetrics & Gynecology)

Letterman, Gordon S. (Plastic & Reconstructive Surgery)

Perkins, W. Reams (Obstetrics & Gynecology)

Reiter, Mark (Obstetrics)

COUNCILOR FLORIDA



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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, 1995-2002

ASSOCIATE COUNCILORS FLORIDA

JEFFERSON D. MORGAN, M.D. B62370

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

SPECIALTY: Pathology

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

Ferrara, Andrea (Colon & Rectal Surgery)

Giesen, Jr., Andrew F. (Radiology)

Glass, L. Frank (Dermatology)

Hill, Washington C. (Obstetrics & Gynecology)

Jankauskas, Saulius (Plastic & Reconstructive Surgery)

Jones III, Walter C. (Orthopaedic)

Kurzner, Howard (Orthopaedic)

Lober, Clifford W. (Dermatology)

Marks, Susan (Mrs. V.A.), Auxiliary Councilor for Medical Heritage

McCall, Charles B. (Internal Medicine)

Morgan, Jefferson D. (Pathology)

Murrah, Jr., Robert L. (Orthopaedic)

Nadler, Jeffrey (Internal Medicine)

Peaden, Jr., Durelle (Emergency Medicine)

Pell, Paula Oliver (Emergency Medicine)

Rosabal, Orestes G. (Orthopaedic & Trauma Surgery)

Scott, Michaela (Oncology)

Seeger, James M. (Surgery)

Taylor, Flora Jo (Mrs. Allen), Auxiliary Councilor for Doctors' Day

Williamson, Paul R. (Colon & Rectal Surgery)

COUNCILOR GEORGIA



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

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1986

OFFICES HELD IN SMA:

Associate Councilor from Georgia, 1993-1994

Councilor from Georgia, 1994-2001

Member of the Executive Committee of the Council, 1997-2001

ASSOCIATE COUNCILORS

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GEORGIA LEADERSHIP

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Burson, Jr., E. Napier (Gastroenterology)

Carroll, Banks (Family Practice)

Chaudhary, Bashir A. (Internal Medicine)

Chotiner, Gerald (Dermatology)

Cohen, Kent I. (Emergency Medicine)

Cox, Frederick (Pediatrics)

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DuPre, John (Internal Medicine)

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Farrow, Royal (Roy) T. (Pediatrics)

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Lesher, Jr., Jack L. (Dermatology)

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Tanner, Terrell B. (Family Practice, Medical Management)

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COUNCILOR KENTUCKY



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Davé, Uday (Otolaryngology and Head and Neck Surgery)
Overstreet, Robert G. (Internal Medicine)
Parson, Gwen (Mrs. B.J.), Auxiliary Councilor for Health Education
Polk, Jr., Hiram C. (Surgery)
Scott, L. Jack (Anesthesiology)
Smith, Jr., Charles C. (Internal Medicine)
Swikert, Nancy C. (Family Practice)
Vanarthos, William J. (Radiology)
Vandiviere, H. Mac (Preventive Medicine)
Vieillard, Marla (Mrs. Louis), Auxiliary Councilor for Doctors' Day

Winkler, Charles F. (Oncology)

COUNCILOR LOUISIANA



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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, 1997-2000

Chairman, Section on Surgery, 1983

Associate Councilor from Texas, 1984-1989

Associate Councilor from Louisiana, 1989-1993

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Canale, Marilyn (Mrs. Thomas) Auxiliary Secretary

Castrogiovanni, Carrie (Mrs. Jack), Auxiliary Convention Chairman

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Ellis, Jr., George S. (Ophthalmology)

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Ferrara, John (Surgery)

Guarisco, Charlene (Mrs. Michael), Auxiliary Councilor for Health Education

Hall, Peyton Randolph (Obstetrics and Gynecology)

Hellstrom, Wayne J. (Urology)

Kalmar, John A. (Radiology)

Kay, Dennis (Radiology)

Krane, Kevin (Nephrology)

Kuske, Jr., Robert R. (Radiation Oncology)

Lansing, Paul B. (Surgery)

Lawton, Andrew W. (Ophthalmology)

McBride, Opal (Mrs. W.A.), Auxiliary Councilor for Medical Heritage

McBride, William A. (Psychiatry)

McCool, Sancy (Mrs. E. Edward), Auxiliary Immediate Past President; Auxiliary Memorial Chairman

Meier, J. Ralph (Pathology)

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

O'Leary, J. Patrick (Surgery)

Palazzo, Anthony J. (Pediatrics)

Peck, Gary Q. (Pediatrics)

Puschett, Jules B. (Nephrology)

Quinet, Robert J. (Rheumatology)

Shamiel, Amal (Mrs. Foyez K.), Auxiliary Councilor for Doctors' Day

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COUNCILOR MARYLAND



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Residency, Duke University Medical Center

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1991

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DeVore, Paul A. (Family Practice)

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Dunseath, William J.R. (Dermatology)

Fantry, George T. (Gastroenterology)

Goodman, Myrna (Mrs. Stuart), Auxiliary Councilor for Doctors' Day

Jinnah, Riyaz H. (Orthopaedic and Trauma Surgery)

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Singleton, Robert T. (Internal Medicine)

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1964

OFFICES HELD IN SMA:

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Councilor from Mississippi, 1993-2000

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Clippinger, Martha (Mrs. David) Auxiliary Councilor for Medical Heritage

Crawford, Peggy (Mrs. DeWitt), Auxiliary Councilor for Health Education

deShazo, Richard (Internal Medicine)

Grenfell, Raymond F. (Internal Medicine)

Henderson, William H. (Obstetrics & Gynecology)

Herrington, Peggy (Mrs. Joe), Auxiliary Councilor for Doctors' Day

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Hill, J. Edward (Family Practice)

Irby, Jr., Braxter (Internal Medicine)

Kemp, Stephen F. (Allergy & Immunology)

Lindstrom, Eric (Ophthalmology)

Lindstrom, Nancy (Mrs. Eric), Auxiliary Finance Committee Chairman

McGraw, John J. (Orthopaedic & Trauma Surgery)

McHardy, G. Gordon (Gastroenterology)

Morrison, John C. (Obstetrics & Gynecology)

Rogers, Merrell (Mrs. Lee), Auxiliary Vice-President for Doctors' Day

Spencer, William A. (Family Practice)

Vise, Jr., Guy T. (Orthopaedic)

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Vise, Sr., Guy T. (Family Practice)

Vise, W. Michael (Neurosurgery)

Waites, James C. (Family Practice)

Ward, George L. H. (Emergency Medicine)

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JOINED SOUTHERN MEDICAL ASSOCIATION: April 1963

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Jonas, Jr., Harry S. (Obstetrics & Gynecology)

Martin, Clarence (General Surgeon)

Mell, Roger L. (Orthopaedic Surgery)

Meyer, Jerry L. (Family Practice)

Peick, Ann L. (Surgery)

Perry, Michael C. (Oncology)

Sparkman, Carol (Mrs. Thomas), Auxiliary Vice-President for Health Education

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Wilkinson, David (Neurosurgery)

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SPECIALTY: Ortho & Trauma Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: May, 1988

OFFICES HELD IN SMA:

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Dameron, Jr., Thomas B. (Orthopaedic)

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Goldner, J. Leonard (Orthopaedic)

Griffith, Mark N. (Internal Medicine)

Hayes, Imogene (Genie) (Mrs. Hugh), Auxiliary Councilor for Medical Heritage

Hertzberg, Barbara S. (Radiology)

Koman, L. Andrew (Orthopaedic)

Liles, George W. (Surgery)

Martin, David F. (Orthopaedic & Trauma Surgery)

May, Ronald B. (Pediatrics)

McCollum, Donald E. (Orthopaedic)

McDaniel, Jr., W. Jason (Orthopaedic)

Nitka, James (Ortho & Trauma Surgery) Associate Councilor

Pope, Jr., Thomas L. (Diagnostic Radiology)

Price, Donna (Mrs. Billy Lee, Jr.), Auxiliary Councilor for Doctors' Day

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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, 1993-2000 Member of the Executive Committee of the Council, 1995-1996, 1997-2000

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Farmer, Sheri (Mrs. Charles), Auxiliary Councilor for Doctors' Day
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Hosain, Harini (Allergy & Immunology)

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Lovelace III, Dallas W. (Radiology)

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Reeves, Scott T. (Anesthesiology)

Roland, Patti (Anesthesiology)

Rowland, Jr., Thomas C. (Obstetrics & Gynecology)

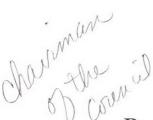
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COUNCILOR

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1987

OFFICES HELD IN SMA:

Associate Councilor from Tennessee, 1989-1992

Councilor from Tennessee, 1992-1999

Member of the Executive Committee of the Council, 1994-1996

Vice-Chairman of the Council, 1995-1996

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Cancellaro, Louis A. (Psychiatry)

Carroll, Gregory (Ophthalmology)

Chu, Roy W. (General Surgery)

Eastridge, Wesley (Family Practice)

Entman, Steven (Obstetrics & Gynecology)

Gerber, Carl J. (Neurology & Psychiatry)

Hainsworth, John D. (Oncology)

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Hamdy, Ronald C. (Internal Medicine/Geriatric Medicine)

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Hines, Nancye (Mrs. Leonard H.), Auxiliary Councilor for Medical Heritage

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Johnson, David H. (Oncology)

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76

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J. Ralph Meier, 212 Rue St. Peter, Metairie, LA 70005-3470, (504) 828-0311	1980-1981
Edwin C. Evans, 500 Westover Drive, N.W., Atlanta, GA 30305 (404) 355-2203	1981-1982
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(803) 254-1300	1992-1993
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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.



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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.



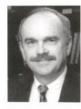
Director of Fringe Benefit Programs: Kenneth M. Vinzant Primary Responsibilities: Management, Marketing, Administration,

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.

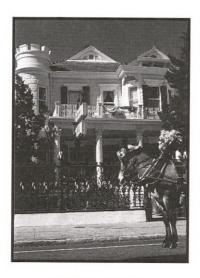


Director of Practice Management Services: Rudy Sturm III

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.



SOUTHERN MEDICAL ASSOCIATION'S 92ND ANNUAL SCIENTIFIC ASSEMBLY NEW ORLEANS, NOVEMBER 18-22, 1998



HIGHLIGHTS:

- Largest Multispecialty Meeting in the U.S.
- More than 2,000 Physicians for Networking and Interaction
- 28 Specialty Section Meetings
- Clinical Symposia
- Grand Rounds
- · Joint Specialty Sessions
- Managed Care Track

- Fabulous Social Activities
 - President's Reception
 - President's Dinner Dance
- Great Food Restaurants Galore
- · The Sights of New Orleans
 - Mississippi Riverboats
 - Antebellum Mansions
 - · French Quarter & Market

MINUTES FROM EETINGS

91ST ANNUAL SCIENTIFIC ASSEMBLY SOUTHERN MEDICAL ASSOCIATION CHARLOTTE, NORTH CAROLINA

Includes all Meetings held between November 1996 and November 1997

CONTENTS

M	EETINGS
	Council
	June 13-14, 1997114
	November 4, 1997
	Executive Committee of the Council
	February 6, 1997
	April 18, 1997
	November 4, 1997
RE	GISTRATION AND ATTENDANCE 145

Proceedings of the Council

- Southampton Princess Hotel, Bermuda
 - Friday-Saturday, June 13-14, 1997 •

CALL TO ORDER

The Council of the Southern Medical Association met at the Southampton Princess Hotel, Bermuda, on June 13-14, 1997. The meeting was called to order at 8:00 a.m. by the Chairman, Ronald C. Hamdy, M.D.

ROLL CALL

Members of the Council present were Ronald C. Hamdy, M.D., Chairman, Johnson City, Tennessee; James C. Waites, M.D., Vice-Chairman, Laurel, Mississippi; Terrell B. Tanner, M.D., President, Oxford, Georgia; J. Lorin Mason, Jr., M.D., President-Elect, Florence, South Carolina; Hugh E. Stephenson, Jr., M.D., Vice-President, Columbia, Missouri; J. Edward Hill, M.D., Immediate Past-President, Tupelo, Mississippi;

Ernest G. Moore, Jr., M.D., Birmingham, Alabama; Michael G. Mackey, M.D., Jonesboro, Arkansas; Richard P. DeRosa, M.D., Washington, DC; Clifford W. Lober, M.D., Kissimmee, Florida; George L. Smith III, M.D., Covington, Georgia; Nancy C. Swikert, M.D., Florence, Kentucky (Saturday Meeting); J. Patrick O'Leary, M.D., New Orleans, Louisiana; Robert M. Peroutka, M.D., Baltimore, Maryland; Albert I. Campbell, Jr., M.D., Sedalia, Missouri; David F. Martin, M.D., Winston-Salem, North Carolina; Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma; Donald R. Johnson II, M.D., Mt. Pleasant, South Carolina; Edwards Holt, M.D., San Antonio, Texas; T. Rudolph Howell, M.D., Richmond, Virginia; and Mehmet V. Kalaycioglu, M.D., Shinnston, West Virginia.

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; 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 November 19, 1996, meeting of the Executive Committee of the Council were distributed for review.

ACTION:—It was moved and seconded to approve the Minutes taken during the November 19, 1996, meeting of the Council. The motion carried unanimously.

REPORT OF THE PRESIDENT Terrell B. Tanner, M.D.

Dr. Tanner reported that he was invited to two state meetings this year but was unable to attend himself because of conflicts. Dr. Charles A. Farmer, Ir. represented SMA in Oklahoma and Dr. Louis Cancellaro, Ph.D., M.D., represented SMA in South Carolina. He stated that he was pleased to report that last year at this time we had 800 pre-registered for the Annual Meeting and this year we have 1,100 pre-registered for Charlotte. He stated that the meeting for Charlotte is coming along well. He feels that there will be something for everyone to enjoy in Charlotte.

REPORT OF THE CHAIRMAN Ronald C. Hamdy, M.D.

Dr. Hamdy reported that this has been a hectic year at SMA. He stated that he has been working closely with the Education Department to implement some changes to the types of programs being offered. He stated a lot of emphasis has been placed on the Internet and SMA has received an average of over 35,000 hits per month. Dr. Hamdy stated that SMA should be able to increase membership through the Internet, and SMA has received some requests from physicians out of the country asking how they could become members of SMA. He stated that a special Task Force on Internet Development, headed by Dr. Michael Mackey, has been formed to work on various items charged to this committee. He also stated that we are revising our home-page on the Internet to make it more customer friendly, attractive, and at the same time more comprehensive.

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Dr. Hamdy also stated that we have added an International News and Selected Abstracts section. On an average, this section gets over 1,000 hits per month. He stated that this section has been so popular that it has been divided into two entities: 1) International News and, 2) Selected Abstracts and, SMA is working on a way to offer CME credits for this section.

He also stated that the number of hits to the Internet has increased from around 8,000 hits in November to over 35,000 in March. These hits are from all over the world. He stated that approximately fifty Dial Access tapes will be on the Internet by September 1. All of these tapes, called "medbytes", will eventually offer CME credits.

Dr. Hamdy reported that we are developing a series called "Lectures on Line." Whoever visits SMA's website would be able to get a full lecture with slides.

He reported that we are pushing the Southern Medical Journal through the Internet. This gives members two different opportunities to read the Journal. We are also working to develop a Journal Club that will be open to any member or non-member of the SMA. The main feature of the Journal Club will be an analysis of the series of at least six article reports. He feels that our impact through the Internet is having a world-wide impact and we are hitting most of the countries.

Dr. Hamdy reported that SMA has implemented some changes designed to strengthen the Annual Meeting Sections. The sections will now be allowed to invite two guest speakers to the Annual Meeting.

He reported that the awards for the outgoing Section Secretaries and Chairmen have been moved to the Lunch and Learn so they can receive more recognition. Section officers are being encouraged to develop one clinical meeting a year beyond the Annual Meeting Section programs.

MOTION:—A motion was made by Dr. Lober and seconded by Dr. Smith that no State Report be given unless the Councilor has something to report that has not been reported in writing, and that we set aside the rest of the agenda, except for the issues that the Chairman and President feels are critically important and concentrate on the membership and leadership issues. The motion carried unanimously.

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

- Richard P. DeRosa, M.D., Councilor for Washington, DC
- 2) Michael G. Mackey, M.D., Councilor for Arkansas

REPORT OF THE AUXILIARY PRESIDENT

Mrs. Sancy McCool

Mrs. Sancy McCool gave highlights of the activities she has been involved in during the past year. She reported that she has visited eleven states since April and that the Southern Medical Association has been very well received. She also stated that she has received many letters, most of which were complimentary of the breast cancer awareness project. She also introduced Mrs. Gwen Pappas, Auxiliary President-Elect.

ANNUAL REPORTS OF THE STATE COUNCILORS

Dr. Hamdy invited each Councilor to comment on any state activity that was not in their state report.

Dr. O'Leary stated that he would like to have a standardized report from the central office that tells him what his state has done in regards to membership.

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

Mr. Ranieri reported that this year we are all aware of the dramatic changes taking place in medicine, and certainly SMA is not shielded from this change. What has changed is the working environment of our physician members. He stated that he believes it is important to underscore the fact that SMA is still a personal membership society.

He stated that in the past, our membership was comprised primarily of solo practitioners who, in addition to being professionals delivering medical care, were also entrepreneurs of small business organizations. Certainly, a large number of this type of physician still practice in our territory today but this number is declining. They are

being replaced by physicians working together in medium to large size groups still basically operating in the same type of environment in terms of their ownership and independence, yet functioning quite differently in terms of the pressures they face to deliver high quality, cost-effective medical care.

He reported that growing even more rapidly is the number of physicians now working in an environment typical of an employer-employee relationship. As a result, the needs of these professionals are quite different from the traditional physicians we have served at SMA in the past. This presents a challenge to SMA. We must identify the needs of physicians wherever they may be organizationally based and must provide services that not only fulfill those needs, but present a value to these individual professionals.

Mr. Ranieri reported that in attempting to meet this challenge, we have developed a multi-faceted approach to our program development.

He also reported that in addition to identifying market segments for continuing medical education, we have also recognized the need to assure value through the many services we offer physicians, both as individual professionals and as members of medical organizations. To remain viable, we must continually develop new services of value to physicians.

Mr. Ranieri reported that two major factors are responsible for the decline in membership. Internally, our major problem has been the tremendous deterioration of our insurance program, which had been the flagship service of the Association. The deterioration of this program was because of the tremendous changes, particularly at the state level, in terms of regulation of group health insurance.

The external factor affecting membership, that has been felt by all medical associations, has been the tremendous organizational change in the environment in which physicians practice.

He stated that there have been strong increases in attendance for our educational offerings. We have also expanded our efforts to promote organizational membership in the association through our corporate and clinical practice membership programs.

He stated that one primary concern must be with the medical organizations themselves. As they begin to provide many of the traditional services for which we have been known, we must develop new programs, products, and services for physicians who are now employed by these organizations.

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He also stated that by working together to identify the needs and provide the answers to the needs of physicians, wherever they may be placed, we will enhance our opportunity for SMA to achieve greatness in the eyes of our membership.

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

Dr. Smith gave an overview of the activities of the *Southern Medical Journal* for the last five years and future plans for the SMJ.

He stated that thus far this year the Journal has made \$200,000 which is mainly attribtable to a 40% increase in advertising revenue. He stated that every month but one has resulted in increased income.

RECOMMENDATION:—It was moved that the Council recognize the tremendous job the advertising agency has done for the SMJ.

He stated that the increased public relations and marketing of the *SMJ* will increase public awareness of the *SMJ* and *SMA*, and hopefully increase *SMA* membership. Continued efforts by the Editorial Board will be made to increase advertising.

Dr. Smith stated that in 1998 the Editorial Board will be reconstituted. Preference will be given to physicians more likely to solicit and/or submit manuscripts.

Dr. Smith stated that he would like for SMA to check into the possibility of giving an hour of CME credit for each issue of the SMJ.

MOTION:—A motion was made by Dr. Lober and seconded that all future reports contain either new information or action items only. The motion carried unanimously.

REPORT OF THE DIRECTORS

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

Dr. Hill suggested that SMA buy the book "The Remaking of Healthcare in America" by Stephen Shortell.

REPORT OF THE BUDGET J. Lorin Mason, Jr., M.D.

Prior to the meeting, copies of the Budget were distributed for review.

ACTION:—It was moved by Dr. Mason and seconded by Dr. Johnson that the Budget for 1997-1998 be approved. The motion carried unanimously.

RECOMMENDATION:—Mr. Ranieri requested that the following resolution be adopted by the Board of Directors of Southern Medical Association:

"BE IT RESOLVED, That the Board of Directors of Southern Medical Association hereby approves and adopts the Amendment and Restatement of the Southern Medical Association Flexible Benefit Plan, a copy of which is to be retained in the offices of the Corporation.

BE IT FURTHER RESOLVED, That the President be, and he hereby is, authorized and directed to execute the Amendment and Restatement of the Adoption Agreement for the Southern Medical Association Flexible Benefit Plan;

BE IT FURTHER RESOLVED, That the Board of Directors of the Corporation hereby approves the adoption of the Flexible Benefit Plan by SMA Services, Inc., as Participating Employer; and

BE IT FURTHER RESOLVED, That the President and Secretary of Corporation are hereby authorized and directed to execute an Agreement To Be Bound on behalf of the Corporation as Administrator of the Plan, and any other documents necessary or required to accept and approve adoption of the Plan by any Participating Employer."

ACTION:—It was moved by Dr. Martin and seconded by Dr. Peroutka that the Council approve the above mentioned recommendation. The motion carried unanimously.

ACTION:—It was moved to hear all the recommendations from the Task Force on Leadership Selection and have an open discussion to let everyone air their personal feelings before voting on a specific recommendation. The motion carried unanimously.

After discussion, Dr. Hamdy presented the following recommendations from the Task Force on Leadership Selection for review and approval:

RECOMMENDATION:—The Task Force on Leadership Selection recommends that every serving Councilor be eligible to run for the office that leads to the Presidency of the Association after completing two full years as Councilor. Each Councilor will, therefore, have three opportunities to run for office.

ACTION:—It was moved by Dr. Holt and seconded by Dr. O'Leary that the Council approve the recommen-

dation that every serving Councilor be eligible to run for the office that leads to the Presidency of the Association after completing two full years as Councilor. Each Councilor will, therefore, have three opportunities to run for office. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Leadership Selection recommends that once a Councilor completes his/her term as President-Elect or resigns prior to completion of his/her term, a Councilor will be named from the same state but will be able to serve only up to five years.

ACTION:—It was moved by Dr. Howell and seconded by Dr. Campbell that the Council approve the recommendation that once a Councilor completes his term as President-Elect, or resigns prior to completion of his term, a Councilor will be named from the same state but will be able to serve only up to five years. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Leadership Selection recommends the elimination of three officer positions: Vice-President, Chairman and Vice-Chairman and retain the positions of President-Elect (who would run the Council), President and Immediate Past-President (who would continue with their present responsibilities). The titles of these officers may be altered.

ACTION:—It was moved by Dr. O'Leary and seconded by Dr. Peroutka that the Council approve the recommendation to eliminate three officer positions: Vice-President, Chairman and Vice-Chairman and retain the positions of President-elect (who would run the Council), President and Immediate Past-President (who would continue with their present responsibilities). The titles of these officers may be altered. The motion carried unanimously.

ACTION:—A motion was made by Dr. O'Leary and seconded by Dr.

Holt that the ByLaws Committee be charged to bring forward to the Council in November an election process for the selection of Councilors from the individual states which clarifies that whoever receives the most votes in the state wins the election and is automatically nominated to the Council. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Leadership Selection recommends that after a five year break from serving as Councilor, that person is eligible to serve once more as Councilor.

ACTION:—It was moved by Dr. Holt and seconded by Dr. Swikert that the Council approve the recommendation that after a five year break from serving as Councilor, that person is eligible to serve once more as Councilor.

RECOMMENDATION:—The Task Force on Leadership Selection recommends that the voting be conducted by mail.

ACTION:—It was moved by Dr. Holt and seconded by Dr. Johnson that the Council approve the recommendation that the voting be conducted by mail. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Leadership Selection recommends that the information each candidate presents to the eligible voters be submitted on a standard format that includes the following: personal data, involvement with the SMA, involvement with similar types of Associations (AMA, Specialty Society, State Society, etc.), and up to one type-written page of why the candidate would like to serve and what he/she would like to accomplish.

ACTION:—The motion was made by Dr. Holt and seconded by Dr. O'Leary that the Council approve the recommendation that the information each candidate presents to the eligible voters be submitted on a standard for-

mat that includes the following: personal data, involvement with the SMA, involvement with similar types of Associations (AMA, Specialty Society, State Society, etc.), and up to one type-written page of why the candidate would like to serve and what he/she would like to accomplish. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Leadership Selection recommends that the number of eligible voters be increased to include all active Associate Councilors who have completed two full years in that position and, all active Section Officers who have completed two full years in that position.

ACTION:—The motion was made by Dr. Howell and seconded by Dr. Johnson to amend the recommendation that the number of eligible voters for now be increased to include all active Associate Councilors that have completed more than two years serving as Associate Councilor. The motion carried unanimously.

ACTION:—The motion was made and seconded to approve the recommendation to enlarge the number of eligible voters to include the Section Officers that have completed two years in that position once this process is in place provided everything is in place no later than 1999, and to be considered at the November Annual Meeting in 1997 so they can take part in the next election. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Leadership Selection recommends that there be no time limit on when a Councilor can serve as Associate Councilor.

ACTION:—The motion was made by Dr. Holt and seconded by Dr. Howell to amend the recommendation that when a Councilor fulfills a five year term, he/she may be eligible to serve as Associate Councilor if he/she is appointed by the Councilor and, if he/she has been productive and

continues to be hard working, for a term of five years or at the discretion of the Councilor. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Leadership Selection recommends that these changes be implemented in November 1997.

ACTION:—The motion was made by Dr. Holt and seconded by Dr. O'Leary to amend the recommendation that we make every intent to get the logistics completed by whatever means as quickly as possible, to be implemented in November 1997. The motion carried unanimously.

ACTION:—A motion was made by Dr. O'Leary and seconded by Dr. Farmer that the Executive Committee consist of all Councilors who have completed their third year until the term of their Councillorship ends. The motion carried unanimously.

ACTION:—A motion was made by Dr. Howell and seconded by Dr. Holt that the present Council's term be extended for two years (1999) to allow this group to implement the massive changes that have been suggested. The motion carried unanimously.

REPORT OF THE COORDINATING COMMITTEE ON MEMBERSHIP

Dr. Smith gave a brief overview of the recommendations and actions taken in the report given at the November meeting.

He reported on the activities of the committee and that there has been two committee meetings since November. One was in April and a conference call in May.

Dr. Smith presented the following recommendations from the Coordinating Committee on Membership:

RECOMMENDATION:—The Coordinating Committee on Membership recommends to the Council

that we investigate the possibility of an associate membership classification for allied health personnel.

RECOMMENDATION:—The Coordinating Committee on Membership recommends to the Council that SMA exhibit only at the five largest national specialty meetings in attendance. Minimum attendance requirements would be used as a benchmark to choose which meetings to attend.

ACTION:—A recommendation was made by Dr. Smith to the Council to have the SMA staff investigate the possibility of SMA exhibiting only at the five largest nation specialty meetings in attendance. Minimum attendance requirements would be used as a benchmark to choose which meetings to attend. Also, that the staff begin to track information to see how effective our exhibiting is at the meeting.

RECOMMENDATION:—The Coordinating Committee on Membership recommends to the Council that the staff should research and report on the development of a frequent user program at the November meeting.

RECOMMENDATION:—The Coordinating Committee on Membership recommends to the Council that we encourage the Bylaws Committee to proceed quickly in creating the International Membership Category.

RECOMMENDATION:—The Coordinating Committee on Membership recommends to the Council that the life membership program should be updated to encourage recruitment of new members into this category.

RECOMMENDATION:—The Coordinating Committee on Membership recommends that the President's Club Oversite Committee should concentrate on just membership recruitment activities and leadership participation in SMA for points.

ACTION:—A motion was made by Dr. Hill and seconded that Bylaws Committee and Membership Committee at their next meeting put on the agenda to consider the concept of having an out-of-territory Councilor(s) and possibly International Councilor(s). The motion carried with 11 votes for, 4 votes against.

Dr. Stephenson asked that the minutes reflect the appreciation of the Membership Committee for their hard work.

Dr. Swikert made the following request for items from Southern Medical Association:

- SMA furnish stickers to the Councilors when they go to their State Meetings to identify SMA members. This would allow Councilors to know who was not a member of SMA and give them an opportunity to target them with membership information.
- SMA furnish badges to the Councilors and Associate Councilors to identify them as a Southern Medical Association representative at other functions.
- SMA furnish business cards with one side giving name, address, etc. of the individual Councilor or Associate Councilor, and the reverse side reflect SMA information.

REPORT OF THE COORDINATING COMMITTEE ON EDUCATION

Dr. Holt gave a brief overview of the activities of the Committee on Education. She stated that they have a lot of work ahead for them.

Dr. Holt presented the following recommendation to the Council for approval:

RECOMMENDATION:—The Coordinating Committee on Educa-

tion recommends to the Council that the Mission Statement of the SMA Education Department be reviewed and approved.

MOTION:—A motion was made by Dr. Holt and seconded by Dr. O'Leary that the revised Mission Statement of the SMA Education Department be approved. The motion carried unanimously.

RECOMMENDATION:—The Advisory Committee on Grants, Loans & Scholarships recommends to the Council that we change the \$1,500 Medical Student Scholarship from a first-year Student Scholarship to a third-year Student Scholarship.

ACTION:—It was moved and seconded by Dr. O'Leary that the Council approve the recommendation that we change the \$1,500 Medical Student Scholarship from a first-year Student Scholarship to a third-year Student Scholarship. The motion carried unanimously.

REPORT OF THE ADVISORY COMMITTEE ON CONSTITUTION AND BYLAWS

Dr. Mackey reported that the committee has been very busy over the past week. They had a conference call about a week ago but did not have written material at that time, however, they did discuss several items that had been brought to them. He presented the following recommendations from the Advisory Committee on Constitution and Bylaws to the Council for approval:

- 1) Active members who retire from practice may become active retired members at a rate of 50% of the current dues structure.
- 2) Class 3. The Association may have International Members composed of physicians who are eligible for membership in medical associations in the country where they reside and practice medicine. If they receive the

Southern Medical Journal there will be a surcharge to their dues, if they reside in the U.S. there will be no surcharge.

 Eliminating the Institutional Members Class and adding the following classification:

G. Medical Practice Members

Membership is available to any medical practice where at least one physician of the practice is an Active member of SMA. Non-physician staff employed by the medical practice member are eligible to participate in the programs and services offered through the medical practice membership. Non-physician staff are eligible by virtue of the fact that the medical practice pays the dues established forthis membership category by the Council.

ACTION:—A motion was made and seconded to approve the changes recommended to the Council from the Constitution and Bylaws committee. The motion carried unanimously.

RECOMMENDATION:—The Advisory Committee on Constitution and Bylaws recommends to the Council that:

- A. There shall be <u>five</u> Advisory Committees known as:
 - 1) Committee on Scientific Activities.
 - 2) Committee on Grants, Loans, and Scholarships.
 - 3) Committee on Publications and Advertising.
 - 4) Committee on Multi-Media Programs.
 - 3) Committee on Dial Access
 - 5 <u>4)</u>Committee on Constitution and Bylaws.
 - 6) Committee on the Employee's Pension Plan and Personnel.
 - 7 <u>5)</u>Committee on Young Physicians.

ACTION:—A motion was made by Dr. Farmer and seconded by Dr. O'Leary to amend the recommendation to eliminate the Dial Access Committee, keep the Multi-Media Programs Committee, and make Dial Access a integral part of the Multi-Media Programs Committee. The motion carried unanimously.

RECOMMENDATION:—The Advisory Committee on Constitution and Bylaws Committee recommends to the Council that the 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; Committee on Dial Access and such Ad Hoc Committees as shall be annually assigned to it. The Coordinating Committee on Education shall be responsible for supervising all publications of the SMA acting in both a regulatory and advisory capacity. Suggested changes to any publication must be reviewed and approved by the Editor(s) Executive Vice-President.

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ACTION:—A motion was made and seconded to amend the recommendation and eliminate the Dial Access Committee and to keep the Committee on Multi-Media Programs. The motion carried unanimously.

RECOMMENDATION:—The Advisory Committee on Constitution and Bylaws Committee recommends the following change to the Council:

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.

- 1. The Chairman shall perform such duties as may be provided by the rules of the Section.
- 2. He The Chairman shall be responsible for selecting and

inviting the Section's official "Chairman's Guest Speaker" and shall cooperate with the Secretary in arranging the Section program for an annual meeting.

- 3. The Chairman shall be responsible for membership recruitment for the Section and will be charged with carrying out membership campaigns approved by the Scientific Activities Committee, Coordinating Committee on Education and the Coordinating Committee on Membership.
- 4) The Chairman, in cooperation with the Secretary, shall be responsible for enhancing attendance at Section Meetingsby improving the quality and content of the meeting and by promotion of the meeting through the Southern Medical Association.

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.

- CB) Secretary.
 - 7) The Secretary shall be responsible for selecting and inviting the "Secretary's Guest Speak" and shall cooperate with the Chairman in planning guest speaker activities for the benefit of the Section.

D) Secretary-Elect

- 1) 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 and past or future Officers 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;
- 4. Fill vacancies that occur among Section Officers;
- 5. Perform such other duties as they appear necessary.

ACTION:—A motion was made and seconded to approve the above mentioned changes recommended to the Council from the Constitution and Bylaws committee. The motion carried unanimously.

RECOMMENDATION:—The Task Force on Medical School Involvement recommends to the Council to consider the development of a program that sends an SMA physician officer and SMA staff member to the campus of two or three medical schools during the next year to meet with the Dean and other key medical center staff to discuss SMA programs and services; review grants, loans, and scholarships, and enroll students and residents as SMA members.

REPORT OF THE TASK FORCE ON MEDICAL SCHOOL INVOLVEMENT

Dr. Stephenson presented the following recommendation from the Task Force on Medical School Involvement:

RECOMMENDATION:—The Task Force on Medical School Involvement requests the Council of SMA to consider the development of a program that sends an SMA physician officer and SMA staff member to the campus of two or three medical schools during the next year to meet with the Dean and other key medical center staff to discuss SMA programs and services; review grants, loans, and scholarships, and enroll students and residents as SMA members.

ACTION:—It was moved by Dr. Stephenson and seconded by Dr. Swikert that the Council approve the recommendation that the Council of SMA consider the development of a program that sends an SMA physician officer and SMA staff member to the campus of two or three medical schools during the next year to meet with the Dean and other key medical center staff to discuss SMA programs and services; review grants, loans, and scholarships, and enroll students and residents as SMA members. The motion carried unanimously.

REPORT OF THE TASK FORCE ON INTERNET DEVELOPMENT

Dr. Mackey gave an overview of the activities of the Task Force on Internet Development during the past year. He reported the task force met on three occasions between January and June 1997...two face-to-face meetings in Atlanta and one conference call.

OTHER BUSINESS

Dr. Hill reported that he was glad to see the Council working together so well. He sees this Council as one with more interest, more democratic, more innovated, and more effective.

He reported that he has some suggestions that he would like to bring before the Council:

- 1) A Mission Statement should be at the top of every piece of paper that is given out at meetings. He feels there should only be two or three items discussed at every board meeting. Everything else should be delegated to a paragraph, sentence, or ten bullets on a page.
- 2) He would like to see future boards hire an expert in board governance to spend a day with the Council and teach what a board does that is effective. He would like to see this done as early as next year.
- Perpetual problem we all have of making a policy and having nothing happen.
- Updated on regular basis about innovations in health care.

Dr. Hill thanked everyone for nine great years of service.

Dr. Hamdy thanked everyone for a great meeting. He felt a great deal was covered in this meeting. He stated that he was very appreciative for having been elected as Chairman of the Council and for everyone's continued support.

ADJOURNMENT

There being no further business to come before the Council, Dr. Hamdy adjourned the meeting at approximately 12:30 p.m.

The Council went into Executive Session on Friday, June 13, 1997.

KEY: If the words have been marked through, this copy will become deleted, and if the words are highlighted as such, this copy is an addition.

Proceedings of the Council

- Westin Hotel Charlotte, North Carolina
 - Tuesday, November 4, 1997

CALL TO ORDER

The Council of the Southern Medical Association met at the Westin Hotel, Charlotte, North Carolina, on November 4, 1997. The meeting was called to order at 1:30 p.m. by the Chairman, Ronald C. Hamdy, M.D.

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ROLL CALL

Members of the Council present were Ronald C. Hamdy, M.D., Chairman, Johnson City, Tennessee; James C. Waites, M.D., Vice-James C. Waites, Chairman, Laurel, Mississippi; Terrell B. Tanner, M.D., Oxford, Georgia; J. Lorin Mason, Jr., M.D., President-Elect, Florence, South Carolina; Hugh E. Stephenson, Jr., M.D., Vice-President, Columbia, Missouri; J. Edward Hill, M.D., Immediate Past-President, Tupelo, Mississippi; Ernest J. Moore, Jr., M.D., Birmingham, Alabama; Michael J. Mackey, M.D., Ionesboro, Arkansas; Richard P. DeRosa, M.D., Washington, D.C.; Clifford W. Lober, M.D., Kissimmee, Florida; George L. Smith III, M.D., Covington, Georgia; Nancy C. Swikert, M.D., Florence, Kentucky; J. Patrick O'Leary, M.D., New Orleans, Louisiana; Robert M. Peroutka, M.D., Baltimore, Maryland; Albert J. Campbell, M.D., Sedalia, Missouri; David F. Martin, M.D., Winston-Salem, North Carolina; Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma; Donald R. Johnson II, M.D., Mt. Pleasant, South Carolina; Edwards Holt, M.D., San Antonio, Texas; T. Rudolph Howell, M.D., Richmond, Virginia; and Mehmet V. Kalaycioglu, M.D., Shinnston, West Virginia.

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; Mr. Dave Barzler, Director of Education; Mr. Rudy Sturm, Director of Practice Management Services; Mr. Ken Vinzant, Director of Fringe Benefit Programs; and Mrs. Judy Fields, Administrative Assistant.

Also present were J. Graham Smith, Jr., M.D., Southern Medical Journal editor, Mobile, Alabama, Mrs. Sancy McCool, SMA Auxiliary President, Baton Rouge, Louisiana; Mrs. Gwen Pappas, SMA Auxiliary President-Elect, Hot Springs, Arkansas; Jim C. Barnett, M.D., Chairman of the Audit Committee, Brookhaven, Mississippi; and W. Ross Lawler, M.D., President of SAPC, San Antonio, Texas.

APPROVAL OF THE MINUTES

Prior to the meeting, copies of the Minutes taken during the June 13-14, 1997, meeting of the Council were distributed for review.

The following correction was made to the Minutes taken during the June 13-14, 1997, meeting of the Council on page 31, paragraph 2, point #2: Amend the statement to reflect that Dr. Hill sees great things coming out of this Board that he has not seen in the past.

ACTION: It was moved and seconded to approve the Minutes taken at the June 13-14, 1997, meeting of the Council, making the one correction mentioned. The motion carried unanimously.

REPORT OF THE PRESIDENT Terrell B. Tanner, M.D.

Dr. Tanner reported that we are seeing the effects of choosing Charlotte as a meeting place. We have a higher registration than we have had in years. He stated that we are having a good year financially compared to past years. He also stated that we have had a net increase in membership. Dr. Tanner reported that we have a wonderful CME session planned for the Annual Meeting, and it looks like we are going to have a very good meeting.

Dr. Tanner thanked everyone for all that they have meant to SMA, and particularly to him over the past years, but especially this year.

REPORT OF THE CHAIRMAN Ronald C. Hamdy, M.D.

Dr. Hamdy reported that it has been an exciting as well as challenging year and one that he is very proud to have had the honor to serve as Chairman of the Council.

He reported that it has been a very active year with a number of fundamental changes taking place in our organization. He stated that most of our efforts have been spent in the areas of educational development and organizational structure of the Southern Medical Association.

Dr. Hamdy reported that perhaps the most important change in fundamental concept that we have focused on this past year is the multi-specialty nature of our Association. He stated that for many years we have talked about the fact that we are a multi-specialty organization; this is now an idea whose time has come. We recognize that with the rapid changes in the delivery of healthcare, the need for interaction with other specialties is more important than it has ever been in the past, from a social, educational, and professional level. The concept of networking for physicians has finally

arrived. He stated that we all recognize the importance of networking with other specialties in other fields. This puts the Southern Medical Association in a unique and rewarding position. We are the only professional organization that offers as its fundamental purpose the opportunity for multi-specialty interaction, training, and education, as well as networking.

Dr. Hamdy reported that in an attempt to develop our educational programs with this concept of multispecialty education in mind, we have attempted to integrate the various sections of our educational programs so that we can now provide in a cost-effective and timely manner, education programs of interest to many physicians.

He stated that perhaps the most striking new program was the development of a publication produced by the Southern Association for Primary Care called Clinical Reviews. The first issue was published last summer and the plan is to publish on a quarterly basis. Each publication will be dedicated to one particular topic and gives practical, hands-on advise on a particular disease. Each issue so far has been funded by a pharmaceutical company and, based on the results of our first publication, we are quite optimistic about the benefits this publication will hold for the membership, not only for SAPC, but for SMA.

Dr. Hamdy reported that in an effort to be sure the future of SMA is bright, a great deal of time has been spent reviewing SMA's organizational structure. We are in the process of making some basic and fundamental changes that will open up a more democratic process and opportunity for involvement in leadership by physicians who are members of SMA. The basic change that is being presented to the membership is to allow the Council to stay intact for two more years so that it can complete the changes required to provide a stream-

lined leadership organization as SMA prepares to enter the next millennium. Dr. Hamdy reported that his hope is by the 1998 Summer Meeting of the Council, the major organizational and leadership changes can be finalized and be presented to the membership at the 1998 Annual Meeting.

Dr. Hamdy stated that it has been a very exciting and fast-moving year. He thanked everyone for the support and encouragement they have given him as Chairman and for the untold hours each Council member has spent in working to implement many of the changes, as well as to expand our programs.

Dr. Hamdy stated that on behalf of his wife and family, he would like to thank everyone for giving him the opportunity to serve as Chairman and would also like to thank the SMA staff for their tremendous help. He looks forward to next year with enthusiasm as we see the fruits of our efforts begin to take hold for expansion of membership, financial resources, and participation by our member physicians in SMA activities.

ANNUAL REPORTS OF THE STATE COUNCILORS

Dr. Hamdy invited each Councilor to present an oral report on his or her state's activities.

AFFILIATED SOCIETIES' REPORTS

Southern Orthopaedic Association

Dr. Martin reported that the Southern Orthopaedic Association has scheduled its Resident's and Fellow's Conference at the Annual Meeting. He stated that everything is going well with the Association. Dr. Martin reported that the SOA has a meeting scheduled in January in Orlando.

Southern Association for Primary

Dr. Lawler reported that the SAPC has 364 dues-paying members. He stated that they have 124 new members, which is a 40% increase in membership. The Association is very pleased with the Clinical Reviews. He stated that Merck gave \$32,000 in sponsorship for the publication. The 1998 SAPC Annual Meeting is scheduled at the Ritz-Carlton, August 14-16, 1998. Dr. Lawler reported that the SAPC made a \$14,000 profit for the year. He stated that they increased their revenue by almost 500% this year, and reduced their debt by \$14,000.

REPORT OF THE EXECUTIVE VICE-PRESIDENT

Mr. William J. Ranieri

Mr. Ranieri presented the following recommendations to the Council for approval:

RECOMMENDATION:—BE IT RESOLVED, that the Board of Directors of Southern Medical Association hereby approves and adopts an Amendment to the Southern Medical Association Flexible Benefit Plan Adoption Agreement effective November 4, 1997, which amends the Plan to provide for a 90-day waiting period prior to an employee becoming eligible to participate in the Plan and to delete the long-term health care premiums as an employer-provided benefit, a copy of which is to be retained in the offices of the Corporation;

BE IT FURTHER RESOLVED, that the appropriate officers of the Corporation be, and they hereby are, authorized and directed to execute said Amendment on behalf of the Corporation as Employer.

ACTION:— It was moved by Dr. Waites and seconded by Dr. Campbell that the Board of Directors of Southern Medical Association hereby approves and adopts an Amendment

to the Southern Medical Association Flexible Benefit Plan Adoption Agreement effective November 4, 1997, which amends the Plan to provide for a 90-day waiting period prior to an employee becoming eligible to participate in the Plan and to delete the long-term health care premiums as an employer-provided benefit, a copy of which is to be retained in the offices of the Corporation.

BE IT FURTHER RESOLVED, that the appropriate officers of the Corporation be, and they hereby are, authorized and directed to execute said Amendment on behalf of the Corporation as Employer. The motion carried unanimously.

RECOMMENDATION:—That the Fund has the flexibility to invest in a diversified list of common stocks with up to 30% of its total fund portfolio market value. Common stock investments are part of a long-term capital building program in conjunction with fixed income securities. Within the 30% maximum, the percentage held in common stock will be varied reflecting the investment manager's outlook. No common stock holding will exceed 3% of the total fund portfolio market value at the time of purchase. Convertible bond holdings in aggregate will not exceed 5% of same. Covered calls and ADRs are permissible. Investments in tobacco companies are prohibited.

Individual issues held in the portfolio must represent no more than 10% of the total fund portfolio market value except for issues backed by the "full faith and credit" of the U.S. Government. The sum total of holdings for any issuer's securities must not exceed 15% of the total fund portfolio market value except for direct obligations of the U.S. Government.

ACTION:—It was moved by Dr. O'Leary and seconded that the Fund has the flexibility to invest in a diversified list of common stocks with up to 30% of its total fund portfolio market

value. Common stock investments are part of a long-term capital building program in conjunction with fixed income securities. Within the 30% maximum, the percentage held in common stock will be varied reflecting the investment manager's outlook. No common stock holding will exceed 3% of the total fund portfolio market value at the time of purchase. Convertible bond holdings in aggregate will not exceed 5% of same. Covered calls and ADRs are permissible. Investments in tobacco companies are prohibited.

Individual issues held in the portfolio must represent no more than 10% of the total fund portfolio market value except for issues backed by the "full faith and credit" of the U.S. Government. The sum total of holdings for any issuer's securities must not exceed 15% of the total fund portfolio market value except for direct obligations of the U.S. Government. The motion carried unanimously.

Mr. Ranieri distributed SMA's vision statement and reviewed some of the goals and progress SMA has made this past year.

He stated that we at SMA recognize that we must promote SMA membership through the value of services and benefits. To do so, we have developed a Coordinated Marketing Plan in which all departments of Southern Medical Association would participate. The basic idea behind this effort is to help prospective members better understand the many programs and services that Southern Medical Association offers its membership.

Our goals are to increase membership, to project a consistent and professional image of SMA, and to use specific benefits and services to promote participation and membership.

Mr. Ranieri stated that it is a little early to tell, however, we are receiving some very positive results and it has been encouraging to see what is happening. From July to October, we have had a net increase of total dues-paying members of more than 50 members. That compares to a net loss of more than 600 members for the same period last year. He stated that this has been a major turn-around. We are seeing some positive signs of moving forward but want to continue to work hard to achieve our goals.

Another major change taking place, in terms of the image of the association, is the recognition among physicians in general, both members and non-members, that we are truly a muli-specialty organization. We are the only professional medical association that can address the needs of specialists to help them develop effective networking opportunities and to participate in structured CME activities developed specifically for multi-specialty training.

Mr. Ranieri reported that another change taking place regarding our membership is the development of the Corporate Membership Program. Although each member of Southern Medical Association should pay the same membership dues, the Corporate Membership Program offers discounts to physician groups that choose to pay an additional fee for participation in that program. If all physicians in a medical practice participate as full dues-paying members of SMA, we are then able to offer extensive and dramatic discounts to that medical practice for a small membership fee for non-physician staff members.

The above strategies taken together should help us to achieve more effectively the five goals the association has set for growth; image; financial; communications; and research analysis and evaluation.

We believe that SMA is better structured today to move forward as a multi-specialty professional medical organization providing benefits and services, as well as comprehensive continuing medical education format for specialists and multi-specialty training, than at anytime in our past.

Mr. Ranieri reported that this past year was the most successful year that we have had at SMA in many years. We had a net surplus of more than \$700,000 and that was in the face of the 1,200 loss in membership. He stated that the Education Department has been successful in providing a lot of its own resources. SMA has also been very successful in acquiring outside funding for the video-conferences, and those have proved to be very successful. The last video-conference held in October had more than 1,100 hospitals participating. ther conference is scheduled at the Annual Meeting, with more than 1.100 hospitals signed up to partici-

Mr. Ranieri reported that another area where we have been successful is the practice management area. We have had about a 50% increase in attendance to our seminars. He stated that we are in the process of looking for additional employees to help present these seminars.

Mr. Ranieri reported that we have a new focus on programming. Two programs we are working on is the Clinical Pathways programs, and a series of modules on Managed Care and Integrated Health Networks. Our strategy is to develop a module where a group can take advantage of a half day program or 6 days of programming. We feel there is enough interest and these programs will be available only to corporate membership.

REPORT OF THE EDITOR

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

Dr. Smith gave an overview of the activities during the past year of the Southern Medical Journal.

REPORT OF THE AUXILIARY PRESIDENT

Mrs. Sancy McCool

Mrs. McCool reported that several

years ago there was a restructuring of the Auxiliary and it now has three Councilors per state. This has given the SMAA more visibility in each state as well as making it more efficient in its operations. She stated that they have a Councilor for Doctor's Day, Medical Heritage, and their health project is Breast Cancer Awareness until the year 2000. They have created a committee, "Health Project 2000," and have asked Dr. Hamdy and Dr. Waites to serve on this committee.

Mrs. McCool reported that last year the SMAA enlisted 13 new members and this year they hope to pass that number. She reported that she attended 14 state meetings this year and 2 fall board meetings and was well received.

Mrs. McCool thanked the staff, Dr. Hamdy, Dr. Tanner, Dr. Waites, and Dr. O'Leary for all their help this year. She stated that it had been a pleasure to serve as President of the Auxiliary.

REPORT OF THE AUXILIARY PRESIDENT-ELECT

Mrs. Gwen Pappas

Mrs. Pappas stated that it had been a pleasure to serve as President-Elect of the SMA Auxiliary. She stated that she attended 5 state meetings and she was warmly received in all the states.

Mrs. Pappas stated that during the course of the year she has preformed all the duties as outlined in the constitution. She also attended the Summer Meeting, as well as the AMA Alliance Meeting in Chicago.

Mrs. Pappas thanked everyone and stated that she looks forward to working with everyone again next year.

REPORT OF THE AUDIT COMMITTEE

Jim Barnett, M.D.

Dr. Barnett reported that the SMA has done well this year with a profit of

\$675,872.00. This compares to last year's profit of \$353,738.

Dr. Barnett presented the following motion from the Audit Committee to the Council:

RECOMMENDATION:—That the property on Acton Road be taken off the market until further notice.

ACTION:— It was moved by Dr. Stephenson and seconded by Dr. Swikert that the property on Acton Road be taken off the market until further notice. The motion carried unanimously.

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RECOMMENDATION:—That SMA retain Arthur Andersen LLP to conduct the audit and prepare income tax returns for the next three years with the understanding that their charges will remain the same except for an increase of 12% immediately with a additional 5 1/2% increase over the next 2 years. Over a three-year period the average increase would be 8%.

ACTION:—It was moved and seconded that SMA retain Arthur Andersen LLP to conduct the audit and prepare income tax returns for the next three years with the understanding that their charges will remain the same except for an increase of 12% immediately with an additional 5 1/2% increase over the next 2 years. Over a three-year period the average increase would be 8%. The motion carried unanimously.

REPORT OF THE BYLAW'S COMMITTEE Michael G. Mackey, M.D.

Dr. Mackey reported that after several meetings and due consideration, the committee has categorized the proposed changes in the Constitution/Bylaws into three groups:

- Items the committee was instructed to do by Council vote after the Summer Meeting.
- 2) Items that should be changed now and are included in Bylaws modifi-

cation being presented to the general membership at the First General Assembly on Thursday, November 6th.

3) Items that the committee did not feel comfortable crafting language to accomplish without further Council input and that does not need to be done at this time as it will be two years before another election of officers.

Dr. Mackey presented the following proposed revisions to the Bylaws that will be presented to the General Membership at the Opening Ceremony:

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- The establishment of dues for active retired members.
- The addition of an International Membership Category.
- Replacing our Institutional Membership Category with the Medical Practice Member Category.
- 4) Extending the term of current Councilors for two years (1999) in order to allow time for the major revisions of the current Bylaws. These changes will bring about a more democratic election process for both Councilors and Officers and the elimination and streamlining of two officer positions.
- A reduction in the number of Section Officers while at the same time assigning Section Officers additional responsibilities of promoting membership.

Obviously this process is transitional in nature, and a full discussion and presentation will occur in 1998 at the First Business Session of the Annual Meeting on Wednesday before the Opening Ceremony. At that time a complete revision of the Bylaws will be voted on.

ACTION: A motion was made by Dr. Martin and seconded by Dr. Smith that the packet of Bylaws changes be presented as outlined to the General Membership for approval at the Opening Ceremony on Thursday, November 6, 1997.

OTHER BUSINESS

Dr. Hamdy reported that at next year's Summer Meeting the Council will be fine tuning the Bylaws changes. He stated because of all the material that will be worked on at the meeting, the reports given by the Councilors should be sent to the Birmingham office to be included in the Officer's Notebook and an oral report will not be given. He requested that a format be sent to all Councilors for them to follow in doing their reports.

Dr. Hamdy thanked everyone for all the help and support they have given him this past year. This has been a tremendous year and he looks forward to this next year. He thanked Mr. Ranieri and the Directors for all their help.

ADJOURNMENT

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

SPECIAL SESSION

Held Wednesday, November 5, 1997, approximately 4:30 p.m.

A special session was called by the Council after the Annual Business Session and Leadership Forum regarding the Bylaws change involving the Section Officers.

MOTION:—That the Bylaws issue involving the Section Officers be referred back to the Council for further evaluation and omit the change from the packet being passed out to the General Membership for approval at the Opening Ceremony on Thursday, November 6, 1997.

ACTION:-The motion was

moved by Dr. Waites and seconded that the Bylaws issue involving the Section Officers be referred back to the Council for further evaluation and omit the change from the packet being passed out to the General Membership for approval at the Opening Ceremony on Thursday, November 6, 1997. The motion carried unanimously.

MOTION: Dr. Stephenson made a motion that the meeting adjourn without any date and can reconvene at anytime.

ACTION: It was moved and seconded that the meeting adjourn without any date and can reconvene at anytime. The motion carried unanimously.

Proceedings of the Executive Committee of the Council

- The Mountain Brook Inn Birmingham, Alabama
 - February 6, 1997 8:00 a.m. 2:00 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 6, 1997. The meeting was called to order at 8:00 a.m. by the Chairman, Ronald C. Hamdy, M.D.

ROLL CALL

of the Executive Committee of the Council present were Ronald C. Hamdy, M.D., Chairman, Johnson City, Tennessee; James C. Waites, M.D., Vice-Chairman, Laurel, Mississippi; Terrell B. Tanner, M.D., President, Oxford, Georgia; J. Lorin Mason, Jr., M.D., President-Elect, Florence, South Carolina; Hugh E. Stephenson, Jr., M.D., Vice-President, Columbia, Missouri; J. Edward Hill, M.D., Immediate Past President, Tupelo, Mississippi; Michael G. Mackey, M.D., Jonesboro, Arkansas; Richard P. DeRosa, M.D., Washington, DC; and M.D., George L. Smith III, Covington, Georgia.

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Also in attendance, was J. Graham Smith, Jr., M.D., Editor, Southern Medical Journal, Mobile, Alabama.

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; Mr. Ken Vinzant, Director of Fringe Benefit Programs; and Mrs. Judy Fields, Administrative Assistant.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the November 19, 1996, meeting of the Executive Committee of the Council were distributed for review.

ACTION:—It was moved by Dr. Tanner and seconded to approve the Minutes taken during the November 19, 1996, meeting of the Executive Committee of the Council. The motion carried unanimously.

REPORT OF THE PRESIDENT Terrell B. Tanner, M.D.

Dr. Tanner stated that SMA is doing well. Dr. Tanner reported that he had just returned from Charlotte, North Carolina, and feels good about the potential for a good annual meeting as far as the site and social side. He stated that he feels there will be something for everyone to enjoy.

REPORT OF THE CHAIRMAN Ronald C. Hamdy, M.D.

Dr. Hamdy thanked everyone for electing him as Chairman of the Council. He stated that SMA is at a turning point and he is sure that as far as education, SMA is heading in the right direction. He stated he feels SMA is doing a lot to improve its influence and increase membership. He also thanked William Ranieri and the team of Directors for the tremendous job they are doing in making life easier for him and the Council.

Dr. Hamdy reported that we have been revamping the educational components of SMA. He stated that we are trying to integrate the various sections and work together with the affiliates.

Dr. Hamdy reported that SMA has slightly modified the changes of the Section Secretaries. One change is each Secretary will prepare one update a year in addition to the Annual Meeting. Ideally, we would like to have 3 or 4 updates occurring at the same time which would cut out a great deal of work for the Educational Department. At the same time, it would increase our horizons and the scope of the people who come to these Dr. Hamdy reported that meetings. the annual Multispecialty "Update" Orthopaedics, Rheumatology, Radiology, and Geriatric Medicine is scheduled August 15-17, 1997, at the Sonesta Beach Hotel, Key Biscayne, Florida. The four meetings run concurrently.

Dr. Hamdy stated the Section Secretaries are now allowed to invite two guest speakers instead of one speaker to the Annual Meeting. He stated that SMA is encouraging the Section Secretaries to work together and have many more joint meetings and symposiums.

Dr. Hamdy reported that the teleconferences from last year went very well and plans are to have at least one or two teleconferences at this year's Annual Meeting.

Mr. Ranieri reported that letterhead has been created with a list of all the Section Secretaries on the left hand side of the sheet. He stated that the letterhead is similar to SMA's.

Mr. Barzler stated that SMA is changing the Awards Luncheon for the outgoing secretaries and outgoing Chairmen to the Friday "Lunch and Learn" and will have them recognized before a larger group of people than was possible with an early morning breakfast.

Dr. Hamdy stated that we are developing a publication called the Southern Association for Primary Care Clinical Reviews (SAPC Clinical Reviews). There will be four issues the first year. He also stated that each

one will be dedicated to one particular topic and will be giving practical, hands-on advice on a particular disease. Dr. Hamdy stated the first issue (April) will be on osteoporosis; the second issue (July) is on hypertension, and the third issue (October) is on hyperlipidemia; and the last issue (January) will probably be on arthritis.

He stated that SMA hopes that two things will happen:

- 1) Many people will want to get these clinical reviews because the advice will be practical and down-toearth.
- 2) Pharmaceutical companies will buy large quantities and use it as part of their promotional campaigns giving practical advise.

Dr. Hamdy stated that he is also reviewing the Dial Access program and hopes to evolve it in several different directions. He stated that he feels there is a need to continue the Dial Access program for physicians who want a quick update.

Dr. Hamdy reported that a Task Force on Internet Development has been established and the committee is in the process of helping reformat the most commonly asked for tapes and that 60 tapes have been identified, 5 from each section. He hopes they will be reformatted by the time the Dial Access Committee meets in March. Dr. Hamdy reported that another way we are going to use the Internet is to develop a series called "Lectures on Line." Plans are to start with 1 or 2 lectures a month on-line and gradually increase the number.

Dr. Hamdy asked Dr. Mackey, Chairman of the Task Force on Internet Development, to report on the meeting held January 18, 1997, in Atlanta. He stated that this committee plans to have a conference call in late February or early March and possibly meet again as a group in April at the Committee Weekend in Atlanta. He also stated that one of the main recommendations that came from this

meeting is to have the affiliates listed on SMA's home-page. This has already been done.

Dr. Hamdy stated that in the month of January, the SMA website had 27,165 pages viewed. He stated that we are being hit from all over the world. He stated that we are trying to maximize this impact in two ways. First, SMA hopes to provide medical education to physicians in underdeveloped countries.

Dr. Hamdy stated the Task Force has charged Ms. Donna Watkins to look at the possibility of getting a grant from WHO or some other organization, to develop an educational program for underdeveloped countries that do not have educational materials available to them. He stated that SMA could use the Dial Access materials that we have in addition to the "Lectures on Line." He stated that a suggestion has been made to put the Dial Access program on CD ROM that could be made available cheaply. The second way in which SMA hopes to capitalize on the internet is for CME credit.

England, with the remainder of Europe following very soon, is beginning to emphasize the need for CME. He reported that before long physicians will not be able to renew their licenses if they do not have the required number of CME credits. He stated if we can get our program well established to provide CME on the internet, most physicians would rather receive their credits from the internet than travel a few hours away to attend a meeting.

Dr. Hamdy reported that SMA is working with the Royal Society of Medicine, which is based in London, and that this Society is allowed to give CME credits. He stated that we have made contact with the Society but we have not had a response back at this time.

Dr. Hamdy reported that the Task Force is looking into adding another membership category known as the International Membership category. He stated that once this category is established, plans are to approach pharmaceutical companies to see if they will sponsor membership outside the U.S. A charge of \$300.00 was agreed to put on the internet as the charge for international physicians to attend the Annual Meeting this year.

A motion was made by Dr. Mackey and seconded to put our electronic address for SMA in a prominent place in the Journal and to look into other places that SMA can prominently display its e-mail address.

Dr. Hamdy reported that a Task Force on Medical School Involvement was developed with Dr. Hugh Stephenson, Jr., as Chairman to look at the needs of physicians in medical school and academic institutions, ways we can meet their needs, and benefits that will make them want to join SMA. Dr. Hamdy called on Dr. Stephenson to report on this task force.

Dr. Stephenson reported that the task force also met January 18, 1997, in Atlanta. He reported that they had an excellent meeting. He stated they feel they need data base information before they can move on. He stated the group had looked at the medical schools in the Southern Medical Association area and found there are a total of 54 schools. He stated the task force is also looking at the broad picture of students and residents in this group and has found that almost half the medical students in the country are in this area. He stated the task force is trying to address how real the problem is and what they can do to identify the specific needs of physicians working with academic institutions. Dr. Stephenson stated they will develop a strategic plan to address these needs and reach these physicians. He stated they hope to have the final plan ready when SMA meets in November. He stated the task force

will be meeting again this spring.

Dr. Hamdy reported that a Task Force to the Chairman on Leadership Selection was formed, and he presented the following recommendations from the meeting that was held in Atlanta, Georgia, January 17, 1997:

- 1) That the offices of Vice-President, Chairman and Vice-Chairman would be eliminated. There would then be three officers the President, Past-President, and President-Elect, in addition to the Executive Vice-President/CEO.
- 2) That every Councilor would be eligible to run for the office of President-Elect after completing three full years as Councilor. Thus, there would be two opportunities for a Councilor to run for the office of President-Elect.
- 3) That the President-Elect would have the responsibility of serving as Chairman of the Council and would assume the responsibilities of the Chairman of the Council as under our existing system.
- 4) That the number of voters eligible to vote for the President-Elect would be made up of:

All Officers except the President All Councilors from the 17 states

- 5) That the voting would be conducted by mail. All ballots would be mailed from the SMA headquarters to all eligible voters prior to the Annual Meeting. Ballots would be returned to an independent auditor who would tally the votes. The winner must receive a simple majority (over 50%) of the votes cast. If no one receives a majority of the votes cast, a runoff election, also by mail, would be held for the top two vote getters. Ties would be broken by either a process followed by Roberts Rules of Order or by the President.
- 6) That the information each candidate presents to the eligible voters would be submitted in a standard format, that would include the following:

- 1) Personal data
- 2) Involvement with SMA
- Involvement with similar types of Associations, (AMA, Specialty Society, State Society, etc.)
- 4) Up to one-type written page of why the candidate would like to serve and what he or she would like to accomplish.
- 7) That this system begin at the November 1997 meeting in Charlotte, so there would be no election for Vice-Chairman in either November 1997 or November 1998. Councilors who are eligible to run in those two years would not run until the summer of 1999 prior to the November 1999 meeting.
- 8) Dr. Hamdy also reported that the Task Force recommended that after a five-year break from serving as Councilor, that person would be eligible to run once more, and only once, as Councilor from his or her state. There is no time limit when a Councilor can run for Associate Councilor after his or her term as Councilor.

REPORT OF THE EXECUTIVE VICE-PRESIDENT

Mr. William J. Ranieri

Mr. Ranieri gave an overview of the budget for the first six months. He reported that SMA is continuing to lose members. He stated that we are losing at about the rate we expected. He stated that he feels we will be on target for the year. He also stated that the entire staff is working together for promotion of membership and participation in our programs.

Mr. Ranieri reported that the *Journal* advertising is ahead of what it was last year. He stated that we are running at about 22 1/2 to 23 pages.

Mr. Ranieri reported that we were on target with our budget for the Annual Meeting, and it was a good meeting from a financial point of view. He reported that next year we will lose some of the money from registration fees because we are not charging our membership; however, we expect to have an additional teleconference that will more than make up for the loss of registration fees. He reported our plans are to have two teleconference, one live and one taped, which will take care of the loss in revenue. He stated that initial indications in terms of booth sales is looking very positive. He also stated that SMA has a lot of programs in the works in education and all other areas, and he feels we will see another fairly strong year.

Mr. Ranieri called on each Director to give an overview of activities from his or her department.

DISCUSSION OF TASK FORCE TO THE CHAIRMAN ON LEADERSHIP SELECTION RECOMMENDATIONS

Because of the importance of the recommendations of the Task Force to the Chairman on Leadership Selections, the Executive Committee felt it should review each of the recommendations in detail and either approve, modify, or reject them as an official act of the Executive Committee. These recommendations should then be passed on through Dr.

Hamdy as Chairman of the Executive Committee to the Council at the Summer Meeting. The Executive Committee unanimously recommended to the Chairman that the members of the Task Force be thanked for their work which must now be pursued by the Executive Committee and Council and not the Task Force.

In addition, because of the nature of the recommendations, they decided to have a special meeting of the Executive Committee on Friday, April 18, 1997, in Atlanta, Georgia to review the specific recommendations made by the Executive Committee at this meeting and prepare them in their final form to present to the Council at the Summer Meeting.

The plan suggested was to mail the final recommendations from the April meeting to all Councilors so they all could be reviewed and each Councilor would be prepared to respond to each recommendation at the time of discussion at the Council meeting this summer.

ADJOURNMENT

There being no further business to come before the Executive Committee of the Council, Dr. Hamdy adjourned the meeting at approximately 2:00 p.m.

Proceedings of the Executive Committee of the Council

- Stouffer Renaissance Airport Hotel Atlanta, Georgia
 - April 18, 1997 7:00 p.m. 10:00 p.m.

CALL TO ORDER

The Executive Committee of the Council of the Southern Medical Association met at the Stouffer Renaissance Airport Hotel, Atlanta, on Friday, April 18, 1997. The meeting was called to order at 7:00 p.m. by the Chairman, Ronald C. Hamdy, M.D.

ROLL CALL

Members of the Executive Committee of the Council present were Ronald C. Hamdy, M.D., Chairman, Johnson City, Tennessee; James C. Waites, M.D., Vice-Chairman, Laurel, Mississippi; Terrell B. Tanner, M.D., President, Oxford, Georgia; J. Lorin Mason, Jr., M.D., President-Elect, Florence, South Carolina; Michael G. Mackey, M.D., Jonesboro, Arkansas; Richard P. DeRosa, M.D., Washington, D.C.; and George L. Smith III, M.D., Covington, Georgia.

Members of the Executive Committee of the Council not present were Hugh E. Stephenson, Jr., M.D., Vice-President, Columbia, Missouri; and J. Edward Hill, M.D., Immediate Past-President, Tupelo, Mississippi.

Staff present from Birmingham, Alabama, were Mr. William J. Ranieri, Executive Vice-President/CEO; and Mrs. Jane Fowler, Staff Assistant.

Dr. Hamdy described the purpose of this meeting: to continue the review of the recommendations made by the Task Force on Leadership Selection, and to give the Executive Committee another opportunity to discuss these various recommendations before they are presented to the Council during the Summer Meeting. These recom-

mendations were first discussed by the Executive Committee during the February 6, meeting. Dr. Hamdy emphasized that the original recommendations of the Task Force, as well as any modification or other recommendation made by the Executive Committee will be presented to the full Council at the Summer Meeting for a final decision to be made. The recommendations of the Task Force on Leadership selection were then discussed.

The Executive Committee recommended that the following be approved by the Council:

RECOMMENDATION: That every Councilor be eligible to run for the office of Vice-Chairman after completing three full years as Councilor. Thus, there would be two opportunities for a Councilor to run for the office of Vice-Chairman.

ACTION:—The motion to recommend approval of this recommendation was made by Dr. Tanner and seconded by Dr. Waites and carried by a majority.

The original recommendation of the Task Force was that councilors be eligible after serving two full years. During the February meeting of the Executive, it was recommended that the two year period be changed to three years.

RECOMMENDATION: That the voting be conducted by mail. All ballots would be mailed from the SMA headquarters to all eligible voters prior to the Annual Meeting. Ballots would be returned to an independent auditor who would tally the votes. The winner must receive a simple majority (over 50%) of the votes cast. If no one

receives a majority of the votes cast, a runoff election, also by mail, would be held between the two Councilors who received most of the votes. Ties would be broken by either a process followed by Roberts Rules of Order or by the President.

ACTION:—The motion to recommend approval of this recommendation was made by Dr. Tanner, seconded by Dr. Waites, and carried by a majority.

RECOMMENDATION: That the information each candidate presents to the eligible voters be submitted in a standard format that includes the following: personal data, involvement with the SMA, involvement with similar types of Associations (AMA, Specialty Society, State Society, etc.), and up to one-type written page of why the candidate would like to serve and what he or she would like to accomplish.

ACTION:—The motion to recommend approval of this recommendation was made by Dr. Tanner, seconded by Dr. Waites, and carried by a majority.

RECOMMENDATION: The Executive Committee recommended that if this recommendation is passed by the Council, for this forthcoming Annual Meeting Election, the Executive Vice-President, Mr. William J. Ranieri, work with the candidates to develop a uniform application.

ACTION:—The motion to recommend approval of this recommendation was made by Dr. Tanner, seconded by Dr. Waites, and carried by a majority.

RECOMMENDATION: That after a five-year break from serving as Councilor, that person would be eligible to run once more, and only once, as Councilor from his or her State. There is no time limit when a Councilor can run for Associate Councilor after his or her term as Councilor.

ACTION:—The motion to recommend approval of this recommendation was made by Dr. Tanner, seconded by Dr. Mackey, and carried by a majority.

RECOMMENDATION: The Executive Committee briefly considered the other recommendations from the Task Force on Leadership Selection but did not recommend they be approved by the Council.

ACTION:—The motion to recommend approval of this recommendation was made and seconded, and carried.

Dr. Hamdy expressed his thanks to the members of the Executive Committee and the members of the Task Force on Leadership Selection.

ADJOURNMENT

There being no further business to come before the Executive Committee of the Council, Dr. Hamdy adjourned the meeting at approximately 10:15 p.m.

RECOMMENDATIONS OF THE TASK FORCE ON LEADERSHIP SELECTION

- 1. Every serving Councilor be eligible to run for the office that leads to the Presidency of the Association after completing two full years as Councilor. Each Councilor will, therefore, have three opportunities to run for office.
- If a Councilor is elected as Vice-Chairman or resigns prior to completion of the turn, a Councilor will be named from the same state but will be able to serve only up to a five year term.
- 3. Eliminate positions of 3 officers: Vice-President, Chairman and Vice-Chairman. Retain 3 officers: President-elect (who would run the Council), President and Past-President, (who would con-

- tinue with their present responsibilities). The titles of these officers may be altered.
- After a five year break from serving as a Councilor, that person is eligible to run once more as Councilor.
- The voting be conducted by mail.
- 6. The information each candidate presents to the eligible voters be submitted on a standard format that includes the following: personal data, involvement with the SMA, involvement with similar types of Associations (AMA, Specialty Society, State Society, etc.), and up to one-type written

- page of why the candidate would like to serve and what he or she would like to accomplish.
- 7. Number of eligible voters be enlarged to include:
 - * All active Associate Councilors with two complete years serving as Associate Councilor.
 - * All active Section Secretaries who have completed two full years in that position.
- That there is no time limit when a Councilor can run as Associate Councilor.
- 9. That these changes be implemented in November 1997.

Proceedings of the Executive Committee of the Council

- Westin Hotel Charlotte, North Carolina
- November 4, 1997 9:00 a.m. 12:00 Noon

CALL TO ORDER

The Executive Committee of the Council of the Southern Medical Association met at the Westin Hotel, Charlotte, North Carolina on Tuesday, November 4, 1997. The meeting was called to order at 9:00 a.m. by the Chairman, Ronald C. Hamdy, M.D.

ROLL CALL

Members of the Executive Committee of the Council present were Ronald C. Hamdy, M.D., Johnson City, Tennessee; James C. Waites, Laurel, M.D., Vice-Chairman, Mississippi; Terrell B. Tanner, M.D., President, Oxford, Georgia; J. Lorin Mason, Jr., M.D., President-Elect, Florence, South Carolina; J. Edward Hill, M.D., Immediate Past-President, Tupelo, Mississippi; Michael G. Mackey, M.D., Jonesboro, Arkansas; Richard P. DeRosa, M.D., Washington, D.C.; and George L. Smith III, M.D., Covington, Georgia.

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

REPORT OF THE PRESIDENT

Terrell B. Tanner, M.D.

Dr. Tanner stated that he felt that the predicted reason to choose Charlotte five or six years ago seems to be coming manifest; namely, the registration and enrollment of new members from this area. He stated that we

have a larger preregistration than we have had in years, and he felt that SMA would have another great meeting.

REVIEW OF RECOMMENDATIONS Mr. William J. Ranieri

Dr. Hamdy asked that Mr. Ranieri review the following recommendations:

RECOMMENDATION:—That the following Board Resolutions should be adopted by the Board of Directors of Southern Medical Association:

"BE IT RESOLVED, That the Board of Directors of Southern Medical Association hereby approves and adopts an Amendment to the Medical Association Southern Flexible Benefit Plan Adoption Agreement effective November 4, 1997, which amends the Plan to provide for a 90-day waiting period prior to an employee becoming eligible to participate in the Plan and to delete the long-term health care premiums as an employer-provided benefit, a copy of which is to be retained in the offices of the Corporation;

BE IT FURTHER RESOLVED, That the appropriate officers of the Corporation be, and they hereby are, authorized and directed to execute said Amendment on behalf of Corporation as Employer."

ACTION:—It was moved by Dr. Mackey and seconded by Dr. Waites that the following Board Resolutions should be adopted by the Board of Directors of Southern Medical Association:

"BE IT RESOLVED, That the Board of Directors of Southern Medical Association hereby approves and adopts an Amendment to the Southern Medical Association Flexible Benefit Plan Adoption Agreement effective November 4, 1997, which amends the Plan to provide for a 90-day waiting period prior to an employee becoming eligible to participate in the Plan and to delete the long-term health care premiums as an employer-provided benefit, a copy of which is to be retained in the offices of the Corporation;

BE IT FURTHER RESOLVED, That the appropriate officers of the Corporation be, and they hereby are, authorized and directed to execute said Amendment on behalf of Corporation as Employer." The

motion carried unanimously.

RECOMMENDATION:—That SMA make a change in the investment policy to reflect that the Fund has the flexibility to invest in a diversified list of common stocks with up to 30% of its total fund portfolio market Common stock investments are part of a long-term capital building program in conjunction with fixed income securities. Within the 30% maximum, the percentage held in common stock will be varied reflecting the investment manager's outlook. No common stock holding will exceed 3% of the total fund portfolio market value at the time of purchase. Convertible bond holdings in aggregate will not exceed 5% of same. Covered calls and ADR's are permissible. Investment in tobacco companies is prohibited.

Also, individual issues held in the portfolio must represent no more than 10% of the total fund portfolio market value except for issues backed by the "full faith and credit" of the U.S. Government. The sum total of holdings for any issuer's securities must not exceed 15% of the total fund portfolio market value except for direct obligations of the U.S. Government.

ACTION:—The motion was made by Dr. Waites and seconded by Dr. DeRosa that SMA make a change in the investment policy to reflect that

the Fund has the flexibility to invest in a diversified list of common stocks with up to 30% of its total fund portfolio market value. Common stock investments are part of a long-term capital building program in conjunction with fixed income securities Within the 30% maximum, the percentage held in common stock will be varied reflecting the investment manager's outlook. No common stock holding will exceed 3% of the total fund portfolio market value at the time of purchase. Convertible bond holdings in aggregate will not exceed 5% of same. Covered calls and ADR's are permissible. Investments in tobacco companies are prohibited.

Also, individual issues held in the portfolio must represent no more than 10% of the total fund portfolio market value except for issues backed by the "full faith and credit" of the U.S. Government. The sum total of holdings for any issuer's securities must not exceed 15% of the total fund portfolio market value except for direct obligations of the U.S. Government. The

motion carried unanimously.

Dr. Mackey gave a brief overview of the Bylaws changes being presented to the Council at the Council Meeting that afternoon.

REPORT OF THE EXECUTIVE VICE PRESIDENT/CEO

Mr. Ranieri reported that this year has been a very strong year for Southern Medical Association. He stated that it was possibly one of the strongest SMA has had in many years. SMA had a record surplus of almost \$700,000 and that was in the face of losing nearly 1,200 members last year.

He stated that SMA has been working very hard to develop a coordinated marketing strategy to try to get more physicians to join SMA. With many changes in the medical field, just trying to promote membership in SMA is not enough. We need to educate potential members, as well

as current members, about what SMA

has to offer its members.

Some 6 or 7 months ago, SMA implemented a coordinated marketing approach with each department to develop an educational process of membership promotion. Every time we contact a non-member, we tell them about SMA and the value it provides its members. This program has been very encouraging, and for the first four months of the fiscal year we had a net increase of more than 50 members. The last two months have been very strong with more than a 135 net increase in September and close to a 100 increase for October. We feel that we are having a major turn around and that our coordinated marketing plan has helped. The entire staff is working together to try to provide an educational process to potential members, while working to keep our current members.

Mr. Ranieri stated that SMA has taken some major steps to be recognized as a professional multi-specialty association. He stated that we have to keep introducing programs in education and new services for our member-

ship.

He stated that the *Journal* advertising continues to be strong and participation in our programs continue to

increase.

Mr. Ranieri stated that SMA held a video-conference in October with more than 1,100 hospitals participating, and another is scheduled at the Annual Meeting. Our hope is to schedule two more this year.

He stated that our educational program has really taken off this past year. At the Annual Meeting this year we are passing out SMA's 1998 CME calendar. The colored calendar was sponsored by Hoechst Marion Roussel.

Mr. Ranieri reported that our practice management courses have been doing well with attendance up around 50%. By the end of the year more than 2,000 people will have attended our programs. He stated that this rep-

resents a potential revenue flow of around \$300,000. He reported that we are in the process of trying to bring on additional help because of the demand for these seminars.

Mr. Ranieri reported that the Affiliated Societies have all been doing well. The SAPC has really done well. We feel this is primarily due to the beginning of the publication Clinical Reviews. We have had a tremendous response to this publication. The SAPC has gained membership every month for the past year. It's membership is up to 400.

Mr. Ranieri reported that the Insurance Program seems to be stabilizing. We are looking at some new products that we feel will be exciting for our members. We are introducing some trial products in the next few

months in a few states.

He also reported that SMA's use of the Internet has continued to expand. SMA now has a secured section on the Internet so members can purchase items using a credit card. He stated the SMA's membership application was added on-line around four weeks ago and it has been averaging three new members a week.

OLD BUSINESS

Mr. Tim Taylor reported that the motion coming from the Audit Committee to be presented to the Council at the Council Meeting will need to be altered somewhat. It was not acceptable to Arthur Andersen so far as the 6% increase proposed by the Audit Committee. They want to increase their price by 12% this year and by 51/2% each of he next 2 years. Overall, there will be a 23% increase over the three-year period rather than 18% as proposed. He stated that someone will need to modify the notice to reflect this change at the Council Meeting when it is presented.

NEW BUSINESS

Dr. Hamdy reported that he had received a letter from the SMAA

President requesting that the Auxiliary Immediate Past President be allowed to attend the Summer Council Meeting even at her own

expense.

RECOMMENDATION: A request was made by SMA's Auxiliary President requesting that the SMAA's Immediate Past President be allowed to attend the Summer Council Meeting even if it is at her own

expense.

ACTION: It was moved by Dr. Tanner and seconded by Dr. Smith that a reply be sent to the President of the SMA Auxiliary in response to her request to allow the Immediate Past President to attend the Summer Council Meeting. This response would inform her that SMA has cut down on the actual number of people attending the Leadership meetings by decreasing the size of our Leadership through elimination of certain positions. SMA's membership dropped, and the Auxiliary's budget is tied to Southern Medical Association's membership, we, therefore, lovingly and respectively decline the request.

Dr. Smith recommended that we amend the motion to read that we decline the request at the present time. Dr. Hill recommended that we amend the motion to remind them that the Auxiliary budget is directly

related to a certain number of dollars per member of the Southern Medical Association.

AMENDMENT: It was moved by Dr. Tanner and seconded by Dr. Smith that a reply be sent to the President of the SMA Auxiliary in response to her request that the Immediate Past President be allowed to attend the Summer Council Meeting. response would inform her that SMA has cut back on the number of people attending the Leadership meetings by decreasing the size of our Leadership through elimination of certain positions. Since SMA's membership has dropped, we would like to remind the Auxiliary that its budget is directly related to a certain number of dollars per member of the Southern Medical Association, we, therefore, lovingly and respectively decline the request at this time. The motion carried unanimously.

Dr. Hamdy requested that a letter be sent to the President outlining the motion made at the Executive

Committee Meeting.

ADJOURNMENT

There being no further business to come before the Executive Committee of the Council, Dr. Hamdy adjourned the meeting at approximately 12:00 noon.

145

Attendance at Specialty Section Meetings

Annual Scientific Assemblies/1991-1996

Section	1991	1992	1993	1994	1995	1996	1997
Allergy and Immunology	23	28	24	14	14	22	19
Anesthesiology	25	46	17	26	22	15	64
Cardiology	_	_	_	_	50	36	25
Chest Diseases	40	30	48	18	30	28	27
Colon and Rectal Surgery	33	20	35	26	34	25	18
Dermatology	144	88	130	59	74	72	118
Emergency Medicine	42	60	59	45	34	40	92
Family Practice	70	71	80	43	110	84	421
Gastroenterology	40	38	65	30	25	25	27
Geriatric Medicine	_	_	-	_	33	33	14
Gynecology	60	45	60	40	25	41	54
11 111	_	_	_	_	31	23	357
Medical Management Medicine	37	58	75	95	80	35	130
Neurology and Psychiatry	36	38	33	27	32	25	27
Neurosurgery	13	14	22	13	18	18	116
Obstetrics	35	29	55	32	17	19	43
Occupational Medicine	_	_	21	24	27	18	31
Oncology	13	_	_	15	16	16	51
Ophthalmology	27	27	34	16	25	20	155
Orthopaedic and Trauma Surgery	46	34	20	23	60	25	68
Otolaryngology–Head & Neck Surgery	31	30	45	27	35	20	85
Pathology	86	40	39	30	39	49	91
Pediatrics and Adolescent Medicine	35	40	24	22	37	24	37
Plastic and Reconstructive Surgery	44	30	44	43	29	20	2
Radiology	30	30	40	30	35	17	89
Rheumatology	12	12	32	30	26	26	22
Surgery	55	30	43	40	28	20	216
Urology	32	37	36	29	22	23	40

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

		A AAAA	LOLDER A	1000000	T TO MILE		T T T T T T			
	Date	Location	Host Physicians	Other Physicians	Total Physicians	Students	Paramedical Personnel	Technical Exhibitors	Guests	Total
	1906-1915	No Record of Attendance								
	1916- Nov. 13-16	Atlanta	. 299	1,247	1,476	55	-	103	233	1,867
	1917- Nov. 12-15	Memphis	. 143	1,025	1,168	46	_	78	184	1,476
	1918-	No Meeting- Influenza Pandem	ic							
	1919- Nov. 10-13	Asheville		912	983	=	54	85	148	1,270
	1920- Nov. 15-18	Louisville	. 230	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	. 327	1,557	1,884	139	27	174	445	2,669
	1927- Nov. 14-17	Memphis		1,728	2,003	251	24	212	438	2,928
	1928- Nov. 12-15	Asheville		1,221	1,291	_	20	154	379	1,844
	1929- Nov. 19-22	Miami		1,180	1,343	_	19	84	572	2,018
	1930- Nov. 11-15	Louisville		1,232	1,490	224	21	144	356	2,235
	1931 - Nov. 18-20	New Orleans		1,266	1,689	231	33	154	462	2,569
	1932- Nov. 15-18	Birmingham		971	1,247	_	32	104	239	1,622
-	1933- Nov. 14-17	Richmond		1,319	1,583	279	61	141	407	2,471
46	1934- Nov. 13-16	San Antonio		1,641	1,945	_	27	141	739	2,852
	1935- Nov. 19-22	St. Louis		1,999	2,694	690	18	279	614	4,295
	1936- Nov. 17-20	Baltimore		2,365	3,212	660	51	375	581	4,879
	1937- Nov. 30- Dec. 3	New Orleans		2,238	2,811	736	177	370	1,328	5,422
	1938- Nov. 15-18	Oklahoma City		1.914	2,267	262	389	342	778	4,038
	1939- Nov. 21-24	Memphis		1,837	2,222	412	595	300	734	4,263
	1940- Nov. 12-15	Louisville		1,639	2,075	412	667	361	629	4,144
	1941- Nov. 10-13	St. Louis		1,944	2,706	683	378	498	774	5,039
	1942- Nov. 10-12	Richmond		1.130	1,383	337	136	187	392	2,435
	1943- Nov. 16-18	Cincinnati		1,410	1,715	94	176	255	520	2,760
	1944- Nov. 13-16	St. Louis		1,557	2,116	441	461	431	762	4,211
	1945- Nov. 12-15	Cincinnati		1,270	1,477	88	52	269	545	2,431
	1946- Nov. 4-7	Miami		1,648	2,091	_	135	241	1.074	3,541
	1947- Nov. 24-26	Baltimore		1,718	2,667	332	407	445	674	4,525
	1948- Nov. 25-28	Miami		1.087	1,595	27	115	308	629	2,674
	1949- Nov. 14-17	Cincinnati		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		1,579	2,386	*	*	676	951	4,013
	1222 1404 14.11	rouston	. 001	1,717	2,500			010		d on payt page

(continued on next page)

Annual Meeting Registration Record

^{*} Breakdown not available; included in figure under "Technical Exhibitors."

^{**} Breakdown not available see "Total Physicians."



SMA Members in Oncology, Radiation Oncology, Orthopaedics & Primary Care Specialties

are eligible for membership in – and the added benefits of – the SMA Affiliates.



Southern Association for Primary Care



Southern Association for Oncology



Southern Orthopaedic Association

For information, call 800-423-4992, ext 252.

CONSTITUTION AND BYLAWS

SOUTHERN MEDICAL ASSOCIATION

Constitution

ARTICLE ARTICLE ARTICLE ARTICLE ARTICLE	I: II: IV: V:	Name 154 Purpose 154 Powers 154 Term of Existance 154 Membership 154
		Section 1. Active Members
		Section 2. Associate and Emeritus Members
ARTICLE	VI:	Officers
		Section 1. Officers of the Association
		Section 2. Elected Officers
		(A) General Officers
		(B) Trustees
		(c) Section Officers
		Section 3. Appointed Officers
		(A) Administrative Officers
		(B) Councilors
ARTICLE	VII:	Scientific Activities
TARTICOD	,	Section 1. Annual Meetings
		Section 2. Scientific Sections
		Section 3. Publications
ARTICLE	VIII:	Seal
ARTICLE	IX:	Registered Agent and Registered Office
ARTICLE	X:	Amendments

BYLAWS

ARTICLE	I:	Membership
		Section 1. Classification
		(A) Active Members
		(B) Associate Members
		(c) Interim Members
		(D) Honorary Members
		(E) Ex Officio Members
		(F) Emeritus Members
		(G) Medical Practice Members
		Section 2. Application for Membership
		Section 3. Termination of Membership
		Section 4. Reinstatement
ARTICLE	II:	Dues
		Section 1. Annual Membership Dues
		Section 2. Non-Payment of Dues
ARTICLE	III:	Officers
		Section 1. Elected Officers
		Section 2. Appointed Officers
		Section 3. Qualifications
		Section 4. Term of Office
		Section 5. Vacancy in Office
		Section 6. Duties of Officers
ARTICLE	IV:	Trustees
		Section 1. Composition
		Section 2. Duties of the Board of Trustees
ARTICLE	V:	Council
		Section 1. Composition of Council
		Section 2. Annual Meeting of Council
		Section 3. Notice of Meeting of Council
		Section 4. Special Meetings of Council
		Section 5. Quorum for Meetings of Council
	222	Section 6. Council Authority
ARTICLE	VI:	Officers and Duties of Council
		Section 1. Council Officers
		Section 2. Vacancies
		Section 3. Duties of the Officers of the Council
		Section 4. Duties of Councilors
		Section 5. Term of Office of Councilors
		Section 6. Vacancies of Office
	1777	Section 7. Associate Councilor
ARTICLE	VII:	Executive Committee
		Section 1. Composition
		Section 2. Chairman and Vice-Chairman of Executive Committee 161
		Section 3 Duties of Executive Committee

(continued from previous page)

ARTICLE	VIII:	Council Appointments
		Section 1. Executive Vice-President
		Section 2. Treasurer
		Section 3. Editor
ARTICLE	IX:	Committees
		Section 1. Coordinating Committees
		Section 2. Advisory Committees
		Section 3. Presidential Committees
		Section 4. Ad Hoc Committees
		Section 5. Duties and Responsibilities of Coordinating,
		Advisory, and Presidential Committees 162
ARTICLE	X:	Annual Meeting
TARTICODE	12.	Section 1. Annual Meeting
		Section 2. Composition of Annual Meeting
		Section 3. Scientific Sections of the Annual Meeting 165
		Section 4. Creation of New Sections and Abolition of
		Existing Sections
		Section 5. Section Officers
		Section 6. Scientific Section Steering Committees
ARTICLE	XI:	Special Awards
ARTICLE	Λ1.	Section 1. Distinguished Service Award
		Section 2. Seale Harris Award
		Section 3. Original Research Award. 166
ARTICLE	XII:	Section 4. Determination of Awards
	XIII:	Southern Medical Association Auxiliary
ARTICLE	XIII:	Rules of Order
ARTICLE	AIV:	Indemnification of Officers and Agents of the
	3737	Southern Medical Association
ARTICLE	XV:	Amendments

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;
- 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 EXISTENCE

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

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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.

- The active membership of 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 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.
- 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 who retire from practice may become active retired members at a rate of 50% of the current dues structure. 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. The Association may have International Members composed of physicians

who are eligible for membership in medical associations in the country where they reside and practice medicine. If they receive The Southern Medical Journal there will be a surcharge to their dues, if they reside in the U.S. there will be no surcharge;

Class 4. 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 4, 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 4, and holding the degree of Doctor of Medicine in the case of Class 4, medical students.
- 2. Under Classes 1, 2, 3 and 4 individuals may be accepted for Associate Membership by the Executive Vice-President, their eligibility under the provisions of this Section having been determined.
- 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 pay regular annual dues and may elect to receive the Southern Medical Journal at an additional surcharge if they reside outside the U.S.
- Associate Members under Class 4 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 privilege 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. Medical Practice Members

Membership is available to any medical practice where at least one physician of the practice is an Active member of SMA. Non-physician staff employed by the medical practice member are eligible to participate in the programs and services offered through the medical practice membership. Non-physician staff are eligible by virtue of the fact that the medical practice pays the dues established for this membership category by the Council.

Section 2. Application for Membership

Application for membership in this Association shall be made in writing or electronically via the internet. 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 period. 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 eligible to serve one and only one additional term after a 5 year hiatus following their first term.

Notwithstanding anything contained in this section or these Bylaws to the contrary, those individuals who are serving as Councilors as of November 6, 1997, shall each have their terms extended two years in order to implement extensive changes in these Bylaws and the leadership selection process.

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.
- The President shall be an ex officio member 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.
- 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

1. 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
- 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

- 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.
- 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 Coun-

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.
 - 2. 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.
- 5. 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.

- 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 This special meeting of the the Council. 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.
- 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 Selections.
- 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 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.
- 3. 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 eligible to serve one and only one additional term after a five year hiatus immediately following their first 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 past Councilor may be considered for appointment as an Associate Councilor without having to serve any waiting period following the completion of a term as Councilor.

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 all Councilors having served as Councilor for three years or longer until the term of their Councilorship ends.

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

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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).
- 5. 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:
 - 1. Coordinating Committee on Education.
 - Coordinating Committee on Membership.
 - 3. Coordinating Committee on Insurance.
 - Coordinating Committee on Physicians' Retirement Program.
 - Coordinating Committee on Budget/ Administration.
 - Coordinating Committee on Long Range Planning.
 - Coordinating Committee on Special Projects and Services.
 - 8. 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 six Advisory Committees known as:

- 1. Committee on Scientific Activities.
- 2. 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 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 Selections.
 - Presidential Committee on Endowments.
 - 4. 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 Multi-Media Programs and such
Ad Hoc Committees as shall be annually
assigned to it. The Coordinating Committee on
Education shall be responsible for supervising all
publications related to education of the SMA
acting in both a regulatory and advisory capacity. Suggested changes to any publication must
be reviewed and approved by the Editor(s) and
Executive Vice-President.

A-1. Advisory Committee on Scientific Activities

A. 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 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 or 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 Index 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 Membership

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 Physi-

cians' 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 and 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. 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 Budget/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, recommend and 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 SMA. 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.
- 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.
- 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 scientific 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:
- 4. 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 has 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 discre-

tion 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

What is the Southern Medical Association:	70											
Birth of a Medical Association.	70											
Vital Statistics												
Purpose of the Southern Medical Association												
Organization and Farly History of the Southern Medical Association												
Officers and Governing Bodies of the Southern Medical Association												
Grants of Power	12											
Officers	12											
The Governing Bodies:												
The Council	72											
The Executive Committee of the Council	72											
The Board of Trustees	72											
General Administration												
Organizational Chart												
Urganizational Chart.												
Management Chart												
Membership in the Southern Medical Association	75											
Who Can Belong	75											
Dues	()											
Activities of the Southern Medical Association	16											
I. The Annual Meeting	76											
General Information	16											
Scientific Sections	76											
Scientific and Technical Exhibits	77											
The Social Side	77											
II. Continuing Medical Education Activities	78											
Multi-Media Programs	78											
Satellite Broadcast	78											
Internet	78											
Dial Access	78											
Self-Directed Learning Activities	78											
Self-Directed Learning Activities.	70											
III. Publications	70											
Southern Medical Journal	19											
Southern Medical Bulletin (Discontinued)	00											
Southern Medicine	80											
IV. Residency Training Loan Fund	81											
V. Research Project Fund	.83											
VI Medical Student Scholarship Fund	84											
VII. Southern Medical Research and Education Foundation	85											
VIII. Awards	86											
The Research Medal (Discontinues)	86											
The Dr. Robert D. and Alma Moreton Original Research Award	87											
The Distinguished Service Award	87											
The Seale Harris Award	88											
Scientific Exhibit and Poster Awards	89											
Technical Exhibit Award	89											
IX. Southern Medical Association Auxiliary	90											
IX. Southern Medical Association Auxiliary	01											
Activities of SMA Services, Inc.	01											
I. SMA Insurance Program	91											
II. SMA Physicians' Retirement Program	93											
III SMA Physicians' Purchasing Program	194											
IV. SMA Reimbursement Services	194											
V SMA Marketing and Design Print	195											
VI SMA Travel Services	195											
Headquarters Offfice and Staff of the Southern Medical Association	196											
Administrative Officers	196											
The Headquarters Office	196											
Places of Meetings and Presidents	197											
Future Annual Scientific Assemblies	98											
Future Annual Scientific Assemblies	-											

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 head-quarters 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.

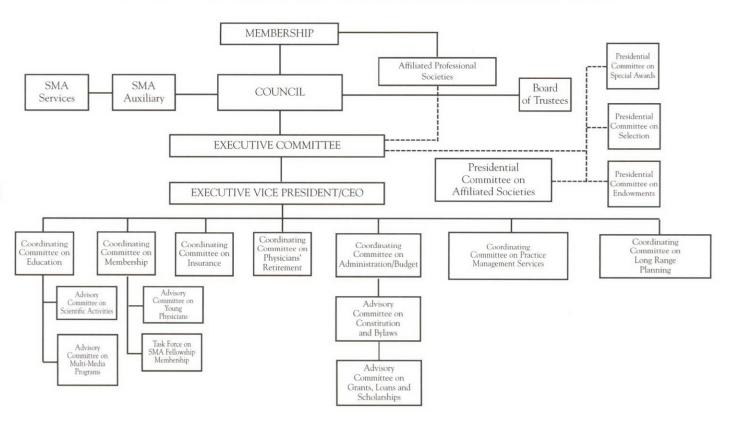
THE BOARD OF TRUSTEES

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.

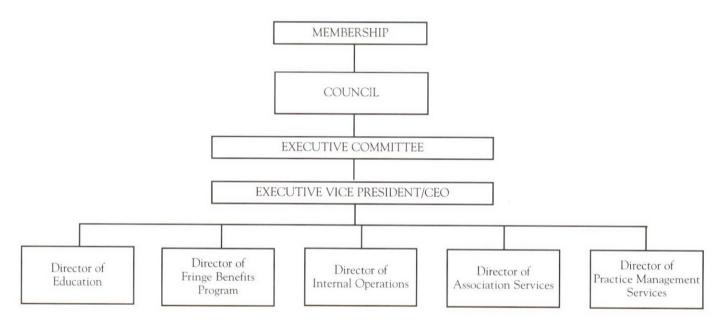
The Board of Trustees is composed of six members elected by the Council, one each year, to serve for a period of six years, with the oldest member in point of service serving as Chairman.

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.



173



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...

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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 following table:

Attai	n	e	d																	
Ag	e																			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						٠.														\$ 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												٠								\$ 1117.50
63	•	*													٠			•		\$ 1065.00
64			•																	\$ 1012.50
65														٠					-	\$ 967.50
66																				\$ 930.00
67					٠															\$ 877.50
68				٠																\$ 840.00
69							•		•	•	•	•	•	•	•	•	•	•		\$ 802.50
70						٠														\$ 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.

YEAR APPR BY COUNC	
1906	Medicine
1906	Surgery
1906	Ophthalmology
1700	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
1711	
	1913— changed to Public Health 1961— changed to Preventive
	1961— Changed to Freventive
	Medicine
1012	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
	and Trauma Surgery
1919	Roentgenology
	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
1922	1961— changed to Dermatology
1922	Medical Directors of Southern Life
1922	
	Insurance Companies
1022	1923— discontinued
1923	Pathology
1924	Gastro-Enterology
1026	1931— changed to Gastroenterology
1926	Medical Education
	1938— changed to Medical
	Education and Hospital
	Training
	1954— discontinued
1927	Railway Surgery
	1944— discontinued
1927	Gynecology
1937	Anesthesia
	1045 1 1 4 1 1

1945— changed to Anesthesiology

YEAR APPR BY COUNC	
1938	Allergy
	1983— changed to Allergy &
	Immunology
1938	Proctology
	1970— changed to Colon and Recta Surgery
1941	Physical Therapy
	1944— changed to Physical Medicin
	1949— changed to Physical Medicin 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
1989	Rheumatology
1992	Occupational Medicine
	1998— changed to Occupational & Environmental Medicine
1993	Cardiology
1994	Geriatric Medicine
1995	Medical Management and

Currently the scientific assembly of the Southern Medical Association is comprised of the following Scientific Sections:

Administration

SECTION ON...

••••••••••••••••••

Allergy & Immunology Anesthesiology Cardiology Orthopaedic and Chest Diseases Trauma Surgery Colon and Rectal Otolaryngology-Head Surgery and Neck Surgery Dermatology Pathology **Emergency Medicine** Pediatrics and Family Practice Adolescent Medicine Gastroenterology Plastic and Geriatric Medicine Reconstructive Gynecology Reconstructive Surgery Medical Management Radiology and Administration Rheumatology Medicine Surgery Neurology and Urology Psychiatry Neurosurgery Obstetrics

Each section elects its own officers—a Chairman, Vice-Chairman, Secretary, and Secretary-Elect, with primary responsibility for program planning resting with the Secretary.

Occupational & Environmental Medicine

Oncology

Ophthalmology

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. Seminars and regional postgraduate conferences are conducted throughout the year in major cities in SMA's territory. Clinical, managed care, and reimbursement CME activities are offered to SMA members at discounted fees. SMA's satellite broadcasts reach 1,000's of health care professionals at one setting via satellite. Newly added Internet activities increase SMA's reach through the newest technology. Additional multi-media offerings including CD-ROMs, videotapes, audiocassettes, and home-study course booklets, provide self-directed learning opportunities allowing SMA members to have a choice of formats for their continuing medical education.

SMA makes every effort to fill physician's needs for Category 1 CME Credit towards the AMA Physician's Recognition Award. Enduring materials not fulfilling the requirements of Category 1 may be self-reported by the physician

as additional credit categories.

MULTI-MEDIA PROGRAMS

Satellite Broadcasts

SMA's complimentary live satellite broadcasts cover differential diagnoses, medical therapies and management protocols for topics such as chronic bronchitis, asthma, cholesterol, osteoporosis, hepatitis and HIV/AIDS. Programs feature nationally prominent physicians and offer Category 1 CME credit for physicians and CEU credits for nurses and pharmacists. More than 1,000 sites across the continental U.S., Hawaii, Alaska, Puerto Rico, and Canada have viewed SMA's live broadcasts.

Internet

More than fifteen hours of Category 1 CME credit is available through SMA's home page at http://www.sma.org. Three activities are available: Medbytes-clinical articles on miscellaneous topics within selected specialties; Clinical Concepts home-study courses-a comprehensive look at a particular disease state or condition with supporting articles; and Lectures On-line-a comprehensive lecture regarding a clinical condition with supporting graphs, charts and references. Participants e-mail their evaluations and an attesting statement to SMA for credit. SMA members receive Internet CME credit free; nonmembers are required to pay a fee through the protected server.

Dial Access

Dial Access, SMA's medical tape hotline, provides concise, current medical information for SMA members via a toll-free, telecommunications system. The automated, touch-tone system allows callers to select audiotapes in 13 clinical disciplines: Allergy & Immunology, Arthritis & Rheumatism, Cancer, Cardiovascular Diseases, Emergency Medicine, Endocrinology & Metabolism, Gastroenterology, Geriatrics, Infectious Diseases, Liver Diseases, Obstetrics & Gynecology, Pediatrics, and Psychiatry. Each section is updated regularly to assure that information presented is the most current possible. SMA members may call toll-free as often as they choose, evaluate the system on-line, leave messages, hear SMA's educational calendar and receive a copy of the information via Fax on-demand. Dial Access provides a national resource designated to meet the diverse needs and schedules of practicing physicians.

Self-Directed Learning Activities

SMA offers high quality, enduring materials in several formats. Videotapes for physician and patient education are available at affordable prices. Selected educational seminars are recorded on audiocassettes and made available for pur-Clinical Concepts, home-study courses compiled from Dial Access tape monographs, provide a comprehensive review of a disease state or condition with supporting articles and references. Study booklets on risk and practice management issues are also available. CD-ROMs on various topics are available in both Windows and Macintosh formats.

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.

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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, the 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 rela-

tively 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</u> will funds be transferred outside of SMA's territorial boundaries.

(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 completed 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

(c) should this Research Project Grant result in publication SMA <u>requires</u> a reprint.

Recognizing the need for providing assistance to third-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 third-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 third-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:

- 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" medallion
- "Society of 1906" tie and Annual Meeting Ribbon
- "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 12-15-97, 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."

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 headquarters 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.

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

1997 – Charlotte Meeting - Eugene A. Woltering, M.D., New Orleans, LA

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

1997 - Charlotte Meeting - James E. Davis, M.D., Durham, 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, Ir., 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, Jr., M.D., Houston, TX

1996–Baltimore Meeting–David A. Clark, M.D., New Orleans, LA

1997-Charlotte Meeting - Samuel Eichold, M.D., Mobile, AL

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

984 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

1997- Novartis Pharmaceuticals

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...

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).

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.

 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.

- MAJOR MEDICAL (Up to \$2,000,000 per person) Both Indemnity and Managed Care products are available. 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.
- 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.
- DENTAL-Both Indemnity and Managed Care dental products are available.
 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.
- 9. 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....NOT AVAILABLE IN ALL STATES.

- 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.
- 4. DENTAL (Employees and their families) Both Indemnity and Managed Care products are available. 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

Both Indemnity and Managed Care products are available. 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 by individual contracts, premiums are administered on a case by case basis by the selected carrier. In addition, certain coverage restrictions may apply. 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?...

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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 14 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 organization 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 Securities' Association of 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.

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IV. SMA Reimbursement Services

SMA's Reimbursement Services Division completed its fifth 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 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.

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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. This arrangement was renewed for a second threeyear period ending December 1, 1957. 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 HEADOUARTERS 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

- Chattanooga, TN, organization meeting
- Birmingham, AL, *H. H. Martin, Savannah, GA 1907
- Atlanta, GA, *B. L. Wyman, Birmingham, AL 1908
- New Orleans, LA, *G. C. Savage, Nashville, TN 1909
- Nashville, TN, *W, W, Crawford, Hattiesburg, MS 1910
 - Hattiesburg, MS, *Isadore Dyer, New Orleans, LA 1911
- lacksonville, FL, *James M. Jackson, Miami, FL 1912
- 1913 Lexington, KY, *Frank A. Jones, Memphis, TN
- Richmond, VA, *Stuart McGuire, Richmond, VA 1914
- Dallas, TX, *Oscar Dowling, New Orleans, LA 1915
- Atlanta, GA, *Robert Wilson, Charleston, SC 1916
- Memphis, TN, *Duncan Eve, Sr., Nashville, TN 1917
- Influenza pandemic; no meeting that year 1918
- Asheville, NC, *Lewellys F. Barker, Baltimore, MD 1919
- Louisville, KY, *E. H. Cary, Dallas, TX 1920
- 1921
- Hot Springs National Park, AR, *Jere L. Crook, Jackson, TN
- Chattanooga, TN, *Seale Harris, Birmingham, AL 1922
- Washington, DC, *W. S. Leathers, Jackson, MS 1923
- New Orleans, LA, *Charles L. Minor, Asheville, NC 1924
- Dallas, TX, *Stewart R. Roberts, Atlanta, GA 1925
- Atlanta, GA, *C. C. Bass, New Orleans, LA 1926
 - Memphis, TN, *J. Shelton Horsley, Richmond, VA 1927
 - Asheville, NC, *William R. Bathurst, Little Rock, AR 1928
- Miami, FL, *T. W. Moore, Huntington, WV 1929
 - 1930 Louisville, KY, *Hugh S. Cumming, Washington, DC
- New Orleans, LA, *Felix I. Underwood, Jackson, MS 1931
- Birmingham, AL, *Lewis J. Moorman, Oklahoma City, OK 1932
- Richmond, VA, *Irvin Abell, Louisville, KY 1933
 - San Antonio, TX, *Hugh Leslie Moore, Dallas, TX 1934
 - St. Louis, MO, * H. Marshall Taylor, Jacksonville, FL 1935
 - Baltimore, MD, *Fred M. Hodges, Richmond, VA 1936
 - 1937 New Orleans, LA, * Frank K. Boland, Atlanta, GA
 - Oklahoma City, OK, *J. W. Jervey, Greenville, SC 1938
 - 1939 Memphis, TN, *Walter E. Vest, Huntington, WV
 - Louisville, KY, *Arthur T. McCormack, Louisville, KY 1940
 - St. Louis, MO, * Paul H. Ringer, Asheville, NC 1941
 - 1942 Richmond, VA, *M. Pinson Neal, Sr., Columbia, MO
 - Cincinnati, OH, * Harvey F. Garrison, Jackson, MS 1943
- St. Louis, MO, *James A. Ryan, Covington, KY 1944
- Cincinnati, OH, * Edgar G. Ballenger, Atlanta, GA (Deceased in Office) 1945 *E. Vernon Mastin, St. Louis, MO (President at Annual Meeting)
- Miami, FL, *M. Y. Dabney, Birmingham, AL 1946
- Baltimore, MD, *Elmer L. Henderson, Louisville, KY 1947
- Miami, FL, * Lucien A. LeDoux, New Orleans, LA 1948
- Cincinnati, OH, *Oscar B. Hunter, Sr., Washington, DC 1949
- St. Louis, MO, *Hamilton W. McKay, Charlotte, NC 1950
- Dallas, TX, *Curtice Rosser, Dallas, TX 1951
- Miami, FL, *R. J. Wilkinson, Huntington, WV 1952
- Atlanta, GA, *Walter C. Jones, Miami, FL 1953
- St. Louis, MO, *Alphonse McMahon, St. Louis, MO 1954
- 1955 Houston, TX, *R. L. Sanders, Memphis, TN
- Washington, DC, *W. Raymond McKenzie, Baltimore, MD 1956
- Miami Beach, FL, *J. P. Culpepper, Jr., Hattiesburg, MS 1957
- New Orleans, LA, *W. Kelly West, Oklahoma City, OK 1958

(Continued On Next Page)

^{*} Deceased

1959	Atlanta, GA, *Milford O. Rouse, Dallas, TX
1960	St. Louis, MO, *Edwin Hugh Lawson, New Orleans, LA
1961	Dallas, TX, *Lee F. Turlington, Birmingham, AL
1962	Miami Beach, FL, *A. Clayton McCarty, Louisville, KY
1963	New Orleans, LA, *Daniel L. Sexton, St. Louis, MO
1964	Memphis, TN, *Robert D. Moreton, Houston, TX
1965	Houston, TX, *R. H. Kampmeier, Nashville, TN
1966	Washington, DC, J. Garber Galbraith, Birmingham, AL
1967	Miami Beach, FL, Guy Thompson Vise, Sr., Meridian, MS
1968	New Orleans, LA, *Oscar R. Hunter, Jr., Washington, DC
1969	Atlanta, GA, *Donald F. Marion, Miami, FL
1970	Dallas, TX, J. Leonard Goldner, Durham, NC
1971	Miami Beach, FL, *Albert C. Esposito, Huntington, WV
1972	New Orleans, LA, *J. Hoyle Carlock, Ardmore, OK
1973	San Antonio, TX, *Joe T. Nelson, Weatherford, TX
1974	Atlanta, GA, George J. Carroll, Suffolk, VA
1975	Miami Beach, FL, *Andrew M. Moore, Lexington, KY
1976	New Orleans, LA, G. Gordon McHardy, New Orleans, LA
1977	Dallas, TX, G. Thomas Jansen, Little Rock, AR
1978	Atlanta, GA, Andrew F. Geisen, Jr., Fort Walton Beach, FL
1979	Las Vegas, NV, Thomas B. Dameron, Jr., Raleigh, NC
1980	San Antonio, TX, G. Baker Hubbard, Sr., Jackson, TN
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, FL, John B. Lynch, Nashville, TN
1986	Atlanta, GA, Guy T. Vise, Jr., Jackson, MS
1987	San Antonio, TX, William W. Moore, Jr., Atlanta, GA
1988	New Orleans, LA, J. Lee Dockery, Gainesville, FL
1989	Washington, DC, Roger L. Mell, Chesterfield, MO
1990	Nashville, TN, Larry C. Smith, Huntington, WV
1991	Atlanta, GA, Jim C. Barnett, Brookhaven, MS
1992	San Antonio, TX, John F. Redman, Little Rock, AR
1993	New Orleans, LA, Thomas C. Rowland, Jr., Columbia, SC
1994	Orlando, FL, Angus M. McBryde, Jr., Mobile, AL
1995	Kansas City, MO, Louis-A. Cancellaro, Johnson City, TN
1996	Baltimore, MD, J. Edward Hill, Tupelo, MS
1997	Charlotte, NC, Terrell B. Tanner, East Elijay, GA
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Future Annual Scientific Assemblies of Southern Medical Association

November 18-22, 1998	New Orleans, Louisiana
November 10-14, 1999	Dallas Tayas
November 1-5, 2000	Orlando Florida
November 14-18, 2001	Nashville, Tennessee

INDICES

SOUTHERN MEDICAL ASSOCIATION

SUBJECT INDEX

Affiliated Societies97	Georgia	25
Alabama	Kentucky	
Associate Councilors14	Louisiana	
Councilor13	Maryland	
Leadership15	Mississippi	
Arkansas	Missouri	
Associate Councilors	North Carolina	
Councilor16	Oklahoma	
Leadership18	South Carolina	
Associate Councilors	Tennessee	
Alabama14	Texas	
Arkansas17	Virginia	
District of Columbia20	West Virginia	
Florida23	Council Members	
Georgia26	Dial Access Editorial Board	
Kentucky29	District of Columbia	
Louisiana32	Associate Councilors	20
Maryland35	Councilor	
Mississippi38	Leadership	
Missouri41	Editor, Southern Medical Journ	
North Carolina44	Executive Committe of the Co	
Oklahoma47	Executive Vice-President	11
South Carolina50	Facts about SMA	
Tennessee53	Florida	
Texas56	Associate Councilors	23
Virginia59	Councilor	22
West Virginia62	Leadership	24
Auxiliary	Georgia	
Committee Chairmen107	Associate Councilors	26
Councilors for Doctors' Day 103	Councilor	25
Councilors for Health Education .104	Leadership	27
Councilors for Medical Heritage 105	Immediate Past-President	10
Officers102	Journal Editorial Board	67
Out of Region Councilors106	Kentucky	
President100	Associate Councilors	29
President-Elect101	Councilor	28
Board of Trustees64	Leadership	30
Committee Structure73	Louisiana	
Constitution and Bylaws149	Associate Councilors	
Council Members7	Councilor	
Councilor	Leadership	33
Alabama13	Management Staff	109
Arkansas16	Maryland	
District of Columbia19	Associate Councilors	35
Florida22	Councilor	34

SUBJECT INDEX

Leadership36	President-Elect	
Minutes of Meetings111	Section Officers, 1996-1997	9
Mississippi	South Carolina	
Associate Councilors38	Associate Councilors	50
Councilor	Councilor	49
Leadership39	Leadership	5
Missouri	Tennessee	
Associate Councilors41	Associate Councilors	5
Councilor40	Councilor	52
Leadership42	Leadership	54
1906 Society Members65	Texas	
North Carolina	Associate Councilors	50
Associate Councilors44	Councilor	5
Councilor43	Leadership	5
Leadership45	Virginia	
Officers7	Associate Councilors	59
Oklahoma	Councilor	58
Associate Councilors47	Leadership	60
Councilor46	Vital Statistics (SMA)	170
Leadership48	West Virginia	
Past Councilors, Living86	Associate Councilors	62
Past Presidents, Living85	Councilor	61
President8	Leadership	63

A	Bynum, Chester L
Adamson, Jerome E	Byrd, Jr., Benjamin F 54, 89
Adelaar, Robert S 60, 97	
Adkins, Jr., Warren Y 51, 89	C
Aldrete, Joaquin S	Calhoun, Karen 57, 68
Alfred, Markay (Mrs. Earl)51, 105	Calhoun, Shirley, (Mrs. Thomas J.) 21, 105
Allen, Robert J	Campbell, Elizabeth E 44, 45
Alpert, Martin	Campbell, Jr., Albert J 40, 42, 65, 73, 76, 80, 81
Altmeyer, Jane (Mrs. Robert)63, 104	Canale, Marilyn (Mrs. Thomas)33, 102
Anderson, Gail V	Cancellaro, Louis A 54, 64, 65, 82, 85, 89
Armstrong, James H 15, 97	Carlton, Jr., Frederick B 39, 92
Austin, Jr., J. Max 14, 15, 65, 76, 78, 86	Carmichael, Kathy (Mrs. Ben) 39, 108
Austin, L. K	Carroll, Banks 26, 27
Allensworth, Edward W 47, 48	Carroll, George J
	Carroll, Gregory
В	Casale, Gloria A
Baker, Jr., 'Champ L	Casabang, Vicki (Mrs. Vincent)36, 104
Baldwin, Robert L	Castrogiovanni, Carrie (Mrs. Jack) 33, 107
Ballard, Ann (Mrs. Richard) 57, 103	Cepeda, Manuel
Barclay, David L	Chatham, W. Winn 15, 71
Barnett, Jim C	Chaudhary, Bashir A
Barzler, Dave M 109	Chotiner, Gerald 27, 78
Basile, Jan N 50, 51, 67, 73, 74, 77, 78, 99	Chu, Roy W
Bazaco, Nicki (Mrs. George) 60, 104	Clark, Alan
Bean, Jessie (Mrs. Stuart K.) 15, 103	Clements, Boyd M
Bean, Stuart K	Clippinger, Martha (Mrs. David) 39, 105
Bicknell, S. Lane	Coburn, Thomas A
Blackwell, Banks 17, 18, 65, 79	Codd, Timothy P
Blanton, Barbara (Mrs. Terrell) 54, 104	Cohen, Kent I
Blaylock, Ginny (Mrs. Jerry) 18, 108	Cohen, Philip R
Block, Robert W 47, 48, 67, 72, 74	Cole, Philip
Blundell, George P	Conant, Marsha (Mrs. James) 42, 105
Board, John A	Conroy, Joanne M
Boulware, Dennis W 14, 15, 68, 75	Cox, Frederick
Bowles, Alfred P	Crabtree, Kenneth R
Boyer, Thomas D. 27, 71 Bradsher, Robert 18, 67	Crase, Jan (Mrs. Jim)
	Crawford, Peggy (Mrs. DeWitt) 39, 104
Brindley, George	Culpepper, R. Michael
Brooks, Jr., James G	Culpepper, N. Michael
Browder, William 53, 54, 74, 80, 96	D
Brown, George R	Dameron, Jr., Thomas B 45, 65, 85, 88
Brown, Virginia (Mrs. Dor W., Jr.) 57, 104	Daus, Susan (Mrs. Kevin M.)
Browning, Scott M	Davé Aroona (Mrs. Uday) 30, 107
Buie, Scott	Davé, Uday
Bunnell, Thomas	Deardorff, W. Alva
Burris III, Howard A	DeRosa, Donna (Mrs. Richard P.) 21, 107
Burson, Jr., E. Napier	DeRosa, Richard P. 7, 19, 21, 65, 73, 79, 80, 81, 82
20100-1, July 2011-14-16-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	

deShazo, Richard	G
De Salvo, Karen	
DeVore, Paul A	Gaillard, Wendell
Dickins, D. Lynn	Gelder, Mark S 65, 93
Dockery, J. Lee	Gerber, Carl J 54, 75, 81
Dorton, Robert K 42, 88	Giesen, Jr., Andrew F 24, 65, 85, 87
Drake, Kelly T	Giller, Jr., W. John 17, 18, 65, 81
Dudley III, Albert H 36, 65, 80, 82, 88	Givens, Kenna
Dunseath, William J. R	Glass, L. Frank
DuPre, John	Goldner, J. Leonard 45, 65, 85, 88
Duremdes, Janelle 62, 63	Goldschmid, Merilyn G 27, 71
Dyer, Eileen (Mrs. Gary) 42, 104	Goldschmid, Steve
Dyer, Gary A	Goodman, Myrna (Mrs. Struart) 36, 103
Delaney, Gail (Mrs. Gary) 51, 104	The second secon
	Gosney, Donna (Mrs. Michael) 15, 103
E,	Gosney, Michael
Eaker, Ervin Y	Grenfell, Raymond F
Eastridge, Wesley 53, 54, 73, 74, 75, 92	Griffith, Mark N 45, 91
Edison, Jill (Mrs. Neil H.) 24, 104	Griggs, James Y
Eglinton, Jody (Mrs. Gary)21, 104	Guarisco, Charlene (Mrs. Michael) 33, 104
Eichold, Samuel	Gunn, John
Elliott, Linda (Mrs. Terry)	
Ellis, Jr., George S	H
Ellison, Jr., Roy J	H'Doubler, Joan (Mrs. Charles) 42, 103
Emma, Robert	
Entman, Steven	Haisten, Betty (Mrs. M. Wyatt) 57, 102, 108
Epting, Jr., E.E	Hall, Peyton Randolph
Esham, Richard	
Esposito, Mrs. Albert C	Hamdy, Eleanor (Mrs. Ronald)54, 108
Evans, Edwin C	Hamdy, Ronald C 7, 52, 54, 65, 67, 71, 79
	Hammesfahr, J.F. Rick 27, 97
F	Harrell, Lindy
Fagan III, Roy O	Hauser, Barbara (Mrs. Harris M.) 57, 105
Fantry, George T	Hayes, Imogene (Mrs. Hugh) 45, 105
Farmer, Jr., Charles A. 7, 46, 48, 65, 68, 71, 75, 76, 79	Hellstrom, Wayne J
Farmer, Sheri (Mrs. Charles) 48, 103	Henderson, William H 38, 39, 65, 82, 93, 99
Farrow, Royal T	Herndon, Bruce W 54, 79
Ferrara, Andrea 24, 91	Herrington, Peggy (Mrs. Joe) 39, 103
Ferrara, John	Hertzberg, Barbara S
Figueroa, T. Ernesto	Hester, Betty (Mrs. William)51, 103
Finder, Benjamin H	Hill, Jr., Charles F
Fine, Pat (Mrs. Robert M.)27, 105	
Fisher-Janes, Sheila 50, 51	Hill, J. Edward
Fishman, Richard	- Hill, Jean (Mrs. J. Edward)
Flaker, Greg	Hill, Washington C
Fortunato, Kathy (Mrs. Michael) 63, 108	Hiller, F. Charles

Hines, Nancye (Mrs. Leonard H.) 54, 105	L
Holcomb, Caramine (Mrs. Harry S.) 60, 103	Lansing, Paul B
Holt, G. Richard 57, 75, 82	Lawler, W. Ross 57, 84, 99
Holt, Jean Edwards 7, 55, 57, 65, 67, 73, 76, 83	Lawson, Nikki (Mrs. Larry) 18, 105
Hosain, Harini	Lawton, Andrew W
Howell, T. Rudolph 7, 58, 60, 65, 69, 73, 80, 82, 83, 93	Lenoir, Cynthia L
Hubbard, Sr., G. Baker 54, 65, 85, 89	Lesher, Jr., Jack L 27, 69
Hughes, Martha (Mrs. William D.) 15, 102	Letterman, Gordon S 21, 86
Hughes, William D	Liles, George W
Huskins, John	Lindstrom, Eric
	Lindstrom, Nancy (Mrs. Eric) 39, 107
I	Lober, Clifford W 7, 22, 24, 69, 74, 80, 83
Irby, Jr., Braxter	Lovelace III, Dallas W 51, 65, 78, 79
	Lovell, Wood W 27, 87
J	Lowery, Robert B
Jacks, David C	Lynch, John B 54, 65, 85, 89
Jankauskas, Saulius24, 95	
Jansen, G. Thomas	
Jelovsek, Frederick R 54, 72	M
Jinnah, Riyaz H	Mabry, Ruth (Mrs. Charles)
Johnson, David H	Mackey, Kathy (Mrs. Michael G.) 18, 104
Johnson II, Donald R 7, 49, 51, 65, 73, 76, 82, 83, 94	Mackey, Michael G 7, 16, 18, 66, 76, 79, 80, 81
Jonas, Jr., Harry S 42, 88	Majmudar, Bhagirath 27, 95
Jones III, Walter C 24, 87	Marks, Susan (Mrs. V.A.)24, 105
Jones, Bobby W	Martin, David F 7, 43, 45, 66, 69, 73, 74, 77
Jones, J. Kipling	Martin, Clarence 41, 42
Joseph, Nime K	Martin, John A
Judge, D. Joseph	Martin, M. Bruce 62, 63, 90
	Mask, Karen (Mrs. Dennis) 48, 104
K	Mason III, Julian L 50, 51, 77
Kalaycioglu, Jeanny (Mrs. Mehmet). 63, 101, 102	Mason, Jr., J. Lorin 7, 8, 51, 66, 69, 79, 89
Kalaycioglu, Mehmet V 7, 61, 63, 65, 76, 78, 80	Maxwell-Hees, Catherine 57, 93
Kalmar, John A	May, Ronald B 45, 95
Karty, Ann	McBride, Opal (Mrs. W.A.) 33, 105
Kay, Dennis	McBride, William A
Kemp, Stephen	McBryde, Jr., Angus M 51, 64, 66, 67, 85, 88
Kersh, C. Ronald 60, 80, 98	McCall, Charles B 24, 89
King, Judy A	McCollum, Donald E 45, 88
Klapper, Margaret S 15, 86	McCool, Sancy (Mrs. E. Edward) . 33, 102, 108
Kline, Christine (Mrs. John) 106	McCravey, John W 54, 98
Klink, Robert W 59, 60, 65, 89	McDaniel, Jr., W. Jason 45, 97
Koman, L. Andrew 45, 67, 97	McGraw, John J
Kragel, Peter J95	McHardy, G. Gordon
Krane, Kevin	Meier, J. Ralph
Kruger, Robert M	Mell, Roger L 42, 66, 85, 88
Kurzner, Howard 24, 87	Meyer, Jerry L
Kuske, Jr., Robert R	Mitchell, M. David 50, 51
Kuwick, Robert A 54, 81, 93	Moore, Jr., Ernest G. 7, 13, 15, 66, 77, 78, 79, 81, 83

Moore, Jr., William W	Q Quicksted, Barbara (Mrs. Quentin) 106
Morgan, Jefferson D	Quinet, Robert J
Morrison, John C	R
Murrah, Jr., Robert L	Raber, Martin N
Muss, Hyman B	Radford, James M
Myers, Jr., Alonzo H 59, 60, 78	Ramirez, Sylvester G
N	Ramsey, Kevin
Nadler, Jeffrey P	Ranavaya, Mohammed I. 62, 63, 69, 74, 75, 94 Ranieri, William J
Neal, Jr., Durwood E	Rapini, Ronald P
Neal, Jr., M. Pinson 60, 66, 85, 89	Redman, Anna C
Niemeyer, Carolyn (Mrs. Charles J.) 46, 103	Redman, John F 18, 64, 66, 85, 86
Nitka, James	Reeves, Scott T
0	Reiter, Mark
O'Donnell, Joseph J 32, 33	Rhyne, Marlynn (Mrs. Robert) 15, 102, 108
O'Leary, J. Patrick 7, 31, 33, 66, 68,	Richards, Richard D 36, 66, 85, 88
72, 73, 75, 82, 83, 89	Richards, William O 54, 75
Oaks, Danny E	Riddel, Joyce (Mrs. Stephen) 48, 105
O'Toole, Emily (Mrs. John) 15, 105	Riddel, Stephen J
Othersen, Jannelle (Mrs. H.B.) 51, 108	Rogers, Merrell (Mrs. Lee) 39, 102, 107
Otto, Pamela M	Roland, Patti
Otto, Randal 57, 80, 94	Roller, Gerald W
Overstreet, Robert G	Rosabal, Orestes G 24, 66, 87
P	Rosen, Theodore 56, 57, 92
Painter, Joseph T	Ross, Warran A 66
Palazzo, Anthony J	Rowland, Jr., Thomas C 51, 64, 66, 83, 85, 89
Pappas, Gwen (Mrs. Deno) 18, 77, 100, 102	Rutledge, Rion M 50, 51, 66, 92
Parson, B.J	S
Parson, Gwen (Mrs. B.J.)	Saadeh, Constantine
Peck, Gary Q	Salon, Ilignio F
Peick, Ann L	Salon, Pacita (Mrs. Iligino) 63, 103
Pell, Paula Oliver 23, 24, 77, 93	Salter, James I
Perkins, W. Reams	Schneider, Bernard F 60, 94, 98
Peroutka, Robert M 7, 34, 36, 77, 83, 97	Scott, L. Jack
Perry, Michael C 42, 98	Scott, Michaela 24, 98
Pinson, C. Wright 54, 96	Seeger, James M
Piziak, Veronica K	Shack, R. Bruce
Polk, Jr., Hiram C	Shamiel, Amal (Mrs. Foyez K.)
Pope, Jr., Thomas L	Shellito, Judd
Price, Donna (Mrs. Billy Lee, Jr.) 45, 103	Singleton, Robert T
Price, Lawrence	Siva, Ann (Mrs. Sivalingam) 45, 104
Printz, Don W	Smith III, George L 7, 25, 27, 74, 76, 80, 82, 83
Puschett, Jules B	Smith, Jr., Charles C

Smith, Jr., J. Graham 12, 15, 66, 67 Smith, Larry C. 63, 66, 85, 90 Sparkman, Carol (Mrs. Thomas) 42, 102, 107 Sparkman, Thomas C. 41, 42, 66, 82 Spencer, William A. 38, 39 Steele, Russell W. 33, 69 Stein, Roy M. 45, 72, 75, 76 Stephens, Jeffrey L. 27, 77 Stephenson, Jr., Hugh E. 7, 9, 42, 66, 79, 82, 84, 88 Strahan, John F. 36, 88 Sturm III, Rudy 109 Swikert, Nancy C. 7, 28, 30, 66, 70, 78, 80, 81, 82, 83	Vieillard, Marla (Mrs. Louis) 30, 103 Vinzant, Kenneth M. 109 Vise, Jr., Guy T. 39, 66, 85, 88 Vise, Sr., Guy T. 39, 85, 88 Vise, W. Michael 39, 93 Voltz, Jr., Phillip W. 57, 89 W Wade II, James W. 33, 95 Wadibia, Emmanuel 15, 70 Waites, James C. 7, 37, 39, 66, 70, 78, 79, 81 Walsh, Irene 42, 95
T	Ward, George L. H
Tanner, Terrell B 7, 10, 27, 64, 66, 85, 87 Taylor, Charles E	Ward, George L. H. 39, 92 Ward III, Simon V. 44, 45, 94 Webb, John A. 57, 89 Webster III, Paul D. 27, 70 Weisburg, Leon A. 33, 70 Weiss, Robert G. 35, 36, 71 Wentz, Dennis K. 76 White, James E. 48, 89 Wilcox, C. Mel 92 Wilkinson, David. 41, 42 Williams, Andrea R. 51, 70 Williamson, Paul R. 24, 91 Winkler, Charles F. 30, 98 Wolfe, Jr., John E. 57, 70 Wolinsky, Arthur P. 57, 93 Wynne, George F. 18, 86
U	Y
Umhau, John	Yager, Howard S. 27, 88 Young, Thomas H. 60, 81
V	
Vanarthos, William J	Y
Vandiviere, H. Mac 29, 30	Zarbin, Adrianna (Mrs. Gino) 36, 105

Invite A Colleague To Join SMA



Southern Medical Association / Membership Application

Name			Deg	ree	
Address					
City/State/Zip					
Phone	ă		_Fax		
Date of Birth		Male	Female	_MarriedSir	ngle
Specialty					
Practice Type (circle one) Solo	_ Group (size_)Hospi	italUniversity	Other
Name of Practice					
Licensed to practice in th	ese states	В	oard Certificatio	n or Eligibility	
Medical School Attende	ed				
Home Address					
City			State	Zip	
	Active/Retired . Resident/Fellow	v	\$ 10	.0	
Ad			ation\$ 10	00	
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To	otal			\$	
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Notes

TERRITORY OF THE SOUTHERN MEDICAL ASSOCIATION



1998 CME By Month

January 16-18	SOA's Orthopaedic Update - Orlando, FL
February 20-22	Osteoporosis Conference - Amelia Island, FL
March 5-7	SEC Sports Medicine - Atlanta, GA
March 20-22	
	Managed Care Update - Hilton Head, SC
May 14-16	Current Concepts in Orthopaedics - Baltimore, MD
	Symposium on Lung Diseases - Sea Island, GA
June 26-28	Hypertension Conference - Naples, FL
June 26-28	New Drugs Update 1998 - Orlando, FL
July 10-12	General Surgery & Gastroenterology - Panama City, FL
July 13-17	Focus on the Female Patient - Kiawah Island, SC
July 30-August 1	SOA Annual Meeting - Santa Fe, NM
July 31 - August 2	Infectious Diseases Conference - Palm Beach, FL
	Focus on the Older Patient - Branson, MO
August 13-15	SAO Annual Meeting - Amelia Island, FL
	SAPC Annual Meeting - Amelia Island, FL
August 21-23	Pain Management - Scottsdale, AZ
August 28-30	3rd Annual Managed Care Conference - Atlanta, GA
September 25-27	Diabetes Conference - Pinehurst, NC
October 23-25	New Drugs Update 1998 - San Antonio, TX
November 18-22	SMA Annual Meeting - New Orleans, LA
December 3-5	Orthopaedic Update - Maui, HI
December 4-6	Burn Seminar - Gainesville, FL

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