



Presidential Address

Celebrating 60 years of the Midwest Surgical Association (MSA): Reflections on ‘testa dura’, old men, football and la famiglia!

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“(T)he early leaders and founding members of the MSA ... dedicated an inordinate effort into this Association and have built a magnificent forum for the convergence of academic surgery and the practicing surgeon which blends science with collegiality, with its focus still centered on the young surgeons and their families. The current and future members must ever be vigilant to protect and nurture the future of the Midwest Surgical Association.”

Debord, Debord & Marshall. The History of the MSA. The American Surgeon 1994; 60: 484–489.¹

Introduction

Thank you Dr. Zyromski, members and guests (Fig. 1). I remember an adage about giving podium presentations from a meeting many years ago that goes: 1) Have something to say, 2) Say it, 3) Stop. This is sage advice. I am aware of another admonition specifically for the deliverance of a presidential address, quoted by Folkert O. Belzer in his 1994 presidential address to the Central Surgical Association (CSA), “Keep it short, and keep it personal”.² I will do my best to adhere to the latter recommendation.

Dedication

First, I want to dedicate this address to Mom & Dad, Louis and Nancy Cirocco (Fig. 2), and also acknowledge my older brothers, Terry and Alan (Fig. 3). However, first I want to go back a generation, beginning a thread that I hope to weave throughout this address, the importance of education—one of the myriad things that we take for granted in this country that both mandates and provides

education for all of its citizens.

La famiglia

From an oral history he left us on audiocassette, my Mother's father Pangrazio (Pingree) Paliaroli (1896–1976) described his brief formal education in Sora, Italy 30 miles southeast of Rome, walking 6 miles round trip each day to a schoolhouse beginning at age 8 for 3 consecutive years before being called back to work the fields. Mom would say he could read and write “the good” or textbook Italian from this brief education. He would leave on a steamship for Canada at age 16, crossing into the US for work in Flint, MI before being called to service in the United States (US) Army in 1917 for the Great War (World War I), fighting in the Argonne Forest and gaining US citizenship, but returning to Sora to marry Giuseppa (Josephine) Tersigni in 1922. He sailed back to the US alone in 1927 after 2 daughters were born, Emilia in 1925 and Nancy in 1927 (Fig. 4). Mom told us time and again, accurately, that she was born a US citizen based on the citizenship of her Father. My grandmother Giuseppa refused to leave Italy until 1936, when she finally emigrated to the US with her 2 daughters. By that time my Aunt Emily recalls marching at her school for Benito Mussolini (“Il Duce”—the leader), Italian dictator and founder of fascism. My grandmother's gold wedding ring and all other gold objects were forcibly taken under the guise of making a crown for Il Duce's wife. Emily and Nancy and later my Uncle Gino (born in Detroit) would be the first to have a formal education in their family. The same for my Father's side of the family, his father Antonio left for the US around 1911 from Molinara, Italy a small town in the hills directly east of Naples and Benevento, where folks developed a reputation (reportedly well deserved) resulting in the regional nickname “testa dura” or hard head. He would later marry Constanza Emanuel from the same village, whom he had never met, after writing a series of letters and upon her landing in New York City in 1921. Constanza's mother, Maria Donada (Calisto) Emanuel feared Constanza's ship might sink during the voyage, Constanza responded that she preferred such a fate, death at sea, rather than continue living in Molinara. Antonio would eventually take up Henry Ford on his

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Fig. 1. The author, William C. Cirocco, MD.

unprecedented \$5 a day wage and worked for 35 years (1924–1959) at the Rouge plant in unskilled labor, replacing bricks in the open hearth. They had 8 children (7 sons, 1 daughter). My father Louis was the 5th son, born in 1927 (Fig. 5). He and his siblings would be the first in their family to receive any formal education, finishing Mackenzie High School in May 1945, just in time to enlist in the Navy for World War II (WW II), 1 month after his oldest brother Carmen, a private in the 28th Infantry regiment, 8th

Infantry division, was killed in action on 4/2/45 during the Battle of the Bulge, in the waning days of the war in Europe and just one month before V-E (Victory in Europe) day. My grandparents proudly displayed Carmen's "purple heart with oak leaf cluster" at their modest home on Detroit's West side and 3 of their grandsons would carry his name, including myself.

"Testa dura"

Mom always said I favored my father's side of the family, she would say "You are a Cirocco, a 'testa dura', do you know what that means? HARD HEAD!" This was evident from birth, as Mom kept a calendar of our progression to delivery including days admitted to the hospital for labor. In the Month of December 1958, she took 5 trips to the hospital (a total of 9 days hospital admission for false labor) before I finally arrived on December 27th-clear evidence of "testa dura".

George C. Scott won an academy award for his performance in the movie 'Patton'. In a scene depicting a July 22, 1943 incident in Sicily, Patton's 7th US Army was held up in a single armored column and encountered strafing by German aircraft, all because of an obstruction at a narrow bridge, where 2 stubborn mules hauling a cart refused to budge despite their owner's pleading. In the film, the Sicilian owner can be heard saying the words 'testa dura' just as Patton drew and fired his ivory gripped Colt.45 revolver, killing the mules who were unceremoniously dumped over the side of the bridge into the river below, allowing 7th US army to continue rolling towards Messina. "Testa dura" can be a curse.

'Copper corner'

Dad would serve 34 years in the Detroit Fire Department (DFD), working multiple jobs to support the family, as did most firemen. Detroit's booming 1950s economy hit a downward turn and the city contracted from a population of nearly 2 million (90% white) in the 1950s to 1 million (90% black) by the 1970s (today under 700,000 population) with reversal of the racial make-up of the city, as many citizens moved out in what was termed "white flight". We were

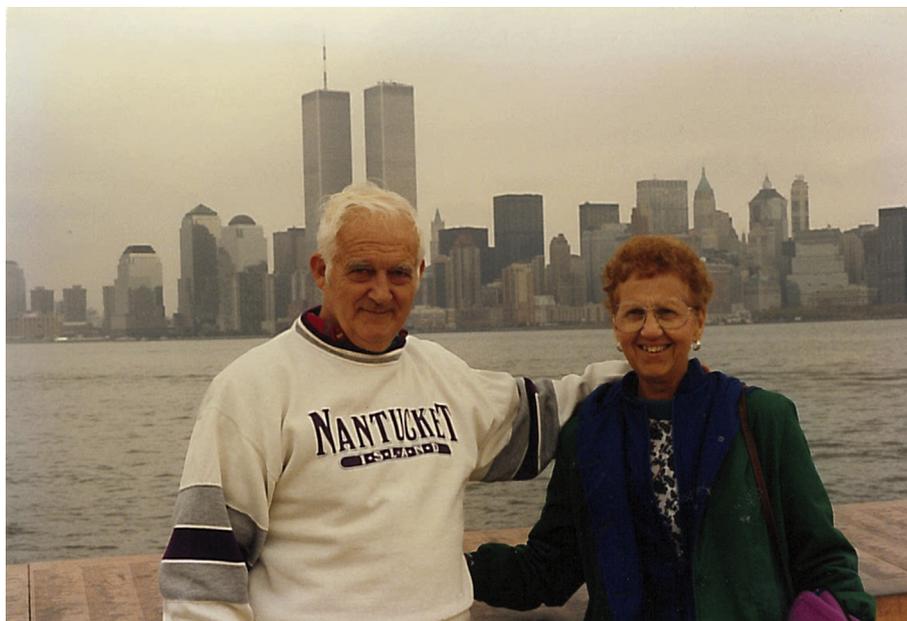


Fig. 2. Louis and Nancy Cirocco, at Ellis Island in New York Harbor, circa 1992.



Fig. 3. The author (center) with brothers Terry and Alan (standing) and parents Louis and Nancy (seated).



Fig. 4. Pangrazio and Giuseppa Paliaroli Family with Nancy (lap) and Emily (standing) with Pangrazio obviously 'photo-shopped' into the picture.

compelled to live within Detroit city limits because of a residency requirement for all city employees. The northeast section of the city, where we lived, became known as “Copper Corner” after the metal component of the badges of the many Fireman and Policeman heading up the majority of the households in this ethnically (although not racially) diverse area, bordering Grosse Pointe and the suburbs north of 8-Mile Road. The 24 hour duty of firemen was an introduction to extended work hours and overnight call, however, there was no weekly work limit. Dad would come home early in the morning, change and head off to his second job—washing windows, walls or indoor painting for homeowners, including mansions mostly in the Grosse Pointe communities. When we reached a mature age and were available, my brothers and I would assist him on these jobs that might take 2–3 days to complete. We never saw the owners, mainly the daily attendants and maids who kept up and managed these households. We didn't need a lecture to understand the concept that these homeowners were professionals (mainly attorneys and physicians) and that the diplomas on the walls were the difference between living there and working there. You'll get no complaints from me in regards to our upbringing. We couldn't have had a better childhood, living across the street from Wish Egan playfield with a recreation pavilion, 4 baseball diamonds, converted to a football field in the Fall, and frozen pond for skating in the Winter. My parents put away what little they had to put us through Catholic schools, outside of the Detroit Public School system. The premium on education, and their sacrifice to provide it, was never discussed, no lecture required.

Around age 7, I had my first encounter with surgical specialists. After suffering blunt trauma to my left thumb when visiting Sarnia, Ontario for a square dancing convention my parents often attended. I had emergency surgery resulting in both a postoperative surgical site infection, with green pus along the suture line and red streaks of lymphangitis up my left arm, but I also had a missed tendon injury that required the services of Joseph L. Posch, an orthopedic-

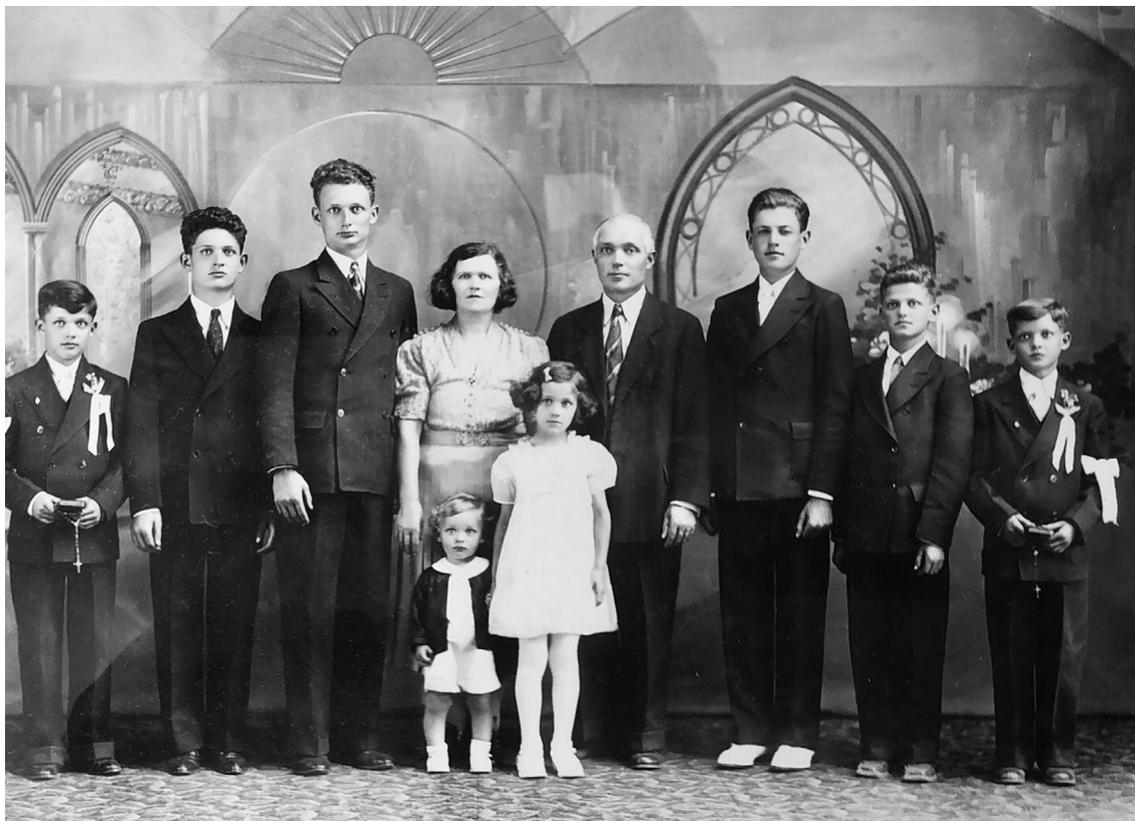


Fig. 5. Antonio and Costanza Cirocco family with Louis, Blase, Carmen, Anthony and Lucy standing in front of Costanza and Antonio, Joseph, John, and George.

trained hand surgeon, one of the first in the country and also one of the first to provide postgraduate training in surgery of the hand. His first 30 trainees initiated the Joseph L. Posch Hand Society that would evolve into the American Association for Hand Surgery which had its first meeting in 1971.

“Civil disturbance”

Detroit, like most large US cities of the late 1960s was racially divided. The late 1960s saw civil unrest and the summer of 1967 was memorable for a 1 week period in late July when a late night incident involving the Detroit Police raid of a “blind pig” (an unlicensed, after hours drinking establishment) boiled over into a full scale riot with 500 patients presenting to the Detroit Receiving Hospital (DRH) in the first 36 hours of what was later termed a “civil disturbance”.³ Chairman of the Wayne State University (WSU) Department of Surgery, Alexander J. Walt (Fig. 6), would later compare the violence to the ‘Blitz’ of WW II that he witnessed firsthand in the Fall of 1940 to Spring 1941 when London withstood 71 air raids with 18,000 tons of bombs dropped. He mobilized the faculty, residents and staff of DRH to attend to a total of 1475 patients (46 killed and 1185 injured with 2000 buildings destroyed) from July 23–28, 1967.⁴ He also enlisted WSU trained general surgeons practicing in nearby community hospitals to be on standby. Just 3 months later he reported, “The anatomy of a civil disturbance: Its impact on disaster planning” at the Washtenaw County Medical Society meeting in Ann Arbor.⁴ We didn’t see Dad for 3 days during the riot, but Dr. Walt’s family didn’t see him for a week! The fireman were placed on around-the-clock rotation in an attempt to put out the fires, as the rioting, which initially was centered on 12th Street and Clairmont near Downtown, quickly fanned out to surrounding neighborhoods. Between the Michigan

Army National Guard deployed by Governor George Romney and the Viet Nam battle-field tested 82nd and 101st Airborne Divisions of the US Army sent by President Lyndon Johnson, a total of 7000 troops including tanks along with 360 Michigan State Police troopers were sent in to quell the riot. My Uncle Gino drove Mom and us boys to see Dad who was stationed at Corrigan Field at Warren and Alter Roads on Detroit’s near east side. What I remember most of the visit were the neat rows of white tents of the troops, while the fireman had to sleep on the grass, on or in their trucks before the next shift (Fig. 7). Dad didn’t talk much about what went on, except to say the DFD had no police or military back-up, therefore their only defense against the snipers firing from the rooftops was to direct the firehose at them. Discussion of the causes and consequences of these events continue to this day, however, one truth that was undeniable was the lack of diversity within the Detroit Police Department (DPD) and the DFD. This issue would prompt swift correction and on August 18, 1967 the 1st black trooper in the 50 year history of the Michigan State Police force was sworn in. Race, not just meritorious service, had to be considered in hiring. In 1968, 35% of the new hires of the DPD were black and by 1972 the percentage of black police officers doubled to 14% from just 7% in 1967. Race also had to be considered in promotions, not a popular concept among those passed over for promotion and the associated higher salary. Dad and his colleagues in the DFD and DPD would rail against this practice, but these efforts were justified and a laudable effort to deal with the inherent uneven playing field and longstanding discriminatory practices against blacks. The riots accelerated so-called “white flight” out of the city, exacerbating an eroding tax base and further crippling an already failing public education system that is even worse today. I am a member of the Ohio State University (OSU) College of Medicine Admissions Committee and diversity is certainly an important topic when it comes

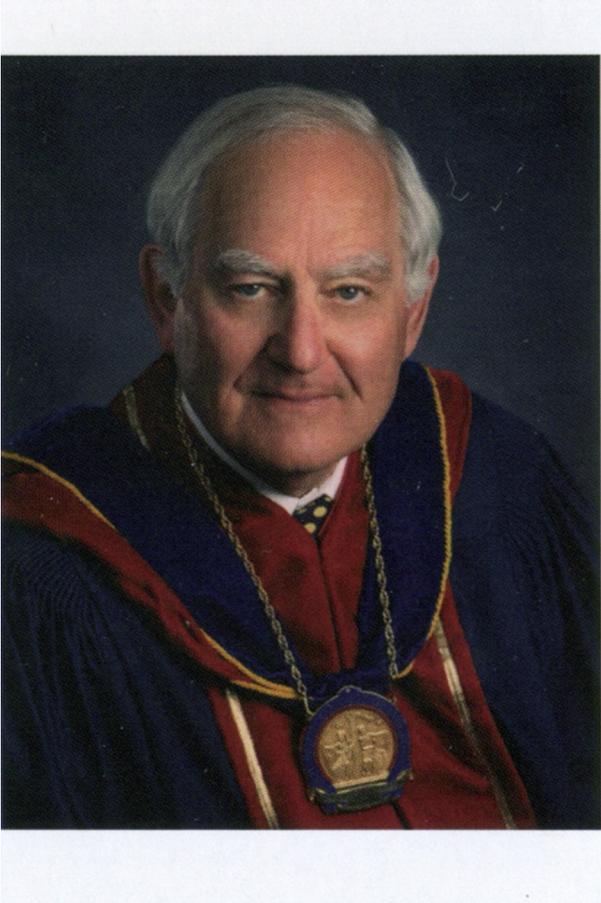


Fig. 6. Alexander J. Walt, MD, 75th President of the ACS.

to choosing students for our medical school classes. The term we use to help level the playing field for some candidates in order to advance our diversity initiative is “distance traveled”. Most medical schools have attained gender diversity, but achieving adequate representation of so-called under-represented minorities (e.g. black, Hispanic, Alaskan or native American) in medical school classes requires a sustained effort and remains a constant work in progress. A medical school, especially one accepting public funds, has the responsibility and duty to graduate a student population that mirrors the makeup of the community it serves.

“You’re never wrong when you’re right”

We had a very middle class upbringing, a solid foundation and the freedom to play sports, something Dad couldn’t do in the Great Depression as all the boys had to work to put food on the table- free time for competitive sports was a luxury they could not afford. Mom and Dad encouraged recreation and playing organized sports. We instinctively competed on the playfield and in the classroom, our lives revolved around school and sports. When it was time for high school graduation, we had an opportunity our parents didn’t have: to continue our education in college. My brother Terry was MVP of both his high school basketball and football teams and accepted a football scholarship to Northwestern University (Head Coach Alex Agase) and eventually obtained a law degree from the Detroit College of Law. My brother Alan went to the Pontifical Institute Mission External (PIME) Seminary High School in Newark, Ohio and then to the University of Detroit for Theology, later receiving his Masters of Social Work from Wayne State University

(WSU). I accepted a Merit Scholarship to attend WSU, played NCAA Division II football and ultimately gained admission to the WSU School of Medicine (SOM). I don’t want to oversell my football experience, I started 1 game at outside linebacker (LB) in 4 years (as a Sophomore versus Youngstown State) and mainly contributed to special teams and the scout team, except to say that the lessons learned on the gridiron probably had the longest lasting and most profound impact on my overall education (Fig. 8). These lessons may be as important, or more so, than those learned in the classroom and have more to do with heart, humility and other intangibles such as what do you when you get knocked down? Answer: get up. What do you do when defeated by an opponent? Answer: take the beating, shake hands, improve yourself and your team and vow that it not happen again.

Our WSU football coaching staff came from the University of Akron in 1974, including Head Coach Dick Lowry and Defensive Coordinator (DC) Dick Tressel who would leave WSU for Hamline College after 1977 and LB coach Dave Fiscella was promoted to DC. One of Coach Fiscella’s famous sayings was “You’re never wrong when you’re right” – meaning you can mess up your assignment, but if you make the tackle, all is well. Of course, the corollary is, “You’re never right when you’re wrong”. In surgery terms, you can make all the right moves, but still find yourself on the hot seat at Morbidity and Mortality conference if the patient has a bad outcome.

You’ll find accomplishments in sports and physical endeavors, in general, are quite common among recent past presidents of the MSA including: Margo Shoup, Roxie Albrecht, Chris McHenry, Jim Tyburski and Rick Berg’s adventures on the high seas of Lake St. Clair. In fact, in a recent leadership symposium I moderated at the American Society of Colon and Rectal Surgeons (ASCRS) convention in Nashville in May of this year, panelist Hiram Polk, Jr., had an interesting response to the query of what he looks for in a candidate for his general surgery residency. He noted that children of teachers, athletes and musicians seemed to make the best trainees and ultimately, surgeons. As a 4th year general surgery resident, Margo Shoup had this take: “I have always believed that an athlete ... is under much of the same kind of stresses as a surgeon. To be successful in either demands a tremendous amount of time, energy, dedication and discipline ... I can truly say that, while I thoroughly enjoyed my experiences as a competitive figure skater, I love being a surgeon several times more.”⁵

Paradigm shift

Based on my affinity for anatomy in medical school year 1, a career in surgery seemed a ‘natural’ and based on some very mediocre, borderline pitiful national board and surgery clerkship scores in year 3, I knew I would be more competitive at community general surgery programs. However, when I stated my intention of considering general surgery training outside of a university program, I was told by some WSU surgical faculty, in no uncertain terms, that one could not obtain good surgical training in these community programs. The question was posed: “Why would someone train outside of an academic medical center?” I was told I might as well go into another field all together ... had I considered Family Practice? This line of inquiry only triggered “testa dura” and I doubled down to obtain a categorical position and completed general surgery training at St. John Hospital (SJH), a community general surgery residency on Detroit’s east side, not far from where I grew up (the hospital has a Detroit address, but the parking lot is in Grosse Pointe). Of the 15 categorical general surgery residents at SJH when I began training in 1985, 11 were graduates of the WSU SOM. A pretentious cardiac surgeon at SJH who trained at the Cleveland Clinic Foundation (CCF) always spoke about how they did



Fig. 7. The author, Alan, Louis and Terry Cirocco perched on a firetruck in between around-the-clock DFD shifts during the July 1967 'Civil Disturbance' (left) and the pitched tents of the Michigan Army National Guard, Corrigan Field, on Detroit's East Side (right).

things at "The Clinic", "The Clinic this ..." and "The Clinic that." We were all supposed to know what 'clinic' he was talking about. Well our answer to "The Clinic" was to refer to SJH as "The John".

My first day at "The John" as a PGY-1 resident July 1, 1985 was also the first day as an attending for Abd Hawasli, a graduate of the Damascus University Medical School, who had just completed general surgery training at SJH and joined the private general surgery practice of Paul Rizzo.

The issue of where to get the best general surgery training is an interesting one. Certainly if one is considering further specialty training or an academic career, training in a university system has definite competitive advantages, including access to research activity and the exposure and influence commensurate with the national/regional standing of the institution and faculty. However, something happened in the late 1980s to turn this conventional wisdom upside down, thanks to the evolution and revolution of laparoscopic surgery. With the approval of the Interim Chief of

Surgery and General Surgery Program Director at SJH, Larry Lloyd (MSA President 2001–02, [Table 1](#)), on November 22, 1989, Dr. Hawasli performed the first laparoscopic cholecystectomy in the state of Michigan and led the way in mounting the learning curve and leading a small group of general surgeons who initiated laparoscopic cholecystectomy at SJH, including Drs. Lloyd, Donn Schroder (MSA President 2009–10) and John Boccacio. Dr. Hawasli had a personal experience well past 100 laparoscopic cholecystectomy cases by the time I completed general surgery training in June 1990 that increased to 540 cases just one year later. On the other end of the spectrum, when I began my career at SUNY-Health Science Center at Brooklyn (Downstate Medical Center) in July 1991, I discovered that the chairman of the department of surgery had locked up the laparoscopy equipment and would not allow laparoscopic cholecystectomy. NOW there WAS a clear difference in general surgery training between academic and community general surgery programs. The laparoscopic revolution originated in the community/private sector and NOT in the academic ranks and university hospitals. This was an anomaly and true paradigm shift in the field of surgery. I point this out not to be derisive or divisive regarding the merits of academic vs community general surgery training programs or the wisdom and surgical acumen of faculty involved in these programs. To the contrary and on a positive note, I believe we should recognize the inherent strengths and weaknesses on either side, but more so we should appreciate that this organization, the MSA, seamlessly brings these 2 reportedly disparate groups of surgeons together (the proverbial "town and gowns") under one roof perhaps better and for a longer sustained period of time than any other surgical society. One needs to simply consider the backgrounds and affiliated institutions of our past presidents to come to this conclusion. There has been nearly a 50/50 split over the past 60 years in our past presidents between private practice and academia, including some like myself and immediate past president Margo Shoup whose careers have included both types of surgical practice (see [Table 2](#)).



Fig. 8. The author, member of the Wayne State University Tartars Football Team (1977–80).

Table 1

MSA presidents from St. John Hospital.

Larry R. Lloyd	(2001–02)	Mackinac Island, MI
Donn M. Schroder	(2009–10)	Mackinac Island, MI
Richard A. Berg	(2011–12)	Mackinac Island, MI

Table 2
MSA Presidents by Practice Type- Private practice, Academic surgery, Both.

MSA Past Presidents by Practice Type	
Type of Practice	Number
Academic	29
Private Practice	27
Both	4
Total	60

Surgeon ‘interrupted’

Following a three year stay in academic surgery at SUNY-Downstate with my colorectal surgery (CRS) section associate Richard Golub, MD (Fig. 9), including the rather limited breadth and volume of colorectal surgical cases available, and after the birth of our 3rd child (Claire) at White Plains Hospital and with our oldest child, Amy, in kindergarten, pronouncing words like “orange” with a decided New York accent, it seemed to be the right time to return to the Midwest. My wife Susan’s extended family lived in Kansas City (KC) and so I accepted an offer to join a solo colorectal surgeon in a private practice setting with the promise and expectation of becoming partner in a year, all based on a handshake deal-similar to the 1979 handshake deal of Rick Berg (MSA past president 2011–12) when he accepted the offer of then SJH Chief of Surgery, Joe Grady, after completion of vascular surgery training under Grady at SJH. Berg simply responded “I don’t know, looking for a job” and “OK” to Dr. Grady’s queries, “Berg, what are you going to do next year?” and “You want to work with me?” and they shook hands. That’s how you do it in the Midwest. Unfortunately, after moving and effectively losing any leverage, my handshake deal proved insufficient and I was coerced into signing a contract that contained a no-compete clause or restrictive covenant (RC) immediately upon my arrival in July 1994. After 6 years of skyrocketing productivity and trebling the income to this former solo colorectal practice in an “eat what you kill” arrangement, I actually out-produced my ‘associate’ our last full year together – 1999, in what was effectively an equal partnership as we both took home approximately the same amount of money and split the overhead 50/50. However, I was still officially an ‘employee’, as he had reneged on the partnership promise. I had signed a series of one-year contracts with a RC that metastasized from a single sentence to several pages. This struggling solo practice in 1994 was now humming along at maximum capacity in 2000, but I was being set-up for termination to be replaced by cheap labor, an old trick, as letters were sent to CRS program directors and secret interviews were held with candidates finishing their CRS training in the Spring of 2000. Moreover, I had been routinely (every couple months) been told how worthless I was in private meetings, which typically occurred in his office on a Sunday afternoon. I was told that I was a failure and should consider changing my career to something like Family Practice (why is it always Family Practice?) or perhaps even change profession and be a writer as I had a proficiency for writing. I have to admit, being read the riot act during that first Sunday afternoon session was upsetting and disturbing, however, after hearing the same drivel for the umpteenth time several years into a practice that was really taking off and gaining patients from new referral sources, it became obvious this was nothing more than some sort of emotional abuse or hazing, simply a tactic to drive me out of the practice for a new, less expensive, inexperienced, perhaps not as threatening ‘model’ after completing the mission of turning a one-man practice into a full-fledged, overflowing 2 surgeon practice that covered most of the KC metropolitan area. Numbers don’t lie, I couldn’t be the lead revenue producer if I was a hack. The final

blow against my association with the practice was a period of time in early 2000 when the staff were given secret orders that I was not to see any new patients because of my alleged incompetence, so therefore my office volume plummeted as it included only established patients, no new patients. There were now gaping ‘holes’ in my previous heavy office schedule in stark contrast to my associate who was completely booked for 3–4 weeks into the future. The ‘holes’ in my schedule allowed me to coach Amy’s 6th grade girls basketball team at 3:15 in the afternoon at St. Ann school in Prairie Village, KS. The office staff confided in me their secret marching orders, that I was under a sort of ‘double secret probation’, although this was all too obvious by simple observation of the schedule book. The business manager followed the script and pointed out that given my declining revenue stream, I could not possibly come up with my 50% share of the overhead. I was effectively being driven out of the practice on financial grounds. Ultimately, I did what I figured was the honorable thing and resigned from the practice, but also made it perfectly clear that I would not leave KC and would defy the RC which had grown to a 25 mile radius around 12 scattered hospitals which was an effective blanket around KC and not survivable. Surprisingly, I would periodically be pulled into an empty hallway by my associate before my resignation became effective and I was asked to reconsider and stay on with the practice, a sadistic twist that made escape from this nightmare even more important. During this strange period of my career, the only encounters with individuals who I could be sure were not lying to me were my patients and colleagues at society functions, such as this one. It was during this time that connections to surgical societies like MSA were critical to my emotional well-being and surviving the insanity. We went to trial over the RC on 2/14/2001, St. Valentine’s Day, and 2 days later the judge took 15 minutes (time to go to the bathroom) to return his verdict, finding for the plaintiff and the contract, thus upholding the massive restricted area. I was even brought in on contempt of court charges on January 17, 2002, because I was using a non-restricted hospital, St. Luke’s, to see new patients in the Gastrointestinal Unit of the hospital, somehow construed to be a breach of the RC. When plaintiff’s attorney demanded I be fined \$1000 per day (about \$300,000) and be taken to jail, the judge instead suspended a \$30,000 fine and said he wouldn’t put me in jail then, but the next time he advised me to “bring a toothbrush”. He said the clock would not start on the RC until I was in full compliance with the RC, which by his terms never happened and so the clock never started! Somehow, we were able to abide by the severe restrictions as I would average driving 200–250 miles a day (50,000 odometer miles per year) to far-reaching new hospitals and offices. To abide by the contract, the offices were positioned as close to KC as allowed by the RC: Lawrence, KS to the west, Odessa, MO to the east, Cameron, MO to the north and Ottawa, KS south. New found associations with general surgeons in small community hospitals were critical and I was as helpful to them with their clinical issues and struggling hospitals as they were to my career survival. These surgeons included: Garrett Marr (Blue Springs, MO), David Brown (Paola, KS), Thomas Jackson (Ottawa, KS), John Schiro, MD (Cameron, MO), and Suthon Chatkupt



Fig. 9. Initiates William C. Cirocco, MD and Richard W. Golub, MD, attending the 1994 ACS Clinical Congress at the Hilton Chicago.

(Excelsior Springs, MO). Being restricted to small community hospitals on the fringes of KC provided clinical opportunities to see and operate on a rather large contingent of women with rectal prolapse and referrals for patients with rectal cancer at risk for a permanent colostomy. This provided the core patient database to study and publish a personal series on the Altemeier procedure for rectal prolapse,⁶ the multidisciplinary management of rectal cancer including an assessment of whether the elderly tolerate neoadjuvant chemoradiotherapy reported at this meeting last year⁷ and the outcomes of rectal cancer resection by a high volume surgeon in low volume community hospital settings presented yesterday.⁸ When life hands you lemons, make lemonade! We survived in this restricted environment long enough to have an appeal heard by the Kansas Court of Appeals in a session open to the public on January 17, 2003 at the University of Kansas Law School, not far from our Lawrence office. Along with the transcripts from the original trial, the 3 judge appellate court heard 15 min oratories from each side, followed by short rebuttals. Plaintiff's counsel now included 3 teams of lawyers with a new attorney heading up the appeal. Amazingly, the new attorney decided to ditch the original strategy from the lower court victory, the position that I was a horrible surgeon and accordingly ought to be run out of town by the RC. Instead, he reversed course 180° and stated that I was, in fact, a good surgeon, however, he reasoned that the lower court ruling in favor of the contract and RC should still stand

because it had effectively driven my specialty surgical practice to remote, less populated areas without a colorectal surgeon (the state of Kansas had only 5 colorectal surgeons, 2 in Kansas City and 3 in Wichita, 200 miles southwest of KC). Of course, this logic is inherently flawed as a surgical specialist could not possibly survive for very long in a small town, small hospital environment without access to a large patient population. We were living proof of that! We struggled to survive and buried our increasing debt in a re-mortgage of our home that mercifully had increased in value. The ultimate effect of the RC would have been to run me out of the state and make me an indentured servant for 'damages' claimed by plaintiff for the period of time I continued to practice defying the RC. By a unanimous decision in May 2003, the Kansas Court of Appeals overturned the lower court decision for reasons of public policy, as it did not make sense for the state of Kansas to have one less surgical specialist in the already underserved field of CRS.⁹ However, Plaintiff then petitioned the Supreme Court of the state of Kansas to consider the case and just days before Christmas 2003 the Kansas Supreme Court denied plaintiff's petition, which had the net effect of keeping us out of KC for another 6 months. The last gasp from Plaintiff was to contest that the RC was struck down in Kansas, but should still stand across the state line in Missouri, where much of my practice had veered, and they threatened further court action and demanded \$75,000 to end the matter. The parties agreed to a compromise position of \$15,000 to end the legal battle and all subsequent legal action. My conclusion on this unexpected career detour is that we are often our own worst enemies. A RC between attorneys has never held up in a US court. The legal profession, as much as we love to joke about lawyers, is on a much higher ethical plane than the medical profession, in this area. Although attorneys will gladly draw RCs up for any profession or business, they believe the client should have the freedom to choose the attorney of their choice. It is a sad commentary on the priorities of the medical profession. Do our patients come first or our business interests? Should commerce trump patient care? During these crazy years, I would become chair of the American College of Surgeons (ACS) Committee on Young Surgeons (now the Young Fellows Association) and we were able to pass ACS Statement on Principles (SP) #47 warning of the negative impact of RCs, in part stating that "any restricted covenant that interferes with the uninterrupted delivery of qualified surgical care to patients is considered unethical".¹⁰ RCs should not disrupt the surgeon-patient relationship, which the ACS holds sacred. I surveyed young members of the ASCRS through the ASCRS's Young Surgeons Committee and published the negative impact of responders regarding RCs.¹¹ In an ACS Bulletin article, I documented the history of RCs and how the AMA, which once banned the practice of including RCs in physician contracts, suddenly and inexplicably changed its stance in 1960 and now limply states that it "discourages" the practice of no-compete clauses.¹⁰ RCs among physicians became so disruptive that many states passed legislation banning the practice. In the disruption of the surgeon-patient relationship, the patient is caught in the middle and becomes collateral damage. Should states have to legislate against such bad behavior in order to protect its citizens who would be negatively impacted by their physicians being run out of town? RCs remain a critical issue for young surgeons whether they join a private practice or join the growing trend of surgeons becoming hospital-employed or 'contract' surgeons for those practicing in states that allow RCs among physicians. ACS SP #47 may be useful during negotiations to eliminate RCs from contracts. As the saying goes, "EVERYTHING IS NEGOTIABLE", with the ultimate leverage to simply walk away from employment contract negotiations that insist on the inclusion of a RC, which has the potential to destroy your career and family.

Future directions for MSA

The long association between MSA and Grand Hotel goes back to the 1972 meeting which was NOT the first venture outside of the state of Illinois. The MSA had been to Wisconsin twice, Kalamazoo and Valparaiso, Indiana the year before the first meeting at Grand Hotel in 1972. Jim DeBord sent me this past presidents photograph from the 1992 MSA meeting at Grand Hotel (Fig. 10). After a 45 year relationship with Grand Hotel, a survey was sent to query membership about our ongoing commitment to this summer resort hotel. The results were quite favorable regarding “Experience” (96% satisfied/very satisfied), “Family Friendly” (95% satisfied/very satisfied), and “Dining” (89% satisfied/very satisfied), but not as enthusiastic with “Travel” (65% satisfied/very satisfied, 24% neutral) and “Cost” (53% satisfied/very satisfied, 19% neutral, 26% dissatisfied) (Table 3). Nearly 70% thought the frequency of the Mackinac Island/Grand Hotel meeting location should stay at the current every other year schedule (Table 4). The positive survey comments from MSA members (Table 5) were tempered by some not so positive comments (Table 6). When I asked MSA past president Dr. Charles Lucas to comment on Grand Hotel as a MSA meeting location, he simply stated, “It is who we are”. MSA Executive Council recognizes the struggles with travel and expense and as Local Arrangements Chair we have been creative to try and maintain the family fun aspects of the meeting without damaging society assets. For instance, it costs MSA approximately \$25,000 to move dinner to the Fort or even to the lawn in front of Grand Hotel. Dinner during the banquet, here in the theatre, however, is at no extra cost to MSA as the member bears the cost just the same as if eating in the hotel's dining hall. To address the reality of diminishing reimbursements of the 1990s, less enthusiasm and free time for surgeons to attend society meetings, combined with increased

Table 3

2017 MSA survey regarding the Grand Hotel, Mackinac Island meeting.

Survey Topic:	Family Friendly	Experience	Dining	Travel	Cost
Very Satisfied	76%	75%	68%	37%	19%
Satisfied	19%	21%	21%	28%	34%
Neutral	3%	3%	10%	24%	19%
Dissatisfied	0%	1%	0%	9%	26%
Very Dissatisfied	1%	0%	1%	1%	1%
Total	100%	100%	100%	100%	100%

costs at these events, changes were made to keep the tenor and substance of the MSA experience here at Grand Hotel without plundering society assets. That is why we dine here at the hotel before embarking on Tuesday evening events such as the Fort or the evening Cruise of the Straits of Mackinac, something we brought back in 2008 after a >20 year absence. One thing members should be informed of, the MSA was actually in the ‘red’ for a period of time after the incredibly expensive 2007 meeting in Farmington, Pennsylvania, but we are back on solid financial ground, although certainly mindful about future meeting and other society expenses.

Also by recent survey, the 2017 combined MSA/CSA meeting was an unequivocal success with 91% satisfied/very satisfied (Table 7), 89% would attend future combined meetings with an emphasis on increased “interaction” and “networking” and “diversity” of attendees including “younger people” mentioned in the comments section. The question on frequency of a combined meeting included: 36% every 3rd year, 29% every other year and 20% every 4th year. The questions regarding: “Will your family attend the meeting”: Yes 55% and No 45% mostly due to “empty nesters” with “grown children” although one member noted that “they (the family) go to Mackinac (MSA meeting)” rather than the 2017



Fig. 10. 1992 Past Presidents photograph on the porch of Grand Hotel, Mackinac Island, MI (left-to-right, including the year they were MSA president): Samuel D. Porter, Mason City, Ia (1987–88), Scott W. Woods, Ypsilanti, MI (1985–86), Jack R. Pickleman, Maywood, IL (1988–89), Douglas B. Dorner, Des Moines, Ia (1990–91), John L. Glover, Royal Oak, MI (1989–90), Frank A. Folk, Maywood, IL (1974–75), William C. Boyd, LaCrosse, WI (1991–92), Clark Herrington, Bad Axe, MI (1981–82), Robert D. Allaben, Detroit, MI (1977–78), Kenneth J. Printen, Evanston, IL (1978–79), Robert F. Wilson, Detroit, MI (1973–74), William H. Baker, Maywood, IL (1986–87).

Table 4
2017 MSA survey regarding the Grand Hotel, Mackinac Island meeting frequency.

MSA Grand Hotel Mackinac Island Meeting Frequency	
Every Other Year (Current Schedule)	69%
Every 3–4 Years	26%
Let's Try Something New	2%
Other – Write In	3%
Total	100%

combined CSA/MSA meeting in Chicago. The question “I would prefer a combined meeting in” was answered: 41% no preference, 28% an urban setting, 15% Mackinac Island and 15% a resort setting.

Role models, mentors and inspiration

During tough times, for both surgeons and the surgical societies they belong to, we seek direction, advice and even inspiration from various sources. No matter our training or practice environment, academic or community-based, we all share a medical school education based in an academic setting. My education at the WSU SOM included interactions with an outstanding surgical faculty, many of whom are still at the institution and still in active practice. The MSA, with its origins in the state of Illinois, chose to broaden membership across the Midwest and the state of Michigan has had a very positive impact on the organization, beginning with the 1972 meeting at Grand Hotel organized by program chair Robert Wilson of WSU. In fact, the first 4 non-Illinois MSA presidents were all WSU SOM Faculty: Ernest M. Berkas (1971–72), Robert F. Wilson (1973–74), Charles E. Lucas (1975–76) and recently deceased Robert D. Allaben (1977–78). It probably is not a coincidence that all 4 of these surgeons gave their presidential addresses on even years, which means they all were given here at Grand Hotel. WSU SOM faculty, Anna M. Ledgerwood (1982–83 Sawmill Creek, OH) and James Tyburski (2014–15 Lake Geneva, WI) would also serve as MSA presidents (Table 8). The MSA would go on to include surgeons from the neighboring states represented in this list of the home states of each of the 60 MSA presidents (Table 9).

The ‘Old Man’ (Detroit entry)

The WSU SOM faculty member that is left off of this past presidents list is long-time chair of the WSU Department of Surgery (1966–1988) Alexander J. Walt. However, Dr. Walt did give the first William Hunter Harridge Lecture, “History of Thyroid Surgery”, at the 1974 MSA meeting here at Grand Hotel. Dr. Walt was born in Cape Town, South Africa in 1923, the youngest of 3 sons (Morris,

Frank and Alec) and 2 daughters to Lea (Garb) and Isaac Walt, a wholesale grocer who emigrated from Lithuania to escape the pogrom. At the age of 2 ½ his Mother traveled by train to pick up their 2 daughters at boarding school and on the return trip, the train crashed and 125 people were killed, including Dr. Walt's Mother and 2 sisters. Isaac Walt was determined that his 3 sons receive an education and all 3 became physicians. Dr. Walt left the University of Cape Town medical school in year 1 to enlist in WW II. He served 3 ½ years with the 6th South African armored division and 5th US Army in Egypt, Greece and throughout the entire Italian campaign. His service with a surgical team in the field instilled a long-abiding interest in trauma and certainly shaped his later response to the Detroit “Civil Disturbance”. He was a champion hurdler in school, captain of the cricket team and played rugby for the Mediterranean forces, but was disappointed that he could not accept a place on the army rugby team based in London where he had hoped to see his brother Morris after a 25 year separation. After the war, he graduated medical school in 1948, served an internship at Groote Schuur Hospital in Cape Town and then took a residency position at the Mayo Clinic. According to John Walt, his oldest son and an attorney in Detroit, Dr. Walt returned to England as a surgical registrar at St. Martin's Hospital in Bath, where he described the chief of surgery as a “butcher” and after witnessing several surgical mortalities he returned to Cape Town to Groote Schuur Hospital, but ultimately he did not want to raise the family in the political climate of the day: apartheid. Therefore, in 1961 he took a WSU Department of Surgery faculty position at the Veterans Affairs Hospital in Allen Park, MI and rapidly rose to Chief of Surgery at the Detroit General (Receiving) Hospital in 1965 and the following year he was named Chairman of the Department of Surgery and Grover C. Penberthy Professor of Surgery at WSU, positions he held until his retirement in 1988. He chaired the ACS Board of Regents from 1991 to 93 and was elected the 75th president of the ACS. Unfortunately, in his presidential year of 1994, he developed a massive recurrence of bladder cancer 12 years after initial treatment. He interrupted his chemotherapy so as not to miss the 1994 ACS Clinical Congress. I was an initiate to the ACS that year along with my partner at SUNY-Downstate, Rich Golub (Fig. 4) and also WSU SOM classmate Jon Saxe. With great humility and in great pain, Dr. Walt began his October 13, 1994 Presidential Address at the Hilton Chicago ballroom with “I stand here as the first foreign medical graduate (FMG) to be President of the College” and went on to say “The election of an FMG testifies to the great generosity of our American society to its warmth, tolerance, acceptance of strangers, willingness to experiment and its disdain for artificial barriers. I stand here very proud, very grateful to the Fellows of this College, and in very deep debt to the country that has made this honor

Table 5
2017 MSA Survey regarding the Grand Hotel, Mackinac Island Meeting-positive comments.

Mackinac continues to be our best attended meeting. Why would we change that?
This is the best attended most popular place.
Grand hotel is unique, and a MSA tradition
EXPENSIVE BUT GREAT
Please try not to change this jewel
The premier spot for a summer surgical meeting
The venue every other year does make the MSA iconic
This has been a great tradition for our association that is unique
This location is a hallmark of the Association. We should not lose this aspect of the organization
Great meeting and location. We look forward to going.
Greatest meeting location of any society that I belong to. Our family looks forward to this every other year. Majestic hotel, great location, family fun unparalleled
Great place for a family vacation
Greatest and grandest meeting I attend, family friendly and fun, keep schedule as it is
The locale and memories are priceless
I like the small town resort feel of MSA
A highlight of the MSA. Love this meeting, time with family, friends, and academic colleagues. Do NOT let this venue go away!!!

Table 6

2017 MSA Survey regarding the Grand Hotel, Mackinac Island Meeting-not so positive comments.

It is expensive and difficult to get to. A long haul for a short stay.
Cost is somewhat prohibitive in today's environment, but I think worth the experience
It usually draws the best.. which is good BUT cost is getting ridiculous
Seems difficult to get to
Ideal for young families, less so for old timers
Nice location but hard to get to
It is hard to travel there, but usually worth the effort. It is a bit expensive.
The Grand has priced itself out of range for a large proportion of our members. It is still a great venue for an occasional meeting
Cost is certainly high but good experience for family
Having two drink tickets at the cocktail party was not a good idea

possible. The debt can only be acknowledged-never fully repaid. I cannot resist an analogy between the entry into Fellowship of this College and into citizenship of this nation. To the many Initiates here tonight who are immigrants like myself, I do not have to explain the extraordinary sensation experienced on taking this country's oath of allegiance, a similar occasion of pride and dedication".¹²

Dr. Walt believed in the surgeon-scholar and thought surgeons should have a breadth and depth of interests. He "believed that 'a cultured surgeon is a better surgeon' which his life, pursuits and training program reflected".¹³ WSU Department of Surgery Grand Rounds in Kresge Auditorium of Harper University Hospital routinely began with a 5 minute talk related to these interests given by a WSU SOM year 3 student on topics such as history or physician-writers/poets such as William Carlos Williams and Sir Arthur Conan Doyle. I was too much a coward to volunteer for one of these talks provided by my WSU SOM year 3 classmates. However, I did have an interesting anecdote/interaction with Dr. Walt when I arrived for a scheduled appointment during my year 3 trauma surgery rotation at DRH, to discuss my interest in surgery and ask for a letter of support. I had spent the previous night on call and was dressed in scrubs and he wanted to know what I had seen or done the night before. I described the case of a patient with severe rectal pain taken for an examination under anesthesia. In the OR, he was found to have a chicken bone lodged in the anal canal that caused his symptoms and it was removed. In retrospect, the patient had rapidly consumed chicken in the preceding 24 hours and ingested bones that didn't quite pass all the way out of his gastrointestinal tract. A few hours later, Chairman's Rounds began in the ICU and included perhaps 10–15 residents and students on the surgery service. The last case presented to Dr. Walt was an unusual case of severe rectal pain of unknown origin. The resident put up the associated flat plate of the abdomen on the ICU viewbox and Dr. Walt peered at the film for a while before pronouncing his diagnosis: "Chicken bone in the rectum!" and made a quick exit stage left back to his office, as 10–15 heads rapidly filled the void he left, straining to see what the Old Man saw on the X-ray. What an actor!

In the Fall of 1992 in my first job, an academic position in New York City at SUNY-Downstate, we ventured into laparoscopic colectomy and my first such patient had an ascending colon mass with biopsy revealing an adenomatous polyp, but clearly this was a classic apple core type carcinoma on repeat endoscopy the day before surgery. The laparoscopic-assisted right colectomy performed at Long Island College Hospital went well and the patient was discharged tolerating a regular diet on postoperative day #4. We were roundly criticized by senior faculty, and rightly so, for experimentation. The patient went on to develop port site and extraction site metastases 9 months into the postoperative period. This would be the 2nd US and 4th worldwide published case report of port site metastasis, in the May 1994 issue of the journal, *Surgery*.¹⁴ Our conclusion that these cases should be performed under

study conditions mirrored the ASCRS' "approved statement on laparoscopic colectomy" published in ASCRS' official journal, *Diseases of the Colon and Rectum* (DCR) each month from July to December 1994, in which it was deemed "premature to endorse" the operation noting the "absence of 5-year survival data" and recommended such operations be performed "in an environment where the outcomes can be meaningfully evaluated" and "encouraged randomized, prospective studies to evaluate the safety, efficacy and benefits of this alternative" to open resection.¹⁵ As lead author, I was invited to respond to a letter to the editor from the sitting Editor-in-Chief of DCR who was critical of our conclusions.¹⁶ With the encouragement of Surgery Editorial Board member and former American Board of Surgery representative to the American Board of Colon and Rectal Surgeons, Jerome J. DeCosse (New York), I ended my "Reply"¹⁷ with a classic quote from Dr. Walt's Gerald Marks Lecture from the 1994 Society of American Endoscopic Gastrointestinal Endoscopic Surgeons (SAGES) Scientific Session: "In the case of colectomy ... I submit that a randomized prospective study is essential and that no colectomies outside the trial should be permitted until data are available. Operations should not be trophies. They must always be performed for the greater good of the patient-not for the glory or amusement of the surgeon".¹⁸ The other remembrances I wanted to submit from John Walt include the fact that his father had fully engaged in the Michigan-OSU football rivalry. Dr. Walt would don his maize and blue gear and watch the game alone, behind closed doors in their Huntington Woods home, a suburb just north of Detroit. Dr. Walt's wife, Irene, would inform the children that they ABSOLUTELY CANNOT DISTURB THEIR FATHER DURING THE GAME. The last remembrance, just before Dr. Walt's passing from cancer on February 29, 1996 and only 16 months after delivering his ACS Presidential Address, his deathbed advice to his son, John, ""work hard, be honest, and the rest will take care of itself ..."

The other 'Old Man' (Ohio entry)

Timing is everything, and after 17 years in KC (the last 11 in a solo private colorectal practice, including the last 8 years without restriction in the aftermath of the Kansas Appellate Court victory defeating the RC), it was time to consider a career change. I had no business experience and never dreamed of owning and running my own business. Susan had the worst of it, trying to run the office and homestead was a monumental task that she handled with aplomb. I was looking for a return to academia and employed status rather than surgeon/business owner and OSU was looking for another colorectal surgeon to add to the newly minted "division" of CRS, but also needed someone to help establish and run a Colon and Rectal Surgery (CRS) Residency Training Program. Our CRS Residency gained initial Accreditation Council on Graduate Medical Education (ACGME) accreditation on 1/15/16 and recent full 10 year accreditation to 2028. As an OSU Department of Surgery faculty member, I want to acknowledge the contributions and give equal time to our

Table 7
2017 survey regarding the combined CSA/MSA Meeting – overall experience.

2017 Combined CSA/MSA Meeting Survey- Overall Experience	
Very Satisfied	62.5%
Satisfied	28.6%
Neutral	7.1%
Dissatisfied	1.8%

“Old Man” at OSU, Robert M. Zollinger (“The Big Z”, “Z” or “Zolly” to his friends and peers¹⁹) who built the Department of Surgery at OSU from the ground up and left a lasting legacy that was memorialized in a Festschrift published in the American Journal of Surgery (AJS) in 2003 to honor the 100th anniversary of his birth on a farm in Millersport in Central Ohio (Fig. 11). He was the first person from his high school to attend college. He obtained his undergraduate and medical education at OSU. He chose OSU because “it was the only college I knew about. I never knew a graduate”, OSU was nearby and cheap.¹⁹ He had a “competitive nature” and actually played a little basketball (“I was a good basketball guard, but I couldn’t make a basket if I was on a ladder and stood over it”) and even tried his hand at being a “scrub quarterback”.¹⁹ On his medical school days, Zollinger reflected, “somehow I wanted to be a surgeon although the sight of blood makes me sick”¹⁹ and “I got a C in Surgery and I said then I was coming back as a professor of surgery”.²⁰ He traveled to Boston for a surgical internship interview at Massachusetts General Hospital and while there discovered the infamous Boston interview week and applied on the spot to both Boston City Hospital and Peter Bent Brigham Hospital (PBBH). He did well at the PBBH interview with Drs. Harvey Cushing, David Cheever and Merril Sosman. He was somewhat puzzled by its ending, however, when Dr. Sosman asked him why Michigan always seemed to beat Ohio State in football (at that time the all-time series stood Michigan 19 wins, OSU 3 wins and 2 ties), unaware that Sosman (Chillicothe) and Cushing (Cleveland) were both Ohioans.²¹ He was accepted to the PBBH as of January 1, 1929. Zollinger was fond of reminiscing of his internship days, regarded as a country boy from that “cow town”- Columbus, Ohio.²² “The Harvard residents would ask me, ‘What did they teach you at Ohio State, Zollinger, culture or agriculture?’ I told them quiz me you SOB’s, and find out!”²³ According to OSU Professor Emeritus and past chair of the OSU Department of Surgery, Chris Ellison, Zollinger “had a vocabulary richly larded by expletives”.²⁴ After distinguished service in the Army Medical Corps during WWII, Zollinger returned as professor and chairman of the OSU Department of Surgery in 1947, just as he predicted, until stepping down as professor emeritus in 1974. Among his achievements were the so-called “triple crown” of American surgery when in the early 1960s he served as president of the American Surgical Association, Chairman of the American Board of Surgery and president of the ACS.²⁴ Amazingly, he was editor-in-chief of our MSA-affiliated journal, The American Journal of Surgery, from 1958 to 1986.²² No doubt related to his boyhood on the farm, he had a passion for the garden and especially growing roses. He was known as an outstanding judge and would become President of the American Rose Society.^{20,25} He would famously

Table 8
MSA presidents from WSU SOM faculty.

Ernest M. Berkas (1971–72)	Mackinac Island, MI
Robert F. Wilson (1973–74)	Mackinac Island, MI
Charles E. Lucas (1975–76)	Mackinac Island, MI
Robert D. Allaben (1977–78)	Mackinac Island, MI
Anna M. Ledgerwood (1982–83)	Sawmill Creek, OH
James Tyburski (2014–15)	Lake Geneva, WI

turn down the presidency of OSU as it would not leave any time for him to continue operating and besides, he reasoned that “There are a lot more out of work college presidents than surgeons”.²² From his OSU medical school days he recalled “I smiled once when I promptly answered one of Dr. Buck’s (anatomy professor) questions, much to his surprise, because no one could answer his questions. He said ‘Sit down Zollinger. I’ll take that smile off your face!’ I learned then, I think, that education by fear and discipline works best!”¹⁹ Zollinger was described as “a difficult taskmaster”, “on rounds he was known to fire a resident on the elevator for some misdemeanor, only to rehire him by the time they had reached the seventh floor”.¹⁹ He told a resident he was fired over the telephone for incompetence, “leave and don’t come back!”, but the resident couldn’t leave as he was on call that night. He waited in the lobby of University Hospital until Zollinger appeared “all friendly and full of smiles. He put his arm across Art’s shoulder as they walked to the elevator as if nothing had ever happened”. The resident, Art Simpson would write, “His bark was worse than his bite ... The trauma of the residency has made practicing surgery seem easy”.²⁵ Dan Elliott described Zollinger as being “intensely competitive”.²⁵ Zollinger bet a resident, Mitchell Karlan, senior enough to disagree with the Old Man about some finding in a case presented, “Oh, you’re wrong Karlan. put up your money. I’ll bet you \$50!” Karlan was quick on his feet, “But chief, that’s half my year’s salary!” and the audience roared. Zollinger shot back, “I had no idea you were so overpaid!”.²⁵ Dan Elliott described the “highlight of my career at Ohio State” when as senior resident on Zollinger’s service he admitted the famous patient who led to the discovery of Zollinger-Ellison Syndrome, a 26 year-old woman who underwent a vagotomy and pyloroplasty, Billroth I resection, another resection and finally gastric radiation but presented back with pain from huge gastric acid output. Dr. Edwin Ellison had a similar patient who died with uncontrollable gastric hemorrhage and at autopsy she had an islet cell tumor in her pancreas. Dr. Ellison was advised of the admission and assisted with the operation. Resecting the remaining stomach exposed a “very normal-appearing pancreas”, but Dr. Ellison pointed out 2 small lymph nodes on its surface and asked Zollinger to take them out. Always the skeptic, Zollinger replied, “Oh, go wash your glasses, Eddy. There’s enough inflammation in here to engorge all of her nodes”, but he promptly removed them. The 2 ‘nodes’ were islet cell tumors perfectly

Table 9
MSA presidents by home state.

HOME STATE	NUMBER
Illinois	26
Michigan	19
Ohio	5
Iowa	3
Wisconsin	2
Indiana	1
Pennsylvania	1
Oklahoma	1
Massachusetts	1
California	1
Total	60

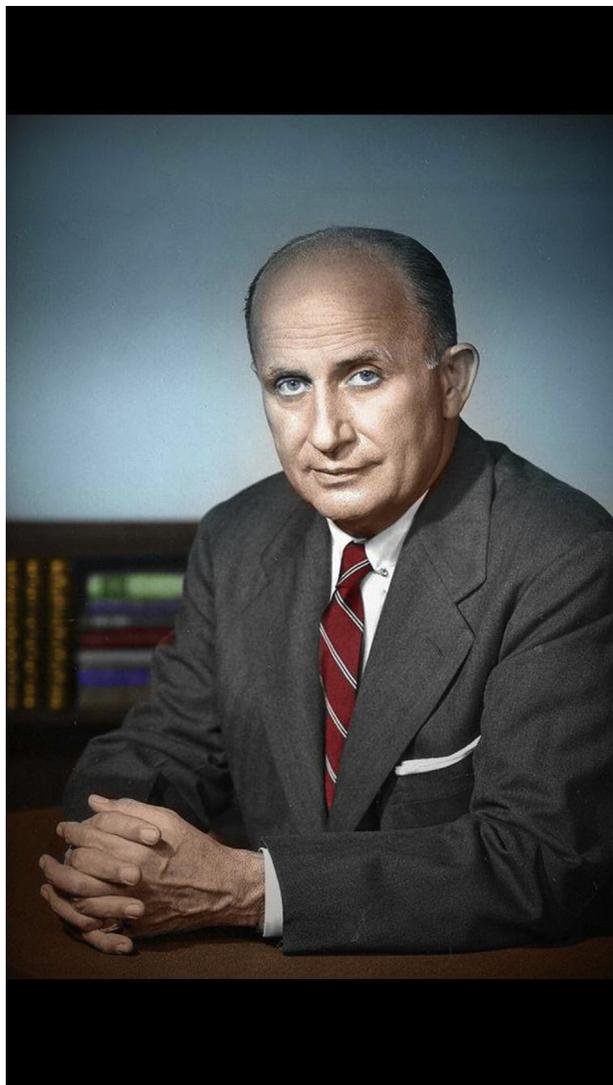


Fig. 11. Robert M. Zollinger, MD, 42nd President of the ACS.

matching Dr. Ellison's previous patient and the syndrome was born.²⁵ Following his Chief resident year, Dr. Elliott stayed at OSU and became a full professor in about 5 years. He was accepted into prestigious surgical societies because of Zollinger's sponsorship.²⁵

Tim Fabian ran afoul of the "Old Man" when he theorized about using local anesthetics in wounds for postoperative pain control and mentioned it on rounds. "Remember, you little bastard, if you thought of this today, I thought of it 30 years ago!" and sure enough Fabian found an article by Zollinger: "Observations on the use of prolonged anesthetic agents in upper abdominal incisions" in the July 1941 issue of the journal, *Surgery*²⁶ and concluded "It was pretty hard to get one up on The Old Man".²⁵ Fabian noted Zollinger was recognized as being one of the great technical surgeons in the country, his prowess was "legendary and that reputation was partly responsible for taking Ohio State from a modest program in the Midwest to one of the fine surgical training programs in the United States".²⁵ Fabian considered Zollinger "one of the greatest role models any surgeon could wish for" and "he would always tell us that if you were going to be an academic surgeon, you had to 'be like a squid and drop a lot of ink'".²⁵

Like Walt, Zollinger also thought patients should be the top priority of a surgeon. When he felt his staff was straying from that principle, he would remind them, once by making a large chart

revealing the golf handicaps of each surgery department member, thus showing where he felt their priorities lie.²² He was proud to say that he'd been a member of the Columbus Country Club for 40 years and "never stepped foot on the golf course".²⁰ On his relationship with legendary OSU football coach Woody Hayes, "Woody and I are good friends. But I think I was a little more controlled".²⁰ Hayes' feelings for Zollinger can be summed up by the inscription on a framed photograph of Coach Hayes on the wall in Zollinger's office, "I'm sure glad I didn't coach against you!".²⁰

"Who lives, Who dies, Who tells your story?"

So what's with all the history and anecdotes? I believe they are not only sources of information, but also inspiration. The Ephraim McDowell story, the first successful laparotomy in 1809, an operation borne of absolute desperation as a woman with a 22 pound abdominal mass is told she will probably die whether or not she submits to an attempt at laparotomy and resection, which went against the teachings of all of the learned academic surgeons in Europe of that time period. The absolute dedication to patient by surgeon (it was a 2 day ride by horse just to examine the patient and establish a diagnosis) and the courage of the patient, somehow withstanding an abdominal exploration without anesthesia and the final ultimate success with the surgeon finding the patient up on her feet and making her bed on postoperative day #5.²⁷ As medical students we would discuss typical historical figures of surgery such as Halstead, but what about McDowell who did the impossible nearly a century before Halstead, Cushing, Gross, Agnew and Murphy? His lack of attachment to a university no doubt contributed to his relative anonymity, but by the same token, his solo private practice may have allowed the freedom to go against the dogma of the day and attempt a miracle operation. We are Midwest surgeons dedicated to the MSA, if anyone should know and recount these exploits of Midwest surgeons it should be us. If we don't tell our own collective story, who will? I propose that we have a historical lecture each year as part of our Sunday night sessions. I gave my presentation this year after the usual "Spectacular Problems in Surgery" cases so as not to cut out anything from the normal Sunday evening program, and simply called it the "President's nightcap". The Program Committee can solicit and select a surgical history presentation chosen from submitted abstracts with the opportunity to have it published in the *AJS*. We all come from institutions steeped in history and it's about time we record accomplishments from notable historical surgeons and document advances in surgery made right here in the Midwest. Furthermore, if we are to attach a personality or name to such a historical address I would recommend the name, Alexander J. Walt, who invented these vignettes as part of the WSU Department of Surgery Grand Rounds. Want some suggestions for future Walt Historical Lectures? Cleveland-how about George Crile and the founding of the Cleveland Clinic by a group of physicians ousted from University Hospital, discriminated against based on chronologic age. Chicago-before Alec Walt's WSU Department of Surgery bred 4 MSA Presidents in a 7 year period, Dr. Warren Cole was responsible for training essentially the entire MSA at its inception as an Illinois surgical society dedicated to the young surgeon. We need to know about Dr. Cole as he was also largely responsible for mentoring a young woman surgeon (the ONLY woman surgeon of her era in his program) who had an interest in Transplant surgery and would first become chief of surgery at 3000 bed Cook County Hospital, before becoming the first woman chair of an academic department of surgery at OSU (1986–93). She would sign Mark Arnold as the first colorectal surgeon at OSU in 1990. How about one with a connection to Mackinac Island? Christopher Reeve was the male lead of the film, "Somewhere in Time", shot here on Mackinac Island in

1979. My wife, Susan, took this photo of Reeve in full costume at Mission Point Hotel where the cast members were staying (Fig. 12). A high spinal cord injury left him quadriplegic and dependent on a ventilator for survival. The timing was perfect for implantation of a diaphragm pacing system, developed by Ray Onders (MSA Past President 2013–14). Of course, the saga of William Beaumont and Alexis St. Martin, the 19 year-old French Canadian voyageur he nursed back to health after a close range shotgun blast created a traumatic gastrocutaneous fistula, a window to the world of human digestion. How about a Chicago surgeon with a Mackinac Island connection? John Benjamin Murphy, who along with fellow Chicago surgeon Franklin Martin, established the ACS in 1913. While suffering from increasing chest pain (he had suffered from angina pectoris for years) in the heat of the Summer of 1916, he came to Grand Hotel with his wife and doctor friends L.L. MacArthur and James Keefe, for rest and to escape the heat. He died at this hotel at 3:30 p.m. on Friday, August 11, 1916. He was so well known that the New York Times ran his obituary that same day in the afternoon edition. Life and death on Mackinac Island, indeed.

MSA Historian

To go along with these historical activities, including helping select the history abstract, I believe it is time for the MSA to add the executive council position of Historian. Initially, I thought the Historian idea was pretty neat and innovative, until I noticed from old MSA mailings and materials sent to me by Jim DeBord, a letter dated April 25, 2007, in which Rick Berg recommended establishing the executive council position of Historian and thought Jim DeBord would be an appropriate selection for the post as long-time council member, son of MSA founding member Robert DeBord and author of “The History of the Midwest Surgical Association” published in the *American Surgeon* in 1983.¹ Besides being his original idea, I think Rick Berg is the perfect choice and logical Historian as he has a photographic memory, longevity with MSA (since 1981), but mostly because he has a basement to store a lot of MSA stuff, right Mary?

La famiglia (revisited)

I would like to recognize and thank the many who have kindly and generously contributed to my education and career. Harper Woods Notre Dame High School 1977 classmate Gerard M. Housey,



Fig. 12. Christopher Reeve in costume at Mission Point Hotel, Mackinac Island, MI in the summer of 1979 during filming of the motion picture, “Somewhere in Time”.

MD, PhD for mentorship and perpetual guidance down the path to medicine and fellow founders of “Linus Pauling and the Band” classmates Mark Cendrowski, Tom “Kernal” Keenan and Dave Couwlier, WSU football teammate and Chairman, Department of Obstetrics and Gynecology/Pediatrics at the Doctor of Osteopathy (DO) Lake Erie College of Medicine (LECOM) – Erie, PA Campus, Gary Ritten and his wife Lauren, WSU SOM faculty: Anna Ledgerwood, Charles Lucas and Chair Don Weaver, from “The “John””: Larry Lloyd, Donn Schroder, Richard Berg, John Boccaccio, Abd Hawasli, Ron Waits, Pete Kowynia, including my 1990 co-chief residents Eric Schmidt and Dan Ceconi (Fig. 13), from the St. Vincent Health Center Colon & Rectal Surgery Residency: Lawrence Rusin and John Reilly, my CRS section associate at SUNY-Downstate: Richard Golub, KC office staff: Judy Ginardi, Judith (Kitty) and Mike Johnson, plus general surgeon Tom Taylor who provided expert surgical assistance and coverage during my days in KC in solo private practice, OSU faculty: Steven Steinberg, Interim-Chair, E. Christopher Ellison, Professor Emeritus, and the OSU Division of Colon & Rectal Surgery: Mark Arnold, Division Chief, Alan Harzman, Syed Husain and Amber Traugott (Fig. 14), my secretary at OSU Emily Roesser, MSA past presidents: Jim DeBord, Jerry Hardacre, II, Chris McHenry, Steve DeJong, Tony Senagore, Roxie Albrecht, Ray Onders, Jim Tyburski, Conor Delaney and Margo Shoup, MSA Executive Council: Nick Zyromski, Dean Godellas, David Farley, Jeff Hardacre, Jon Saxe, Carlos Rodriguez, Teddy Asgeirsson, Mike & Stephanie Valente, from LP, etc.: Jill Willhite, Marjie Malia and Corinne Hornsley, and finally my legal team: Tim Sear, Kevin Breer, Frank Brancato, Gary Haggerty and Tyler Peters. I would also like to thank my brother-in-law Stephen Brickner, sister-in-law Carrie Brickner and their son Scott Brickner, brother Alan and his daughters Erin and Kelly and sister-in-law Patricia Lynn. I want to thank my brother Terry and sister-in-law Mary Beth (daughters Colleen and Emily) who are here with us today. Thank you for being here. Mom is still with us at age 90 in an assisted living facility in Rochester Hills, MI, but she could not travel to be with us today. Who would have thought the 1996 MSA meeting would be the first and only time we could take both Mom & Dad with us to Grand Hotel (Fig. 15)? Back then the golf event was played on the back nine or The Woods course, which plays long and difficult. Dad loved it. We lost him to pancreatic cancer the following Spring 1997. After living through the Great Depression, WW II and the riots, he had just settled into retirement. Sometimes life isn’t fair. Lastly and most importantly, I want to thank my family (Fig. 16). Amy is our oldest and is currently working and also going to nursing school, having discovered what her Mother was telling her all these years about nursing being an awesome profession, was in fact true. Next up, Andrew worked in the real world for a time after failing to gain admission to medical school, before taking the new MCAT last Summer, re-applying and gaining admission to a DO medical school, the LECOM- Seton Hill campus, just outside Pittsburgh in Greensburgh, PA where his Mother grew up. He just started year 1 and is unable to join us today. I give Andrew 4 “testa duras” for his determination and blocking out the constant drone of negativism that he would never gain admission to medical school. Claire, our New Yorker and middle child has her degree in Art History from WSU and works at the Cranbrook Institute in Bloomfield Hills, MI in the northern suburbs of Detroit. The Kansas twins, Kay and Peter, are still engaged in education, formal and informal, searching for the meaning of life in the city of Detroit. Thank you for putting up with those crazy, wacky times and turning out the way you all did. Your Mother and I are proud of the people you turned out to be. Finally, I want to thank the real star of the show, my lovely wife Susan (Fig. 17). We met in the OR at “The John”, were married in St. Edward Chapel off 1 West of SJH and had our first 2 children there. She was the rock during our rough years, forced to take over all



Fig. 13. The author with 1990 St. John Hospital General Surgery Co-Chief Residents, Eric Schmidt (left) and Dan Cecconi (right).

aspects of the office and somehow keep things rolling on the home front. Her experienced hand at handling financial debt and unwavering confidence that we held the moral and ethical high ground were crucial. Wife, Mother, nurse, chef, mechanic she is the heart and soul, the captain of our little cruise ship set for adventure. It's been a wild ride, thank you for always being positive and hanging in there for 30 plus years. Susan was the first member of our family to visit Mackinac Island, at age 6 months. She's in the last row of the carriage in her Mother's (Mary Margaret Brickner) lap, brother Stephen in their Father's (Monroe 'Brick' Brickner) lap and grandparents Mildred and Everett Johnson in the same row. Just a plug for the 2019 French Lick MSA meeting, apparently they have go-carts and Susan is the "Go-Cart Girl", so watch out!

The national anthem, peaceful protest & first amendment rights

Back in 1968, with our cities in turmoil in the aftermath of the assassinations of Dr. Martin Luther King, Jr. and Robert F. Kennedy, an incident occurred during the medal ceremony for the 200 m dash at the Mexico City Olympic Games on October 16, 1968. The 3 medalists wore 'Olympic Project for Human Rights' badges and Gold medalist Tommie Smith and Bronze Medalist John Carlos gave a "human rights salute" that caused a furor. The 2 US athletes were shoeless and wearing black socks to represent black poverty, Smith wore a black scarf around his neck to represent black pride and Carlos had his tracksuit top unzipped to show solidarity with all US blue collar workers. Carlos forgot his black gloves, so they split Smith's pair and each had an arm raised and head bowed as the national anthem played. Their gesture became front-page news worldwide. Smith said, "If I win, I am American, not a black American. But if I did something bad, then they would say I am a Negro. We are black and we are proud of being black. Black America will understand what we did tonight." Right on cue, International Olympic Committee (IOC) President Avery Brundage, a native of Chicago and University of Illinois alumnus, forced their expulsion from the Mexico Games and described their salute as "the nasty demonstration against the American flag by negroes".²⁸ Does this ring a bell? National Football League (NFL) football players, in solidarity with the blight and plight of the many in our big cities, including here in the Midwest (Milwaukee, Detroit, Chicago, Cleveland, Indianapolis), also made simple gestures during the national anthem last season. These gestures were also said to be anti-American, anti-flag and anti-military by the mainstream press and especially by NFL owners, the billionaire boys club that rakes in \$9 billion dollars a year and they get to split the net of \$1 billion. The



Fig. 14. The OSU Division of Colon & Rectal Surgery: Amber Traugott, Syed Husain, William Cirocco, Mark Arnold and Alan Harzman.



Fig. 15. The Cirocco family in the lobby of Grand Hotel during the 1996 MSA Meeting: William and Susan (standing in back), Andrew, Louis (Peter in lap), Claire, Nancy (Kay in lap) and Amy.

same league that attempted to conceal the Chronic Traumatic Encephalopathy data brought to light by brave pathologists who stumbled on the chronic brain histopathology associated with repetitive blunt head trauma and dared to expose this information against the wishes of the No Fun League (NFL). These gestures are quite the opposite of un-American. They are an expression of our most sacred right as Americans—the right to free speech guaranteed by the first amendment to the constitution, something we all take for granted. The British do not have freedom of speech. If you say something against the Queen or Crown, you may end up in jail. These players speak for the impoverished, destitute masses who inhabit our inner cities and have no voice. There are no quick and easy solutions to the poverty, unemployment and violence inherent in these forsaken places, these gestures simply give recognition to their plight. Carlos and Smith were banned from the Olympics for life by the IOC and Peter Norman, the Australian silver medalist and third person on the medal stand who was sympathetic to their cause, also paid a heavy price. He was not allowed on the 1972 Australian Olympic team despite qualifying 13 times over. In 2012, Australia formally apologized to Norman as a member of parliament stated in a session of the Australian Parliament that Norman's gesture “was a moment of heroism and humility that advanced international awareness for racial inequality”. This speech took place 6 years after Norman's death in 2006, Carlos and Smith were 2 of his pallbearers.

Canadian Olympic committee member and head of the Canadian Equestrian team, Akash Maharaj, in a 2011 speech at the University of Guelph, said, “In that moment, Tommie Smith, Peter

Norman, and John Carlos became the living embodiments of Olympic idealism. Ever since, they have been inspirations to generations of athletes like myself, who can only aspire to their example of putting principle before public interest. It was their misfortune to be far greater human beings than the leaders of the IOC of the day.”²⁹

Carlos and Smith were also redeemed by San Jose State University in 2005 by a 22-foot high statue of their protest titled “Victory Salute”. Peter Norman requested that his spot on the medal stand be left empty so that viewers could stand in his place and feel what he felt. Tommie Smith would say years later that “We were concerned about the lack of black assistant coaches. About how Muhammad Ali got stripped of his title. About the lack of access to good housing and our kids not being able to attend the top colleges.” I fear that there may be lack of access to ANY college on economic grounds in the future as the gulf between the haves and the have-nots continues to grow exponentially in this country. Why is this important? The slow drip, drip of the pipeline to medical school from the middle and low socioeconomic groups might dry up entirely. Will there ever be another Ben Carson to come out of Detroit's public school system (the youngest chair of pediatric neurosurgery in the country at Johns Hopkins in 1984 at age 33)?

Football footnote: “You can if you will!”

It takes an immigrant to recognize and truly appreciate what this country has to offer. As the son of an immigrant, I would like to think I have some of the same sensibility, awe and appreciation for



Fig. 16. The Cirocco family: Susan, Andrew, Amy, Claire, Kay, Peter and William.



Fig. 17. Susan Kay Brickner, Oakland University School of Nursing, class of 1982.

this great experiment in self-rule that began nearly 250 years ago. Growing up we had some neighbors who were “right off the boat” as we would say—right Laura Schroder? MSA past president Donn Schroder's wife, Laura (Silvestri) Schroder grew up a couple blocks away from us, she survived the Detroit public school system and we car pooled to WSU as freshmen. Anyway, Mom would sometimes mention that these “right off the boat” Italians would whine and complain about life in the US and say things were better in the old country, which would really irritate her. Mom's response? “If you don't like it here, then go back home!”

Mom wondered why I chose colorectal surgery? Yeah, we get that a lot – myself and the other 2 colorectal surgeons who are MSA past presidents, Tony Senagore 2006–07 and Conor Delaney 2015–16. Perhaps it was years of listening to her complain about her ‘piles’, a Latin language version of ‘hemorrhoids’ – which has origins in the Greek language. Or, perhaps it goes back to age 10 when I first encountered the word ‘colostomy’. Growing up, I would receive books at Christmas, typically with a sports theme, so in 1968 I read “Instant replay: The Green Bay diary of Jerry Kramer”³⁰ an account of the 1967 Green Bay Packers championship season and in 1969 I read “Jerry Kramer's Farewell to Football”.³¹ Chapter 3 of “Farewell to Football” is titled, “On the edge of death” as Kramer describes having a proximal transverse loop colostomy for a sigmoid colon perforation at the Mayo Clinic in November 1964. He described the glass rod support and bedside ‘unveiling of the stoma’, 2 days later as a bovie unit was brought to the bedside, which he described as a wood-burning kit. He also noted the awful smell of stool as it ran down his side and onto the bed. If you don't know Jerry Kramer, that's OK, he made the block on Jethro Pugh of the Dallas Cowboys to allow Bart Starr to fall into the end zone and win the legendary ‘Ice Bowl’ NFL Championship game in minus 13° Fahrenheit on December 31, 1967. Jerry Kramer is a hero of mine because he is an author, although he was also All Pro 5 times and

won 5 NFL championships and was on the All-NFL first 50 years team (1919–1969), yet he was never voted into the Pro Football Hall of Fame (HOF). Apparently old AFL players infiltrated the Pro Football HOF voting committee and they were sick and tired of voting in old Green Bay Packers and so Jerry Kramer failed to gain entry after 10 nominations. The boys, Andrew and Peter, and I met him about 10 years ago at a paid autograph signing at a local mall in Kansas City. The first and last time I would attend a paid autograph session, but I couldn't pass up the opportunity to shake his hand with gnarled fingers bent in many different directions. You never heard Jerry Kramer whine about any of this. Jerry's daughter, Alicia, gets 4 'testa duras' for defying her father's wishes and starting a movement 5 years ago to gather 65 letters from HOF players supporting his election into the Pro Football HOF. If there is one place I'd rather be this weekend than at this meeting, it would be in Canton Ohio because 2 days ago, Jerry Kramer, at 82 years of age, was finally inducted into the Pro Football HOF. He capped off his acceptance speech with the life motto he learned from his Sandpoint Idaho High School offensive line coach, Dusty Klein, "You can if you will!".

From humble beginnings to new heights?

It has been a distinct pleasure, privilege and honor to be your president—the pinnacle of my career. We've had an outstanding meeting starting with a record-breaking 139 abstracts submitted and excellent attendance including welcoming back 20 past presidents and their families for the 60th anniversary of the MSA (Fig. 18). We have 15 new members, 4 of whom are DOs. With DO

general surgery residencies coming under the aegis of the ACGME, we especially acknowledge and welcome the faculty and residents from these programs into our surgical family, perhaps the last barrier among surgeons to fall. We are all in this together. We are not doing too badly for an organization with such humble beginnings that many predicted would not survive. There are forces at work today that threaten medical AND surgical societies such as depressed economics (decreased reimbursement) and shifts in generational habits, wants and needs. Yet, this organization thrives despite these challenges. I think it is a testament to the MSA that my selection as president was mainly based on my years as Local Arrangements Chair for the Mackinac meetings, starting as co-chair for the 2004 meeting. It speaks volumes about the heart of this organization that values time spent with family as well as friends and colleagues in an atmosphere that combines science and family values. Yes, it CAN be done and it HAS been done for 60 years. I call on our young members to step forward, offer up your services and be a part of this success story. Your expertise in social media (tweets, facebook, website newsletter?, etc.), your energy and your continued participation are vital to this organization. As in my case, you will get far more out of such service than you will ever put in. I call on your inner 'testa dura' to prove all of the naysayers wrong—those who question the viability of this society. I'm convinced that you can test the vitality of the MSA by counting the number of strollers during our porch receptions here at Grand Hotel. Let the word be spread, we need more surgeons with strollers! Let's set a course for the next 60 years. Let's celebrate together tonight with muskets and cannon fire! Until we meet again next summer in French Lick, Indiana.



Fig. 18. Pictured—MSA Past Presidents on the steps leading to the porch of Grand Hotel, Mackinac Island, MI at the 61st Annual Meeting of the MSA (1958–2018) and the year of their presidency: Top Row (left-to-right): Charles E. Lucas, Detroit (1975–76), Thomas A. Stellato, Moreland Hills, OH (1999–2000), James R. DeBord, Peoria, IL (2007–2008), Steven A. DeJong, Maywood, IL (2004–05), Anna M. Ledgerwood, Detroit (1982–83), James G. Tyburski, Detroit (2014–2015), Middle Row (left-to-right): Donn M. Schroder, Detroit (2009–10), Christopher R. McHenry, Cleveland (2005–06), Raymond P. Onders, Cleveland (2013–14), Conor P. Delaney, Cleveland (2015–16), Nicholas J. Zyromski, Indianapolis (2018–19), Bottom Row (left-to-right): Larry R. Lloyd, Grosse Pointe, MI (2001–02), Richard A. Berg, Detroit (2011–12), William C. Cirocco, Columbus, OH (2017–2018), Mrs. Bette Woods (standing in for her late departed husband Scott W. Woods, Ypsilanti, MI, 1985–86), Margo Shoup, Warrenville, IL (2016–17), Richard A. Prinz, Evanston, IL (1996–97), Roxie M. Albrecht, Oklahoma City, OK (2010–11), Anthony J. Senagore, Kalamazoo, MI (2006–07), Jerry M. Hardacre, II, Racine, WI (2008–09).

Mille Grazie! (Thank you, very much!)

To view the video of the presidential address:

<https://www.youtube.com/watch?v=E24GVgrywEs&feature=youtu.be>

[v=E24GVgrywEs&feature=youtu.be](https://www.youtube.com/watch?v=E24GVgrywEs&feature=youtu.be).

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