

The MASSACHUSETTS GENERAL HOSPITAL SURGICAL SOCIETY



Winter 2018

Newsletter

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Reflections from the Chief

It has been a busy six months since our last newsletter. Most importantly, it was great to have two opportunities to reconnect with so many of you. First, at the MGH Surgical Society Reunion here in September in Boston. Then again in October at the Annual Reception during the American College of Surgeons Clinical Congress in San Diego. It is always good to see our alums, both old and new. We always appreciate hearing any personal notes or updates that you may want to share. Please send any comments to me at klillemoe@mgh.harvard.edu.

A few comments about the reunion. I want to thank all of the attendees and particularly the speakers, both local and from outside the MGH, who attended this great meeting. There was an outstanding scientific program designed to “Honor our Chiefs” – recognizing the eras and specialties of our former MGH Chiefs, Drs. Russell, Austen, and Warshaw. All three attended and spoke to the group which made for a very special occasion. The social events were well attended and great fun. We ended the reunion with a guided tour of the famous Mt. Auburn Cemetery that was arranged by Les and Joan Ottinger.

We realize how busy everyone is and that there is no “perfect time” to get the group together, but we will be convening our Alumni Leadership Group to consider options for the future and how the society can best serve our longtime friends and colleagues of the MGH Surgical Society. Again, any thoughts or suggestions you might have would be appreciated.

I urge you to look through the announcements section of the newsletter to understand the great things going on in “your surgical home.”

Keith D. Lillemoe, M.D.
Surgeon-in-Chief, Massachusetts General Hospital
W. Gerald Austen Professor of Surgery
Harvard Medical School



Season's Greetings
from the MGH
Department of Surgery

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Message from the President

Dear Colleagues:

From 1874 to 1876, my great grandfather, John Swan Houston, went to the University of Louisville to become a physician. His coursework was quite abbreviated by our standards. He was only in Louisville for four months in each of his two years. His courses were limited to lectures, he never saw any patients, and he received his diploma after paying his fees. When his studies were complete, he returned to the small town of Hartselle, Alabama, put out his shingle, and prepared to welcome his first patients.



On December 27, 1899, the local newspaper reported “Dr. J. S. Houston, who suffered grievously as a result of a fall from a horse several weeks ago, died today, shortly after observing his last Christmas.” The article further commented on what “a fine physician,” “good citizen, and faithful friend” he had been to so many. As a result of losing his father at a relatively early age, my grandfather apprenticed himself to a local pharmacist, and after a number of years, became the town pharmacist. I can remember visiting my grandfather at lunch time and noting several of the town’s physicians, sitting around an old potbelly stove, having their lunch and swapping stories.

Fast forward about one hundred forty years, and my wife was admitted to a northeastern hospital for a total abdominal hysterectomy and BSO. We saw the doctor on August 15, she had her operation done robotically on August 16, and she was discharged back to the hotel on August 17. I spent the night in her room (terrible pull-out bed with springs almost permanently embedded in my back), and when we were ready to leave, I went to the nursing station to inquire about how to find a wheelchair so that we could complete the discharge process. The nurse laughed and then smiled and said, “In this hospital, you have to walk to the elevators. If you can’t walk, you’ll have to stay another day.” Needless to say, we walked, hailed a taxi, and made our way back to the hotel.

I juxtapose these two periods of time to comment on the amazing and significant changes made in medicine and surgery over the past century or so. Those of us who were fortunate enough to have trained at the MGH have been witness to many of these changes. I certainly feel indebted to my teachers and fellow residents for their patience, their willingness to help me through many difficult times, and, probably foremost, their friendship.

Therefore, I invite you to renew your interest in and enthusiasm for our MGH Surgical Society. Over the years, we have been ably led by

Drs. Austen, Ottinger, Rutledge, Buyske, Lund, and Warshaw. I am honored to follow in their footsteps. I look forward to corresponding with you and seeing you over the next several years.

Thomas F. Dodson, M.D.

Dear Friends:

I guess you could say I have reached the time of life when “swan songs” become the music of the day. So these are my last notes as an officer of the MGH Surgical Society, which, if failing memory serves, is now about 25 years old. Unfortunately, our institutional memory is taking a hit since Suzanne Williams, who propped up the infrastructure and ran the newsletter since 1997, when I became chief, has recently retired.



However, with every ending there is an opportunity for a new beginning. In the case of our society, it's time for a rethinking and refresh. What purpose does the MGH Surgical Society serve? Is it just social or should it actively raise funds for Department goals, such as support for residents' research and travel? Do you want to hear more about the MGH, about your lives and work, or about broader issues and concerns in the surgical world? Should we have our own community blog, Twitter feed, or Facebook page? What would attract more alumni to come back to the meeting, especially the younger alumni, still enmeshed in practice, who have less time and money? We have been meeting every three years — is this the right interval to sustain interest? Your input is vital — bring that on.

I leave the Society in good and capable hands with Tom Dodson as the new President and Keith Lillemoe leading the Department. Actually, I am not going anywhere. I now work as Physician Director for MGH Network Development and Integration, with an office on Bullfinch 3. So, come visit, call, write — Keep in touch.

Andrew L. Warshaw M.D.
Departing President

Articles

Do You Miss It?

By Josh Tofield, MD

Doctors, friends, casual acquaintances and old patients ask the same thing when they learn I've retired, “Do you miss it?” And they all seem surprised to hear, “Not a bit. I loved operating every minute when I did it. I don't miss it at all now.” But why the question, and why the answer?

National Public Radio aired a thoughtful conversation with an ex-NFL defensive end who said, “When you stop playing football, it's like jumping off a cliff. Everybody jumps off the cliff, but some are wearing a parachute, and most are not.” This is equally true for surgeons. While I was changing into scrubs in the locker room, one of the Orthopedic Surgeons asked if I had any idea what I would do when I retired. “You bet I do. A long list of stuff.” He, who had never struck me as a contemplative sort of person, said, “You know, Josh, I'm really worried about it. I enjoy golf, but that's not enough to fill my life. I can't think of being anything but an orthopod.” No one wanted to end up like the very elderly doctor who had practiced at our hospital for forty years. Ever since he retired he would come for lunch every day in the staff lounge, very nicely dressed, schmooze with the dwindling number of colleagues who knew him, then fall asleep for an afternoon nap on one of the couches.

I thought of what John Constable had told me one day, “Plastic Surgery is what I do; it's not who I am.”

Certain professions are filled with drama and excitement, and whether viewed from inside or out, it is hard to imagine replacing the highs of that occupation. The retired cop is a case in point. Once you are not doing it anymore, you are yesterday's news, and those who try to hang on are just a bit pathetic. A close friend had to retire from law enforcement because of an injury. For awhile he joined a weekly lunch of other retired cops and shared war stories, but he moved on to other pursuits and just let it go.

The other part of letting it go is a keen, clear eyed evaluation of one's abilities. Dirty Harry said it best in



Josh Tofield

Clint Eastwood's *Magnum Force*. "A man's got to know his limitations." There are the undeniable limitations of age. When someone confidently states that you should listen and take his advice because, "I've been doing this for 35 years," he is on the downhill slope and trying to compensate by playing the experience card.

Certainly a decrease in manual skill and acuity of vision can be offset by experience and judgment. However, that goes only so far. A surgeon can adjust to decreasing dexterity to a point, but after that he becomes a liability. How true the motto, "Better retire one year too early than one day too late."

The master surgeon, Dr. Hardy Hendren, surprised me by once saying he thought his pure technical ability was better when he finished his residency than fifteen years later. Of course, you would rather have him operate on your child after fifteen years of experience. So how long does it take for us to reach our peak, that point at which our technical skills and clinical acumen are in balance?

There is a concept called "Complexity and the Ten Thousand Hour Rule." Malcolm Gladwell in his book

Outliers drew upon an observation made forty years ago in *The American Scientist*. "There are no instant experts in chess... There appears not to be on record any case where a person reached grandmaster level with less than about a decade's intense preoccupation with the game. We would estimate, very roughly, that a master has spent perhaps 10,000 to 50,000 hours staring at chess positions..." Gladwell goes on to say, "Nobody walks into an operating room after a surgical rotation and does world-class neurosurgery." However after fifteen years in the OR a serious surgeon is probably doing better technical work than an older colleague with 35 years at the job.

Gladwell continued, "Achievement is talent plus preparation." I would add unrelenting dedication to self-improvement. "I will do it better this time than the last," even though you have done the operation hundreds of times before. It gets harder to maintain this commitment the older one gets and easier to tell oneself, "I am doing this as well as it can be done."

We all know Jascha Haifetz's famous epigram: "If I don't practice one day, I know it; two days, the critics know it; three days, the public knows it." Practice is not doing the same thing over and over; practice means pushing yourself. Without it you are regressing.

Bud Shank, world famous jazz alto saxophonist and longtime friend, came to Tucson for me to operate on his hand. He liked it here, moved, and had a house built with a small soundproofed practice room. Even in his seventies, even when he needed oxygen for COPD and emphysema, Bud would go into his practice room every day and push himself doing honks, weird sounds, and atonal riffs and scales. Bud reinvented himself and his sound several times during his long recording and performance career. He died recently but performed to the end, still trying to get better. Not all artists do that, some fade away riding on their reputations.

When the AIDS epidemic struck, my scrub nurse and I committed ourselves to never ever being stuck by a needle again. We completely reinvented everything in our surgical technique, the ballet of handling instruments, never touching the needle on a suture, never handing off sharp instruments, never taking an eye off a scalpel or suture or hypodermic. It took almost a year to refashion muscle memory, and that gets harder to do as one ages.

The senior associate in our practice, then in his early sixties, asked me one day if I was afraid during surgery,

afraid of making a mistake. I honestly answered, “No. Careful, yes. Cautious, yes. But afraid, no.” He said, “For the last year I’ve been afraid all the time. I plan on retiring soon, maybe a year from now, and I don’t want to go out having made a bad mistake. I go into the OR every day, afraid of making a mistake.” Other surgeons have candidly admitted to similar feelings before they retired. Perhaps the unrelenting pressure of dealing with the responsibilities of surgery combined with worry about malpractice makes this inevitable. I wonder if the feeling of fear is near universal as a surgeon ages.

I was lucky; I had little choice. I was in an accident at age 62 and broke bones from tibia to scapula and strained the brachial plexus on my dominant side. Post injury I found myself dropping objects without being aware of it. Told it might take six months or more to recover, the decision to retire took about five minutes to make. In three weeks the building was sold; a friend took over the patients and charts; the equipment and furnishings went quickly while I presided from a wheelchair and never had to agonize about when to retire, never had to fear going into the OR each day or wonder if I was still doing a good job.

The roots of successful, satisfying, and happy retirement are planted long before the day you throw out those battered operating room shoes and set those loupes on the shelf. Not only in terms of avocation or intellectual pursuit, but also in relationships with children, grandchildren, and most importantly, with one’s spouse. The bon mot attributed to Maryon Pearson, wife of the 14th Prime Minister of Canada, speaks to both spouses, “I married him for better or worse. I didn’t marry him for lunch.” Through many years of going to sea I have seen more marriages go on the rocks than boats, because one partner’s passion was not shared by the other. Many retired doctors and their spouses have a painful period of readjustment of finances, status, and leisure pursuits.

Once again, I count myself lucky. My wife loves the adventure of living aboard our boat for half the year, exploring Alaska as we’ve done for the last ten years. She is a fisherman extraordinaire and wildlife photographer and a gracious hostess for charter clients who join us around Kodiak Island. Plus, the grandkids are close enough that we don’t agonize over the merits and pitfalls of relocation, as so many do.

Surely, some ask, if you love medicine there must be some way to stay involved. Yes, but not in the OR. The non-operating surgeon’s shelf life for giving advice to

others lasts not much more than a can of stewed tomatoes. My partners used to call over-the-shoulder advice in the OR, “The reckless courage of the non-combatant.” There is nothing to replace actually doing it. Two years after retiring I was asked to join an overseas cleft lip and palate team, but declined. If I could not do optimum work in Tucson, I could not justify doing less in Central America.

Perhaps one has developed other areas of medical expertise. For several years during the winters, when Alaskan waters are inhospitable, my wife and I did wellness examinations for the elderly in their homes, mostly in the barrios and trailer parks in our area. We had the skill set of physical examination and diagnosing common illness. We found untreated hypertension, unrecognized Alzheimer’s disease, uncontrolled diabetes, high grade carotid stenosis, cardiac arrhythmias. We saw desperate poverty, hoarding disorders, cat people, depression, and abuse. The good we did was gratifying, but it didn’t replace the challenge of the OR table, and we just let it go.

We all must feel the same sense of privilege and awe when scrubbing and entering the OR. Going through those doors is entering a secular cathedral. We surgeons, while able to give the best of ourselves, were blessed to be there.

So about giving advice, including this essay: after finishing the MGH Plastic Residency I went to Melbourne, Australia for a fellowship fresh from observing Ralph Millard in Miami doing his eponymous cleft lip repairs. As Mr. John Hueston was drawing the marks on an infant to start a cleft lip, I asked, “Mr. Hueston, would you mind if I made a suggestion?”

“Absolutely not, dear boy, if YOU won’t mind that I pay absolutely no attention whatsoever to what you say.”

Editor's note: Josh Tofield was an intern and resident in the General Surgery and Plastic Surgery programs at the MGH from 1967 to 1974. After a fellowship in Melbourne, Australia and two years service in the Air Force, he began the private practice of Plastic Surgery in Tucson, Arizona in 1977. His practice emphasized hand, cleft lip and palate, and breast surgery. He retired after an accident in 2005. After recovering, he became a licensed US Coast Guard Master, following a lifelong love of the sea. He and his wife Natasha live aboard their boat in Alaska half the year, from which they conduct nautical wildlife tours from Kodiak Island. Photos of their Alaska Adventures can be seen at: www.Nordhavn52Kodiak.com

Hepatic Trauma on the North Shore

By Arlen Holter, MD

Balancing the need for training and the increasing assumption of responsibility in surgery training programs with the overriding responsibility for patient safety is never easy, and supervision of resident surgeons has increased over the years in parallel with the complexity of medical care. Throughout a career every surgeon finds him or herself in difficult situations when fund of knowledge and ingenuity are tested. In the past, those revealing moments may have come sooner in training than they do in today's more heavily supervised environments. My first real test of independent thinking and action came in the beginning of my fourth year of surgical training at the MGH.

In the mid-1970s, the most greatly anticipated rotations, and the most productive in terms of operative experience, were the rotations at either of the North Shore hospitals — Lynn or Salem. The Lynn rotation had both a junior and senior surgical residency position. I was fortunate to be assigned by Les Ottinger, the residency program director, to the senior position at Lynn for the period July through September 1976.

Though Lynn Hospital served its community as a general medical and surgical hospital, it did not receive a significant amount of major trauma. But when a young girl pushed her 15-year-old brother through a sliding glass patio door late on a Sunday afternoon, Lynn was the closest emergency room. The boy arrived with a large piece of glass protruding from his right upper quadrant and I was in charge. Only one month into my 4th year, I had yet to participate in any cases of hepatic trauma at the MGH, but my fund of knowledge did include hepatic anatomy and blood supply, at least in dogs. This lucky coincidence came from a three-month elective during my senior year in medical school at the University of Chicago, when I traveled west and studied under Dr. Thomas Starzl, who headed the Transplant Service at the University of Colorado. During those three months, I had assisted in a canine liver transplant procedure every Monday afternoon in the laboratory in the basement of the Denver VA Hospital.

So in the operating room at Lynn that Sunday, the boy with the glass in his liver had two surgeons — one with some experience with dog livers and the other a Lynn staff surgeon technically in charge, but one who had

never seen such a case of penetrating trauma. He was more than happy to allow me to take charge of starting the operation, removing the glass, and dealing with the consequences. The salient portion of my operative report follows:

“There was approximately one liter of blood in the abdominal cavity. The piece of glass was found to have entered the lower portion of the right lobe of the liver and exited through the left lobe just missing the structures in the porta hepatis and the gall bladder. The piece of glass was removed. Attempt was made to suture ligate the entrance wound in the right lobe. Several sutures of 0 chromic were placed in the entrance wound. This slowed the bleeding but did not stop it. In like manner several chromic sutures were placed in the exit wound in the left lobe. This also failed to control the hemorrhage. The patient's right hepatic artery was then isolated. Several hemoclips were placed upon it. This controlled the bleeding to some extent from the right lobe wound, but he began to bleed more profusely from the left lobe wound. The main hepatic artery was occluded with hemoclips at the bifurcation into right and left branches. The wounds were then packed with Surgicel for 15 minutes. When the packing was removed there was no further bleeding.”

Faced with a patient who was exsanguinating, I was not in a position to search the literature to find reports of successful ligation of the main hepatic artery to control traumatic hepatic hemorrhage (they first appeared in the surgical literature in the mid-1970s). But I knew from my canine transplant experience that a significant collateral blood supply to the liver comes from diaphragmatic sources. My first real test of independent thinking and action had a fortunate outcome.

My experience with this case highlights two significant points. The first is the loss of small hospitals like Lynn and the change in referral patterns of trauma victims to designated trauma centers. In 1976, a teenager with a major abdominal injury was taken to the nearest hospital. Today, he would be evaluated, treated, and subsequently operated upon at a trauma center. Trauma centers were designated by classification and level in the mid-1980s. Lynn Hospital, which was founded and incorporated in 1882 on the former Nathaniel Hawthorne estate, merged with Lynn Union Hospital in 1983 and the combined institution was renamed AtlantiCare Medical Center. AtlantiCare, purchased by North Shore Medical Center in 1997, is a level III trauma center.

The second point is that it is highly unlikely, in the current era of training, that the operating surgeon at a level III or higher trauma center would be a resident who had just completed three years of training, much less a surgeon who had never observed or assisted with an injury of this complexity. Close supervision in the surgical training period and more specialization in trauma care are clearly in the best interest of the patient, but, for me, being forced by circumstance to call upon my knowledge and prior experience was an invaluable part of my training.

Editor's note: Arlen Holter received a B.S in Chemistry from Stanford, and a M.S. in Immunology and M.D. from the University of Chicago. After a year fellowship with Thomas Starzl, he completed the surgery residency at the MGH and then a residency in Cardiothoracic Surgery at Yale. His professional career in Cardiothoracic Surgery, from which he retired in 2011, was spent in Minneapolis-St. Paul. He now lives in Colorado. He married Elizabeth Anne Reid in 1974 and they have three sons.

Where Are They Now?

By Seth Wolk, MD



Ruthanne and Seth Wolk

Recently, I contacted both the intern class of '83 and the graduation class of '88 requesting updates and pictures. We trained during a decade of considerable change in the Department of Surgery at the MGH. The first heart and liver transplants were performed. We provided surgical consultation and surgical care for a significant

number of severely immunocompromised patients on the Medicine Service who represented the initial wave of HIV disease. During the 1980s, the Surgery Residency Review Committee (RRC) directed multiple changes in the surgery residency program, resulting in the loss of many of its unique features. This was the last decade in which we fully staffed the cardiac surgery service, ran the Emergency Ward with our Medicine resident colleagues, and operated the East and West ward services.

Additionally, both scientific discovery and technology fundamentally changed surgical practice: We were the last group to learn surgical management of peptic ulcer disease and portal hypertension. We sat with the attending staff one morning in the spring of 1984 in the Shriner's Auditorium (Super Bowl) to listen to Robert Buchanan discuss a new hospital payment mechanism called Diagnostic Related Groups (DRGs). Few predicted the massive effect this payment reform would have on patient care and resident education. We did learn to care for extremely infirm patients and were proud to take both personal and collective accountability for their well-being. However, today's hospitalized patients are generally far sicker than those of 30 years ago. I often say, without any supporting data, that 50% of the patients we cared for as residents would today be treated in an ambulatory setting, and 50% of ICU patients we cared for in the 1980s would be cared for today on the "floor." Lastly, 50% of today's ICU patients would have expired immediately in the ICU of the 1980s.

Some MGH alumni younger than I may believe that 30 years post-graduation is a long way off. My colleagues' updates should persuade them that time moves remarkably quickly. Irrespective of our "era," we all trained at a very special place and have an obligation to use our skills, smarts, and passion to deliver and improve care.

Mark Allen

After leaving MGH at 6:01 A.M. on July 1, 1990, Patty (a.k.a. Patty-Bowler-Malt-Allen) and I traveled west to start my practice at the Mayo Clinic in Rochester, Minnesota. Patty was pregnant with our first son Patrick, so we took some time to visit family along the way and have some fun. First stop, my parent's cottage in Pennsylvania, then family in Michigan, and then a little R&R at the Ritz Carlton in Chicago.

Upon arrival in Rochester, our newly built home was not quite ready, so we spent the first few weeks in a basement apartment, but soon moved into our new



Allen family at the STS presidential reception for Mark (l-r): Mark, Patty, Michael, and Patrick.

home. I am happy to report we are still in that house 27 years later. Life was busy as I built my practice, and our second son Michael was born 2 years later.

We always missed the East Coast and I recall a road trip we made to Boston in our red Suburban when our boys were very small and very energetic. Quite the adventure. I think the Mathisen's house was never the same after our visit.

I have been very fortunate in my career. I was elected to the American Board of Thoracic Surgery and served as the Examination Chair. During my career, I also became active in the Society of Thoracic Surgeons (STS), and eventually was elected to the board and served as President in 2015 - 2016.

My career has afforded us the opportunity to travel to many places around the world making new friends and spending time with old friends. We have had so many memorable adventures and meals on these trips, but none can compare with the "9:30 meal" at the MGH. I will never forget the camaraderie that developed by listening and sharing our stories of the day.

Proudly, I can say both of our sons successfully attended Boston College and are now gainfully employed. Our eldest son Patrick is a computer scientist and entrepreneur in Boston. Our younger son Michael works in finance at Adams Street Partners in Manhattan. Patty was a cofounder of a local non-profit for breast cancer awareness and worked on this for many years. When we became "empty nesters," Patty pursued her interest in real estate, obtained her license, and has developed into a premier agent in the area. Over the years I have had a chance to do some woodworking, which is an interest of mine, and I've built a few furniture pieces, a large

shed, and a tree house for the kids. I also love road bicycling and recently completed my 4th century ride in Door County, Wisconsin.

In our retirement, we plan to go back to the New England area. We hope to have a home on the ocean, sail often, eat seafood every chance we can, and be near our families as we grow old.

Francisco Cigarroa



Cigarroa family in Mexico (l-r): Eddie (son in law), Cristina, Francisco, Barbara, and Graciela.

Apart from my family, my surgical residency at MGH has been responsible for many of my personal and professional successes. I married Graciela during my internship and we remain incredibly in love. Our two children, Cristina and Barbara, were born while in Boston, and to this day we have wonderful memories of their upbringing in Winchester, Massachusetts, and at the Charles River Park apartments. Cristina graduated from Harvard and is now a practicing immigration attorney in Austin, Texas. Barbara graduated from Yale and is currently finishing her masters degree in fine arts at Columbia University. While at MGH, Dr. Patricia Donahoe and Dr. Sam Kim had an incredible influence on me, and inspired me to pursue pediatric surgery. Upon finishing as Chief Resident of the West Surgical Service in 1991, I traveled South to Johns Hopkins Hospital where I completed fellowships in pediatric surgery and transplantation surgery. Even at Johns Hopkins, the MGH had a terrific impact on my life as Dr. Melville Williams

and Dr. James Burdick helped train me as a transplant surgeon. I might add that MGH is like a second home to the Cigarroa Family, since my father, three brothers, and now a nephew have all trained at MGH.

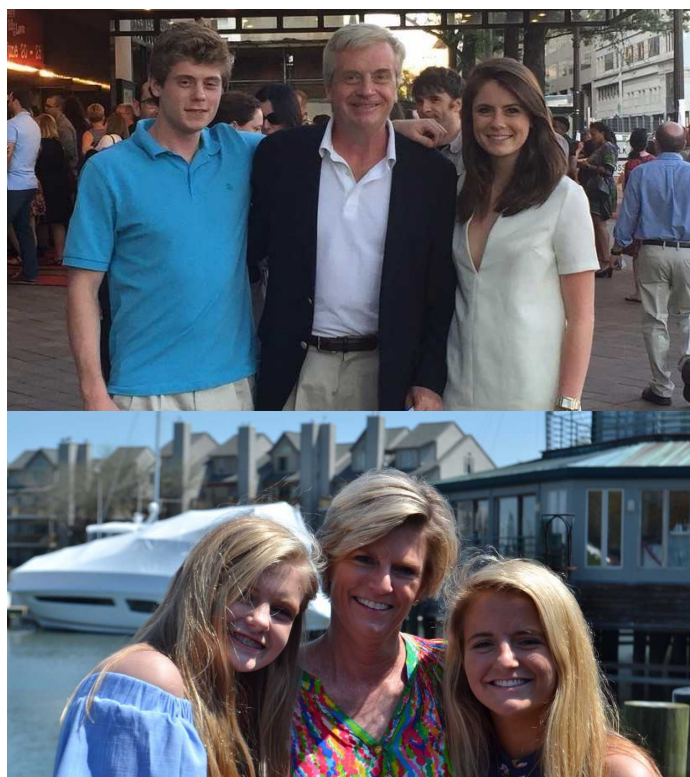
Upon completing my tenure at Johns Hopkins Hospital, I began my career as a pediatric surgeon and transplant surgeon at the University of Texas Health Science Center in 1995. My career as a surgeon took a highly unusual path when I became President of the University of Texas Health Science Center in 2000. One of the greatest pieces of advice I have ever been given was conveyed to me by Dr. Gerald Austen. While he encouraged me to pursue the presidency, he also advised me never to forget the practice of surgery. I am proud to say now that I followed Dr. Austen's advice.

In 2009, I was appointed Chancellor of the University of the Texas System. In that capacity, I provided oversight to nine academic universities and six health science centers. This was an incredible administrative journey and allowed me to provide leadership to the establishment of the Dell Medical School at UT Austin as well as a medical school at the University of Texas Rio Grande Valley in South Texas. My accomplishments as President and Chancellor were recognized by MGH. One of my greatest honors was when I received the MGH Trustees Award in 2011.

After I finished my tenure as Chancellor of the UT System in 2015, I returned to the University of Texas Health Science Center to become the division head of Pediatric Transplantation and Adult Liver Transplantation. If it was not for Dr. Austen's advice, my return to surgery would have been impossible and for that I will be forever grateful to him.

As for the future, which I have never been able to predict with any accuracy, I really cannot say what I will be doing in the next decade. For now, I am so proud to be married to Graciela, to be the father of two wonderful daughters and now a son in law, and to have the privilege of saving lives through transplantation. I also have the unique privilege of serving on the Ford Foundation to help eliminate inequality in the world. I also serve on the board of the Josiah Macy Foundation where I get to work with Dr. George Thibault, the Foundation's President and a great MGH alumnus. One fact is certain: I could not have accomplished a fraction of my successes if it were not for Dr. Gerald Austen, Dr. Patricia Donahoe, Dr. Sam Kim, my MGH mentors and fellow residents, and the culture of excellence at the MGH.

Jon Hupp



Top: Jon Hupp flanked by Will (left) and Alyson (right). Bottom: Shelley flanked by Laura (left) and Elizabeth (right)

Brief Recap: After being West Chief and a vascular fellow, we moved to Denver, where I worked with Brian Ridge for a couple of years. My midwest roots called to me, so we moved to Lincoln, Nebraska, for a 'short time.' Nine years and four children later, we moved to Annapolis, Maryland, where we still reside.

Shelley (Baker 12 and RICU Nurse) and I have been married for almost 28 years. Our children: Alyson (24) is a CPA in New York City, Will (22) is a student at Tulane, Elizabeth (18) is starting Fordham University this Fall, and Laura (15) is going into 10th grade. With over 20 years of driving to practices and tournaments, I long for the day when Laura will have her driver's license!

Shelley, a nurse anesthetist by training, had her mid-life crisis and now owns and operates a food truck (www.slider-girl.com). After 25 years of private practice, and what I consider a decrease in the diagnostic skills of our medical colleges, I became so frustrated with night and weekend call that I also changed jobs. I took some time off and now just do vein work four days a week. The work is not particularly stimulating, but at least I no longer fear and hate my phone.

We very much enjoy living on the water (Chesapeake

Bay), and my time- (and money) consuming passion is old boats. My current project is a very needy, but beautiful, 1983 Hatteras motor yacht.

Frank McGovern

Here we are three decades after surgical/urology training at MGH. I am forever grateful for the intense training we all received in Surgery at MGH. My wife Betsy and I have three daughters; Katelyn, an OB/GYN resident at MGH/Brigham and Women's, Bridget doing landscape design, and Molly working as a Consultant for Boston Consulting Group in the San Francisco office. After the girls left for college I started swimming again and enjoy competing in triathlons.

Pleased to report that I am still practicing urologic cancer surgery here at MGH. My special interests include surgery for prostate cancer, kidney cancer, bladder cancer, and testicular cancer. In addition, we have worked to develop surgical clinical pathways and strategies for opioid reduction in perioperative care. I look forward to hearing updates from the Newsletter.

Brian Ridge



Brian cycling in France (left) and traveling (right) with his youngest daughter Marissa and wife Lisa.

After finishing vascular fellowship in 1990, we moved to Denver, Colorado. I worked at a level I trauma center in a small group practice that included general, vascular, and trauma surgery for several years. In the late 1990s,

I left that group to begin a solo practice that included general and vascular surgery in the same community in the western suburbs of Denver. Over the last few years I have limited my practice to anterior spine exposure for anterior spine fusion, and together with another vascular surgeon, have developed a vein treatment center to treat symptomatic venous insufficiency.

Lisa and I have been married for 16 years. We have five children. There are three registered nurses (oncology/BMT University Hospital Denver, med/surg University Hospital Denver, med/surg Twin Cities Hospital Templeton, California). We also have an English and Chinese language major, and our youngest, an MBA student, is still at home. I became a grandpa for the first time a few months ago and find this a convenient excuse to visit my daughter in Paso Robles, California.

While I have spent my professional career in what many of my fellow alumni would think of as "outside institutions," I have done my best to bring MGH standards of care to my patients. This effort has made me especially aware that the MGH is a very special place. The surrounding environment of excellence makes everyone better, and such quality treatment is hard to duplicate elsewhere. I am very proud to have been trained there and am forever grateful for the many thoughtful and talented mentors who helped me learn to practice what I think of as a very special type of surgery.

My first night at the MGH before starting training I remember witnessing the strange custom called the "change show." I believe this was the celebration for Dr. Frist. While I didn't understand the inside jokes, I sensed for the first time the very special esprit de corps that exists in our residency. The talented visit staff and their dedication to teaching have been well documented in the alumni newsletter over the years (Drs. Ottinger, McCabe, etc.). Many of my most memorable mentors were the more senior residents, whom I admired and who patiently taught younger residents to operate and passed on the lore of the MGH. Dr. Lund, Dr. Adzig, Dr. Auchincloss and others come to mind who had a big influence on the way I think about medicine and also about life.

Perhaps the resident that comes into my mind most often is my first chief, Dr. Cambria. I came from small town Utah, and he was a figure of some mystery to me. A giant. He had thrived in the almost impossibly huge world of the MGH and seemed to run the East Surgical Service effortlessly. Would I ever be as confident

and wise? When my father visited Boston in my first year, Dr. Cambria, who really didn't know me very well, had some very kind words to say to him about me. My Dad never forgot that. He didn't need much encouragement to think I was pretty great, but now he had "outside confirmation," and he held onto that until he passed earlier this year at age 96. Dr. Cambria repeatedly said, "Traction and counter traction are the keys to success in surgery," "X-rays are just tests, sometimes helpful, sometimes unhelpful, and sometimes misleading." He had lots of sayings like this and they stuck with me and shaped me as a surgeon. How to plan and set up an operation and how to create the perfect anastomosis are things that he teaches his residents and fellows. His style of practice is something I have always tried to emulate.

I have loved living in Denver near the Rocky Mountains. I taught our children to ski and learned to snowboard (a somewhat painful endeavor) in order to teach the youngest ones this more "cool" way of descending our snow covered mountains. I have loved being a Dad and am sorry there is only one child left at home. My two biggest passions now are traveling with my wife Lisa and our youngest daughter Marissa, and cycling. Last summer I celebrated my 60th birthday on my bike on col du Tourmalet in France. I have been given many blessings in life but none more significant than the privilege of training at the MGH and the memories I have of that incredible time. I am humbled and grateful for this gift.

Hal Walters



Katherine and Hal (far right) and daughters Hannah (left) and Grace (center) with their husbands.

After my general surgical training at MGH in 1988, I

did a year of pediatric cardiac surgical research at the University of Alabama, Birmingham (UAB) with John Kirklin. Thereafter I completed the UAB Cardiothoracic Surgery Residency. The fourth and final year was spent focusing on pediatric cardiac surgical training with Albert Pacifico.

When I completed my cardiac surgery training in 1992, there were only two full-time pediatric cardiac surgical jobs at dedicated children's hospitals. One of those places was Children's Hospital of Michigan (CHM) in Detroit. As a "Texas boy" I never thought I would move to the cold Midwest, much less to Detroit. But I did just that and accepted a position at CHM. The opening at CHM was created by the retirement of a legend in pediatric cardiac surgery, Eduardo Arciniegas. Needless to say, I did not "fill his shoes." Assuming the mantle of ultimate responsibility for the well-being of children was stressful, but I was blessed to have an excellent and attentive mentor, Mehdi Hakimi, who never abandoned me in a situation that exceeded my relative level of surgical maturity. We operated together a tremendous amount over the subsequent years and I learned a great deal from him.

My 25 years here at CHM have been great. It is a privilege to be able to work at one institution throughout one's career. I love working at a dedicated children's hospital with such incredible, intelligent, and compassionate colleagues. I also love caring for children. I have a terrific partner, Ralph Delius, who shares the responsibility of caring for our patients.

We live on a farm in Manchester, Michigan, where we (my wife, really) raise sheep and hay. We have a nice flock of purebred Katahdin sheep. So if any of you need breeding stock, just give me a call. Because of the long commute, I live in Detroit (4 minutes away from the hospital) during the week and go home on the weekend. Some of you will know my wife of 33 years, Katherine. She worked as a nurse in the Phillips House on the surgical floor during my MGH days. She is my best friend, supporter, and confidant. Early in our marriage we found that both of us carried the gene for a rare disease called hypophosphatasia and we lost three of our children as neonates to that disease. God also blessed us with two healthy girls, Hannah and Grace, for whom we are very grateful and whom Katherine home-schooled through K-12. They both attended Wheaton College. Hannah obtained a Masters degree in clinical psychology with an emphasis on infants. She has mar-

ried a Marine who is a communications officer. They have one son, our first grandson, Robert Henry Ramsey. Grace, our youngest daughter, was a Biology major at Wheaton and is moving to Durham, as I write this, to start Physician Assistant school at Duke. Her husband, Brad, is a Web Developer.

Doug Wood



Wood family attending the American Music Awards in 2014.

Many may remember my proclivity to travel to exotic locations during my MGH residency vacations, e.g., Paraguay, Kenya, Tanzania, and the Golden Triangle between Burma and Thailand. As a resident, my main limitations were time off, but even more so, lack of money. When I finished my cardiothoracic residency at the end of December 1991, I arranged to work as a ship's doctor in Antarctica for 3 months, followed by a month of travel in Patagonia. Finishing residency solved the time limit, and working on a ship (partially) solved the financial constraints. One thing led to another and I became the medical director for the company, organizing the medical policies/resources as well as the physicians who would serve on board for trips to Antarctica (in the austral summer), to the Russian Far East (in the northern summer), and to remote areas of the South Pacific in the shoulder seasons. Highlights included performing an appendectomy in Antarctica, one of less than 10 intracavitary operations recorded on the continent, and being married to Johanne LeBlanc by the ship's captain on Fatu Hiva in the Marquesas Islands in 1995.

While I managed to juggle this medical director role with my academic surgery position at the University of Washington, my ship adventures came to an abrupt end when my ship, the M.S. World Discoverer, hit a reef and

sank in the Solomon Islands in April 2000. Ironically, in 2007, my original ship, the M.V. World Explorer, sank in the Drake Passage after hitting an iceberg. All of my post-residency connections with nautical medicine now lay at the bottom of the ocean.

Johanne and I have two daughters, now ages 21 and 19, the older graduated in 2017 from the Georgetown Walsh School of Foreign Service, and the younger is part way through her undergraduate years at UC Berkeley. They have been part of our family trips around the world — white water rafting the Zambezi, trekking the Inca Trail, backpacking in southern Patagonia, hang gliding in Rio, and rappelling over Iguazu Falls in Argentina (see the movie, *The Mission*, for context). Not surprisingly, both are studying international relations rather than medicine; perhaps they were less impressed with Johanne's and my dinner conversations about mesothelioma and carcinoid tumors than the travel adventures we have shared as a family. Our older daughter's first job is in Fiji, helping to establish the first national park in the country. It sounds like a good place for us to visit her, and now our daughters will be the ones pushing the old parents to live life on the edge.

When I finished residency I accepted an academic job as an assistant professor and chief of a newly established Section of General Thoracic Surgery at the University of Washington (UW) in Seattle. Part of my responsibility was to establish a lung transplant program at UW, which included working on logistics and infrastructure from Boston during my chief resident year. The program was ready to go when I arrived in Seattle after my Antarctic sojourn, and my first operation as an attending was a lung transplant on Easter Sunday 1992. Fortunately, our thoracic surgery program was quite successful; in 1998 I became the inaugural holder of the Endowed Chair in Lung Cancer Research, and made the normal progression through the academic ranks. In 2009, I assumed the role of chief of the Division of Cardiothoracic Surgery, and in 2015 I took over as the interim chair, and now The Henry N. Harkins Chair of the Department of Surgery. I have spent my whole career at UW and I am very proud to lead a talented surgical faculty and to oversee the training programs and academic activities across the eight institutions that make up UW Medicine. Our faculty and residents are remarkably tolerant of me, even when I shake up a black tie event with a surgeon flash mob (<https://www.youtube.com/watch?v=suC548m2v1E>).

I have been very involved, like many of us, in specialty surgical societies, previously serving as president of the Seattle Surgical Society, Western Thoracic Surgical Association, and Society of Thoracic Surgeons. I am currently president of the Thoracic Surgery Foundation and of the Cardiothoracic Surgery Network (CTSNet). In the education arena, I have been the program director for the cardiothoracic residencies at UW, Director of the American Board of Thoracic Surgery, and Chair of the ACGME Thoracic Surgery RRC. I have had a major interest in guidelines and national policy development in lung cancer care, particularly around lung cancer screening, where I helped lead a consortium that changed US Preventive Services Task Force and CMS coverage policy to support lung cancer screening.

In the professional world, my current focus is to broaden my involvement in the larger “house of surgery.” I hope to be more involved in the American College of Surgeons, expanding on programs of surgical ethics and improving diversity in the surgical workforce that I have championed here at UW. With young adult daughters, Johanne and I are adjusting to the “empty nest,” hoping to spend more time at our house in the Cascade Mountains on Lake Wenatchee. But a major emphasis will always be to follow our girls, wherever they land. Given their current paths, that should keep us traveling around the world for a long time.

Announcements

—Honors & Awards—Faculty

Congratulations to faculty members and surgical teams in **General and Vascular Surgery** who were recognized for meritorious outcomes in surgical patient care by the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP). This recognition reflects the outstanding performance of the hospital’s surgical teams in providing patient care at many levels. This distinction goes to only 10 percent of the 680 participating hospitals entering data into NSQIP in 2016 and represents the first time MGH has reached this status.

Thoralf Sundt III MD and the entire Cardiac team, as well as Anesthesia, Cardiology, Nursing, and the Perfusion Team are to be congratulated for their outstanding score on the Society of Thoracic Surgeons’ “Star Quality Rating Report” for cardiac surgical procedures. The cardiac team received 3 stars (the top rating) in 4 of the 5 listed procedures: CABG, AVR, CABG & AVR, and MVR/Repair. The division also rated 2 stars for CABG & MVR/Repair.

Noelle N. Saillant MD (Trauma, Emergency Surgery, Surgical Critical Care) won the Bullfinch award for Best Teacher in a Clerkship across the entire MGH and received a “Thank you note” personally signed by her trainees. Other individuals who received MGH Faculty Teaching Awards are **Dana A. Stearns MD** (Trauma, Emergency Surgery, Surgical Critical Care) and **Antonia E. Stephen MD** (Surgical Oncology).

Kenneth Tanabe MD (Surgical Oncology) was recognized as the inaugural incumbent of the Electronic Space Systems Corporation (ESSCO)/Slater Family Endowed Chair in Surgical Oncology. This chair was made possible by Kenneth and Ellen Slater and the ESSCO-MGH Breast Cancer Research Fund.

Michael T. Watkins MD (Vascular Surgery) is one of 9 individuals from MGH to be named to the GK50 list of 50 Most Influential People of Color in the Health care and Life Sciences Industry by Get Connected, Neighborhood Health Plan, Partners Health care, and Boston Business Journal.

After several decades, we are pleased to have **Barbara Smith** and **Sareh Parangi** join Pat Donahoe as female HMS professors.



(l-r): Professors Barbara Smith, Pat Donahoe, and Sareh Parangi.

Honors & Awards—Residents

Yanik Bababekov MD MPH (research resident) attended the American Association for the Study of Liver Disease (AASLD) meeting in October, 2017 with support from the association’s Ambassador Award for Emerging Liver Scholars Program. He was also appointed to serve on the Liver Transplantation and Surgery Steering Committee for 3 years as a trainee member. He also received the Sherilyn Gordon Memorial Travel Award to attend the American Society of Transplant Surgeons (ASTS) winter 2018 meeting. Congratulations are extended to his mentors, Drs. David Chang and Heidi Yeh, as well.

Promotions

To Professor of Surgery

G. W. (Jay) Austen, Jr., MD *Chief of Plastic & Reconstructive Surgery and Chief of Burn Surgery*
Sareh Parangi, MD *GI and General Surgery*
Barbara Smith, MD *Surgical Oncology*

To Associate Professor of Surgery

Haytham Kaafarani, MD, MPH *Trauma, Emergency Surgery, Surgical Critical Care*
David King, MD *Trauma, Emergency Surgery, Surgical Critical Care*
Sara I. Pai, MD, PhD *Surgical Oncology*
Parsia Vagefi, MD *Center for Transplantation Sciences*
Jonathan Winograd, MD *Plastic & Reconstructive Surgery*
Heidi Yeh, MD *Transplant Surgery*

To Assistant Professor of Surgery

Heather Faulkner, MD *Plastic & Reconstructive Surgery*
Arminster Singh Jassar, MBBS *Thoracic Surgery*

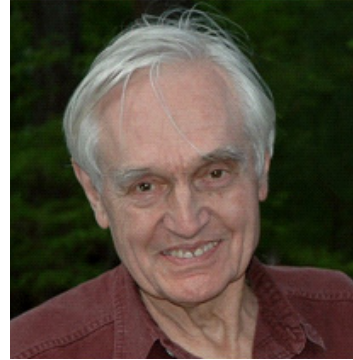
In Memoriam



Frederick William Ackroyd died February 12, 2017, in Palo Alto, California. Fred was born in Albany, New York. He graduated from Brown University with an AB in Biochemistry and then from the Boston University School of Medicine. He began the MGH residency in surgery in 1959 and completed the program in 1964. Fred's career in surgery reflected his diverse range of interests, remarkable energy, characteristic enthusiasm, and unflinching commitment

to every undertaking. After medical school he spent two years with the British Trans antarctic Expedition, a part of the International Geophysical Year. Thus he participated in the trans-polar transit and often wintered there. He spent time in Vietnam as a participant in studies of the management of liver injuries. He did research with William McDermott and was the Director of Surgical Services at the Mt. Auburn Hospital. He was chairman of the Departments of Surgery at the Mt. Sinai Medical Center in Miami and at the University of Miami School of Medicine, where he was a Professor of Surgery. In 1982 he returned to the MGH with a major commitment to teaching and to the surgery resident's outpatient

clinic. In 1999 he moved to Vero Beach with his second wife, Anita Honkanen, and in 2003 they moved to Stanford in Palo Alto. There he was an Adjunct Clinical Professor of Surgery and she is Chief of the Division of Pediatric Anesthesiology. His family, to which he was especially devoted, includes his wife, Dr. Anita Honkanen, eight children, and five grandchildren.



John Davidson Constable.

On June 6, 2016, the MGH community and world lost a remarkable and unique human being, John Davidson Constable. John was in his 88th year of life and died peacefully at home in Sherborn, Massachusetts with his wife Sylvia and family at his side. He had struggled with

Parkinson's Disease the last few years of his life. John was born in London, England to Olivia and William G. Constable. His family relocated to Boston where John's father was appointed as the curator of the Museum of Fine Arts. John's intellect and curiosity led him to Harvard College and Medical School. John was accepted as a surgical intern at MGH in 1953 and completed his general surgical training, culminating in his appointment as Resident in surgery in 1959. After completing his training as chief resident on the East Service, John completed a preceptorship in Plastic Surgery under Dr. Brad Cannon at the MGH. John was thus the first and only surgical resident to be chief surgical resident and then to train in plastic surgery. He was also the first person to train in Plastic Surgery at MGH and Harvard. John served his entire clinical career at the MGH and also served as Chair of Plastic Surgery at the Shriner's Burns Institute and Mt. Auburn Hospital. He was also consultant in Plastic Surgery to many other institutions both locally and abroad.

As a resident, I observed that when John, as the attending, was asked about a clinical problem, he would always ask, "Where is the patient? Let's go see for ourselves." This approach taught that we as surgeons are not treating a diagnosis but rather a patient with a problem. The treatment solution was not found only in a textbook, rather it was heavily influenced by the specific findings, symptoms, and desires of the individual patient. The first successful MGH microsurgical tissue transfer was done on our resident service with John as the attending overseeing surgeon. John had never done microsurgery but we all felt confident when John agreed to support our efforts and apparently John had confidence in us. A small bowel transfer, to reconstruct the esophagus in a patient with cancer, was begun at 7:45 A.M. and twelve hours later we were ready for the repair of the vessels. After multiple attempts to construct patent blood flow, each effort was greeted by anastomosis thrombosis. In the small hours of

the morning, I called John to report our failure. I expected John to say “well you and the team gave it your best shot,” but instead he said “get a cup of coffee and I will be right in.” I did what I was told and shortly afterward I was looking with John through the microscope at thrombosed vessels of the doomed piece of small bowel. After a pensive moment John said, “I know just what you should do.” I was stunned as John had never repaired a microvessel. He said, “Just do it again.” So away we went for another attempt...and for reasons unclear to this day, it worked! The patient did well, gained weight with his new esophagus, and lived for another decade. This case is an example of the respect we all had for John and his support for us. It is no wonder that he influenced so many of us to choose Plastic Surgery as a career.

John was truly a Renaissance man with interests broadly cast across the spectrum of human endeavor. He was equally comfortable discussing Asian ceramics as he was leading a bird expedition in Maine or Madagascar. Throughout his clinical activity, he was admired as a role model surgeon with excellent judgment. Remarkably, other friends outside the MGH barely knew of his medical career and respected him as a major contributor in their sphere of interest. The common denominator in John’s engagement was his insatiable curiosity about mankind and the human condition. In 1983, John received the prestigious Golden Door Award. This honor, given by The International Institute of New England, is extended annually to a foreign-born person who has made an extraordinary impact on the lives of others. At the awards dinner, seven people were chosen by the awards committee to speak of John’s accomplishments. Only one was a surgeon. The other six were experts and leaders in the broad array of John’s other interests. I learned that evening of the remarkable breadth of John’s impact on those with whom he worked, served, and learned. This quality encouraged me, and many of my fellow residents in plastic surgery, to expand our interests beyond flaps and grafts and to embrace interests outside of medicine.

In 1972, John was elected to The American Association of Plastic Surgeons. This prestigious organization is the oldest Plastic Surgical group in the world and selects members based upon their contributions to the specialty. Over the years, John’s interaction and teaching internationally became increasingly appreciated. In 2008, The Association established The John D. Constable International Fellowship in Plastic Surgery with an endowment created by support from Association members and the Constable family. This fellowship allows international plastic surgeons to come to the United States to add to their training experience and foster educational cross-fertilization.

John leaves behind his devoted wife Sylvia and their three daughters, Claire, Mia, and Isabelle, their husbands Bruce Strummger, David Alexander, and Mogador Empson, and grandchildren. John also leaves his younger brother, Giles.

Thank you, John, for your friendship and wonderful mentorship for us all. You led and taught by example. Your curiosity, integrity, loyalty, and humor will be missed and never forgotten. *Contributed by James May, MD.*

Richard Kempczinski died on March 8, 2017. Born in Brooklyn, New York, he had graduated from Holy Cross and Harvard Medical School. Following a surgical internship at University Hospitals in Cleveland, Dick entered the surgery residency at the MGH, completing it in 1974. It had been interrupted by two years of service in the U.S. Army that included a year in Vietnam. After five years at the University of Colorado, he became the Associate Professor of Surgery and Chief of Vascular Surgery at the University of Cincinnati Medical Center. Here he made important contributions to the development of vascular diagnostic laboratories. A body surfing accident in 1994 left him quadriplegic, but he was able to continue his contributions to the management of vascular disease through his work as a consultant. His wife, Ann Marie Campbell, died of cancer in 1991. He is survived by his son and daughter.

Reunion 2017

The reunion, held on September 18-20 at the MGH main campus, honored three former surgeons in chief, Paul S. Russell, W. Gerald Austen, and Andrew L. Warshaw. On Friday, there was a welcoming reception in the Paul S. Russell Museum of Medical History and Innovation. Saturday featured a full day of presentations centering on the surgical contributions of the former chiefs and concluded with a clambake at the Moakley Courthouse. Sunday opened with a business meeting followed by a series of lectures by MGH surgery residents, which adjourned at noon. The attendees were then taken on a guided tour of the Mt. Auburn Cemetery arranged and hosted by Les and Joan Ottinger.



(l-r) Drs. Andrew L. Warshaw, Paul S. Russell, W. Gerald Austen, and Keith D. Lillmoie, our current surgeon-in-chief.

Scenes from the Reunion



LEFT COLUMN Row 1: Faculty and alumni on the steps of the Bullfinch building. Row 2: Tiffany Chao, David and Lisa Torchiana, Cheryl Lillemoe, John Mullen, Tim Sayed, and Apple Stephan. Row 3: William Smead next to Codman's gravestone.
RIGHT COLUMN Row 1: Dr. and Mrs. Scott Bartlett with Andy Warshaw. Row 2: Les and Joan Ottinger with Matt Hutter. Row 3: Jeff Rich with Gerry Austen.