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Significant Events in the History of The Society of Thoracic Surgeons

Robert G. Ellison, M.D.

The birth of a new organization is invariably fraught with many obstacles. The establishment of The Society of Thoracic Surgeons, however, was relatively painless, and its subsequent growth has been phenomenal. The reasons for the outstanding success of the Society can be summarized in two words: need and leadership. In this presentation, I wish to review the background which led to the founding of the organization along with some of the difficulties encountered and accomplishments to date.

The rapid expansion of thoracic and cardiac surgery and the recognition of this surgical endeavor as a separate surgical specialty after World War II brought increasing opportunities, problems, and responsibilities to leaders in the field. The Board of Thoracic Surgery was established in 1948, and with the development of new cardiovascular techniques, especially extracorporeal circulation in the early 1950s, further impetus was provided for strengthening thoracic and cardiac surgery as a separate specialty. An enormous number of young American surgeons were stimulated to enter the field. By 1960 approximately 1,000 candidates had been certified by the Board of Thoracic Surgery, a large proportion of whom restricted their practice to this field. In 1957, attendance at the annual meeting of the American Association for Thoracic Surgery exceeded 1,000 surgeons, approximately two-thirds of whom were nonmembers.

For these reasons, the officers and council of the prestigious American Association for Thoracic Surgery seriously considered expanding its membership. In 1956, Dr. Cameron Haight, president of the American Association for Thoracic Surgery, appointed a special committee to investigate,
review, and make recommendations relating to the membership. This committee was composed of Drs. Lyman A. Brewer, Michael E. DeBakey, Stewart W. Harrington, Edward M. Kent (Chairman), Frederick G. Kergin, and Richard H. Sweet. After thorough investigation and study, the committee recommended a numerical limit of 300 active members, but after considerable debate by the membership in 1958, this recommendation was not approved. After further study, however, the Association in 1960 approved changes in its constitution and bylaws to the effect that active membership would be expanded to 350 and restricted to this number with no numerical limit on associate membership, which would, however, be limited to five years. Attendance at meetings would be controlled by allowing only members, invited speakers, and invited guests to attend. It was thought that additional regional societies—such as the Southern Thoracic Surgical Association, which was founded in 1954—should be developed in other areas of the United States to provide an outlet for the increasing number of surgeons certified in thoracic surgery and restricting their practice solely to this area. About this time (early 1960s), however, attempts to establish a regional thoracic surgical society on the West Coast were unsuccessful.

Many prominent thoracic surgeons apparently were not satisfied to accept the concept of regional societies, particularly some of the chiefs of thoracic surgical training programs whose trainees had difficulty obtaining...
Sixty people attended the annual dinner at "Stan and Biggies" Restaurant. After dinner the assembled group embarked on a long, vigorous, involved discussion of the future of thoracic surgery. A vocal group championed by Dr. Frank Byron and Dr. R Adams Cowley wanted a new thoracic group peopled entirely by thoracic surgeons. There was considerable criticism of the encroachment by the general surgeons on the American Association for Thoracic Surgery and a rather bitter realization that most of the control of the American Association for Thoracic Surgery now rested in the hands of general surgeons doing thoracic and cardiac surgery.

The discussion which was carried on by Drs. Chamberlain, Mannix, McAlpine, Hood, Storey, Strieder and Carr, explored the possibilities both pro and con. There was discussion about the desirability of local thoracic societies, regional in character and, limited to men doing thoracic surgery alone which would feed men into membership in the American Association for Thoracic Surgery. Beginning in about 1958, a group of younger thoracic surgeons led by Dr. R Adams Cowley of Baltimore assembled informally at various meetings to discuss the problems of thoracic surgery and the feasibility of starting another society. From this time on, Dr. Cowley in particular spent considerable time and effort attempting to convince his older confreres of the need for a new society. Lengthy discussions were recorded in the minutes of the April 16, 1962, meeting of the John Alexander Society relating to the feasibility of establishing another national thoracic surgical organization (Fig. 2). Dr. R Adams Cowley and Dr. Francis X. Byron of Duarte, California, were persistent in their viewpoint that a new society should be organized. The organization went on record as favoring the development of a new society, since it was apparent that the younger thoracic surgeons in the United States who were unable to obtain membership in the American Association for Thoracic Surgery felt a strong need for identification with a national organization.

Correspondence between Dr. John D. Steele and officers of The Harvey Cushing Society in April and May, 1963, suggested a situation somewhat analogous to that which had existed in the mid 1940s when the Society of Neurological Surgeons was so restricted in membership that the expanding numbers of trained neurosurgeons could not obtain membership in a national organization. The membership of The Harvey Cushing Society was eventually enlarged to include essentially all properly qualified neurosurgeons in an attempt to fulfill the needs of the enlarging specialty. The feasibility of similarly expanding the John Alexander Society into a national scientific organization to meet the needs of thoracic surgeons was discussed.

At the next meeting of the John Alexander Society on April 8, 1963, in Houston (Fig. 3), a special committee composed of Drs. Francis X. Byron, J. Maxwell Chamberlain, R Adams Cowley (Chairman), Byron H. Evans, Earle B. Kay, Edgar P. Mannix, John E. Miller, John D. Steele, and Clifford F. Storey reported on the future of the John Alexander Society. They recommended that the John Alexander Society remain unchanged and that a new society of thoracic and cardiovascular surgery be formed with the fol-
Fifty-three members and wives attended the annual dinner of the John Alexander Society at the Shamrock-Hilton Hotel on April 8, 1963. The minutes of the previous meeting were read and accepted.

Dr. R. Adams Cowley reported on the meeting of the committee (consisting of Doctors Byron, Storey, Chamberlain, Steele, Evans, Mannix, Kay and Miller) to consider the future of the John Alexander Society. It was recommended that the John Alexander Society remain as it is at present. It was recommended that a new society of thoracic and cardiovascular surgery be formed with the following objectives:

1. To disseminate thoracic and cardiovascular information.
2. To promote thoracic and cardiovascular surgery as a specialty.
3. To offer a forum for young men to present and publish papers in this field.


The final impetus for formation of a new society apparently came from this report, and, as a consequence, a planning committee was appointed, composed of Drs. Francis X. Byron, J. Maxwell Chamberlain, R Adams Cowley (Chairman), Byron H. Evans, and John D. Steele. These men, with the exception of Dr. Evans, met in Denver in August, 1963, to discuss plans for establishing the new organization and to formulate a tentative constitution. Dr. Robert K. Brown, a prominent thoracic surgeon in Denver, acted as local host to the committee and greatly facilitated their activities.

Up until this time, Dr. Cowley had led the movement to establish the new society. Apparently, he and other young members of the group believed that the support of more senior thoracic surgeons would be needed to achieve their goals. For this reason, he had sought the support of his good friend Max Chamberlain, who initially had had reservations about the need for and feasibility of a new thoracic surgery society. For several years prior to the summer of 1963, Dr. Chamberlain spent considerable time and effort seeking the viewpoints of thoracic surgeons throughout the United States through discussions at meetings, telephone calls, and correspondence. Drs. Francis X. Byron and R Adams Cowley, both strong advocates of a new society, apparently had considerable influence upon his decision to lead the movement to establish The Society of Thoracic Surgeons. Dr. Chamber-
lain's office in New York thereafter became headquarters for the movement to establish the organization, and from that time on he became the driving force which ensured the successful establishment of the Society. From his office, considerable information was mailed to thoracic surgeons in an effort to inform them and to arouse their interest in the new organization (Figs. 4, 5). After a steering committee was appointed, a letter announcing plans for the new organization along with a draft of the proposed constitution and bylaws was forwarded to prospective founding members in early September, 1963 (Fig. 6). Thereafter, a founding members' meeting was held at the Fairmont Hotel in San Francisco on October 31, 1963, during the Clinical Congress of the American College of Surgeons (Fig. 7). Approximately 150 surgeons attended.

Dr. Donald B. Effler of Cleveland, deeply skilled in parliamentary procedure, presided in his dynamic manner and directed the meeting to its foregone destiny to approve plans for the establishment of a new society. The following officers and council members were elected: President, Paul C. Samson, Oakland, Calif.; Vice-President (President-Elect), Thomas H. Burford, St. Louis; Secretary, Francis X. Byron, Los Angeles; Treasurer, Robert G. Ellison, Augusta, Ga.; Editor, John D. Steele, San Fernando, Calif.; Council: Ralph D. Alley, Albany, N.Y.; Robert K. Brown, Denver; J. Maxwell Chamberlain, New York; John W. Strieder, Boston; Chairman of the Membership Committee, R Adams Cowley, Baltimore; Chairman of the Program Committee, Donald B. Effler, Cleveland.

J. Maxwell Chamberlain, M.D.
20 EAST 71st STREET
NEW YORK 21, N.Y.
REGENT 7-8434
September 6, 1963

Dear Doctor

Thoracic surgery in the past twenty years has emerged from the realm of general surgery as a highly specialized discipline which should demand one's entire energy and attention. Partial affiliation with this complex field has led too often to surgical frustration and insecurity.

The union, therefore, of those engaged solely in the highest type of thoracic surgical performance dignifies and justifies the creation of a society for thoracic surgeons—a society designed to complement other related societies. It is a pleasure, therefore, to invite you as a specialist limited to the field of thoracic surgery, to become a Founder Member in a new surgical society to be known as the Society for Thoracic Surgeons.

Sincerely yours,

J. Maxwell Chamberlain, M.D.
Chairman, Steering Committee

FIG. 4. Letter from Dr. Chamberlain to prospective members.
Ellison

J. Maxwell Chamberlain, M.D.
22 East 70th Street
New York, N.Y.

September 6, 1963

Re: Membership on Steering Committee

Dear Sir or Madam,

In the organization of any society there must be a "steering committee" to lend dignity and prestige to an embryonic group. It was thought that you would concur with the thoughts expressed in the invitation to the Founder Members.

However, we need the names of 25 or more outstanding thoracic surgeons who have similar feelings and will not only join the Steering Committee but will permit their names to appear on the stationery as these invitations are disseminated to potential Founder Members. We hope you will accept this invitation to join the Steering Committee.

A nucleus of thoracic surgeons has volunteered in the last several years to draw up a tentative Constitution and By-Laws which are also enclosed. We call your attention especially to its objectives and membership qualifications. We sincerely solicit your suggestions and modifications.

There are over 500 "pure" thoracic surgeons in the United States and Canada who will be invited to Founder Membership. A meeting of the Founder Members for the election of officers will be held at an opportune moment in San Francisco at the annual meeting of the American College of Surgeons. All Founder Members will be notified later concerning the time and place.

Arrangements are being made for a "Journal" which will distribute the scientific information presented at the annual forum.

Please sign the enclosed blank and return immediately to me at the above address. Deadline for acceptance is September 20, 1963.

Sincerely yours,

Chairman, Steering Committee

JMC/emh

FIG. 5. Letter from Dr. Chamberlain to prospective members.

Thereafter, the organization of the Society progressed with amazing rapidity. Having access to the files of many of this early group, I have been impressed with the volume of detailed correspondence among the various persons concerned. Recognition should be given to the tremendous efforts of such individuals as Drs. Alley, Brewer, Burford, Byron, Chamberlain, Cowley, Effler, Samson, Sloan, and Steele. In those early days and in several years to follow, the perseverance of Max Chamberlain in achieving, in an unobtrusive manner, a successful new society for thoracic surgeons contributed inestimably to the development and growth of the organization.

The first meeting of the Executive Committee and Council was held...
Thoracic surgery in the past twenty years has emerged from the realm of general surgery as a highly specialized discipline which should demand one's entire energy and attention. Partial affiliation with this complex field has led too often to surgical frustration and insecurity.

There are over 500 surgeons in the United States and Canada who restrict themselves to the practice of thoracic and cardiovascular surgery. This number is rapidly increasing and most of these specialists have met the training requirements laid down by the Board of Thoracic Surgery. More important is the conviction of these surgeons that the specialty and its related programs are better served by strict specialization.

There is a need for a society that can accommodate every qualified specialist in the field of thoracic and cardiovascular surgery. Such a society would be in no way conflict with existing organizations whose professional interests overlap. A society, solely restricted to thoracic and cardiovascular surgeons, would serve the needs of those already established in the field. More important, it would offer a place for the many qualified thoracic surgeons who at present cannot obtain membership in existing societies because of numerical membership restrictions. This group of thoracic surgeons, the majority of whom are in private practice, represents an increasing increment of those who are Board qualified in this specialty.

The union, therefore, of those engaged solely in the highest type of thoracic surgical performance dignifies and justifies the creation of a society for thoracic surgeons—a society designed to complement other related societies. It is a pleasure, therefore, to invite you as a specialist limited to the field of thoracic surgery, to become a Founder Member in a new surgical society to be known as the Society for Thoracic Surgeons.

Sincerely yours,

[Signature]

J. Maxwell Chamberlain, M.D.
Chairman
Steering Committee

FIG. 6. Invitational letter to prospective founding members.

in St. Louis on December 20, 1963. Tremendous credit should go to Dr. Thomas H. Burford of St. Louis for his organizational ability in setting up this meeting and in attracting full attendance of officers and Council members on a very cold Christmas holiday weekend. At this time, the second draft of the constitution and bylaws was edited and further refined (Fig. 8). Also, the Editorial Board of The Annals of Thoracic Surgery was selected, and plans were formulated for the first annual meeting to be held in St.
Dear Founder Member:

The response to our invitation for membership in the new Society for Thoracic Surgeons was overwhelmingly gratifying. Enthusiastic letters are still pouring in and we hope they keep coming. I would like to express our sincere thanks for your wholehearted support which we interpret as a vote of confidence.

You are invited as a Founder Member to be present at the election of officers during the San Francisco Meeting of the American College of Surgeons. The election will be held in the French Room of the Fairmont Hotel at 5:45 p.m. on Thursday, October 31st. The meeting should not require more than thirty minutes of your time and we hope you will be present.

Sincerely yours,

J. Maxwell Chamberlain, M.D.
Chairman, Steering Committee

FIG. 7. Letter from Dr. Chamberlain, chairman of the steering committee, announcing date of founders' meeting, October 31, 1963.

Louis in January, 1965, with Dr. Burford in charge of local arrangements. A progress report was forwarded to members and prospective members shortly thereafter (Fig. 9).

At the second Council meeting in April, 1964, during the meeting of the American Association for Thoracic Surgery in Montreal, the objectives of the Society were well established. These were clearly expressed in the final draft of the constitution and bylaws, which were approved at this meeting. This was to be an organization to improve the quality and practice of thoracic and cardiovascular surgery as a specialty. This objective was to be accomplished by directing efforts toward strengthening and establishing basic research in the area, by promoting the professional development of those
society of thoracic surgeons

Tentative CONSTITUTION

ARTICLE L Name and Objectives

Section 1. The name of this organisation shall be "The Society of Thoracic Surgeons."

Section 2. Objectives:

a. To improve the quality and practice of thoracic and cardiovascular surgery as a specialty.

b. To disseminate knowledge in the field of thoracic and cardiovascular surgery and to encourage clinical as well as basic research in this field.

c. To promote the professional development of those surgeons specializing in the field of thoracic and cardiovascular surgery and to encourage, represent, and sponsor those surgeons who have recently entered this field.

d. To provide a forum for scientific presentations and discussions.

ARTICLE II. Membership

Section 1. Membership of this Society shall consist of surgeons who confine their surgical practice to the field of thoracic and cardiovascular surgery. Those who include "general thoracic surgery" are excluded.

Section 2. There shall be three types of memberships: active, senior, and honorary. Admission to membership in the Society shall be by invitation and through election by the members of the Society. To qualify for membership in the Society, candidates should preferably be certified by the Board of Thoracic Surgery and must limit their practice to thoracic and cardiovascular surgery. Surgeons who are not board certified but who limit their practice to thoracic and cardiovascular surgery may be considered candidates by the membership committee providing they have demonstrated their competence in this field through mature surgical skill, scientific contributions to the field, and years of service to their community.

Section 3. Invited candidates shall have confined their practice to the field of thoracic and/or cardiovascular surgery for at least 3 years.

Section 4. All members of the Society except senior and honorary members shall pay dues and assessments.

FIG. 8. Original constitution which was edited into final form at the first Council meeting, December 20, 1963.

surgeons specializing in the field of thoracic and cardiovascular surgery, and by providing a forum for and publication of scientific presentations and discussions. The membership was to be limited to surgeons who confined their practice to thoracic and cardiovascular surgery, who were certified by the Board of Thoracic Surgery, and who had been established in the field for a minimum of three years following Board eligibility. There would be no numerical limitation upon membership; all individuals who met the above criteria would be eligible for membership. By this means, all thoracic surgeons properly trained and certified and who were practicing thoracic and cardiovascular surgery as a specialty would have access to membership in a national organization with which they could be identified. This concept was considered significant in the further expansion of thoracic and cardiovascular surgery as a surgical specialty.
A. Executive Committee met in St. Louis, December 21, 1963.

1. Attendance 100%.
2. Constitution and By-Laws revised and enclosed*.
3. Objectives of Society reviewed and confirmed (Constitution).
4. Date for closure of Founder Members extended to -------.
5. Date for first meeting of Society set for in St. Louis.
6. Arrangements made for proper registration of Society.
7. Membership blanks prepared for distribution to 400 Founder Members, including Officers and President.
8. Bids by publishing houses for future Journal reviewed.
9. Editorial Staff to invite presentations from Southern Thoracic Surgical Society as excellent material for the new Journal.
10. Program Chairman, Don Effler, appointed by President (members of Program Committee to be announced).
11. John Steele, Chairman of Editorial Board, to announce Associate Editors and members.
12. All applications for Founder Membership direct to R. Adams Cowley, 1010 St. Paul St., Baltimore, Maryland, Chairman, Membership Committee.
13. Next meeting Executive Committee, Montreal. Direct suggestions and questions to President prior to meeting.
14. Founder Members mail checks to Treasurer, Dr. Robert G. Ellison, Medical College of Georgia, Augusta, Georgia.

* Note "grandfather" clause under Section ------- regarding membership.

FIG. 9. First newsletter to membership.

At the John Alexander Society meeting in Montreal, April 27, 1964 (Fig. 10), Dr. Samson discussed the progress that had been made in the organization of the new society. Dr. Max Chamberlain was honored as the catalyst who had brought the group together.

Throughout this period of development and in the years to follow, efforts to develop and to expand The Society of Thoracic Surgeons were supported by the leaders of the American Association for Thoracic Surgery. There was complete cooperation at all times. The founding of the new society was not considered competitive and actually was beneficial to the Amer-

Doctor Samson presented the progress which is being made in the organization of the Society of Thoracic Surgeons. Doctor Samson, its first president, stated that the Society would have a major impact on thoracic surgery and that it would relieve some of the pressure on the American Association for Thoracic Surgery to open up its membership. Doctor Max Chamberlain was honored as the catalyst who brought the group together. Doctor John Jones, the incoming president of the American Association for Thoracic Surgery, also stated that there would be no conflict between the two groups and that they would complement one another.

FIG. 10. Minutes of the meeting of the John Alexander Society, Montreal, Quebec, April 27, 1964.
A new journal, THE ANNALS OF THORACIC SURGERY, will be published about January 1, 1965. The ANNALS will be the official journal of the newly formed Society of Thoracic Surgeons.

The ANNALS will begin as a bimonthly journal, containing 96 pages per issue. It will be devoted to papers on various phases of thoracic and cardiovascular surgery and will contain features such as collective reviews, editorials, short notes on techniques and new instruments, book reviews, and correspondence.

The ANNALS will consider for acceptance contributions (in English) by non-members as well as members of the Society. A sheet of "Information for Authors" concerning the preferred methods of preparation of manuscripts, illustrations, etc. will be sent on request by the Editor.

Information concerning subscriptions will be forthcoming from the Publisher, Little, Brown and Company of Boston.

The first meeting of the Society of Thoracic Surgeons will be held in St. Louis on January 25, 26, and 27, 1965. It is anticipated that the program for the meeting will be published in the first issue of the ANNALS.

Correspondence in regard to the Society should be addressed to the Secretary, Francis X. Byron, M.D., City of Hope Medical Center, Duarte, California.
for publication of *The Annals of Thoracic Surgery*, initially on a bimonthly basis. The membership was notified accordingly (Fig. 11). The original Editorial Board was as follows: John D. Steele, San Fernando, Calif., Editor; David J. Dugan, Oakland, Calif., Associate Editor; Herbert Sloan, Ann Arbor, Mich., Associate Editor; Ralph D. Alley, Albany, N.Y.; Jay L. Ankeney, Cleveland; William E. Bloomer, Los Angeles; Johann L. Ehrenhaft, Iowa City; Robert G. Ellison, Augusta, Ga.; Edward A. Gaensler, Boston; William M. Lees, Chicago; Richard M. Peters, Chapel Hill, N.C.; Clifford F. Storey, San Diego, Calif.; Timothy Takaro, Oteen, N.C.; Joseph J. Timmes, Jersey City, N.J.; and Watts R. Webb, Dallas.

On January 1, 1965, the first bimonthly issue of *The Annals of Thoracic Surgery* was published. During the first two years, few manuscripts were submitted, and papers presented at the Southern Thoracic Surgical Association's meetings were helpful in eliminating the deficit. With the passage of time, however, the number of manuscripts submitted increased so that it became necessary to change to monthly publication on January 1, 1967.
For some years prior to the organization of The Society of Thoracic Surgeons, the Southern Thoracic Surgical Association, which had been founded in 1954, had attempted through major surgical journals to obtain an outlet for publication of papers presented before its annual meetings. In the years immediately prior to the establishment of The Society of Thoracic Surgeons, additional efforts had been made without success. Accordingly, when plans were in progress to organize The Society of Thoracic Surgeons and to establish a new journal, discussions arose concerning whether this journal might not also be the official organ for the Southern Thoracic Surgical Association. Support for this relationship came naturally since a number of members of the Southern Thoracic Surgical Association were also active in the founding and development of The Society of Thoracic Surgeons. In October and November, 1964, the councils of both organizations approved this relationship, and the first issue of The Annals indicated that this was the official journal of both organizations (Fig. 12). Beginning with the January, 1971, issue, the seals of both societies were
included on the frontispiece of The Annals (Fig. 13). All papers presented at annual meetings of the societies would be submitted to the Editorial Board of The Annals of Thoracic Surgery to be considered for publication in that journal. This was recognized to be a mutually beneficial relationship.

The original contract with Little, Brown and Company signed on March 30, 1964, was to extend for a period of five years. At the January, 1969, meeting in San Diego, Dr. Herbert Sloan of Ann Arbor, Mich., who had been Associate Editor of The Annals from its inception, was elected Editor to replace Dr. Steele, who had resigned because of illness. Accordingly, the office of The Annals was moved from San Fernando, Calif., to Ann Arbor, where Dr. Sloan acquired the services of an editorial assistant. During this period of transition, the contract with Little, Brown and Company was extended for one year and thereafter renegotiated for an additional three years. This is the contract under which The Annals is currently functioning.

The seal of the Society was designed by Dr. Lyman A. Brewer, III, with helpful suggestions from Drs. Francis X. Byron, Ralph D. Alley, and Paul C. Samson, and was illustrated by Mr. Kurt Smolens, medical artist at The City of Hope National Medical Center, Duarte, Calif. Originally, the seal depicted a heart, great vessels of the thorax, lungs, and the abdominal aorta within a shield (Fig. 14). A surgeon's hand above the shield held a scalpel in such a position as to suggest that the knife was going to stab the heart. The final design, which was approved by the Council at the January, 1965, meeting, showed the hand and knife in a more appropriate

FIG. 14. Original seal.

surgical position. Also, the esophagus and diaphragm replaced the great vessels of the thorax (Fig. 15).

The constitution and bylaws originally approved by the membership at the first annual meeting in 1965 have proved adequate to meet the needs of the Society. Several revisions in the bylaws, mostly of a minor nature, have been made. In January, 1967, the Committee on Postgraduate Education was added, and in January, 1969, the Committee on Thoracic and Cardiovascular Surgery Training and Standards was formed. The greatest revisions, which were made in 1970, related to the engagement of a multiple-association management firm to establish and operate a headquarters office for the Society and the relationship of the management firm to the various officials and committees of the organization.

Dr. Paul C. Samson (Fig. 16) of Oakland, Calif., presided at the first meeting of the new society in St. Louis in January, 1965. The interest in the organization demonstrated during this meeting and thereafter indicated the intense demand for further development of the Society. Under the guidance of the pioneers in thoracic surgery (Drs. Samson, Burford, Byron, Steele, Effler, and Chamberlain), all of whom had already achieved tremendous personal success in their careers, the Society was under way.

The Membership Committee, under the direction of Dr. R Adams Cowley of Baltimore, one of the original strong proponents of a new society, reviewed more than 700 applications, and 576 members were approved for the founders group, which was closed on July 1, 1965. Following ap-
Robert G. Ellison, M.D.
Eugene Talmadge Memorial Hospital
Medical College of Georgia
Augusta, Georgia

Dear Doctor Ellison:

Congratulations on your election as a Founder Member of the Society of Thoracic Surgeons. Your application has been approved by the Membership Committee and the Council of the Society. Membership certificates are in the process of preparation and yours will be forwarded as soon as it is available.

It goes without saying, the vigor of the new Society and of its publication, The Annals of Thoracic Surgery, is dependent upon the enthusiastic participation of its members. This is a reminder, therefore, that abstracts for the first Annual Meeting must be in the hands of Doctors Effler and Groves by October 1 and that Doctor Steele is receiving manuscripts for the first issues of the ANNALS.

Hoping to see you at the meeting in St. Louis, I am

Cordially yours,

F. X. Byron, M.D.,
Secretary

FIG. 17. Letter from Secretary Byron notifying founding members of election to membership.

proval by the Membership Committee and Council, each founding member was notified of his election to membership by Secretary Byron (Fig. 17).

After the first annual meeting in St. Louis, the leaders of the Society were anxious to obtain appropriate recognition and suitable representation for the Society on the Board of Governors of the American College of Surgeons and on the Board of Thoracic Surgery. The membership exceeded 500, a significant number of the estimated 1,400 persons certified in thoracic surgery at that time. Accordingly, steps were taken, primarily by Dr. Paul C. Samson, President, and Dr. Francis X. Byron, Secretary, to obtain representation. Credit should go to Dr. Samson for the rapidity with which appropriate recognition for the Society was achieved. It is interesting that several members of the Board of Thoracic Surgery had already been active
in the organization and development of The Society of Thoracic Surgeons. Formal application was made to Dr. O. T. Clagett, Secretary of the Board of Thoracic Surgery. The Society had requested four positions on the Board, equal to the representation of the American Association for Thoracic Surgery, but at that time the Board accepted only two positions. At the January, 1966, meeting of The Society of Thoracic Surgeons in Denver, the Council recommended four names and the Board of Thoracic Surgery selected two, Dr. Francis X. Byron and Dr. Johann L. Ehrenhaft, to serve for a period of six years.

After Dr. Byron's death on April 27, 1968, Dr. Paul C. Adkins of Washington, D.C., was appointed to replace him. In 1970 the Board of Thoracic Surgery was enlarged and accepted two additional representatives, or a total of four, from The Society of Thoracic Surgeons. At this time, Dr. Thomas B. Ferguson of St. Louis and Dr. Ralph D. Alley of Albany, N.Y., were selected to fill these two additional positions on the Board.

At the formal request of Dr. Paul C. Samson, who was a regent of the American College of Surgeons, at the October, 1965, meeting of the American College of Surgeons the appointment of a representative from The Society of Thoracic Surgeons to the Board of Governors was approved. Dr. Ralph D. Alley was selected from a slate of three names submitted. At the same meeting of the American College of Surgeons, appointment of a representative from the Society to the American College of Surgeons Advisory Council for Surgical Specialties was approved, and Dr. Myron W. Wheat, Jr., was selected from a slate of three names submitted to the College. These appointments represented tremendous progress for the Society, and the rapidity with which they were accomplished is indicative of the outstanding influence of the leaders of The Society of Thoracic Surgeons.

The second annual meeting was held in Denver in January, 1966. The same officers and committee members served through this second meeting. Dr. Paul C. Samson again presided, and in his introductory remarks at the beginning of the meeting he reviewed the almost unbelievable progress of the Society to that date. He challenged the young members of the Society—and this was considered a young men's organization—to continue to support the ideals upon which the Society was founded. His prediction of the role of The Society of Thoracic Surgeons in the future development of the specialty has proved to be highly accurate; he quoted from his editorial published in the first issue of *The Annals of Thoracic Surgery*:

We believe that The Society of Thoracic Surgeons has a well-defined place in the schema of surgical organizations. We believe that the Society is not competitive, but additive. We believe that the Society will attract gifted young practitioners of our specialty, and benefit from their contributions. We believe that the scope and opportunities of thoracic and cardiovascular surgery as a specialty will unquestionably be enhanced because The Society of Thoracic Surgeons exists.
At the third annual meeting in Kansas City, Mo., in January, 1967, Dr. Thomas H. Burford (Fig. 18) of St. Louis presided. Like Dr. Samson, he too had emerged upon the surgical scene as an outstanding leader in thoracic surgery at the end of World War II. Under his direction the third meeting proved to be another outstanding success for the 650 thoracic surgeons who attended.

Dr. Donald L. Paulson (Fig. 19) of Dallas presided at the fourth annual meeting in New Orleans. For his presidential address he presented his philosophy of treatment for bronchogenic carcinoma, for which he had become internationally famous.

The Society of Thoracic Surgeons had been progressing satisfactorily at the time of the sudden death of our Secretary, Dr. Francis X. Byron, on April 27, 1968. This was a tremendous loss to the Society, since Dr. Byron had personally conducted the business affairs of the organization with minimal secretarial or other assistance, and his efforts had contributed inestimably to the outstanding success of the organization. Fortunately, Dr. John N. Briggs of Los Angeles, who had been closely associated with Dr. Byron, consented to assume the position of Acting Secretary for the remainder of the year. Although relatively unfamiliar with the details of the secretarial office, Dr. Briggs did an outstanding job of maintaining continuity in the affairs of the Society.

The Society was to sponsor the Second National Conference on Prosthetic Valves on May 30 through June 1, 1968, and Dr. Byron had spent
considerable time and effort in coordinating this program. Through his efforts, financial support for the conference had been obtained from The City of Hope National Medical Center, where Dr. Byron had been Director of Thoracic and Cardiac Surgery, and from the National Institutes of Health. His untimely death one month before the conference cast considerable doubt upon the success of the project. Dr. Lyman A. Brewer, III, who had assumed the presidency at the January, 1968, meeting, with the administrative assistance of Dr. Paul L. Wermer, Executive Medical Director of The City of Hope National Medical Center, had worked with Dr. Byron in arranging the conference, but at that late hour many details remained to be attended to. It was a gigantic task, and the outstanding success of the conference, the first major educational effort of the Society except for the annual scientific programs, resulted from the perseverance of President Brewer. In addition, in the months to follow he worked untiringly in editing the papers of the conference, which were published by Charles C Thomas in 1969 as a book entitled Prosthetic Heart Values. This 900-page book was dedicated to Francis X. Byron and to J. Maxwell Chamberlain, Vice-President of the Society, whose life had been taken in a tragic automobile accident six days before the conference began.

The fifth annual meeting in San Diego in January, 1969, appeared to be jinxed almost from the beginning. During the preceding year, the Society had suffered the loss of its efficient and outstanding secretary, Dr. Byron,
and its distinguished President-Elect, Dr. Chamberlain. In addition, Southern California had experienced a record rainfall with flooding of certain portions of the state, leading to difficulties in travel as well as to a dampening of spirits in the usually sunny city of San Diego. In spite of these obstacles, the show went on. Dr. Lyman A. Brewer, III (Fig. 20) presided in a most distinguished manner, and to the 701 thoracic surgeons in attendance he gave a scholarly presentation entitled "Wounds of the Chest in War and Peace, 1943–1968."

At the January, 1969, meeting in San Diego, Dr. Donald B. Effler of Cleveland was elected President and Dr. Ralph D. Alley of Albany, N.Y., was elected the new Secretary. Dr. Alley was the obvious choice for this position since he had been so actively involved in many of the affairs of the Society.

By this stage in the development of the Society, it was becoming evident that the organization was outgrowing the administrative capacity of the officers to conduct its affairs effectively. The Society had approximately 700 members, and the Secretary, Treasurer, Editor, and chairmen of the primary committees such as membership, program, and local arrangements were overburdened with responsibilities to the extent that the affairs of the Society could not be conducted as efficiently as one would desire. At the January, 1969, Council meeting in San Diego, a committee composed of Drs. Alley (Chairman), Briggs, Ellison, and Sloan was appointed to select a business manager who could provide professional management with perma-

FIG. 20. Lyman A. Brewer, III, M.D., fourth President of The Society of Thoracic Surgeons.
nent headquarters. With the help of Dr. Hiram T. Langston of Chicago, a member of the Council, the committee selected the firm of Smith, Bucklin and Associates of Chicago. Mr. Walter G. Purcell, a vice-president of the firm, was appointed business manager of the Society. While the functions of the officers of the Society have remained heavy, the establishment of a permanent office with a business manager has minimized the drudgery of secretarial work previously performed by the officers. The progress of the organization in further accomplishing the goals stated in the original constitution also has been advanced by obtaining this professional assistance.

Dr. Donald B. Effler (Fig. 21) of Cleveland presided at the sixth annual meeting in Atlanta in January, 1970. Notwithstanding the icy weather which marred the first day, this too proved to be another outstanding and successful meeting. Dr. Effler's address to the 700 thoracic surgeons in attendance was entitled "Training of the Compleat Thoracic-Cardiovascular Surgeon." In this presentation he pointed out the deficiencies of modern training programs in thoracic surgery and the difficulties of properly training a surgeon to do cardiovascular surgery in the two-year period allotted. He advocated curtailment of the prerequisite training in general surgery from four to three years and lengthening of the training in thoracic and cardiovascular surgery from two to three years, a program which the American Board of Thoracic Surgery has since accepted on an experimental basis.

Dr. Will C. Sealy (Fig. 22) of Duke University was president at the seventh annual meeting in Dallas in January, 1971. In his address entitled

FIG. 21. Donald B. Effler, M.D., fifth President of The Society of Thoracic Surgeons.
“Residents and Residencies,” he traced the development of surgical residencies to nineteenth-century German models which were established in this country by Dr. William S. Halsted in the early 1900s. He indicated that residencies in thoracic surgery are governed by regulations dictated by the specialty board and that the status of board certification is changing from that of the mark of an elite surgeon to one of a license to practice surgery. As a means of maintaining a high standard of excellence, he suggested that more effort be directed toward selection of candidates for training and to more careful appraisal of training programs.

It was my privilege and honor to serve the Society as Treasurer from September, 1963, when the original officers were elected at the founders’ meeting in San Francisco, until the sixth annual meeting in Atlanta in January, 1970. At this time I was succeeded by Dr. Jay L. Ankeney of Cleveland and became President-Elect of the Society. It was a tremendous experience to work with the original group whose members were so dedicated to the principle of thoracic surgery as a specialty and to the founding of The Society of Thoracic Surgeons. The problems of the Treasurer’s office were due primarily to rapid enlargement of the membership. The founding membership of 576 in July, 1965, had increased to approximately 900 by the 1970 meeting. Within a period of one year there were as many as 50 to 75 changes in address. Fortunately, I had access to the computer services at the Medical College of Georgia and therefore was able to maintain a reasonably accurate membership list. The hiring of a professional manager in the
spring of 1969 relieved the treasurer's office of the tremendous burden of maintaining a detailed accounting of the Society's finances.

The growth of the Society in terms of membership has continued (Fig. 23). The membership has increased 160% since the first annual meeting, and there has been an annual increase of approximately 20% for the past four years; during the past five years, the Society has gained about 100 new members annually. With an enlarging membership, attendance at meetings has progressively increased. Attendance has exceeded 700 for the past four years, with a maximum of 998 at the eighth meeting in San Francisco in 1972 (Table 1).

At early Council meetings there had been considerable discussion relating to the value of postgraduate courses in conjunction with the annual scientific session. Finally, in 1966 an ad hoc committee was appointed with Dr. Will C. Sealy of Durham, N.C., as chairman. The function of this committee was to arrange a one-day postgraduate course to be given immediately

TABLE 1. ANNUAL MEETINGS OF THE SOCIETY OF THORACIC SURGEONS, INCLUDING ATTENDANCE

<table>
<thead>
<tr>
<th>Year &amp; Location</th>
<th>President</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965, St. Louis</td>
<td>Samson</td>
<td>411</td>
</tr>
<tr>
<td>1966, Denver</td>
<td>Samson</td>
<td>607</td>
</tr>
<tr>
<td>1967, Kansas City</td>
<td>Burford</td>
<td>650</td>
</tr>
<tr>
<td>1968, New Orleans</td>
<td>Paulson</td>
<td>765</td>
</tr>
<tr>
<td>1969, San Diego</td>
<td>Brewer</td>
<td>701</td>
</tr>
<tr>
<td>1970, Atlanta</td>
<td>Effler</td>
<td>700</td>
</tr>
<tr>
<td>1971, Dallas</td>
<td>Sealy</td>
<td>761</td>
</tr>
<tr>
<td>1972, San Francisco</td>
<td>Ellison</td>
<td>998</td>
</tr>
</tbody>
</table>
prior to the annual meeting. This educational program was to be directed toward thoracic surgeons in training as well as to those in the early years following completion of formal training. The first program, presented immediately prior to the third annual meeting in January, 1967, in Kansas City, was so successful that the committee was changed to a standing committee by revision of the bylaws. Since that time, the postgraduate courses have become increasingly popular, with the attendance growing from approximately 80 the first year to 516 at the sixth postgraduate course in San Francisco in January, 1972 (Table 2). The courses have been attended not only by residents and those just out of training, but also by those who have been well established in practice for a number of years. The popularity of these programs would suggest that consideration might be given to further expansion of this type of program in the future.

In recognition of outstanding contributions to the advancement of the Society, the Council established a policy of presenting a Distinguished Service Award (Fig. 24) to certain members. The first award was made to Dr. John D. Steele at the fifth annual meeting in San Diego upon his retirement as first Editor of *The Annals of Thoracic Surgery*. Also at this meeting, Dr. Paul L. Wermer, Executive Medical Director of The City of Hope National Medical Center at Duarte, Calif., was presented the award for his contributions to the affairs of the secretarial office.

At the sixth annual meeting in Atlanta, January, 1970, the third Distinguished Service Award was made to Dr. Paul C. Samson of Oakland, Calif., the first President of the Society, in recognition of his outstanding efforts and determination to establish the Society on a firm basis during the two years of his office.

### Table 2. Postgraduate Programs in Thoracic Surgery Held in Conjunction with Annual Meetings of the Society of Thoracic Surgeons

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Chairman</th>
<th>Subjects</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1967,</td>
<td>Sealy</td>
<td>Cardiac and general thoracic surgery problems</td>
<td>80</td>
</tr>
<tr>
<td>1968,</td>
<td>Sealy</td>
<td>Noncyanotic congenital heart disease,</td>
<td>211</td>
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<tr>
<td></td>
<td></td>
<td>coronary artery disease</td>
<td></td>
</tr>
<tr>
<td>1969,</td>
<td>Sealy</td>
<td>The esophagus; thoracic trauma</td>
<td>223</td>
</tr>
<tr>
<td>1970,</td>
<td>Ankeney</td>
<td>Bronchogenic carcinoma; cardiac pacemakers</td>
<td>312</td>
</tr>
<tr>
<td>1971,</td>
<td>Kay</td>
<td>Valve replacement; noncardiac pediatric</td>
<td>418</td>
</tr>
<tr>
<td></td>
<td></td>
<td>thoracic surgery</td>
<td></td>
</tr>
<tr>
<td>1972,</td>
<td>Dobell</td>
<td>Postoperative pulmonary problems; coronary</td>
<td>516</td>
</tr>
<tr>
<td></td>
<td></td>
<td>artery surgery</td>
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It was my pleasure to present the fourth Distinguished Service Award to Dr. Lyman A. Brewer, III, at the eighth annual meeting in San Francisco. Dr. Brewer has been active in the affairs of the Society from its inception. He designed the seal, served on many committees, was responsible for the outstanding success of the valve conference in 1968, served as fourth President of the Society, and currently is chairman of the manpower committee to evaluate thoracic surgery in the United States.

It seems appropriate to pay tribute to three pioneers in thoracic surgery whose efforts were responsible for the Society's achieving such early prominence, but who did not live to enjoy the present-day success of the organization.

John Dutton Steele (Fig. 25), a native of Pennsylvania and graduate of the University of Pennsylvania, early in his surgical career developed an interest in thoracic surgery and completed his surgical training at the University of Michigan in 1938 under Dr. John Alexander. He established a brilliant career in thoracic surgery and made numerous contributions to the field of surgery for pulmonary disease. He was one of those who strongly felt the need for a thoracic surgical organization for younger thoracic surgeons. In 1963 he was elected founding Editor of the Society's official publication, *The Annals of Thoracic Surgery*. The early success of The Society of Thoracic Surgeons unquestionably was enhanced by the editorial skill of John Steele, and the journal will remain a monument to his efforts on be-
Francis Xavier Byron (Fig. 26), a native of St. Louis, received his medical degree from the University of Nebraska College of Medicine. While under treatment for tuberculosis at Saranac Lake, N.Y., he became interested in thoracic surgery and in 1947 completed his thoracic surgical training at the University of Michigan under Dr. John Alexander. Thereafter he had an outstanding career in the practice and teaching of thoracic surgery in California. He was one of the members of the John Alexander Society who in the early 1960s so strongly supported the viewpoint that a separate thoracic surgical organization should be established, and at the founding meeting of the Society in San Francisco in September, 1963, he was elected the first Secretary of the new organization. He coordinated the activities of the Society from his office at The City of Hope National Medical Center, where he was Chief of Thoracic and Cardiac Surgery.

The administrative aspects of establishing a new society are tremendous, and I am sure none of us will ever fully appreciate the extraordinary amount of time and effort that were expended by Dr. Byron in those early days to achieve success with the new organization. His sudden, untimely death on April 27, 1968, left a cloud of uncertainty over the future of The Society of Thoracic Surgeons.

J. Maxwell Chamberlain (Fig. 27) received his medical degree from the University of Colorado School of Medicine, his surgical training at the Massachusetts General Hospital under Dr. Edward D. Churchill, and his
thoracic surgical training at the University of Michigan under Dr. John Alexander. After World War II (about 1947) he returned to New York City, where he distinguished himself during the next twenty years as one of the world’s leading clinical thoracic surgeons.

In the early 1960s Dr. Chamberlain became increasingly concerned about the large number of thoracic surgeons who had no specialty organization in which they could actively participate. He cautiously sought the opinions of many thoracic surgeons, and once he became convinced of the desirability of another thoracic surgery society, he was persistent in his efforts to achieve this goal. He was not interested in personal recognition for his efforts and refused to accept an office, except for membership on the original Council. It is ironic that when he finally accepted the position of President-Elect in 1968, it was not his fate to serve as President of the Society for which he had worked so hard. He was elected Historian at the first annual meeting and probably would have presented the history of the Society as his presidential address at the sixth annual meeting in Atlanta in January, 1970. His death in an automobile accident on May 24, 1968, was a tragic event.

While The Society of Thoracic Surgeons probably would have come into existence in the course of time, there is little question that the Society achieved more rapid success because of the magnitude of leadership provided by these three outstanding physicians.

Thus, The Society of Thoracic Surgeons came into existence, first to provide a forum for the great majority in this audience today, and second...
because of the determination of the influential leadership in the Society. The Society is accomplishing its goal to enhance the quality and practice of thoracic and cardiovascular surgery as a surgical specialty. The strength of thoracic surgery as a surgical specialty is manifested in the progressively enlarging membership, which will be approximately 1,100 after this meeting. Since the Society is the spokesman for the majority opinion in the area of thoracic surgery, it will play a significant role in the further development of practices and standards relating to this specialty.

It has been an honor and a privilege to have worked with the leaders of this Society, and I have been especially honored to have been able to serve the Society as President during this past year.
### Significant Events in the History of The Society of Thoracic Surgeons

Robert G. Ellison

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