

I remember very clearly my first meeting of the Pancreas Club, which I attended in 1987 in Chicago. I remember the week distinctly because it was my first visit to Digestive Disease Week (DDW) and to a meeting of the Pancreas Club and The Society for Surgery of the Alimentary Tract (SSAT). Dr. Marion Anderson invited me and introduced me to the wonders of the world of the pancreas.

I completed my training in the Navy in 1982 and after spending a year in Guantanamo Bay, Cuba, had come to the Naval Hospital in Charleston and had begun working with residents from the Medical University at the Naval Hospital. I had previously had no intention of pursuing an academic career but very much enjoyed working with the residents and jumped at the opportunity to join the faculty at the Medical University when I completed my Navy commitment in 1986. Dr. Anderson had said that there were two areas that he needed help in. One was trauma surgery and the other was gastrointestinal surgery. It quickly became clear to me that focusing on gastrointestinal surgery would provide a more stimulating and exciting career than trauma surgery, and there was no shortage of patients with surgical disorders of the pancreas at the Medical University. Dr. Anderson tutored me in the mysteries of the pancreas and spent many hours teaching me the art and science of clinical research and how to write a paper and give a 10-minute talk. I remember many mornings sitting down with him saying, "David, I guess the best way to get going on this paper is to sit down and read it aloud, as painful as that may be."

At DDW in Chicago in 1987, Dr. Anderson kindly made reservations for us at the Cape Cod Room at the Drake Hotel, and I heard some of the early folklore of the Pancreas Club from Dr. Anderson and his wife, Sonia. The message was stated that no one would probably ever know who was really at the first meeting of the Pancreas Club, which was held at Dr. Anderson's office in Chicago in 1966 when he was at Northwestern University working for Loyal Davis. Dr. Anderson said that if everyone whose name had been reported to be there had actually been there, people would have been hanging out of doors and windows. He specifically remembers that Dan Elliott was reported to have been there and he always remembered distinctly that Dan had been unable to come because of another commitment that had come up at that time. He always has been certain that Fraser Gurd, Bill Schiller, and Alan Thompson were present. However, he and Sonia disagreed on the number of attendees because it has been said that there were 10 there, and he wasn't sure whether it was eight or 10

because Sonia has always been adamant that it was an uneven number of attendees because she was short one piece of chicken for the dinner and knew she had an even number of chicken breasts or whatever form of chicken was being served. In any case, I was wowed by the Drake Hotel, the City of Chicago, the University of Illinois at Chicago, and the Pancreas Club meeting that year and have been eager to return as often as I can.

I sat down recently to talk with Dr. Anderson and Sonia about my first meeting at the Pancreas Club with them and their first meeting in 1966, and their memories remain unchanged. We will probably never know who was at that first meeting. Needless to say, he is an inspirational mentoring figure to me and I will always be grateful to him for converting me from a naval surgeon into a pancreatic surgeon.

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As a medical student at Duke University, I spent a year doing research with a chief of endocrinology, Harold Lebovitz, who was an irrepressible, and smart, investigator in diabetes. I chose his laboratory to work in because residents told me he was one of the best mentors, not because I was interested in diabetes, but after a year I found pancreatic endocrine function to be fascinating.

The Vietnam War made spending 2 years at the National Institutes of Health (NIH) an attractive alternative, and I joined the laboratory of a clinical physiologist, Reubin Andres, who let me study gastrointestinal regulation on insulin release.

These research interests complimented my clinical interests in surgical gastroenterology, and I have enjoyed matching research questions with clinical challenges in pancreatic disease ever since.

The Pancreas Club provides a great opportunity to spend time with others who share this fascination with pancreatic pathophysiology, both for us and our trainees.

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Tribute to Marion C. Anderson, M.D., Professor of Surgery, Medical University of South Carolina, Charleston, South Carolina

Thank you for allowing me a few moments to remember a man of significant importance to the Pancreas Club, Marion C. Anderson. Andy organized the first meeting of the Pancreas Club in 1966 and nurtured its formative years of existence.

Born the son of a general practitioner, he spent his early formative years in Kansas. After a tour of duty in the Navy Medical Corps from 1944 to 1946 and 3 years at the University of Kansas, Andy received most of his medical school and residency training at Northwestern University in Chicago. His chief year as a resident was served as the honorary Kanavel Fellow, named after Allen B. Kanavel, the famous hand surgeon.

I first met Marion Anderson as a third-year student rotating on the surgery service in 1960. I knew of his interest in pancreatic diseases and assisted in caring for some of his patients. He was always eager to teach and help young students and residents develop enduring concepts of critical surgical illness. At about the same time, he practically single-handedly rejuvenated the surgical training program at Northwestern. As part of his scholarly interests, he had received an NIH grant to study pancreatic inflammation. He accepted me as a surgical research fellow to participate in this project. Six weeks prior to the beginning of this fellowship, the first Pancreas Club meeting took place under his leadership.

In 1968 the new Medical College of Ohio, in Toledo, was being organized and Andy was chosen as the first chairman of the Department of Surgery, a position he held for 4 years before becoming president of that institution at a time when it sorely needed dynamic leadership. A new state-of-the-art hospital was constructed during his tenure. He expressed concern when the Pancreas Club failed to meet in 1974, and gave his approval and support when the meetings were reorganized the following year. He always made time for young faculty such as myself and helped me write many papers, sometimes rewriting, other times looking at me over his reading glasses and expounding on some scientific or philosophical aspect of the work, which he believed required further thought. He always had a sense of humor that enabled him to safely maneuver through a lot of tough spots. I think he was happy to get back in the "surgical saddle" again when he left Toledo in 1977 for Charleston, SC, and the Medical University of South Carolina. He ultimately served 10 years as chairman of the Department of Surgery, being the successor to Curtis Artz. His interest in education is evident

in that he overlapped his duties as chairman while simultaneously serving as associate dean of graduate medical education and continuing medical education. In 1988, when he stepped down as chairman, he became the full-time executive associate dean for another 7 years.

Dr. Anderson was a member of many surgical organizations, including the American Surgical Association, and the author of more than 150 papers and book chapters. Although his primary scientific interest was diseases of the pancreas, he was concerned with medical education and its ramifications. He was honored by all of his former institutions and is remembered by many who were influenced by him.

By William R. Schiller, M.D.

Read as a eulogy at the 2001 meeting of the Pancreas Club, Inc.

My interest in the Pancreas Club began in 1971 when one of my uncles, who at that time had immigrated to Canada, was diagnosed with obstructive jaundice secondary to a pancreatic mass. He underwent a laparotomy and was found to be unresectable, and therefore had a biliary bypass. He did not receive any further treatment and continued to have a satisfactory existence, but at 18 months he developed a duodenal obstruction for which he had to return for a gastric bypass. He then lived 6 more months and died 2 years after the initial diagnosis. At that time I asked for the records and found that his workup revealed a 2 cm mass in the head of the pancreas. I thought that this certainly could have been resected but that his exploratory operation was most likely performed by a surgeon without much experience, and therefore he underwent a biliary bypass. At the same time, my thought was that patients who undergo palliative surgery are likely to live more than a year and also have a gastric bypass, which he did not have at the first operation. It was at that time that I set about investigating pancreatic carcinoma and its surgical treatment.

My residency was at the Hines VA Hospital and began in 1971. In 1973 Hines VA Hospital was affiliated with Loyola University Medical Center, and I graduated in 1975 as a Loyola University Medical Center graduate. As you know, in those days at Hines we had a number of patients with acute and chronic pancreatitis; together with Dr. Herb Greenlee and Richard Prinz, we wrote several papers on biliary bypass for benign bile duct obstruction, pancreatic abscess, and of course drainage of the pancreatic duct with the Puestow operation. It was Dr. Greenlee who introduced me to the Pancreas Club in the early

1980s, and I have enjoyed my association with it since then.

Regarding the Whipple operation, I prefer to perform a pancreaticogastrostomy anastomosis after the Whipple operation because I think it is safer. My most famous patient would be Chicago's Joseph Cardinal Bernardin, who developed pancreatic carcinoma in June 1995 and chose me to be his surgeon. He did very well after the operation and was discharged on the sixth postoperative day. He received radiation and chemotherapy but in spite of this lived just the average time of 19 months. However, the publicity at the time of his surgery was such that the number of patients with pancreatic disease that I see in my practice has greatly increased. Because of this, I should have several publications in the field of pancreatic carcinoma coming in the near future.

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I can't really remember any single event or circumstance that got me interested in the pancreas. I feel much the same about the pancreas as I do about surgery in general—I can't imagine being a physician and not being a surgeon, and likewise I can't imagine being a gastrointestinal surgeon and not being interested in the pancreas. It remains a fascinating organ—interesting physiology, challenging to study, and the surgery continues to be technically and intellectually stimulating.

I first got involved with the Pancreas Club in 1991 when Howard Reber took me to the meeting in New Orleans. I have continued to enjoy both the science and the discussion, the opportunity for residents and fellows in the laboratory to present, and the camaraderie. The dinner is always one of the highlights of the Pancreas Club.

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I was asked if I would be willing to host the meeting of the Pancreas Club before the SSAT meeting as a part of DDW in 1975. I was most pleased to volunteer. I support the concept of small groups of people

interested in a common problem coming together to share their ideas and their research for the benefit of all participants.

The meeting was held in one of our relatively new teaching conference rooms at the University of Texas Health Science Center at San Antonio, the school being only 7 years old at that time. The meeting was also an opportunity for me to show off the environment of our medical school and research laboratories. The meeting was surprisingly well attended, despite the fact that the medical school was some 8 miles from the downtown convention center where most of the participants were staying. The attendees numbered some 47 members, easily doubling the number of participants from previous years, attesting to the desirability of having the Pancreas Club perpetuated.

Did this meeting have anything to do with the subsequent inception of local universities as hosting sites for subsequent meetings of the Pancreas Club? I believed it would be a worthwhile tradition to establish. The Club is now healthy and in its second generation of pancreatic researchers. I, for one, am proud to have been among the initial supporters of its growth and development.

*J. Bradley Aust, M.D.
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I became interested in the pancreas because this was a special interest of Henry Janowitz, with whom I trained at Mount Sinai Hospital in New York from 1965 to 1967. On my first day on the job, Dr. Janowitz informed me that I would be writing two chapters with him, one on pancreatitis and the other on cancer of the pancreas. He also informed me that I had better start working on this right away. I found all aspects of pancreatology fascinating, both the clinical and basic science aspects. I spent 6 months doing research in Dr. Dreiling's dog laboratory during my 2 years of training and even had a paper published in the *American Journal of Physiology* based on these studies. We saw a lot of very interesting cases of pancreatitis, including a boxer who had traumatic pancreatitis. I performed more than 500 secretion tests during those 2 years and vowed after I left that I would never do another one.

Regarding the Pancreas Club, I believe it was you (Dr. Frey) who suggested to me that I join, and I am glad I did. In my view, the annual meetings are first

rate in terms of their scientific content, and the members really know how to have a good time.

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My first Pancreas Club meeting was in Chicago in 1988. I was there because of my original interest in DDW and its "Pancreatic Section." When I decided to become a surgeon (1976), I kept in contact with Paolo Pederzoli at the very young Verona Medical School, which at the time was part of Padua University and was referred to as the "Padua metastasis."

Paolo told me: "We have to look at the pancreas because of the wishes of Padua; they want to study the liver...and we do not have a choice; we must do it! The problem," he said, "is that we do not know where this stupid organ is...."

"Anyway, do not worry; go to the lab; 30 dogs are waiting for you! Open the duodenum, find the papilla, take the dog's bile, shake the bile with this white sludge [it was not cocaine but a stupid substance called trypsin], put the mixture in the papilla, and look at the right side of the duodenum...everything will become so black! Leave two drains within the black and wash with water in one group of dogs and with water together with this fluid [it was "special" water called aprotinin] in the other group. Let me know what happens!"

This was my thesis and my first introduction to the pancreas.

In Chicago, my first Pancreas Club (and American!) presentation was on "Microbiological Findings in Pancreatic Fistula," and the chairman was Dr. Howard Reber. He pronounced my name in so terribly "California English" it was not understandable to me with my "Latin" pronunciation!!!

I thought that the paper he was introducing was the wrong one! It was only when he said "...from Verona, Italy" that I realized it was my turn to speak, really!!! I still remember the terrible problems I had in understanding the questions pertaining to my paper. The main problem was understanding that *E. coli* (in English it sounds like "I colai") was the same stupid Latin animal that we call "Escherichina Coli!" Today a resident of mine is working at UCLA with Dr. Reber looking at the problem of *Candida* infection in necrotizing pancreatitis. So I have come a long way, and I have to say thank you to all my friends in

the Pancreas Club for having accepted me together with my Mediterranean language.

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I attended my first Pancreas Club meeting in 1979 in New Orleans. I do not have any recollection of that first meeting in New Orleans, but since that time I have participated every year with the exception of the 1997 meeting in Bethesda.

The pancreas was, even in the 1960s and 1970s, the last "secret" organ in the human body. Research on pancreatology as well as surgery of the pancreas was a major challenge for interested people. I found during the Pancreas Club meeting very competent persons who were interested in research and clinical management, including surgery of pancreatic diseases. I felt familiar with this group of people with the same focus as mine, and this very positive aspect of the Pancreas Club meetings still holds true today. Furthermore, during the last few years, the Pancreas Club has developed approaches for finding consensus positions on important clinical topics and the decision-making process.

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I believe I first became interested in pancreatic diseases as a result of my introduction to Marion Anderson when I was a third-year medical student at Northwestern University and he was a professor of surgery, although I would be hard pressed to remember the specifics of the interaction at this point. When I was a senior in medical school, I did a very stimulating rotation on the endocrinology service, and this I think influenced my choice of research interests over the years and contributed to my interest in the pancreas.

When I joined the faculty at the University of California San Diego in 1978, Marshall Orloff had a research program in pancreatic transplantation for diabetes. In addition, he had just begun to work with Parviz Pour's model of pancreatic cancer in hamsters.

At about that time, through Isidore Cohn's efforts, funding became available from the National Institutes of Health (NIH) for pancreatic cancer research, and one of the areas in which the NIH expressed interest was studies on the relationship between diabetes and pancreatic cancer. Having access to models of diabetes and models of pancreatic cancer, this seemed a natural direction for me, and I wrote an NIH grant that today I am sure would have been rejected as unfocused and overly ambitious. Nevertheless, my proposal received funding on the first submission (the good old days).

My first experiment was to make hamsters diabetic by the intraperitoneal injection of the beta-cell toxin streptozotocin and then challenge them with the carcinogen BOP. My expectation was that the diabetic animals would develop more tumors. When the animals were killed at the end of the study, the diabetic animals were completely tumor free. So much for hypothesis-driven research.

I presented my findings at the Pancreas Club in New Orleans in 1979. I remember the room was small and hot, and packed with people. The two people I remember clearly from that meeting were David Dreiling, who sat in the front of the room in a highly visible plaid jacket and smoked his pipe, and Charlie Frey, who moderated and whom I remember for his kindness toward me and his welcoming attitude. Like many eager assistant professors, I commented on too many papers and asked too many questions; yet Charlie thanked me for my interest.

I do not remember whether Parviz Pour was at the meeting, but he became aware of the study I had done and it led to several years of collaboration, and interestingly he and I are currently writing a grant concerning pancreatic cancer and diabetes 22 years later.

Over the years, the Pancreas Club has introduced me to the world's best pancreatologists and pancreatic surgeons, and it remains my favorite meeting. Although there is a certain amount of excitement in large meetings such as Digestive Disease Week and the American College of Surgeons Clinical Congress, the meetings that are really fun are those that allow you to have a relaxed and informal dialogue with the people whose interests are similar to yours. I have very much enjoyed my 22 years of membership, and I wish the Pancreas Club many more fruitful and friendly years.

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Marion "Andy" Anderson came from Northwestern University to the newly established Medical College of Ohio as Chairman of Surgery. He and Bill Schiller had been studying acute pancreatitis in dogs after retrograde injection of enzymes. Andy showed me some of their results and explained the theory they had developed about a periacinar space where tracers and blood cells accumulated. I agreed to work with them and perform electron microscopy on the specimens. Our work then established that retrograde injection breaches the epithelial layer and material accumulates between the base of the cells and the basement membrane. Beginning with this more than 30 years ago and lasting until today, I have had the good fortune to be involved with outstanding people who share a desire to learn more about the pancreas.

When I moved to the Medical College of Georgia in 1975, Paul Webster invited me to join his group studying experimental pancreatic cancer. While characterizing the cancer that was produced in rats by implantation of a carcinogen, we observed changes that were not consistent with the almost universally held opinion that the collections of duct-like structures that were commonly seen were simply proliferative outgrowths from ducts. We developed the idea that the architecture of the pancreas was more complex than a grape-like arrangement, and that acinar cells could change their features to look like ductules. We coined the term "tubular complexes" to avoid the designation ductular proliferation. In collaboration with Andy Anderson, who had by then moved to the Medical University of South Carolina, we performed similar studies on tissue from patients with chronic pancreatitis, with similar results. Tubular complexes appeared to form, at least in part, from transition of acinar cells to ductular cells rather than being the result of "ductular reduplication."

At the first of a sabbatical year with Henri Sarles in Marseille, I presented some of these ideas at the European Pancreatic Club meeting in Verona. Two young pancreatologists, Markus Buechler and Peter Malferttheiner, were interested in these different perspectives. As a result, I began collaborative investigations with them and spent a year working in Hans Beger's department in Ulm. We established that pancreatic nerves increase in number and size in chronic pancreatitis, and that the perineurium of pancreatic nerves is damaged in chronic pancreatitis and pancreatic cancer, presumably serving as one reason for pain.

The year 2002 was spent in Markus Buechler's department in Heidelberg. Strangely enough, we used the carcinogen implantation model for pancreatic cancer again, this time to study the earliest

changes. We established that acinar-ductular trans-differentiation begins within 2 days of implantation and fully developed tubular complexes are present within 4 days. Cancer develops from the complexes later. Studying acute pancreatitis after cerulein injection, we demonstrated that damage to acinar cell membranes occurs within 5 minutes, allowing relatively large tracers, and presumably calcium ions and other substances, to enter the cells, effecting the earliest pathologic changes.

The Pancreas Club has provided a continuing association of people like these, who have a passion for understanding pancreatic disease, and a forum in which new ideas may be presented, challenged, and honed.

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In the early 1980s, while I was developing as a sailing professional (I was indeed a member of the Italian Olympic sailing team), I began my medical education at the University of Pisa. I hoped to specialize in dentistry, a medical branch that I thought might allow me to pursue my sailing career too. Later on, I realized that my interest in medical sciences was surpassing my enthusiasm for sailing competitions. So I decided to take 1 year off from my sports commitments to verify how strong my “new” interest in medicine was.

I soon became attracted to surgery but while I was still mulling over a decision, my father, a pediatrician, was diagnosed with a lung cancer and quickly died. I was then thinking about pursuing a career in thoracic surgery when I met a person who finally changed the course of my life.

I remember it was a very warm, sunny July morning and despite the fact that it was Sunday morning, there were examinations in surgical sciences scheduled for that day. Other students and I were waiting just outside the examination hall when, at approximately 10 AM. Professor Franco Mosca showed up. He was wearing a green scrub uniform and his hands were still coated with whitish powder from surgical gloves. Despite the fact that he had been operating through the entire night on a pediatric donor, he was smiling and very warm with all of us. He joked briefly, then he asked a medical student for a sports newspaper; he made a few comments, and then he opened the examination session, being, at least apparently, neither influenced by the terrible human experience he

had just witnessed nor showing signs of a sleepless night. While on my way back, I thought that what I had seen that morning was something worth pursuing, and I decided to become a general surgeon.

After graduating, I matched with the residency program in general surgery headed by Professor Mosca. Although all abdominal procedures were performed routinely, I soon realized that the pancreas attracted special attention: only a few surgeons were allowed to operate on this organ, and it was attracting most of the academic interest. I remember the case of a young, seemingly healthy man who was diagnosed with pancreatic cancer involving the superior mesenteric vein. Although at the time I had only a rough idea of the prognostic implications of a locally advanced pancreatic cancer, I was impressed by the rumors emerging from the operating room: “Professor Mosca was resecting the head of the pancreas along with the superior mesenteric vein, an operation that would have not been performed routinely elsewhere, and indeed only in few specialized centers.” Three days later, the patient was walking around and by postoperative day 10 he was discharged. I had finally found my field of interest. During my residency years, I devoted to the pancreas every minute I had outside of my rotations and duties. In 1997, while was holding a fellowship position, Professor Mosca decided I should also become involved with pancreas transplantation. Now the pancreas was really “my organ.”

In 2000, after having heard a lot about it, I finally had the opportunity to participate in the annual meeting of the Pancreas Club. The meeting was held in San Diego, and I was awarded the honor of presenting two papers. When I arrived at the Marriott Hotel, I was impressed by the magnificence and austerity of the auditorium, an eighteenth century–style hall. My nervousness soon disappeared, however, as the first speakers started with their talks. The atmosphere was warm and friendly, despite the fact that some of the participants had made substantial contributions to pancreas surgery. All comments were made with a positive attitude, and people were discussing things as if they were at a departmental meeting rather than at an international, highly acclaimed medical conference. People were behaving as if they had known each other for years and they did not change their attitude even when a young foreign speaker, such as myself, arrived at the discussion of his papers. They asked questions and listened to my replies with the same interest, courtesy, attention I had seen with the previous, very prestigious, well-known speakers. This was a “lesson” I will never forget. I found the same atmosphere at the magnificent dinner organized by Dr. Moosa at the University Club, where I could see a leading group of scientists from

all over the world being together and telling jokes as old friends. Unfortunately, I missed the Atlanta meeting in 2001, but I was in San Francisco in 2002 and in Orlando in 2003. At every meeting I have found the same unique atmosphere. I like being a member of the Pancreas Club very much. I love the pancreas and I love the Pancreas Club.

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My research on pancreatic disease came about during the time I spent in the laboratory of Jim Thompson and Courtney Townsend in Galveston. Jim was very interested in the pancreatic exocrine physiology, and Courtney was investigating gastrointestinal cancer growth, although most of the studies were in colon and gastric cancer. Courtney did have a unique pancreatic carcinoid cell line, and I used this in addition to incorporating routine adenocarcinoma lines into my research. I presented my research at various meetings, including the 1994 SSAT meeting. I attended the Pancreas Club meeting in 1994, although I was not a presenter, just a distant observer.

When I began research at The M. D. Anderson Cancer Center, the laboratory I worked in focused on prostate cancer and lymphoma. The principal investigator told me I could study anything and use any model, and I figured that pancreatic cancer would offer me the most opportunities, given my clinical interest developed by Doug Evans, and my prior research interest from Courtney Townsend. I have continued that into my own laboratory.

A memorable event from a Pancreas Club meeting was the recent one in San Diego, hosted by Babs Moossa. At the dinner, after a glass of wine, Babs got a call informing him that the head of the gastroenterology unit had appendicitis, and asked that Dr. Moossa do the appendectomy. For whatever reason (the glass of wine, his commitment to the dinner, his relationship with the gastroenterologist, etc.), he declined the opportunity and sent a junior faculty (Mike Bouvet) to do the operation. Mike is also a pancreatic surgeon with an active laboratory and was attending the dinner, but as the junior person, he headed to the hospital at Dr. Moossa's request.

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Regarding my interest in the pancreas, my surgical interests were shaped in the era when transplantation was an unknown quantity, gastric surgery was declining, and heart and lung surgery was not "general surgery" and peripheral vascular surgery was not my type; surgery of the pancreas seemed to be the last frontier, both technically and physiologically, and presented a solid challenge.

In addition, I, of course, worked in an environment that focused on technical challenges and had a pancreatic entrepreneurial base therein early on. Of course, an interest in the pancreas also lent itself to diseases of the biliary tract, which physically and conceptually intertwined, helping to broaden the play.

The only other thing I recall was the telling of a few "off-color" jokes by distinguished members who shall remain nameless, but do not include you or me or Dr. Cameron. (Rest assured that this was not the first or last time such conversation has graced the New Members Dining Room of the Cosmos Club.)

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I attended my first Pancreas Club meeting in 1969 at Mount Sinai Hospital with David Dreiling; I had just finished my chief residency at the University of Miami. As a resident, I had been struck by the lack of knowledge of how to approach patients with suspected pancreatic disease. At that time, however, I was an attending vascular surgeon and was working on the artificial heart project in conjunction with Biomedical Engineering at the University of Miami. While engaged in this project, I had an idea for an external ultrasound device that was capable of measuring volumetric blood flow in a noninvasive fashion. In order to proceed with this project, it became necessary for me to become familiar with the physics of ultrasound, ultimately measuring the velocity of ultrasound in human blood as one of the constants for the volumetric device.

Emory University asked me to leave the University of Miami to come to Atlanta, where I would be assigned to Grady Hospital. Like most large inner-city institutions, there were innumerable patients afflicted with pancreatitis, most of whom received little effective treatment in those days. One of our most pressing clinical problems at that time was how to diagnose a pseudocyst, since that was one of the few conditions

associated with acute pancreatitis that we could actually treat. At that time either a pseudocyst was suspected because of a mass, or an upper gastrointestinal series showed displacement of the stomach. The mass was then assumed (often incorrectly as it turned out) to be a pseudocyst, and the patient was operated on.

Having just performed an exploratory operation in a patient with a suspected pseudocyst, only to find pancreatic edema, I was presenting this clinical problem to a group of third-year medical students as a problem requiring a new approach. We discussed several forms of energy and how they might be applied to a diagnosis involving the pancreas. One of the third-year students suggested ultrasound as an energy course but was unable to take it further. After thinking about it overnight, I saw this as quite similar to the work on ultrasound that I had done at the University of Miami, and I began to hypothesize that we could use sonic energy to determine whether the tissue of interest was solid or a cystic lesion. Furthermore, by determining the time it took for sound to pass through a cystic lesion, we could predict the size of the cyst. These thoughts eventuated to our seminal report on diagnosing pseudocysts by ultrasound and provided the first clinically useful application of abdominal ultrasound.

Using our technology, we were able to develop a wealth of information regarding pancreatitis that had not been previously available. It was all so interesting that I continued to work with these patients for the next 30 years!

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My interest in the pancreas was genotypically derived from my father, John Brooks, and his interest in the pancreas ran the full gamut from the early days at the Brigham, where every possible organ including the pancreas was deemed suitable for transplantation, to his long interest in radical surgery to cure pancreatic cancer. As a boy, he produced several papier-mâché models of the pancreas as grade school science projects, complete with endocrine and exocrine diagrams.

My own surgical training at the Brigham was conducted during the height of the days of total pancreatectomy, championed by both my father and Dick Wilson as the definitive treatment for any and all ductal carcinomas. As residents, we spent countless hours managing their tenuous and brittle diabetic

status, only to hear both my father and Dick stand up at public forums and say how easy it was to control their endocrine function. The competition between the two senior surgeons provided all of us with Whipple procedures and total pancreatectomies beyond compare. Despite this overly optimistic assessment of the utility of this operation, the surgical lessons imparted by both of these superb surgeons are unforgettable.

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Tribute to John Robinson Brooks

John Robinson Brooks was a strong supporter of the Pancreas Club from shortly after its inception to his retirement. He was a New Englander by birth (Cambridge, MA), by his undergraduate and medical school education (Harvard), and by his surgical education (Peter Bent Brigham Hospital). The only exception was a lapse of 2 years when he was in New York City. His subsequent rise in the Harvard community climaxed with his appointment as professor and then the Frank Sawyer professor in surgery at Peter Bent Brigham Hospital.

His research and clinical interests centered on the abdomen and the endocrine system. He was involved early in research on endocrine tissue transplantation using Millipore diffusion chambers and cell culture. In 1971 and 1973, he raised questions about the failure of pancreatoduodenectomy to give appreciable survival and suggested that total pancreatectomy might improve the results.

He also reported on the use of chemotherapy and x-ray treatment for pancreatic malignancy, the management of islet cell tumors, and the treatment of acute pancreatitis. In 1983 he wrote and edited a monograph entitled *Surgery of the Pancreas* (published by WB Saunders), which was well received. Underlying these accomplishments was a no-nonsense approach to surgery and life that endeared him to many.

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While going to college and medical school, I was Dr. Robert Hermann's scrub nurse at the Cleveland Clinic for 4 years and at times scrubbed for Stan Hoerr during his last year at the Clinic. I watched Bob perform many operations but was most interested in his work on the liver, biliary ducts, and pancreas. I was fascinated with his use of ear curettes to scoop stones out of dilated pancreatic ducts in cases of chronic pancreatitis. I was careful with the 3 ml glass syringes he used for intraoperative pancreatography. The syringes were particularly fragile and if the plunger did not slide just right, Bob would be upset. I spent many days in the operating room listening to Bob talk about the pancreas to the residents and other visiting surgeons. I knew he was special and that pancreatic surgery was special work.

As a fifth-year chief resident, Bob invited my wife and me to attend Digestive Disease Week and the SSAT meeting in 1984 in New Orleans. At the last moment, Bob was not able to attend the Pancreas Club meeting but encouraged me to go. I believe the Pancreas Club meeting was held at Louisiana State University that year. I knew absolutely no one and was quite intimidated. Dr. Thomas Taylor White from the Swedish Hospital in Seattle was most kind and hospitable to me during this meeting. My residents and I had made several presentations to the Pancreas Club earlier in my career. The Cleveland Clinic always had a bounty of good pancreatic topics that a young surgeon could review and discuss. At times the Cleveland Clinic philosophy did not agree with that of some of the more aggressive pancreatic surgeons in the audience, but this made for good discussion. I have always found the meetings useful in gathering different perspectives and techniques on pancreatic diseases and surgery of the pancreas.

I have only attended the dinners sporadically, but I believe that the meetings are a very valuable and unique part of American surgery.

*Thomas Broughan, M.D.
Shepard Thompson Clingan Chair
University of Oklahoma College of Medicine
Department of Surgery
Tulsa, Oklahoma*

Dr. Jaffee accepted me into the program at the State University of New York, Brooklyn Health and Science Center, where I then spent 3 years in the laboratory of Dr. Dana K. Anderson. By choosing to work in the laboratory of Dr. Dana Anderson in the Department of Surgery at the State University of New York, I became interested in the pancreas and its

diseases. Dr. Andersen was and still is an outstanding mentor. We worked together very closely to develop the isolated perfused human pancreas model in order to study pancreatic physiology. During these 3 years and then for 3 more after that, he took me to 25 national meetings, at which time he made a great effort to introduce me to as many surgeons as possible. Afterward, he would tell me their academic stories, which always fascinated me. He introduced me to you at my first Pancreas Club meeting. There was one lunch he took me to in Chicago where Drs. Thompson, Townsend, Zinner, Fisher, and Anderson were all telling stories. It was an unforgettable afternoon.

It was exciting to have our research accepted by the Pancreas Club in conjunction with the SSAT meeting. The first meeting I attended was in New Orleans, LA. In addition to being nervous at presenting our work, I was so impressed with meeting any of the legends in pancreatic surgery, including you (Dr. Frey). After a wonderful day of presentations, the dinner party was held in a beautiful New Orleans mansion in the Garden District. It was an unforgettable event and helped to stimulate my lifelong interest in the pancreas and diseases affecting it.

*F. Charles Brunicardi, M.D.
Department of Surgery
DeBakey/Bard Professor of Surgery
Baylor College of Medicine
Houston, Texas*

I definitely became interested in the pancreas because my teacher from 1979 onward was Hans Beger, and he really made me interested in the pancreas. If I recall correctly, I think I attended my first Pancreas Club meeting in 1984, or it might have been in 1985.

I heard about the Pancreas Club because I regularly attended the American Gastroenterology Association meeting, which then led me to the Pancreas Club. Unfortunately I have no specific recollections of the first meeting. I particularly enjoy the Pancreas Club meeting because it is clinically oriented; I believe it is so important that young people learn from the experience of senior pancreatic physicians or surgeons.

*Markus W. Buechler, M.D.
Professor and Chairman of Surgery
Department of Surgery
University of Heidelberg
Heidelberg, Germany*

The Club was founded in Dolly Madison's house on Lafayette Square by Alexander Graham Bell and John Wesley Powell. John Cameron has discovered that Josh Billings (Henry Shaw Wheeler Billings), whose many accomplishments include the architectural design of the original Johns Hopkins Hospital in 1869, was one of the founding members. He is perhaps most loved for his quote, which I paraphrase: "I have come to learn that a good set of bowels is worth more to a man than any number of brains." Perhaps he was referencing the pancreas indirectly. Many years ago the Club moved to the Townsend Mansion on Massachusetts Avenue, the former residence of Secretary of State Sumner Wells. Our hosts that evening were members Chester and Orah Cooper, both distinguished statesmen. Although I was not a member at that time, I am proud to be one now.

*Gregory B. Bulkley, M.D., Med Dr (Hon)
(Uppsala), F.A.C.S.
Ravitch Professor of Surgery
Johns Hopkins University School of Medicine
Baltimore, Maryland*

Probably like all late arrivals to Pancreas Club membership, I regret not having joined earlier. My first full Pancreas Club meeting and dinner were in San Diego as part of DDW 2000. The quality of the scientific and poster sessions were only outdone by the camaraderie and insightful discussion provided by the membership. Dinner that evening was delicious and elegant. As I recall, our host Dr. Moosa was called away for an emergency operation. I admired how graciously he met his responsibility, although I am sure he had looked forward to the evening. Subsequent Pancreas Club meetings and dinners have been equally educational and fun for me. It has been a great club in which to establish and grow enduring friendships. It is particularly welcoming to younger people, and those welcomes one gets from the renowned leaders in this field are genuine and stimulating.

As a resident in general surgery at Barnes Hospital in St. Louis, I had several outstanding mentors who lured me into pancreatic surgery, including David Sharp, Wayne Flye, and William Monafo. On graduating, I had the privilege to train with one of the greatest luminaries in our field, Sir David Carter, at the University of Edinburgh in Scotland. When I returned to St. Louis, my clinical practice increasingly focused on pancreatic diseases while I worked under the tutelage of Steven M. Strasberg at Washington University. Today, at Beth Israel Deaconess Medical

Center in Boston, pancreaticobiliary surgery is my primary clinical focus, which I find inspiring, challenging, and fulfilling to my academic, clinical, and personal growth. I enjoy the technical tests, the nuances of the diseases and, most important, my patients.

In the laboratory, our group pursues a research program to determine whether we can enhance apoptosis and promote tumor regression in pancreatic cancer. Our particular objective has been to overcome NF-kappa B-dependent chemoresistance in human pancreatic cancer. We have enjoyed presenting our work for critical review to the membership of the Pancreas Club, a membership I hope to help expand in the years ahead.

*Mark P. Callery, M.D., F.A.C.S.
Visiting Associate Professor of Surgery
Harvard Medical School
and Chief, Division of General Surgery
Beth Israel Deaconess Medical Center
Boston, Massachusetts*

When I was a junior faculty member at Johns Hopkins School of Medicine in the early 1970s, I became interested in studying acute pancreatitis, principally because no one else there was interested in it and there was ample patient material to study. I wrote to several people in the early 1970s about the possibility of establishing a small group of young surgeons interested in the pancreas because I was not aware at the time that there was a Pancreas Club. I was told that there was already such an entity, but that it had not met in a year or two. I am thus assuming, looking at your schedule, that I must have inquired about starting a small group of those interested in the pancreas in 1974 or 1975. Shortly thereafter I became friends with Andrew Warshaw, Ed Bradley, Roger Keith, and a few others interested in studying the pancreas, and that association perhaps even more so than the Pancreas Club increased my enthusiasm for focusing on benign diseases of the pancreas as an area of study.

When I became chairman of the Department of Surgery at Johns Hopkins in 1984, I was becoming less interested in inflammatory disease of the pancreas, even though I still had funding for studying acute pancreatitis (and it lasted for another 8 or 9 years), and more interested in pancreatic malignancies. I recruited Henry Pitt and Mike Zinner back to Hopkins in the middle 1980s in an attempt to get a "critical mass" of individuals interested in the pancreas working together in the laboratory and clinically to really be the focus of our department. The reason

I focused on the pancreas was that the Whipple procedure was a substantial undertaking at that time and represented a challenge to any surgeon who was particularly interested in difficult alimentary tract surgery.

The critical mass of individuals interested in alimentary disease has continued to grow at Hopkins, resulting in more resources, facilities, and so forth being devoted to diseases of the alimentary tract in general and diseases of the pancreas specifically.

We now have a large group of individuals at Hopkins throughout multiple departments who are interested in pancreatic cancer. I think now there probably is no other institution that puts as many resources and facilities toward basic laboratory research, clinical research, and clinical care for patients with pancreatic cancer in the world, and it all stemmed initially from my interest in inflammatory pancreatic disease back in the early 1970s, mostly because nobody else here was interested in that area. There is a lot more detail I could provide, but I think to most people it would be fairly boring, so I will stop at that point.

*John Cameron, M.D.
Chairman and the Alfred Blalock Professor
Department of Surgery
The Johns Hopkins Hospital
Johns Hopkins University
Baltimore, Maryland*

I became interested in the pancreas when I was a medical student and got a summer job working in the department of surgery research laboratory. I worked with Dr. Dan Elliott that summer, although my principal mentor was Roger Williams. We were working on the problem of venous thrombosis. However, Dan had an interesting project in creating experimental pancreatitis in dogs by infusing bile and pancreatic juice into the pancreatic duct under normal ductal pressures, which produced severe hemorrhagic pancreatitis. That was the beginning of my interest in the pancreas and the year was 1965.

The first meeting of the Pancreas Club that I attended was the original meeting of the Club in Chicago. Marion Anderson was the host, and the meeting was held in one of the meeting rooms at Northwestern University. That evening there was a cookout in Marion's back yard in Evanston. I was involved with a group who conceived the idea of the Pancreas Club as being a small organization of people interested in pancreatic disease who would discuss their work in progress and their clinical interests. The idea was to keep the group small enough so that the discussions

would be informal and that we could learn from one another the subtleties of this particular organ.

My recollection of the first meeting and of the dinner is that it was a cookout in Andy's back yard; as I mentioned, it was a very informal and very pleasant evening.

It has been gratifying to see the growth and the excitement that persists in the Pancreas Club. It has now reached a size that precludes the informal format for which it was originally intended, but I am not sure that has detracted from its value.

*Larry Carey, M.D.
Professor of Surgery and Emeritus Chairman
University of South Florida
Tampa, Florida*

The first meeting I attended was in New Orleans in 1979 at the invitation of Dr. Isidore Cohn. I was impressed with the caliber of those attending as well as the informal participation of almost all those present. Some of the highlights of that meeting in New Orleans were the streetcar rides and that Doris and I acted as hosts at our home. The Pancreas Club was a source of much knowledge and a great many friends.

*Elmo Cerise, M.D.
Professor of Surgery
Tulane Medical School
New Orleans, Louisiana*

Your letter about the history of the Pancreas Club made me think about where, why, and how I became interested in the pancreas. It took a while for me to try to reconstruct what happened, and I guess you can see why when I tell you that my first paper dealing with the pancreas was in 1960!

That paper dealt with experimental work on pancreatitis and was stimulated by an experience with one of the 10 residents (who subsequently became my first Chief Resident after I became Head of the Department) and with a local gastroenterologist. There were others after that, and the interest gradually shifted to pancreatic cancer.

When I became head of the National Pancreatic Cancer Project, things changed considerably and I was significantly more involved in the field. I tried for several years—speaking at meetings of both the Pancreas Club and the American Pancreatic Association—to bring the two groups together. It seemed to me that there was duplication of effort and for a time not enough really new material to justify the

existence of both groups, but I was not successful. The Club was mainly surgeons, and the American Pancreatic Association was mainly internists and basic scientists. I think I have detected some interest recently in an attempt to do what I failed to do.

I do not remember when I first attended a meeting. I do have notes from the 1976 meeting, and I suspect my first meeting was some time before that. The early meetings were almost all clinical—as far as I can recall, and were more intimate and generated more spontaneous discussion. With the larger groups of more recent years, things have become more formalized and these have not been as interesting to me. Some of this may be the result of my lesser involvement in the field as an accompaniment of my “senior status.”

Isidore Cohn, Jr., M.D.P
Professor and Emeritus Chairman
Department of Surgery
Louisiana Health Sciences Center
New Orleans, Louisiana

Dr. Cohn has forwarded me your note regarding the beginning of the work in the Department of Surgery at Louisiana State University concerning the pancreas. I was a second-year resident spending 18 months in Dr. Cohn's laboratory. As an intern at Touro Hospital in New Orleans in 1957–1958, I spent time on the Medical Service of Dr. Murrel Kaplan, a gastroenterologist who later became president of the American College of Gastroenterology. Dr. Kaplan, now deceased, was a devoted student of the writings of Hans Selye, particularly in regard to his views on stress and associated disease. Dr. Kaplan was fascinated by the possibility that some diseases that were manifested by vascular lesions (such as found in hemorrhagic pancreatitis) were due to stress, autoimmune in nature, and could be potentially successfully treated with adrenal corticosteroids. Dr. Kaplan, who had a busy clinical practice, treated all cases of pancreatitis with adrenal steroids, and in severe cases at dosages nearing 50 mg/kg of Solu-cortef every 4 to 6 hours. Dr. Kaplan and I later reviewed his clinical material retrospectively over a 6-year period and reported it in the *American Journal of Surgery* (108:24–30, July 1964). He had previously published other clinical reports in the *American Journal of Gastroenterology* and the *American Journal of Digestive Disease*.

When I entered Dr. Cohn's laboratory, we decided to do some experimental work on steroids and pancreatitis using dogs and rabbits as animal models. The initial studies in rabbits involved an attempt at producing hemorrhagic pancreatitis by injecting meningococcal endotoxin into the pancreatic duct and

challenging the animal with an intravenous dose in 24 hours—the principal of the Schwartzmann reaction. Experiments by Alan Thal indicated that this was a good model; however, we could not reproduce the results in the pancreas, although we could create the lesion in the skin. We therefore changed to a staphylococcal exotoxin, which regularly produced hemorrhagic pancreatitis when injected into the pancreatic duct. Steroids were effective in these experimental studies. We reported these experiments in *Surgery* in 1960 (47:587 April) and the *American Journal of Digestive Diseases* in 1962 (7:127, February). It is interesting that at the time of Dr. Robert Zollinger, Dr. Marion Anderson and other well-known medical and surgical authorities in this country were reporting similar successes with steroids in pancreatitis. The popularity of steroids in the treatment of pancreatitis was short lived and is rarely mentioned today, however.

Thus ends the Surgeons Tale of how studies in the pancreas began in Dr. Isidore Cohn's surgical laboratory at Louisiana State University.

Colonel Alvin M. Cotlar, U.S.A.F., M.C. (Ret)
Director, Medical Education
Kessler Air Force Base, Mississippi

I first became interested in the pancreas and its diseases because up to the late 1970s patients with pancreatic diseases were, most of the time, very badly managed in my institution in Brazil. The correct diagnosis was very rarely made, and adequate medical and surgical treatments were almost never undertaken. At that time Dr. Machado and I initiated at the Hospital das Clinicas de San Paulo the first pancreatic surgery service in Brazil.

It was only in 1986 that during the Eighth World Congress of Gastroenterology that I had the privilege of meeting Charley Frey and Ed Bradley, who later became good friends of mine and told me about the Pancreas Club. At once I made plans to join.

Unfortunately it was only in 1993 that I had the opportunity to attend my first Pancreas Club meeting in Boston. Since then I have not missed a single meeting, and I am glad for this because the meetings are really very good not only for the scientific program that updates us all in the most advanced clinical and experimental studies on the pancreas performed throughout the world, but also for the social activities when we have the opportunities to meet our friends.

I only have nice recollections about the Club. Meetings and dinners are great. Maybe dinner cost for invited persons is a little high. I am very glad I have joined the Club and I continuously suggest

to everybody interested in the pancreas to do the same.

*Jose Eduardo Cunha, M.D.
Associate Professor of Surgery
Sao Paulo University Medical School
Sao Paulo, Brazil*

My interest in the pancreas began as a general interest in surgical oncology. I wanted to do cancer research when I finished my residency so I signed on for a research fellowship in the laboratory of Dr. Orlo Clark. He was doing research in thyroid cancer. The work was fascinating and ultimately stimulated my interest in endocrine surgery. On completion of my fellowship, I joined a surgeon, Dr. Stuart Smith, at the Medical College of Wisconsin. He was my senior partner, and his practice encompassed endocrine and nonendocrine diseases of the pancreas. I quickly began to see many patients with pancreatic cancer, pancreatitis, and endocrine pancreatic tumors.

With the growth of my clinical practice in pancreatic surgery came an interest in research related to the pancreas. There was a continuous evolution and growth of the techniques I learned during my research fellowship that I applied to the pancreas. I became interested in mechanisms of tumor metastases as well as detection of micrometastases using very sensitive techniques such as immunohistochemistry and the polymerase chain reaction.

Ultimately I became interested in looking for better treatments for patients with pancreatic cancer so that we might have an impact on the dismal overall survival. These interests led to investigations in drug development and novel treatments including immunotherapy. I find that the pancreas is a fascinating organ. It is complex in both exocrine and endocrine function. The diseases require special attention and understanding of the pathophysiology and a dedication to careful surgical techniques and meticulous patient care.

I find the Pancreas Club unique in that it is a somewhat informal group of like-minded individuals who share a particular interest in the pancreas. The meetings are characterized by a high level of intellectual discourse, discussion of anecdotes, and general good fellowship.

*Michael J. Demeure, M.D.
Associate Professor of Surgery
Department of Surgery
University of Arizona
Tucson, Arizona*

My interest in the pancreas was fostered at an early stage in my medical training. The typical ebbs and flows in interest that a medical student experiences as they rotate through different fields in medicine as a clinical clerk did occur for me. However, throughout all of these exciting exposures to various fields of medicine, my interest in surgery and specifically the pancreas remained strong after my initial exposure to the pancreas.

As a clinical clerk rotating on the "Orange Service" (gastrointestinal general surgery) at the Health Sciences Centre, University of Manitoba, I realized that surgery had a strong immediate appeal to me. Looking back now, my involvement/exposure in the operating room with Dr. J. Lipschitz during that time would serve to cement my interest in general surgery and would act as the foundation for a future career choice.

Observing Dr. Lipschitz perform a Whipple operation during that time still stands out vividly to me when I consider what sparked my interest in pancreatic surgery. The residents at the time all thought this was a "big" operation and that trainees needed to be involved with this procedure as they might not have another chance during their training. I was not sure what all the fuss was about! Watching them perform that operation I had a better understanding of why the residents all felt this was such an important operation to be involved with. I was amazed at the many steps involved in the operation and the meticulous technique used throughout. The numerous points during the operation where important decisions had to be made appeared more involved than with previous operations I had observed. The display of anatomy in the upper abdomen during and at the conclusion of the extirpation phase of the operation was as impressive to me as the combination of surgical technique and "art" required during the reconstruction phase. The melding together of so many important surgical skills at one time seemed to me something to strive for. From that point on I was "hooked" on the pancreas.

That day in the operating room was instrumental in fostering my interest in pancreatic surgery. This along with many other points of reinforcement during my residency led me to my choice of fellowship training in hepatobiliary and pancreatic surgery at the University of Toronto and to my ultimate career choice and goals.

*Elijah Dixon, M.D., B.Sc., F.R.C.S.C.
Candidate Student for Master's Degree in
Clinical Epidemiology
Harvard School of Medicine
University of Calgary
Calgary, Canada*

The pancreas was always a mystery to me as a medical student, a notion that was reinforced by the high mortality and morbidity sometimes observed during the late 1960s when I finished medical school. Later, in Vietnam, I had the opportunity to care for a lot of patients with both penetrating and blast injuries involving the abdomen and retroperitoneum, and found that the mystery surrounding pancreatic lesions began to dissipate.

As a house officer in Chicago, I later worked with Dr. Bill Schumer at the West Side VA hospital (Dr. Gillespie, who had worked with Dr. Puestow at the Hines VA Hospital, was the first chief of surgery at the West Side VA Hospital), and I was privileged to work with a number of patients who had been operated on by Dr. Puestow's colleague. I was impressed by the confidence and experience of the VA surgeons in dealing with pancreatic lesions, and set about learning all that I could about this organ.

The basic pathogenesis of severe pancreatitis remained unknown; further, the paucity of therapeutic options for severe pancreatitis prompted my review of neurovascular mechanisms that might be manipulated in trying to ameliorate acute pancreatic inflammation; the importance of pancreatic and splanchnic blood flow had been demonstrated in a number of studies, and I was anxious to learn more since there were frequent admissions for alcoholic pancreatitis and its complications to our medical centers (West Side VA Hospital, Cook County Hospital, and University of Illinois Hospital).

As it happened to be, we then had the privilege of having a senior research scientist/surgeon from the University of Gothenberg, who had come to work with Dr. Nyhus in our laboratory. Dr. Hakan Ahlman was working on enterochromaffin cells and taught me techniques of chemical sympathectomy and some ways of demonstrating tissue catecholamines that had been described at Gothenberg. Subsequently I was able to study the effects of chemical sympathectomy and other vasoactive agents on blood flow during acute pancreatitis. We showed that chemical sympathectomy and other agents did, in fact, provide a salutary effect in our rats, but we were frustrated by the negative inotropic effects of our systemic agents. The pancreas remained out of reach, but still quite fascinating.

Since about 1990 the "problem" patients with chronic pancreatitis have changed somewhat; there are still patients with severe acute disease, but the frequency of severe alcoholic pancreatitis has definitely changed. The questions of pathogenesis and blood flow, however, remain, but the techniques of investigation have shifted to the molecular level.

As a surgeon I continue to have a great respect for the pancreas, and for the problems that we can and

sometimes cannot deal with effectively by conventional techniques. When a pancreatic case goes well, my satisfaction is tempered by the realization that best efforts with this challenging organ are frequently rewarded by failure.

The Pancreas Club, as a forum where all scientists who study this intriguing organ can exchange their observations and ideas, continues to be a uniquely organized world organization.

*Philip Donabue, M.D.
Professor of Surgery
University of Illinois
Chairman, Division of General Surgery
Cook County Hospital, Chicago, Illinois*

Tribute to David Dreiling, M.D.

I met Professor Dreiling in 1985 at Mount Sinai Hospital. At that time he was the chairman and program director at the department of surgery, and I was a visiting student. I had heard that he was an undisputed authority, but I could not believe it when I saw him for the first time. He looked nothing like the professors I knew from my university in Germany. He was sitting cross-legged on a table when he welcomed us. He did not wear a suit or a white coat but a funny-looking checkered blazer, a multicolored bow tie, and knickers. And most surprising of all, he was not scowling but smiling.

You did not have to be a good judge of character to realize that he was a special person with lots of charisma. It seemed that he only taught us the things that had passed his personal validity test. He always showed us the latest numbers from his personal database, told us about cases from his own experience, and wrote mnemonic phrases on the blackboard that we would never forget. You already know the one about the pancreas. Did you know that fistulas do not heal, if friends are there? **Fistulas do not heal for FRIENDS: Foreign bodies, Radiation, Infection, Epithelialization, Neoplasms, Distal obstruction, and Steroids.**

After lectures, he took us into the operating rooms or showed us the laboratories at Mount Sinai Hospital where he performed his animal experiments. I felt sorry for the animals but Professor Dreiling convincingly explained why these experiments were necessary: "To further evaluate the findings in humans and vice versa." All of his experiments related directly to the clinical situation and attempted to mimic the

clinical scenario as closely as possible. Thus he provided an unshakable scientific basis for a number of phenomena concerning the exocrine pancreas, which had been unknown at that time. I later read many papers about exocrine pancreatic secretion, in which findings were reported that Professor Dreiling had already explained to us at Mount Sinai.

When I said goodbye to Professor Dreiling, he took quite a bit of time to talk to me with an invitation to come back and work with him at Mount Sinai. I did not really believe he meant it, but I was elated over his offer.

I only met Professor Dreiling once after that. It was at a meeting of the International Association of Pancreatology. I had in the meantime joined a pancreatitis research group in Heidelberg and had read much about or by Professor Dreiling. I did not have the courage to go up and speak to him, but he came up to me, welcoming me into the "Pancreas Family."

Other members of the Pancreas Club are better able to give testimonials about Professor David D. Dreiling's achievements in clinical and experimental research, as a surgeon and physician and as the multifaceted personality, philosopher, and artist that he was. My impression was that of a very remarkable person. He was extraordinary because he had kept his child-like enthusiasm for humans in general and for pancreatic research in specific. He was never too tired to teach and impart his knowledge, even to a young student from Germany.

*Thomas Foitzik, M.D.
Department of Surgery
UK Benjamin Franklin University
Berlin, Germany*

In the 1950s Dr. Robert Zollinger's surgical residency program at Ohio State University was ambitious and demanding. Residents who wanted to progress in general surgery were required to rotate in the research laboratory, enroll in graduate school, earn at least a master's degree, defend a thesis, and publish a paper, hopefully after presenting it at a national meeting! I wasn't really afraid of all this because I had done that. As a medical student at Yale, I was required to work on an original research project and defend my thesis on it. By pure serendipity, I had chosen the late Dr. Eugene Clifton as my advisor. He was working on cancer and its relation to antiproteolytic titers (titers were our only way to measure proteolytic enzyme activity or its inhibitors in those days.) My first paper

was published when I was a senior medical student—and I had caught the research bug.

When the time came for my research rotation at Ohio State, Kenwell and Wels of Buffalo, NY, had just published their short paper suggesting that concentrated serum albumin be given to patients with acute pancreatitis because all the inhibitors of proteolytic activity were found in the albumin fraction. Perhaps these inhibitors would ameliorate acute pancreatic inflammation, a benign but deadly disease in those days. The Korean War was winding down, and the American Red Cross had accumulated huge stores of concentrated salt-poor albumin, which were then made available for good medical uses at no charge! The serendipity was now evident because I knew how to measure antiproteolytic titers as we gave albumin. We could use patients but we never dreamed of randomizing them in such a serious illness. First we had to determine objectively in dogs whether concentrated human albumin was effective in pancreatitis and then show the changes in antiproteolytic titers as we gave the albumin. Of course, it didn't hurt that Dr. Zollinger had published on amylases and was very interested in the pancreas! His right-hand executive, the late Dr. Edwin Ellison, gave me full access to the laboratory for experimental surgical biochemistry. Its head, Dr. Richard Moore, Ph.D., was a professor of biochemistry and agreed to help.

I thought we were off to a great start until I found out there was no totally physiologic method of inducing pancreatitis in dogs. None of the known methods were sufficiently well standardized to produce the same degree of severity from one animal to the next. We had to regulate the severity carefully so that the pancreatitis would kill the animal if the treatment didn't work, but remain moderate enough to be treatable. In animals, only life or death can provide the most convincing biological end point; this is much superior to biochemical markers. Then we had to learn how to make a good healthy standardized dog out of the miserable animals the dog pound was about to destroy. They were all we could afford, but they were exhausted after running the streets, starved, anemic, full of worms and distemper, and who knows what else. The veterinarian students were of enormous help. As in any good project, all these issues generated more papers for publication.

Most of this work took place before we knew anything about central venous pressure monitoring. We did know that concentrated albumin expanded blood volume, and we knew how to measure blood volume experimentally. The methods were cumbersome and expensive and limited by side effects, but I managed to persuade Dr. Ellison to let me measure blood volume in my dogs. We first obtained a baseline reading;

we then measured these blood volumes successfully during pancreatitis, either with or without treatment. What we discovered was a rapid and enormous drop in circulating blood volume. This provided objective evidence of a tremendous hypovolemia developing rapidly in acute pancreatitis, even though there was no visible fluid loss. We had no prior idea that the fluid shift into ascites, the pancreas itself, and the tissues around it would be so huge, and there appeared to be protein destruction as well. This hypovolemia was being corrected by albumin. The treated dogs were living while all the control animals died!!! However, a disaster was taking place in the biochemical laboratory. The more albumin we gave, the more antiproteolytic titers fell, instead of rising as they were supposed to do. I began to suspect our technicians, or maybe even Dr. Moore, were doing the chemical analyses all wrong. Finally, one night I slipped into the laboratory by myself and repeatedly measured the trypsin inhibitors concentrated in multiple ampules of the albumin itself and found that there were none! As it turned out later, they had all been destroyed by the heating process used to eliminate the hepatitis virus.

Concentrated albumin later became very expensive and unnecessary in most cases. Ringer's lactate is much cheaper and will do almost the same job if central pressure monitoring is used to determine volume and prevent overload. Albumin, however, remains, to this day, a very effective and safe method of restoring circulation with much lower volumes of water and salt. It should be considered whenever central pressure monitoring is not readily available or practical.

These early and arduous works became the basis for my lifelong interest in the pancreas. I was very pleased and a little surprised when Marion Anderson invited me to join the small group that met with him at Northwestern University in Chicago in 1966. That became the first meeting of the Pancreas Club. He was a gracious host and began a tradition by inviting the group to his home for dinner after a day of informal discussion downtown. It was a pleasant and stimulating day. Even though I went eagerly to the second meeting at John Howard's office home in Philadelphia, I never expected that this small gathering would grow into the stimulating and influential organization the Pancreas Club has become today, under the guidance of Charlie Frey and Bill Schiller. I have been pleased to remain a member and occasionally, many years ago, to have contributed to its program.

*Dan Elliott, M.D.
Emeritus Professor of Surgery
Wright State University
Dayton, Ohio*

The Pancreas Club played a significant role in my interest in pancreatic disease. In the spring of 1977, Dr. Larry Carey asked me to attend a meeting of The Society for Surgery of the Alimentary Tract. During that week I also joined him for a meeting of the Pancreas Club. At that meeting I was first exposed to the leaders in pancreatic surgery. I was impressed with the dialogue and the debate. I was surprised at how quickly I, a surgical intern, was accepted into this group. I recall meeting Dr. Warren, in particular. An icon in pancreatic surgery, Dr. Warren impressed me with his humility and insightfulness. I was able to participate in subsequent meetings made possible by the Ohio State University Department of Surgery, where I did my residency.

At these meetings, I was drawn into the debate about pancreatic disease. I recall a meeting that was held, I believe, in Chicago. Dr. Charlie Frey was leading a discussion on the management of pancreatic pseudocyst. The question was the role of angiography in the management of pancreatic pseudocyst in order to detect pseudoaneurysms in the wall of the cyst. A characteristic dialogue took place with notable professors weighing in on the topic. At the end of the debate, a vote was taken in order to see if a consensus could be developed. At the time I supported the use of routine angiography in the management of pancreatic pseudocysts and cast my vote accordingly. As I did so, I received a blue-eyed stare from my mentor, Dr. Larry Carey. It was one of the few times we were on opposite sides of an issue.

I have enjoyed the culture of the Pancreas Club. In the past, I have introduced, and continue to do so, my young associates in both surgery and gastroenterology to the organization. My only regret is that I have not been able to attend as frequently as I would have liked.

*E. Christopher Ellison, M.D.
Associate Vice President for Health Sciences
Vice Dean of Clinical Affairs, COM&PH
Robert M. Zollinger Professor and Chair
Department of Surgery
Ohio State University Medical School
Columbus, Ohio*

My interest in pancreatic surgery began during my first 2 years of medical school at Boston University. As part of my tuition assistance program, I directed undergraduate dormitories located on the Charles River campus directly across from the Lahey Clinic. As was typical of most undergraduate dormitories, things didn't quiet down until 11 or 12 at night;

therefore my evening study time was spent across the street in the Lahey Clinic library. Before the Lahey Clinic moved to Burlington, their outpatient building was on Commonwealth Avenue just off Kenmore Square; I was located directly across the street. Having the entire library to myself most evenings, I was able to appreciate the great tradition of hepatobiliary and pancreatic surgery that the Lahey Clinic enjoyed and read the manuscripts written by Drs. Warren, Cattell, and Braasch. During my third year of medical school, the Lahey Clinic moved to Burlington. As a fourth-year medical student, I spent a few weeks on the surgical service of Dr. Braasch, which further stimulated my interest in the technical aspects of pancreatic surgery. As a surgical resident at Dartmouth, I had the opportunity to work with Dr. Richard Karl, Sr. Dr. Karl's practice focused predominantly on benign and malignant diseases of the upper gastrointestinal tract. He had a large experience with pylorus preservation and pancreaticogastrostomy. His interest in postpancreatoduodenectomy reconstruction and its physiologic consequences stimulated many interesting discussions.

When I came to The University of Texas M. D. Anderson Cancer Center in Houston, Dr. Fred Ames was performing most of the pancreatic resections for malignancies of the pancreas and periampullary region. His thoughtful approach to preoperative imaging and the technical aspects of surgical resection have proved invaluable to the development of our current multidisciplinary program. The addition of Drs. Jeffrey Lee, Peter Pisters, and Nick Vauthey have brought healthy debate and constructive criticism to a group practice that aims to build consensus after thoughtful review of the literature and careful analysis of the data. My clinical practice is even more exciting than I dreamed it would be while studying in the Lahey Clinic library in 1980 and 1981.

Douglas B. Evans, M.D.
Professor and Chairman

Department of Surgical Oncology
The University of Texas M. D. Anderson Cancer Center
Houston, Texas

"Eat when you can. Sleep when you can. Don't mess with the pancreas." Such was the anthem taught me when I started on my surgical clerkship as a third-year medical student. During the course of my surgical residency, I have come to understand why the pancreas is given such a prominent place in the world of surgical "dos and don'ts." I first learned to respect this beguiling gland when I was an intern on the

gastrointestinal surgery service at UC Davis. Never did I imagine that injury to one little organ could make a patient so sick and consume so much of my time. The relationship between eating, sleeping, and the pancreas became abundantly clear to me; the sicker the pancreas, the less sleep I would get and the less time I would have to eat. As I progressed in my surgical training, the pancreas took on a new significance because it became the object of my research focus for 2 years. As I toiled over my Western blots and my cell culture, I learned to respect the power of the pancreatic cancer cell and its ability to withstand all of my best efforts to kill it. Perhaps more important, the pancreas served as the vehicle for exploring how many cancer cells elude and evade the brightest and most diligent of clinicians. With more years of surgical training ahead, I trust that the pancreas will continue to teach me new lessons and exact more respect.

The first Pancreas Club meeting I attended was in San Diego, CA. I was a third-year surgical resident at UC Davis and serving my third of 4 months on the gastrointestinal surgery service, a service known for its demanding patient load. I was just 2 months away from taking a much-anticipated break from clinical duties and entering the research laboratory of Dr. Richard Bold. Dr. Bold came to me with a "little" project that he thought might be of interest to the members of the Pancreas Club: morbidity, mortality, and technical factors in distal pancreatectomy. The project sounded easy enough and I certainly didn't want to get off on the wrong foot with the man who would be controlling the next 2 years of my life. "Sure," I said, "sounds great." So every spare moment for what seemed like months, I reviewed charts and read articles all about distal pancreatectomy (a procedure I had yet to perform.) Naturally, I was elated when our abstract was accepted and I was San Diego bound. Looking back now, I realize it was only fatigue-induced psychosis that prevented me from fainting with nervousness at the prospect of standing before this distinguished group of pancreatic surgeons and presenting my paper. As luck would have it, mine was the last paper of the day so I had all day to gawk at the surgical giants that surrounded me. I thought to myself, "Yes I've got that guy's book," "Isn't that the professor for whom the procedure was named?" Ironically, I have not attended a surgical meeting since where I have felt more welcomed.

Thank you for the invitation to relate my path to the Pancreas Club. It has been a rather circuitous one. I am delighted to have the opportunity to reflect upon how I arrived to become a member of such an illustrious and talented group of individuals, all of

whom share a great enthusiasm regarding the surgical management of pancreatic disease.

*Bridget Faby, M.D.
Surgical Resident
University of California Davis Medical Center
Sacramento, California*

I will be somewhat loquacious as my route to the Pancreas Club has been a little unusual. I grew up in Mobile, AL, not sure what I wished to do with my career. I certainly had no role models in the medical realm, and in fact graduated from Tulane University in New Orleans, LA, with a degree in chemical engineering. As it turned out, the defining moment in my life was meeting my wife, Ann, whose father, Dr. B. F. Boylston, had been a professor of orthopedic surgery at Baylor College of Medicine in Houston. I never met him as he unfortunately died of lymphoma in his early 40s. At any rate, Ann grew up in a medical family and had many friends who were surgeons. I had the opportunity to meet them as we dated and I immediately noted both their charisma and enthusiasm about their work providing care to patients and especially operating. I was hooked and knew then that I wanted to go to medical school and become a surgeon. One of the surgeons that impressed me greatly at that time was E. Stanley Crawford, who was a close friend of Ann's family and, in fact, because her father had been deceased for a number of years, escorted her down the aisle at our wedding.

I then went on to medical school at the University of Alabama in Birmingham and was looking at residency training positions in the Southeast. I had the great fortune to rotate on Dr. John Kirklin's (former Chair, Department of Surgery at Mayo Clinic) cardiac surgery service at the University of Alabama in Birmingham and heard about the Mayo Clinic from him. I was stimulated to apply for an interview, which I was pleasantly surprised to receive in December of 1974. I had the great fortune to be accepted for residency training at the Mayo clinic, which I initiated in 1975.

Through 5 years of training at the Mayo Clinic, I had the opportunity to work with a number of giants in surgery, many of whom had great experience in pancreatic surgery—among them were Drs. Marty Adson, Don McIlrath, Bill ReMine, and Dr. Jon van Heerden. It was with these great surgeons that I had my first exposure to the pancreas and the challenges it provides. I thrived on surgical challenges and sought opportunities to participate in complex hepatobiliary and pancreatic surgery at every opportunity.

On completion of my training, I had initially planned to return to the southern United States and practice general surgery; however, an opportunity came up to remain on the staff at the Mayo Clinic. I was offered a position that was comprised of 50% trauma and surgical critical care and 50% general surgery, and although it did not allow me to focus on the upper abdomen, which was my first love, my philosophy had always been "carpe diem," and I accepted.

I joined the Division of Gastroenterologic and General Surgery in 1980. During my first 12 years at Mayo, I was involved in trauma and emergency surgery and initiated programs in both surgical critical care and a hospital-based helicopter transport program. During this same time, I had the great opportunity to work in institutional administration as a member of the Board of Governors of the Institution as well as a member of the Executive Committee of the Mayo Foundation. The time to perform pancreatic surgery and to contribute to the body of knowledge of pancreatic surgical disease was limited. These opportunities and challenges put great demands on my time and with the support of my then Chief of Surgery, Dr. Keith Kelly, I relinquished my trauma and surgical critical care responsibilities and focused on general surgery thereafter. Therefore, since 1992, I have had the opportunity to focus my surgical practice on hepatobiliary and pancreatic disease. I am providing this additional background information because it explains, I think, why I am a somewhat late bloomer in the world of pancreatic surgery. I spent some 12 years in the trauma realm, and only over the past 10 years have I had the opportunity to emphasize surgery of the pancreas and other upper abdominal organs.

Michael Sarr, one of my colleagues, has been a long-standing member of the Pancreas Club and with his prodding I applied for membership in 1998, and I am certainly delighted that he encouraged me to do so.

It has been an honor and a privilege to participate with colleagues in the Pancreas Club. In no other forum do I find so many surgical colleagues who understand the challenges that we face in the surgical management of pancreatic disease. I find the Club to be stimulating and humbling. The skill and ingenuity of the membership is amazing. I look forward to actively participating in the Pancreas Club in the years ahead.

*Michael Farnell, M.D., F.A.C.S.
Chief of General Surgery
Professor of Surgery
Mayo Clinic
Rochester, Minnesota*

I became enamored with the pancreas very early in my surgical residency at the Instituto Nacional de la Nutricion in Mexico City. The chairman of the department was Dr. Manuel Campuzano, who is one of the finest and most elegant surgeons I have ever met. His favorite organ was the pancreas, and he was perhaps the only surgeon who operated on it without fear of complications, of which he had very few. I wanted to be like him and began reading more about the pancreas and reviewing our hospital's experience.

Soon after that I became involved in pancreatic basic research and decided to come to the United States to study with Andy Warshaw, and shortly after that presented my first paper to the Pancreas Club.

*Carlos Fernandez-del Castillo, M.D.
Professor of Surgery
Department of Surgery
Harvard Medical School
Massachusetts General Hospital
Boston, Massachusetts*

During my residency, I spent just over a year working on gastrin with Richard Fiddian-Green. I honestly believe that Richard took me to my first Pancreas Club meeting in 1979, the first year I attended DDW. Little did I know that this first encounter was to be the beginning of a longstanding interest in the pancreas. I must admit my initial impressions of the Pancreas Club were awe-inspiring. All of these "giants" in the same room, not only discussing pancreatic disease, but also telling jokes at dinner!!!

After finishing my residency, I was awarded a fellowship at the Center for Ulcer Research and Education (CURE) in Los Angeles. The director, Mort Grossman, suggested that since I was to be at the Sepulveda VA, I might work with Jim Meyer, the Chief of Gastroenterology. Jim's expertise focused on gastrointestinal motility (particularly gastric emptying) and pancreatic physiology. I opted to work with him in the latter area, and the rest is history.

I have greatly enjoyed my affiliation with the group and was particularly proud to host the meeting in Atlanta in 2001. Both Vicki and I would hope that the "Islets" have found a new home.

*Aaron Fink, M.D.
Professor of Surgery
Emory University
Chief of the Surgical Service
Atlanta VA Medical Center
Decatur, Georgia*

George Nardi took me to my first meeting and it must have been in the late 1960s or early 1970s. I think the meeting was in Washington, DC. Or maybe it was in 1972, at the University of California. Are you absolutely sure that there was no meeting in 1974? I think there was a meeting at Bethesda and that we had dinner at a very nice restaurant that was open to a garden-like surrounding. I do not have any idea where it was, but I am almost certain that it was not at the University of Chicago in 1970, which is where it might have been. My interest in the pancreas started with George Nardi who, of course, was my partner and who was almost a founding member of the Pancreas Club. In addition, as a resident, I happened to take care of a number of patients in whom we placed triple tubes, if you remember that procedure; I think the active ingredient drained to the pancreas. Unfortunately, the drains were Penrose drains, usually stuffed, and those patients died of overwhelming sepsis from pancreatic abscess, many of which I suppose were probably fungal, which in retrospect, we did not handle particularly well at the time.

George's activity in teaching me how to do a sphincteroplasty was also of interest, and I continue to occasionally perform that operation in highly selected patients.

I do remember the first meeting and the first dinner. The group was small, there were a number of very prominent people, and as a young faculty member, I was rather awed to be included in the group. A small, intimate atmosphere gave it a very nice flavor, which I really liked, and for many years I continued to attend.

Over the past several years, other responsibilities have kept me away from the meeting but on the occasions that I have attended, it has now become just like any other meeting. There are a lot of papers with relatively short opportunities for discussion. The original characteristics that attracted me to the Pancreas Club are now essentially gone, which is unfortunate. I do not know what can be done about this, but I do not think in this particular case that bigger is better. I continue to enjoy some other very small meetings in which I participate. The only club that has really retained its character and still meets is the one on nutrition, which still attracts between 15 and 30 members and is still the best meeting I attend. The gut hormone meeting, which went in a different direction, died because it tried to get bigger, and there was no reason for people to come.

*Josef E. Fischer, M.D.
Christian R. Holmes Professor and Chair
University of Cincinnati Medical Center
Cincinnati, Ohio*

I became interested in the pancreas as a foreign student at Mount Sinai Hospital in New York, where I came to know Professor Dreiling. This man and his lectures were fascinating. “Remember PANCREAS when you treat a patient with severe acute pancreatitis,” he told us. “He or she will need Pain medication, Antibiotics, a Nasogastric tube, Cardiorespiratory support and fluid, Resuscitation, Electrolytes, an Antacid, and maybe Surgery.

One year later, I became a junior resident at Heidelberg University and joined a group investigating the microcirculation of the pancreas. Then, I got a grant from the German Research Community and went to Boston to work with Professor Warshaw at Massachusetts General Hospital. He told me about the KISS principle (keep it simple) and introduced me to the American Pancreatic Association and the Pancreas Club.

The first Pancreas Club meeting I attended was in 1992 in San Francisco. I still remember the dinner at the top of the Bank of America building, the spectacular view over the Golden Gate Bridge, and Professor Howard’s jokes.

*Thomas Foitzik, M.D.
Department of Surgery
UK Benjamin Franklin University
Berlin, Germany*

As the “imbedded radiologist” in the Pancreas Club (I think the only one?), I just go along with the troops of surgeons and gastroenterologists and try to provide some insight into what imaging can do to define pancreatic diseases. How did I fall into this role? I started out in surgery with Dr. Longmire at UCLA where Joseph Rosch, the pioneer visceral angiographer who had fled the communists in Czechoslovakia in 1967, was working. He was one of the first to perform superselective angiography of the pancreas, increasing the visualization of the “hidden organ.” I found it fascinating. When I subsequently did my radiology residency, I selected the University of Oregon where Josef had gone to work with Charles Dotter, also a pioneer angiographer, who was known as the father of transluminal angioplasty.

The radiologists at the University of Oregon in 1972, Marcia Bilbao, Josef Rosch, and Charles Dotter, were interested in pancreatic radiology and served as my early mentors. Marcia and Charles perfected hypotonic duodenography, and Marcia actually performed the first endoscopic retrograde cholangiopancreatography (ERCP) at the University

of Oregon, with me at her side learning. ERCP subsequently was handed over to Ron Katon, one of the gastroenterologists, and the three of us worked together closely over the next three years. I published the first paper describing and naming the “double duct” sign of pancreatic carcinoma while at the University of Oregon. I was well on my way to being a pancreatic radiologist when I moved to Virginia Mason Clinic in Seattle in 1975. Subsequently John Ryan, from Massachusetts General, and Bill Traverso, from UCLA, joined the surgical staff. With gastroenterologist Terry Ball from Yale, and subsequently Dick Kozarek, Virginia Mason became a major referral center for pancreatic disease. I performed the first superselective pancreatic arteriogram and pancreatic CT scan in the Seattle area and wrote some of the earliest papers on the combined use of ERCP, angiography, and CT for diagnosis and staging of pancreatic carcinoma.

I have continued my interest in pancreatic radiology and published the textbook, *Radiology of the Pancreas*, in 1983, with my friend and coauthor, Tom Lawson. I must say that the opportunity to work with the surgeons and gastroenterologists at Virginia Mason University from 1975 to 1991 was one of the highlights of my career and certainly stimulated me to continue to strive to produce the best pancreatic imaging available.

I do not remember the date of the first Pancreas Club meeting that I attended in the early 1980s. However, this meeting, as well as many in Europe and the Far East, continues to stimulate my interest in pancreatic diseases.

*Patrick C. Freeny, M.D.
Professor of Radiology
University of Washington
Seattle, Washington*

In the third year of my medical university training I was looking for a thesis topic. I decided to contact Markus Buechler and Dr. Peter Malfertheiner at the University of Ulm, because they were recommended as highly productive researchers with whom I could do my medical thesis. Dr. Buechler offered me a topic entitled “Adaptation of Gastrointestinal Hormones Following Total and Subtotal Gastrectomy in the Rat.” I decided to take the thesis and during my work I became more and more interested in the pancreas. After finishing my medical thesis I continued in the research group of Dr. Buechler with further projects

dealing with pancreatic disorders and up to now, the pancreas is the field of my scientific interest.

I attended my first Pancreas Club meeting in 1994 at Tulane University in New Orleans.

Dr. Markus Buechler motivated me to send an abstract to the Pancreatic Club. My submitted abstract was accepted for poster presentation, and this was my first contact and my first introduction to the Pancreas Club.

As I am just a young member of the Pancreas Club, unfortunately I cannot add significantly to the history. However, I would like to mention that I always enjoy the Pancreas Club meetings associated with the American Gastroenterology Association meeting, because of the high scientific value of the presented work and because I always enjoy meeting many friends from the United States and around the world.

I really appreciate the work Drs. Frey and Schilller are doing to record the history of the Pancreas Club and am looking forward to seeing it in print.

*Helmut Freiss, M.D.
Professor of Surgery
Department of Surgery
Heidelberg University Medical School
Heidelberg, Germany*

While I was a third-year medical student at Cornell University Medical College, a 42-year-old male was admitted to the surgery service with “hemorrhagic” pancreatitis. The skin over his extremities was cold and clammy with blotchy areas of cyanosis. He was given 2 to 3 liters of saline dextrose solution a day. (In 1953 it was thought to be dangerous to give more fluid, unless one could see visible signs of external fluid loss.) Renal failure, sepsis, an operation, and death followed. The physical findings, fulminant course, systemic response, and helplessness of the most experienced clinicians to understand or influence the course of the disease left me with an indelible impression of this mysterious and deadly disease, which I later came to see as a lifelong challenge.

As a result of a near-death experience from viral pneumonia when I was 15 years old, I had a desire to do something with my life that was both useful and needed. Being a physician and surgeon seemed useful enough, but where was the need? Surgeons were a dime a dozen, particularly those clamoring to become part of the fields of gastric, biliary, or portal hypertension, all of which were very popular at the time. Certainly there was no need for my services there. The pancreas, on the other hand, was neither popular nor understood. In fact, most surgeons at

that time were afraid of the gland. My medical school experience with the patient with “hemorrhagic” pancreatitis confirmed for me that there was a need for surgeons to study and learn more about this gland. Studying and learning about pancreatitis was like Robert Frost said “taking the path less traveled” and that suited my own needs and temperament just fine.

Professor John Beal (later to become chairman of the Department of Surgery at Northwestern University and president of the American College of Surgeons) had a research background in gastric physiology acquired at the Wadsworth VA Hospital and ran the animal research facility and laboratory at Cornell–New York Hospital. The resident assigned to his laboratory was committed, for the most part, to working on his Heidenhain pouch preparations. Toward the end of my 4-month experience in the surgical research laboratory, John provided dogs for a pancreas experiment. The preparation involved establishing cross circulation between a normal dog and one in which pancreatitis was induced (by retrograde injection of the dog’s own bile into the main pancreatic duct.) The means of monitoring the animals’ vital signs were crude but showed that the control dog had a systemic response of tachycardia, hypotension, and tachypnea after induction of pancreatitis in the other dog. John stopped by to see the experiment and we pondered its significance together. This was, I believe, the first time anyone had shown that the systemic effects of pancreatitis were transmissible through the blood stream.

In addition to reading the literature on pancreatitis, I began reviewing charts of patients with pancreatitis to get an understanding of the natural history of the disease. During my last year in the residency program, some of the private attending physicians asked me to consult on their patients with pancreatitis. Although this was flattering, it spoke volumes about the abysmal state of the medical profession’s ignorance of the subject at the time.

During my senior residency year, I presented a paper on childhood pancreatitis at a national meeting in Chicago. While there I visited Marion Anderson at Northwestern University. It was exciting to finally speak with someone who was also interested in the pancreas!

Dhodie Kowlessor, an assistant professor of gastroenterology at Cornell–New York Hospital Medical Center, had a laboratory of his own with technicians. He was a neat guy and let me run serum amylase and lipase determinations on patients with pancreatitis. This experience encouraged me to plan to spend a year in pancreatic research prior to involving myself clinically in pancreatic surgery. Such an opportunity

opened up at the University of Michigan. What happened during that year is a story in and of itself.

Over the years I have never lost respect for the anatomic variants and the dangers inherent around the portal and superior mesenteric veins. Yet increasing familiarity with the natural history of acute and chronic pancreatitis, pancreatic tumors, and the surgical anatomy of the pancreas and surrounding structures left me feeling very much at home with the pancreas. It continues to be an exciting organ to study—one that challenges our understanding. Some remain afraid of the pancreas, but I'll tell them "I love the pancreas."

The Pancreas Club

In the 1960s and 1970s, most surgical departments were chock-full of professors and residents collaborating and following the well-traveled road involving peptic ulcer disease and portal hypertension. Many departments at the time had no surgeon whose focus was the pancreas. Those few surgeons whose focus was the pancreas suffered from not having the opportunity to share and discuss their ideas on pancreatic research and clinical problems with like-minded individuals. Those surgeons hungered for a forum to discuss pancreatic disease.

In 1964 Gardner Child and Frank Glenn introduced me to Thomas Taylor White of Seattle. I was told he was a "young man" who had recently spent a year in France with Mallet-Guy reviewing his cases of left splanchnicotomy, and that he had also spent time in the physiology research laboratory of Donal McGee at Creighton University studying pancreatic duct pressures and experimental pancreatitis. He was a giant of a man not only physically but intellectually. A fountain of ideas, he frequently challenged long-held beliefs about pancreatic disease. He was also honest and generous not only in sharing his most current theories, but also in helping younger people like myself get exposure for their ideas and introductions to people who could help them advance academically. We became good friends and many times over the years he would give me a call on a Sunday afternoon with no specific agenda, but just to chat about ideas and projects.

Early in 1968 I received a call from Tom asking me if I would like to join an informal group called the Pancreas Club, which met annually on a Sunday, the day before the meeting of The Society for Surgery of the Alimentary Tract. I was told to be prepared to present and discuss some aspect of my most current work on pancreatitis. I jumped at the chance and attended the third meeting of the Pancreas Club,

which was held in San Francisco and hosted by Leon Goldman. The excitement and stimulation from being able to discuss and comment on one's own and others' ideas with surgeons (and an occasional person who had extensive clinical and research experience) was intoxicating. After a thrilling day, we went to dinner together and for a young fellow it was awesome to be chatting informally with the likes of John Howard, George Jordan, Marion Anderson, Bob Hermann, Fraser Gurd, Tom White, Ken Warren, Dan Elliott, David Dreiling, and other young guys like Larry Carey and Bill Schiller. I have now attended every Pancreas Club meeting since, spanning a period of 33 years, each meeting better than the next.

In 1972 Marion Anderson handed over the reins of the Pancreas Club to Max Rittenbury, who organized the 1973 meeting. At that time the organizer would write to the 10 or 12 members and ask if there were any current (usually unpublished) works they would like to present and have critiqued. The program consisted of usually a single sheet of typed material. In 1974, for reasons undetermined, no request for abstracts was issued by Max, and there was no meeting. When contacted, Max stated there was "no interest" in having a meeting. Bill Schiller and I compared notes and found that everyone we had talked to other than Max was very much interested in continuing the Club. Therefore, after consultation with many prominent surgeons, a meeting was planned at the University of Texas San Antonio with Bradley Aust as the local chairman. This meeting was double the size of any of the prior meetings with an attendance in the low 40s, thus putting to rest the notion that there was "no interest." For the next 20 years, Bill and I co-chaired the Pancreas Club, which was more fun than work for us thanks to the great support we had from individual members who contributed to the program or acted as local arrangements hosts and the universities who provided meeting space.

Although there were many instances over the years of achievements, trials and tribulations, new friendships, new knowledge, satisfaction, hard work, and enjoyment that might be highlighted, I cannot refrain from telling the story of the start of the 1977 meeting in Toronto in which the talent of Ken Warren saved my butt. The meeting was hosted by Roger Keith (the third meeting for Bill and me). Bill's flight had been delayed so I was to start the meeting. Unlike most of our earlier meetings, this one was to be held in a meeting room of a hotel. The registration had gone well and we had more than 50 members in their seats at 8 AM awaiting my welcoming remarks. The only problem was that for the previous half hour I had

been frantically trying to find out why hotel management had not brought projection equipment to the room and trying to ascertain when it would arrive. Almost at the stroke of 8, I was informed with many accompanying apologies that the equipment would be arriving in 15 minutes. As I looked out at all the expectant faces, at first I couldn't imagine what could be done to fill the time while I was awaiting the arrival of the projection equipment. I saw Ken Warren sitting front and center. I left the podium and whispered in Ken's ear, "Ken, would you tell a few jokes until the projection equipment arrives?" Ken said "Sure."

After explaining the predicament to the members and saying that Ken would fill in with a few jokes, Ken strode to the podium without hesitation. With complete assurance and great aplomb, as though the whole thing had been planned for months, he told one hilarious story after another (many involved the foibles of the Kennedy family) until the projection equipment arrived. Besides being one of the world's great clinical surgeons, Ken has a marvelous gift for telling stories and jokes!!

*Charles Frey, M.D.
Emeritus Professor of Surgery
University of California Davis Medical Center
Sacramento, California*

During my early years as a surgical resident at the University of Chicago Clinics, I had no idea that I might become interested in and involved with research on the pancreas. At that time, the pancreas was some hidden organ within the abdomen, which usually manifested a disease process only at the time of exploratory laparotomy. I had spent a year as a research resident (1956–1957) in the laboratory of Lester Dragstedt studying gastric secretion in the dog model. My general surgery residency training (1957–1962) and clinical research centered on the use of vagotomy and its variants for the control of peptic ulcer. During the ensuing years, I (like others) was somewhat disappointed to see the decrease in peptic ulcer disease and the need to perform this very satisfying operation using one of the variants of vagotomy for treatment of duodenal ulcers.

After a couple of years at the University of Wisconsin Medical Center and the Madison VA hospital, I joined Dr. Charles B. Puestow in 1967 as his assistant chief of surgery at Hines VA Hospital and associate professor at the Loyola University School of Medicine. Dr. Puestow, together with his associate Dr. William Gillesby, popularized the concept of retrograde drainage of the pancreatic duct into a Roux-en-Y loop of jejunum. Initially DuVal, in 1954, had introduced the concept of retrograde drainage of

the pancreatic duct based on his belief that there generally was a single obstruction of the pancreatic duct in the head of the pancreas near the ampulla. He accomplished this by performing a splenectomy, removal of the tail of the pancreas, and implanting the transected end into a Roux-en-Y loop of jejunum (caudal pancreaticojejunostomy.) Puestow's contribution was that there were multiple constrictions and obstructions of the pancreatic duct (chain-of-lakes.) To better drain the duct, he unroofed the pancreatic duct after splenectomy and resection of the tail to the level of the mesenteric vessels before implanting the body and remaining tail of the pancreas into the Roux-en-Y limb of jejunum. He published his techniques in 1958. From that point on, drainage procedures, regardless of technique, were generally referred to as Puestow procedures. In 1962, Partington and Rochelle suggested unroofing the pancreatic duct without splenectomy or pancreatic resection. This permits maximum preservation of pancreatic tissue with minimal disturbance of endocrine and exocrine function. During my tenure at Hines VA Hospital, from 1967 to 1990, I used this technique (often referred to as side-to-side pancreaticojejunostomy.)

The preceding comments illustrate how one's career focus frequently depends on unexpected circumstances. My original emphasis on vagotomy and peptic ulcer disease decreased, and I decided to take advantage of being surrounded by patients with chronic pancreatitis. I subsequently studied and published on various complications of chronic pancreatitis including biliary obstruction, pseudocysts, gastric outlet obstruction, and pancreatic ascites. My interest in drainage procedures for chronic pancreatitis permitted me to engage in friendly sparring with Charley Frey and his colleagues at the University of Michigan as to the relative merits of drainage vs. resection for pancreatitis.

My recollection is that I joined the Pancreas Club approximately in 1975, which must be pretty close to the time it was formed. I think such an organ-centered organization does have merit in bringing together surgeons with a common interest. I retired from Loyola University in 1995 to the farm where I was born and raised in northern Illinois. In addition to raising corn and soybeans and accepting government handouts for not making money, I raise raspberries for a personal hobby.

*Herbert Greenlee, M.D.
Emeritus Professor of Surgery
Loyola University
Chicago, Illinois*

Tribute to Fraser Gurd, F.R.C.S.

Dr. Gurd graduated from the Faculty of Medicine at McGill University in 1939. He succeeded Dr. H. Roche Robertson as Chairman of the Department of Surgery, McGill University, in 1962. Throughout his career, Dr. Gurd demonstrated a remarkable interest in research with several significant investigations into the treatment of shock and trauma. Perhaps his greatest contribution relates to the development of surgical scientists. Dr. Gurd has received many honors including the Royal College Duncan Gram Award for outstanding service in medical education.

*Lawrence Rosenberg, M.D.
Professor of Surgery
Department of Surgery
Montreal General Hospital
McGill University
Montreal, Canada*

My training in pancreatic surgery was by Kenneth Warren of Boston. I spent 6 months with him in the middle of my residency taking a mini-fellowship at the Lahey Clinic, specifically with Ken. He instilled in me a respect for pancreatic surgery and elegant technique that he communicated in a uniquely powerful manner. His clinical judgment was exceptional as well. But his ability to communicate with patients was his most remarkable attribute. He was spectacular! Patients loved him. He told them the clinical story faced with philosophical and political comments in a way that was informative, charming, and amusing to everyone including himself. The opportunity to join the Pancreas Club was especially meaningful for me, because I saw it as Ken Warren's club.

My claim to being a pancreatic surgeon came from my performing resections in the first six patients with Zollinger-Ellison syndrome in the NIH series. Murray Brennan had left the NIH to go to New York City so he was not available to do the surgery. So Bob Jensen and Jerry Gardner, on the advice of Denis McCarthy, referred them to me. I did the resections at Walter Reed Hospital in the early 1980s and presented the series at the American Surgical Association meeting. At the meeting Robert Zollinger himself spoke very negatively about the approach of resection, saying that our apparent cures would not persist. In fact, this approach has very nicely stood the test of time.

*John Harmon, M.D.
Professor and Chairman
Section of Surgical Sciences
Johns Hopkins Bayview Medical Center
Baltimore, Maryland*

When I was a fourth-year resident in surgery at the University Hospitals in Cleveland, in 1959, I had the opportunity to spend 6 months on a research project in the dog laboratory. I chose to study the etiology of pancreatitis, with reference to the role of pancreatic duct obstruction. I got interested in pancreatitis because I had seen a number of cases, ranging from acute and recurrent acute episodes to chronic pancreatitis, while on surgical rotations at the Cleveland Veterans Administration Hospital. I knew that total pancreatic duct obstruction in dogs led only to pancreatic atrophy.

John Davis (retired chairman of surgery at the University of Vermont, who worked with me on these studies) and I decided to study incomplete pancreatic duct obstruction, both partial duct obstruction and intermittent duct obstruction, in dogs while stimulating the gland to secrete by feeding the dogs a heavy meal and injecting secretin and urecholine subcutaneously at the same time. With this method we were able to create pancreatitis: mild (edematous), acute (hemorrhagic,) and chronic (fibrosing) changes on the histologic studies of the glands, with comparable symptoms in the animals from mild illness to death to long-term survival with nutritional wasting, by varying the degree or type of obstruction and the degree of stimulation to secrete. I presented this work at the Surgical Forum at the American College of Surgeons meeting in 1960, and it was subsequently published in *Surgery*. At the forum meeting, I met and struck up a friendship with Marion Anderson, who was then at Northwestern University.

After I finished my residency, I stayed on the faculty at Case-Western Reserve University and continued my research on pancreatitis. I connected the biliary and pancreatic duct systems into a common channel by means of a small plastic catheter and stimulated the gland to secrete, and sampled the resultant bile-pancreatic juice mixture. I also worked for several years with Trasylol, the protease inhibitor, which was under intensive investigation in many centers in those days, both in dog studies and in humans with pancreatitis, to assess its efficacy. I continued these studies for 5 or 6 years after I moved to the Cleveland Clinic and moved my laboratory there. Altogether, nine of my first 10 publications related to pancreatitis.

In April of 1967, I got a letter from Marion Anderson, who was still at Northwestern, inviting me to join a small group of investigators who were starting a Pancreas Club. They had met in Chicago the year before (in 1966) and were having a second meeting in Philadelphia on June 16, 1967, hosted by John Howard. The members at that time included Andy, Larry Carey, Max Rittenbury, Alan Thompson, and Fraser Gurd, and from Canada, Dan Elliott and John

Howard. Andy was apparently the secretary. I agreed to join them in Philadelphia.

That meeting started with an informal dinner at John's house the evening before (June 15); then an informal all-day session was held at the medical school. My recollection of that meeting is that it was very informal. We all sat around a table, there was a slide projector, and presentations were brief with questions and answers as well as general discussions. Enclosed is a copy of that program, which I saved. We all stayed at the Bellevue-Stratford Hotel. By this time, four additional members had been "recruited" including Dave Dreiling, Warrant Nugent, Alan Thal, and myself. The next day we all drove to Atlantic City for the SSAT meeting.

The next year the meeting was again held just prior to the annual SSAT meeting and the American Medical Association convention in San Francisco on June 14, 1968. Additional new members invited to attend that meeting were Bernard Haverback, George Jordan, George Nardi, Tom White, and Mort Grossman. The meeting was held at the University of California at Moffett Hospital and was hosted by Leon Goldman. A copy of that program and the members who were planning to attend is enclosed. If there was a dinner the night before, I don't remember it and there was no mention of it in my notes.

The next year, 1969, the fourth meeting of the Pancreas Club was scheduled for New York on July 11. I note from the correspondence I saved that you were invited to be a member at that meeting and I suspect you attended. I do not have the program saved and do not remember enough to know whether I went to that meeting, but I think I did. I do note that the next year, 1970, at the meeting in Chicago, you presented a report on your work with Gardner Child on 95% pancreatectomy. I attended that meeting and remember it well. Enclosed is a membership list from 1969 to 1970 that I had in the file.

I enjoyed these meetings enormously because of their informal nature and the opportunity to engage the presenter in good discussion. In addition, it was a chance to exchange views with the leading pancreatic surgeons in the United States at that time.

*Robert Hermann, M.D.
Emeritus Consultant
Department of General Surgery
The Cleveland Clinic Foundation
Bratenabl, Ohio*

My interest in the pancreas began in 1942 when, as a sophomore medical student at the University of Pennsylvania, I was advised by a senior medical student to investigate the anatomy of the pancreatic ducts. Dr. William Erlich, a distinguished professor of pathology at Penn, a refugee from Europe, was Director of Pathology at Philadelphia General Hospital. Dr. Erlich welcomed my interest. It was wartime and his staff was minimal, but he allowed me to study the pancreas from each autopsy done on Sunday.

The following year, Dr. Milton C. Winternitz, professor of pathology at Yale, and at one time executive director of the National Research Council, was the guest of honor as speaker at the school's Undergraduate Research Day. The students presented their papers first. There were only four papers and three prizes were to be awarded. My paper tied for the third-place prize. I well recall Dr. Winternitz's comments that "The 'Anatomy of the Pancreatic Ducts' might not be the most important topic of the day but that such research might introduce a young investigator to the field and provide stimulation over the course of a lifetime career."

I attended the early meetings of the Pancreas Club, including the initial meeting at Northwestern. Several years ago, I wrote Dr. Marion Anderson, seeking a list of those who attended. He wrote me that he did not have a list but knew that those whom he had invited included Dr. Dan Elliott of Pittsburgh, Fraser N. Gurd of Montreal, John M. Howard of Philadelphia, William R. Schiller of Evanston, Illinois, and Alan G. Thompson of Montreal. There were 10 attendees in all.

I have enjoyed the camaraderie of the Pancreas Club and particularly the dinner parties. Of special value was the meeting at one of the universities and being entertained there as guest of the local department. We are losing something special as the club merges into a society.

ADDENDUM: I have no further information on the "pancreatic duct project." However, I published "The Anatomy of the Pancreatic Ducts" (*AmJ Med Sci* 214:617-622, 1947) 3 years after graduation. It was my first published article written with Ralph Jones, the senior medical student who had gotten me interested in the pancreas.

As to Kausch, as far as I can tell Tenani (apparently) did a much better operation. Tenani wrote that he waited 3 years after the operation to report it. The reader (at least I would) might interpret his article to mean that his patient was still alive. As Dr. Walter Hess interpreted the article, I am not sure that Tenani

specifically states such as a fact. (I believe his patient was still alive.)

*John M. Howard, M.D.
Professor of Surgery Emeritus
Medical College of Ohio
Toledo, Ohio*

My first recollection of the Pancreas Club was a meeting in Chicago in the early 1980s run by Howard Reber. There was a tiny meeting room totally packed with rapt listeners. My next meeting was after running into Charlie Frey on the street in San Francisco at an SSAT meeting. I asked him what the process was to join the group. He mentioned that it was based on interest only. I've been hooked ever since. The world's foremost pancreas researchers and clinicians, all at a 1-day meeting, followed by a scrumptious dinner and often brilliant wit. Who could ask for more?

*John P. Hoffman, M.D., F.A.C.S.
Chairman, Department of Surgical Oncology
Fox Chase Cancer Center
Philadelphia, Pennsylvania*

As a third-year clerk in surgery, you become interested in just about everything you see in the operating room. Whether it is a clipping of a cerebral aneurysm or an extrapleural pneumonectomy for mesothelioma, you are certain that you want to do your last case every day for the rest of your career. As time passes, however, your interests mature and become steered not so much by the operation as by the operator. So after back-to-back clerkships at Massachusetts General and then at Johns Hopkins in 1998, I had gained grand exposure to surgeons who not only operated on the pancreas but cherished it. Not surprisingly, those early interactions with Drs. Cameron, Yeo, and Lillemoe would later guide my decision to start training at Johns Hopkins a year later.

Over the past 4 years, my interests have not changed, and pancreatic surgery remains as exciting as ever. When I organized my research project during the third and fourth years of my surgical training, I decided (after convincing advice from Dr. Yeo) to focus primarily on neoplastic diseases of the pancreas, namely, mechanisms of tumorigenesis. The Hopkins community senses a real charge to continue to discover the molecular events leading to tumor evolution and progression in the pancreas, so I entered the laboratories of Jim Herman and Steve Baylin, both recognized as world experts in the epigenetic mechanisms of tumor biology, particularly gene methylation. Supplied with pancreatic tissues by Ralph

Hruban in the Department of Pathology, we began to generate gene methylation profiles for a variety of pancreatic neoplasms, including ductal adenocarcinoma, intraductal papillary mucinous neoplasms, acinar cell carcinomas, and especially islet cell tumors.

Recognizing a need for more accurate diagnostic and prognostic markers for pancreatic neoplasms, we began to translate DNA methylation patterns in non-functional islet cell tumors into a readily applicable molecular marker strategy for early tumor detection and for predicting clinical outcomes after surgical resection. Methylation of CpG-islands is the only epigenetic mark preserved in genomic DNA isolated from solid tumors or tissue biopsies, and to the extent that specific methylation patterns reflect the expression of particular genes, DNA hypermethylation could be used as a surrogate marker for mRNA and protein expression analyses of individual tumors. Thus a DNA methylation profile may represent a molecular blueprint for the expression status of several genes with a variety of tumor suppressor roles in an individual neoplasm. High-throughput methylation analysis of hundreds, or even thousands, of individual genes could generate a molecular fingerprint for human tissues and fluids that could serve as an accurate marker of tumor presence, malignant potential, recurrence, or responsiveness to planned medical and surgical therapies.

I had the privilege of presenting some of our findings at the Pancreas Club meeting in Orlando this past May, and while I was pleased that I heightened some interest for developing novel molecular markers for pancreatic cancer, I realize that DNA methylation can create a heavy-eyed senior audience, especially during the scientific session after a filling lunch.

*Michael House, M.D.
Chief Surgical Resident
The Johns Hopkins Hospital
Baltimore, Maryland*

I have recently joined the Pancreas Club through their Web site and will hopefully attend the next meeting. I became interested in the pancreas first through Ed Passaro and his work with gastrinoma, and then, because few surgeons are willing to take on this type of work as a full-time hobby, I came to Indiana University to work with Glen Lehman and Stuart Sherman, and to ensure myself a steady supply of patients that fit into that challenging category.

In addition, if you have not yet noticed, I tend to enjoy being contrary: I like people and things that tend to be unconventional and out of vogue; they seem

more real. I enjoy taking on challenges that no one else likes (i.e., pancreatic necroses); it's in my nature.

Thomas J. Howard, M.D.
Associate Professor of Surgery
Department of Surgery
Indiana University School of Medicine
Indianapolis, Indiana

Already as a medical student in Lund, I had become fascinated by the pancreas. The gland appeared not only mysterious and accessible, but also pleasant with its elegant color and shapely head, body, and tail. My first work in the laboratory was to elaborate a micro-method for the determination of phospholipase A₂ in intestinal contents. During those days I was blissfully ignorant that my favorite organ had the ability to turn into a furious lion called pancreatitis or an insidious leopard called cancer. During our discussions in the coffee room, we, the young people, became more and more aware that the knowledge of the physiology, as well as the pathophysiology, of the pancreas was rudimentary. This made us work enthusiastically and resolutely hoping to despoil at least some of the smoke screens prevailing in the area. We also admired earlier Lund pancreatologists such as Erik Millbourn, who in detail described the pancreatic duct system; Goran Lundh, who introduced the Lundh test; Bengt Borgstrom, the biochemist; and Philip Sandblom, who initiated the use of total pancreatectomy for cancer in Lund.

My friendship with American pancreatic surgery and pancreatology started in 1977 when I met Dr. John M. Howard at an ISW meeting in Kyoto, Japan. He criticized our work on total pancreatectomy and that became the start of a deep friendship, which among other things meant that he invited me to be co-editor of the latest edition of his classic textbook *Surgical Diseases of the Pancreas*. My contacts with the Pancreas Club and other scientific societies in the United States was for many years the basis of much of my own research within the area of hepatobiliary disease, allowing me to establish connections with numerous North American colleagues. Although much work has been done all over the world since we, as young people, had our coffee room discussions in Lund during the 1970s, much remains to be done to improve the quality of life of these patients.

Therefore the Pancreas Club will be even more important in coming years as a pawn in the game stimulating the now young people to take over the mantle of Drs. Howard, Warren, Frey, and others.

Ingemar Ihse, M.D., Ph.D., F.R.C.S
Professor of Medicine
Chairman, Department of Surgery
Lund University
Lund, Sweden

I became involved in areas relating to the pancreas when I was a second-year surgical resident. My father had surgery for pancreatic cancer and he died approximately 9 months after surgery with curative intent as a result of distant metastases. This was in 1983.

I first mingled at German and European meetings until I became interested in the activities of American organizations and when I became a member of the American Gastroenterology Association in 1993, I attended a meeting of the Pancreas Club for the first time in San Diego in 1995. What impressed me most was the nice, friendly, and easygoing atmosphere, although for me as a foreigner, the discussions at first seemed difficult. Later on, when I had made some long-lasting friendships, the scientific rigidity lessened somewhat and I still have a high regard for the Pancreas Club and consider it a true club where thoughts and problems can be discussed on a very friendly basis.

Jacob R. Izbicki, M.D.
Professor and Chairman
Department of Surgery
University of Hamburg
Hamburg, Germany

I first became interested in the pancreas and its associated problems, including pancreatitis and pancreatic cancer, during my general surgery residency at Penn State University, Hershey. My mentor, Dr. David Nahrwold, provided me with a framework to understand the physiology and pathophysiology of pancreatic and other gastrointestinal problems. Dr. Nahrwold's patients and his approach to solving their often-complex problems stimulated me to pursue an academic career in surgery studying the pancreas and gastrointestinal diseases. During my research fellowship, I explored the neurohumoral control of pancreatic secretion. In 1980 I attended my first surgical meetings and reported our experimental observations and results.

I attended my first Pancreas Club meeting in the mid-1980s and experienced the nurturing friendship, collegiality, and stimulation of this fraternal group of colleagues. Our first presentation to the Pancreas Club was given in San Antonio at the 1990 meeting (Murayama KM, Drew JB, Nahrwold DL, Joehl RJ. Preservation of pancreatic duct secretion in acute edematous pancreatitis. *Pancreas Club Abstracts* 24:16, 1990). Ironically, many of my colleagues think I have always conducted basic research in experimental pancreatitis, although actually I began this line of investigation in the late 1980s when Dr. Ken Murayama worked in my laboratory studying functional

disturbances of pancreatic secretion in experimental acute pancreatitis.

I have enjoyed and will always cherish the constructively critical questions and comments of colleagues, junior and senior, at Pancreas Club scientific sessions. The annual Pancreas Club dinner continues to be an enjoyable evening of social exchange and levity.

*Raymond Joehl, M.D.
Professor of Surgery
Northwestern University Medical School
Chicago, Illinois*

During my surgical career, a close relationship with Charlie Preston, Warren Cole, Bill Longmire, Mort Grossman, and Bill Bachrach influenced me in the direction of pancreatic-hepatic-biliary surgery.

My first academic appointment was at UCLA. While the school was being built, Wadsworth VA Hospital in West Los Angeles served as our University Hospital. We had a weekly medical-surgical gastrointestinal conference. The medical side was represented by Shirm Milenkoff (who subsequently became dean), Mort Grossman, and Bill Bachrach. Week after week we saw patients with chronic pancreatic pain but contributed little to improving their status. After one such meeting, Bachrach asked me why don't you remove the pancreas. As a young surgeon, that was a challenge. My first case was a Whipple procedure. Dr. Longmire came over. He had just returned from serving his military duty in the Air Force in Germany. I remember the case well. It did not help to have Dr. Longmire looking over my shoulder as I continued to fiddle in the vicinity of the portal vein and superior mesenteric vein encased in severe chronic inflammation. Finally Dr. Longmire said, "At this rate you are going to be here quite a while." This was my cue and I asked Bill to help me. Within a short while, he took over and for this I was grateful. With expected grace he completed the difficult resection of the head of the pancreas. In 1956 or so, we reported a small series of similar cases at the American Association.

With that success obtained in these cases, I thought that if a little is good, more would be better. I began inadvisably to perform total pancreatectomy for chronic pancreatitis. I was to present the results to the Western Surgical Meeting in Cincinnati. I asked Dr. Puestow to discuss the paper. After reading the paper, he asked me why I was doing so much unnecessary surgery. As you can imagine that did not instill a great deal of pre-presentation confidence.

Dr. Puestow was kind and generous in his discussion (as a good teacher, he could be critical in private and generous in public.) It was in the discussion of my paper that he unveiled the operation that bears his name.

Since this vignette is not directly related to the Pancreas Club, it is not germane to your objective, but it does remind me of the great respect those of our generation have for our mentors on whose shoulders we stand.

My attendance at Pancreas Club meetings has been sporadic because of conflicts. Changing the time of the meeting was frequently an agenda item. The meetings I did attend, however, were always informative and valuable. It was a disappointment to me that I was not more faithful with my attendance. Certainly the Pancreas Club has served a valuable role through the years. Its administrative simplicity, its scientific presentations, and the great discussions will perpetuate the meeting so that it will not be superseded by the Web.

*Paul H. Jordan, Jr., M.D.
Professor of Surgery Emeritus
Baylor College of Medicine
Houston Texas*

My first recognizable draw to pancreatic surgery was during my early residency training at the University of Toronto general surgery program. I was at St. Michael's Hospital at the time and saw a great deal of acute pancreatitis among the indigent population of that part of downtown Toronto. Dr. Donald Curry was a stimulating staff surgeon who initiated a radical form of treatment in 1967 and 1968 called open peritoneal lavage. It was a labor-intensive process in a seemingly nonsalvageable population, but it saved lives. Prior to that time, pancreatitis was considered a medical disease, and was rarely treated by surgeons in Toronto hospitals.

Later in my residency, the small number of Canadian surgeons who had any interest in pancreatic disease and the general reluctance to be aggressive in surgical treatment impressed me. In an attempt to gain greater insight into this field, I chose to spend 18 months of fellowship training in the United States, United Kingdom, and France.

During the first 6 months I worked with Thomas Taylor White in Seattle. Then I headed across the pond to St. George's in London, where I enjoyed the opportunity to work with Rodney Smith for a year, and then in the gastrointestinal unit in Toulouse,

France, where I learned as much about combined disciplinary management as I did about disease management relative to pancreatic inflammatory disease.

My link with T. T. White was very meaningful in understanding pancreatic secretion and chronic pancreatitis. Tom introduced me to the Pancreas Club as his guest at the 1973 meeting. I had just returned from England at the time and was awestruck by the group of surgeons assembled at that time, all interested in clinical surgery involving pancreatic disease. I felt like a kid invited to the dugout of his first big-league ball game.

I attended the San Antonio meeting and 2 years later hosted the meeting in Toronto at the Royal York Hotel. Marion Anderson and Bill Schiller helped me in the coordination of the meeting plans. We had our dinner at Thornhill Country Club, a good hour-long drive north from the heart of Toronto. Fortunately the weather was pleasant. We had good food and fellowship but no golf or curling. Several members did go into the curling rink to lift the 40-pound granite stones; but in May there was no ice in the rink so no one could throw a rock or try to sweep in front of one.

I have always enjoyed the meetings of the Pancreas Club, although the "Club" has grown far beyond the original concept, but so has pancreatic surgery and knowledge of diseases affecting the gland. My richest memories will remain the many friends I have made around the world through associations within the Pancreas Club. I owe a great deal to Tom White, in particular his introduction of a young Canadian to this unique group of "pancreatophiles."

*Roger Keith, M.D.
Professor and Chairman
Department of Surgery
University of Saskatchewan
Saskatoon, Canada*

From 1982 to 1986 I was senior registrar and lecturer in surgery at the University of Edinburgh. During this rotation, I spent 18 happy months working with Mr. John Cook and Mr. Mike Griffiths at Eastern General Hospital, 10 miles from the city center. This was a busy district general hospital and the senior registrar performed approximately 600 operations each year, many of which were complex major procedures.

John Cook became one of my mentors and has remained a friend ever since. There were twin general surgical operating theaters at Eastern General Hospital, and the routine was for a consultant to operate in one theater, often supervising a junior registrar, while the senior registrar occupied the other the-

ater managing cases within his capability and during which he could obtain instant advice from his chief in the operating theater next door.

One such morning I was listed to perform an open cholecystectomy with exploration of the common bile duct, which had been imaged preoperatively. At laparotomy, however, a soft lesion was palpated in the lower common bile duct, and duodenotomy revealed this to be an ampullary tumor. Having never observed let alone performed a Whipple procedure, I requested advice from the chief. He recommended local excision with reimplantation of the bile duct and pancreatic duct in the posterior wall of the duodenum. The chief then disappeared into his own operating theater to complete an anterior resection, and I completed the ampullectomy "without difficulty" and what appeared to be carefully performed and satisfactory anastomosis of the ducts. Perhaps not unexpectedly, the patient died 10 days after surgery due to a complicated septic episode resulting from anastomotic failure and subsequent multiple organ dysfunction. Perhaps subconsciously and then consciously, I resolved to learn and master that operation effectively to avoid any future deaths from this cause.

As a result I obtained a clinical fellowship in the gastroenterology clinic at Groote Schuur Hospital, Cape Town, and trained with Professor Phillip Bornman for 1 year after which I obtained a senior lecturer post and specialized in pancreatic-biliary surgery.

In 1979, as a junior registrar in surgery at the John Radcliffe Hospital, Oxford, one of my fellow registrars was a resident in surgery from the University of Milwaukee who was on a 6-month exchange program. This exchange resident was Dr. Lelan Sillin, and we struck up a friendship that continues to this day and has borne a number of fruits, one of which has been my introduction by him to the Pancreas Club. We are thus able to meet at least once a year and have perpetuated the cycle of residency exchange by organizing a program from Dr. Sillin's present institution at the University of Southern California and the University of Plymouth. Surgical networks and friendships are a powerful source.

*Andrew Kingsnorth, M.D.
Professor and Chairman
Department of Surgery
Postgraduate Medical School
Plymouth, United Kingdom*

I was fortunate to spend 3 years in the laboratory of Joel Roslyn, then a professor of surgery at UCLA, studying gallstone pathogenesis. Joel was a good friend

of Howard Reber. Each year Howard would regale us with tales from the Pancreas Club meeting, about the lively discussions, the fabulous dinner, and the “cool” people. He once suggested that he could “sneak us in” since the gallbladder lives quite near the pancreas and is the source of so much trouble for “his” organ.

After I returned to finish my training at Massachusetts General Hospital, I started to think about which area of research I wanted to pursue once I got a “real” job. The gallbladder people were fun and smart, but by this point in 1993, we could remove the organ laparoscopically in 45 minutes, so was it really worth the rest of my research career figuring out how gallstones form? Like many others, I am sure my decision was influenced by my own frustration in caring for a young patient with necrotizing biliary pancreatitis for whom we had so little to offer.

I was quite lucky to train under Andy Warshaw who makes a pancreatectomy look so easy. During those long days in his operating room, my tremendous fear of the pancreas and of Dr. Warshaw gradually abated. Dr. Warshaw is at his best in the operating room. I learned much about the pancreas and about the simple folk from Chelm and the rabbi from Minsk. I was delighted to hear him talk about the latter after a Pancreas Club dinner a couple of years back.

During my job search I had the opportunity to meet Haile Debas, who had just renewed his RO1 in pancreas exocrine physiology but had also become the Dean at the University of California San Francisco and found himself a bit short on time for experiments. It has been a good fit. I have been fortunate to learn from Drs. Debas, Way, and Mulvihill about pancreatic disease. They encouraged me to send my abstract to the Pancreas Club meeting in New Orleans, and I was treated to dinner on a river boat! Each year I look forward to the lively and passionate debates. I have vivid memories of Dr. Warshaw “debating” with Dr. Traverso the use of ERCP in necrotizing pancreatitis and Dr. Cameron “debating” with Dr. Beger the subject of pancreatic resection for sterile necrosis. Our meeting is certainly unique in the frequent display of passion. Perhaps this is why we are more appropriately a “Club” rather than an “Association.”

As I have followed the careers of academic general surgeons across the country for whom I have the greatest respect, it has occurred to me that the pancreas has become the “organ of the Chairs.” I detect a powerful selection bias, for these are some of the smartest, most courageous, and thoughtful individuals and the best doctors in General Surgery. We are lucky they are willing to become Department Chairs and serve as leaders and mentors for the rest of us who

aspire to be like them. Dr. Reber was right; the pancreas people are indeed the “cool” people.

*Kimberly Kirkwood, M.D.
Associate Professor of Surgery
University of California San Francisco
San Francisco, California*

I was raised in northeast England, leaving in 1975 to join Guy’s Medical School in London and ending a promising career in radio broadcasting. My interest in research was kindled by a 1 year student project at the U.K. National Physical Laboratory, mainly programming stats, never quite obtaining the *P* values required by my supervisor but trashing several early microcomputers in the process. On the upside, I met my wife Keyna that year. I completed a surgical internship at Guy’s in Professor (now Lord) Ian McColl’s department. He had trained with Bill Silen, his operations never seemed to bleed so you could see the anatomy beautifully, and he encouraged students to question him. As a consequence, I naively decided to become a surgeon.

I progressed to a junior residency at Northwick Park Hospital. The pancreas seemed to be something that annoyingly hindered colonic, splenic, and gastric resections. Then I got to work for Mr. Alan Cox, who had coordinated the U.K. controlled trial of Trasylol in acute pancreatitis and had previously worked with Les Blumgart in Glasgow and London. I quickly fell victim to that infectious enthusiasm that marks all true devotees of the pancreas. He encouraged me to apply for a research fellowship with Mike McMahan in Leeds, which I commenced in 1985. I called my father to let my family know that I was returning “home” to the north. When I told him my research would focus on acute pancreatitis, he informed me that his own mother had died from this disease when I was 4 years old—a coincidence, as I had not known until that moment.

I worked as one of 10 research fellows in a large and vibrant department, then headed up by Professor David Johnston. I visited and investigated patients in 23 hospitals nightly across Yorkshire, seriously wearing out my car and losing much hair. Working with Mike and Clem Imrie—both sources of inspiration to this day—I set up and coordinated a trial of intraperitoneal Trasylol, measuring APACHE-II to assess responses (it didn’t work). My first research presentation was to the Pancreatic Society of Great Britain and Ireland meeting in Bristol, which proved less daunting than later becoming president of the society in 2002. In 1986, Leeds obtained one of the first

dynamic CT scanners, and we evaluated an intravenous contrast-enhancement protocol for the localization of pancreatic necrosis. This was still experimental, and it was only with the encouragement of Ed Bradley, who visited Leeds around then, that we decided to pursue that study to fruition. We swiftly realized that we could make decisions on “who to debride,” but perhaps most importantly, following Ed’s advice, “who not to debride.” Howard Reber also visited, and after surviving the ride from his hotel in my now very beat-up car, I remember his ability to deliver off the cuff, skillful, and thoughtful advice on various problem patients of Mike’s that we had laid on for him to review. Mike and I developed some novel methods for examining links between monocyte dysfunction and the clearance of circulating protease-antiprotease complexes in vivo, involving intravenous injection of radiolabeled bovine trypsin. Fortunately, we bought from a U.S. rather a U.K. supplier, so hopefully a dozen or so of our departmental staff will *not* develop bovine spongiform encephalopathy.

I was lucky enough to win the Pancreatic Society Traveling Fellowship and spent 2 months in Ulm in 1987 with Professor Hans Beger and Markus Buechler. I made videos of the Beger procedure, which I brought back so that we could try out this “new” operation in the U.K. I was greatly impressed by the volume and quality of pancreatic surgery and aftercare, together with a comprehensive research program and marvelous hospitality.

After presenting at various conferences around the U.K. and Europe, and still uncertain about dynamic CT as a marker for pancreatic necrosis, in the fall of 1987 Mike suggested visiting and collaborating with Dr. Warshaw in Boston in a study of ribonuclease. It was easier to carry plasma samples on Dry-Ice in hand baggage than to ship in those days, so I got to visit the Massachusetts General Hospital. I paid for the flights by secretly selling off the departmental ATARI computer Mike had bought in a rash moment, but for which we could not find any useful software as it was really a games machine. I attended the New England Surgical Society meeting at Bretton Woods. It became clear to me that the pancreas was far more “popular” in the U.S. than the U.K. Discussing this with Andy, he mentioned something called the “Pancreas Club.”

So I submitted to the American Gastroenterological Association (AGA) and Pancreas Club meeting in New Orleans in May 1988. I was awarded an AGA International Travelling Fellowship so I did not have to sell any more computers. I remember the Pancreas Club meeting at Tulane, when I spoke about Mike’s irrigating drain. Mike has asked me to pass one of his drains around the room at the end of

my talk—unfortunately the nearest recipient was Ed Bradley, who waved it around wildly and suggested it might be better used to hose water across his garden. We attended a marvelous dinner at Dr. Elmo Cerise’s home, where the really important “post-paper” discussions took place. Presenting at the Club was like getting a free expert pre-review of your manuscript—all of the famous names from the papers I had been reading for the last two years were there, and they would come up and talk to you.

I gained some hepatobiliary and liver transplant experience in Leeds before going to a faculty position back in London. I moved back in 1996 to Leeds, rejoining Mike McMahon, who became chairman and the U.K.’s greatest innovator in laparoscopic surgery. Probably the scariest but most exciting moments were in performing laparoscopic left pancreatectomy together. And the low point—making overhead slides for Mike at 4 AM following “overgenerous” hospitality at the Santorini conference. I’ve brought a succession of research fellows from Leeds to the Club: Basil Ammori, Zak Rahman, James Catton, and Eduardo Villatoro, all of whom have stuck with the pancreas since. I left to chair my own department in 2002 but miss the Leeds pancreatic buzz.

I have kept coming to the Pancreas Club since 1998, missing only the San Antonio meeting in 1990 (couldn’t find a hotel!). It is still my favorite Pancreatic meeting and a source of great encouragement and new ideas. I appreciate the trouble taken to make guests feel welcome, for which Dr. Frey is almost as legendary as he is for his operations. I hope the Club continues to expand as it appears to be doing at present, so long as it keeps that excellent blend of basic and clinical science, delivered in an informal and friendly atmosphere.

*Mike Larvin, M.D.
Professor of Surgery
University of Nottingham
Graduate Entry Medical School
Derby City General Hospital
Derby, United Kingdom*

My fascination with the pancreas is really a direct extension of my admiration for a number of surgeon and nonsurgeon mentors who served as important role models in my early academic career. As a medical student at Emory University, I was lucky to be exposed to Dean Warren, then the chief of surgery. Although Dr. Warren was obviously best known for his work in portal hypertension, he also gave the lecture on pancreatic disease to each third-year medical student rotation. As many Pancreas Club members will know, Dr. Warren was a remarkably charismatic

and enthusiastic teacher, and I raptly absorbed his lectures regarding the pathophysiology of pancreatitis and pancreatic pseudocysts. As a fourth-year student, I also did a subinternship at Johns Hopkins, where I attended the weekly gastrointestinal surgery conference and was amazed at both the remarkable volume of pancreatic pathology as well as the tremendous expertise of the Hopkins surgery group, including John Cameron and Henry Pitt.

The quantity and quality of basic and clinical pancreatic research generated by the group at Johns Hopkins provided me with my first taste of academic surgery at the highest level, and this influence proved to be extremely strong. During my internship and residency at Yale, Dr. Elton Cahow did almost all of the pancreatic surgery, and made weekly rounds with Howard Spiro, then the chief of gastrointestinal medicine. They were quite a pair, Dr. Cahow with his down-home Southern sensibility and Dr. Spiro with his bow-tied New England wit, and their debates about the merits of performing a Whipple operation for pancreatic cancer were animated and inspiring.

When I began to contemplate how I would spend my 2 years in the laboratory at Yale, I knew that I wanted to study the pancreas and approached Irv Modlin, who was head of the very productive Gastrointestinal Surgery Research Group. Dr. Modlin graciously directed me to Fred Gorelick, who ran a pancreatic cell biology laboratory in the Departments of Medicine and Cell Biology at Yale. There I was exposed to the legacy of Jim Jamieson and George Palade, who performed the seminal work characterizing secretory protein trafficking in the pancreatic acinar cell, which resulted in the Nobel Prize in 1974.

In Dr. Gorelick's laboratory, we worked on extending the important observations made by Mike Steer and colleagues regarding initiating events in acute pancreatitis, and refined an *in vitro* model in which to study these events. This work allowed me to give poster and oral presentations at Pancreas Club meetings in the late 1980s, where I was immediately taken with the intimacy and collegiality of the group. As a young surgical resident, imagine what a thrill it was for people like Mike Steer, Charley Frey and Mike Sarr to take an interest in my work! The pancreas now had me completely in her grasp. Following my residency, I was lucky enough to work with Doug Evans during my surgical oncology fellowship at M.D. Anderson Cancer Center and began to convert my research interests from the pathogenesis of acute pancreatitis to the pathogenesis of pancreatic cancer.

After 5 wonderful years on the faculty at Vanderbilt, I recently joined Dr. Cameron's department at Johns Hopkins as the first Paul K. Neumann Profes-

or in Pancreatic Cancer. This wonderful position allows me the luxury of thinking about the pancreas 24/7, and we have now devoted much of our effort toward understanding the developmental biology of the pancreas as a means to gain insight into initiating events in pancreatic neoplasia. The move to Hopkins has brought me full circle back to the larger-than-life personalities who initiated my interest in pancreatic biology, and emphasizes the important responsibility we have as mentors and role models in inspiring young minds to join us in the study of this wonderful organ.

Steven Leach, M.D.

*The Paul K. Neumann Professor in Pancreatic Cancer
Department of Surgery
Johns Hopkins University
Baltimore, Maryland*

My interest in the Pancreas Club was natural, being a product of being trained by Dr. John Cameron as well as being a junior faculty member, and having John and Henry Pitt as mentors. It was obvious from their joint experiences that the Pancreas Club would be a perfect organization to join and become an active participant. It was particularly attractive in that there were no extensive membership requirements except for an interest in diseases of the organ and a willingness to share in discussions of such topics and to have fun.

The first meeting I attended was hosted by the University of Chicago in 1987. We actually presented a paper describing our experience with pancreatic lymphoma at that meeting. I believe I have attended every meeting since that time and look forward to continuing this streak well into the future.

My only comment concerning the organization relating to why I continue to attend is how much I enjoy the company of those who attend and participate and particularly often the informal but frank discussions that follow the papers. The discussion formalities at most surgical meetings often do not permit the best most practical discussions concerning an individual's work. There is none of that in the Pancreas Club, which is a real strength. I also believe that the recent changes in the format have even further facilitated these discussions and have clearly led to the large increase that we have seen in attendance at the last few meetings.

*Keith D. Lillemoe, M.D.
Professor of Surgery
Johns Hopkins University
Baltimore, Maryland*

I first became interested in the pancreas during my years as a student and a surgical resident at Bellevue Hospital. Because of the large indigent population, we saw a tremendous amount of chronic alcoholic pancreatitis. As a medical student, I had a chance to observe Henry Doubilet operate on patients with chronic pancreatitis. He was a rather gruff, pipe-smoking individual who enjoyed performing pancreaticograms followed by a sphincterotomy for nearly all these patients.

My interest was reawakened by a wonderful article by Rudy Amman published in *Gastroenterology* around 1985 on the natural history of chronic pancreatitis. Although not mentioned in the text, it seemed that more of these patients eventually developed pancreatic cancer than would have been expected. This led to a large multicenter study, which concluded that patients with chronic pancreatitis have an increased risk of pancreatic cancer.

I believe the first meeting I attended was in 1993 in Boston with Andy Warshaw as host. The meeting was held at Massachusetts General Hospital and the spectacular dinner was held in the New England Aquarium.

*Albert B. Lowenfels, M.D.
Professor of Surgery
New York Medical College
Valhalla, New York*

The Pancreas Club, which is composed of members with a special interest in the pancreas, has been one of the best surgical societies I have been a member of. The Pancreas Club has provided an informal forum for sharing both scientific and clinical information on diseases of the pancreas including pancreatitis and its complications, as well as the neoplasms of the pancreas. I have learned a lot from the world's experts on the pancreas. The knowledge acquired from the meetings has improved the care of my patients. Keep the society meetings going, but please do not change the format.

*Nathaniel M. Matola, M.D.
Chief of Surgery
San Joaquin General Hospital
Stockton, California*

I saw the experiment of pancreatic secretion using a conscious dog when I was a resident in surgery 3 years after graduation of the medical school. The pure pancreatic juice was secreting into the catheter inserted into the pancreatic duct through the Thomas cannula. It was very exciting.

I attended the Pancreas Club meeting for the first time in 1992 when it was held at the University of California San Francisco. Dr. Frey informed me about the meeting and recommended that I attend. The reason I have decided to attend the meeting regularly is that I can see many of the most famous pancreatic surgeons in the world at this meeting.

Many old doctors (e.g., Dr. Warren) make enjoyable speeches and also tell humorous jokes at the dinner party. Cocktails and dinner in the Bank of American Building in San Francisco was delightful for me with the beautiful night view.

The discussions at these meeting are made in a homey atmosphere and are pleasant.

*Seiki Matsuno, M.D.
Professor and Chairman
First Department of Surgery
Tobku University School of Medicine
Sendud, Japan*

"This is the worst case/smallest duct/biggest tumor I have EVER seen!!" These words, spoken emphatically from the surgeon across the operating room table from me, broke the silence in the room. I was observing my first "Whipple" procedure, skillfully performed by Dr. Charles Frey with his seemingly 9-inch loupes. He masterfully manipulated around the pancreas with finesse and courage. I kept thinking, "This gray-haired gentleman is truly a bulldog and so fearless and tenacious!"

Later that month, Dr. Frey snuck out of clinic with me to the library to look at an atlas of Germany. Our relatives had lived 30 kilometers from one another near the Black Forest. Although we are probably not related by blood, he has been my "Uncle Charlie" ever since. The passion that "Uncle Charlie" has for the pancreas is contagious and has stimulated my affection for this temperamental creature. I have had the privilege of working on numerous chapters on the pancreas with Dr. Frey and Dr. Hung Ho, and this has only deepened my interest and knowledge of the intricacies of the pancreas. It can be summed up by the words on Dr. Frey's bright orange shirt: "I LOVE THE PANCREAS."

*Kathrin Mayer, M.D.
Assistant Professor of Surgery
University of California School of Medicine
University of California Davis Medical Center
Sacramento, California*

How did I become interested in the pancreas? When I was a junior resident, pancreatitis always

struck me as a somewhat enigmatic and poorly understood disease, and I started a project at that time looking at calcium metabolism in patients with acute pancreatitis. This was largely because I was a resident on a gastrointestinal surgical unit and a beer-drinking friend of mine was a biochemist with an interest in calcium metabolism (as well as beer drinking).

When I came up to Leeds, I was working with John Goligher and David Johnston as a senior resident. David Johnston was heavily involved in gastric research and John Goligher in colonic research, and the pancreas seemed to take up an unoccupied and convenient position between the two. It soon became apparent that there were an awful lot of intellectual and technical challenges in surgery of the pancreas and my interest blossomed. I am not quite sure where I heard about the Pancreas Club, but I do remember being vividly impressed by what a small, friendly, and informative group it was, in contrast to the intimidating forum of the American Gastroenterology Association. The combative friendliness of the participants was a real stimulus at a time when it was relatively unusual for unknown residents to be able to discuss matters openly and freely with the eminent members of the pancreatic world. Needless to say, I was also impressed by the gastronomic standards of the Pancreas Club. I do recall wondering whether I would have had the courage to attend the next year when I was asked by Dr. Warren to stand up and tell a joke at the dinner. I believe that was in New York in a restaurant at the top of Rockefeller Center. It was a glorious sunset and I was vividly impressed by the reflection of the late evening light off the spires of Manhattan and the aircraft flying over the city to land at one of the three airports.

I am eternally grateful to the Pancreas Club for allowing me to share up-to-the-minute insights into pancreatic disease with so many experts. This acted as a tremendous stimulus to my own research and I think to my basic understanding of pancreatic disease.

*Michael J McMabon, Ch.M., Ph.D., F.R.C.S.
Professor of Surgery*

*Leeds Institute for Minimally Invasive Therapy
The BUPA Hospital, Mid-Yorkshire Nuffield Hospital
Leeds, United Kingdom*

As a visiting medical student from Italy, I had the opportunity to spend several months on the surgical services at Massachusetts General Hospital in the early 1970s. During my stay, I came in contact with George Nardi, well known to all of us for his interest in benign and malignant pancreatic disorders. I soon

became attracted by the mystery surrounding the pancreas, the high lethality associated with both benign and malignant conditions, the paucity of knowledge about pathogenesis and treatment, the technical difficulty in exposing this gland adequately and, even more, resecting it because of its location deep in the upper abdominal retroperitoneal area. Nothing better than mystery, ignorance, and challenge to stimulate the interest of a young medical student! A few years later, as a first-year resident in Italy, I experienced a deep sense of impotence and incredulity in observing a young mother of two dying secondary to respiratory complications of post-surgical pancreatitis. In search of answers, I kept asking my senior residents what could be done to support the patient and treat the pancreatitis, but found no answers.

After making my decision to come to the United States for a residency in general surgery, I matched at New York University and soon came to appreciate one of the most educated and logical minds that I have ever met in surgery—John H.C. Ranson. I started my residency in 1977, only a few years after John published his seminal papers on criteria to stage the severity of acute pancreatitis. At Bellevue, there was no escape from patients admitted with pancreatitis and soon I became quite facile not only with the Ranson criteria but with Ranson's systematic approach to the treatment of this condition. This was an incredible improvement over what I had observed only a few years earlier. Occasionally patients still died, but the cause of death was septic rather than respiratory.

During my clinical training, I took 2 years off for a basic science research interlude. I spent this time back at Massachusetts General Hospital and found the opportunity to supplement the basic science research projects with a few clinical research studies. One of these focused on a complete review of George Nardi's experience with the technique of ampullary sphincteroplasty, championed by him in the 1960s and 1970s for treatment of acute recurrent pancreatitis. The paper was accepted by the American Surgical Association and stands today as the most complete review of George Nardi's personal results with that procedure. At the same time, I reviewed the entire English-speaking literature on the results of pancreaticoduodenectomy for adenocarcinoma of the head of the pancreas. Although this review did not lead to any specific publication, it gave me great understanding of the challenges that surgeons had faced over decades in the attempt to treat this highly lethal cancer.

Back at New York University in my senior years, one day on rounds Dr. Frank Spencer, chairman of the department, made the point to stress to all of us

how lucky we were to have John Ranson among our faculty members and teachers for his incredible knowledge about surgical treatment of pancreatic conditions. He finished his comments by saying that John was so knowledgeable and interested in pancreatic pathology that he even belonged to a "Pancreas Club." I did not know what a pancreas club was, but I felt that I needed to belong to that club so that I could learn more about this challenging organ.

The time came when I first attended a meeting of the Pancreas Club in New Orleans in 1991. I still remember that meeting vividly. I stayed glued to the chair for the entire day soaking in every single presentation and comment. And, by the way, the dinner was also unforgettable. It was at the house of Dr. Cerise, a magnificent host who treated all of us to exquisite Southern hospitality in a fantastic setting.

Since then, I have come back year after year and enjoyed this spontaneous gathering of individuals interested in furthering our collective knowledge of prevention, diagnosis, and treatment of benign and malignant pancreatic diseases. The Pancreas Club has no attendance requirements, but somehow we are all there.

*Fabrizio Michelassi, M.D.
Professor and Chief
Section of General Surgery
The University of Chicago Medical Center
Chicago, Illinois*

As best I can recall, it was related in large part to your overwhelming enthusiasm for treating acute and chronic diseases of the pancreas during our time together at the New York Hospital in the late 1950s and early 1960s. My primary interest at that time was the pathophysiology and treatment of peptic ulcer disease and diseases of the biliary tree. In fact, my interest in these areas carried over into my subsequent years at the medical centers in San Francisco, Alabama, Salt Lake City, and now Houston.

During my years attending the Sunday Morning Follow-Up Clinic at the New York Hospital, I was fascinated by the large number of patients that I was seeing with "abdominal pain of undetermined etiology." Of note was the fact that most of them were middle-aged females who had previously undergone cholecystectomy. Encountering such a large number of such patients was not surprising since gallstone disease was a major interest of our chief, Frank Glenn. I encountered many additional patients with the so-called post-cholecystectomy syndrome as I wandered back and forth across the country, and by the time I reached Utah, I decided to do something

about the problem. It occurred to me that possibly the pain that they were experiencing was due to stenosing papillitis caused by the chronic passage of gallstones, and that the pain in some might primarily be of pancreatic origin because of obstruction to the outflow of pancreatic juice following the ingestion of a meal. Salt Lake City appeared to be an ideal place to test the notion by the performance of an extended sphincteroplasty that included incision of the transampullary septum in order to allow free egress of pancreatic secretions.

Why Salt Lake? Because of the Mormons, since they have a high incidence of gallstones and a distaste for alcoholic beverages. I assumed that I had to get alcohol out of the equation, and the only way to do that was to select patients who were abstainers. I proceeded to perform a transduodenal sphincteroplasty and transampullary septectomy on 24 primarily middle-aged, nondrinking females who had undergone cholecystectomy several years previously, and was amazed when Malcolm Berenson, who was highly prejudiced against my approach, found that these patients who were addicted for the most part to narcotics were markedly improved with regard to pain relief. Interestingly, the pancreas was usually normal on inspection of these patients. As I expanded the series, I included some patients with pancreas divisum, but only if an abnormal (in size) dorsal pancreatic duct was demonstrated radiographically.

That is how I got started on a series of studies in the laboratory that involved the role of the papilla of Vater and its sphincter of Oddi in pancreatic disease. The strategic location of the papilla at the confluence of the bile and pancreatic ducts makes it a prime suspect as a progenitor for pancreatic inflammation. My associates and I quickly learned in the opposum that their sphincter is a pump rather than a resister, and that if you feed them alcohol, their biliary sphincter goes into intense spasm. If you ligate their distal bile duct, but prevent reflux of bile into their pancreatic duct, they get severe necrotizing pancreatitis, suggesting that it is the simultaneous transient obstruction of the bile and pancreatic duct and not bile reflux that provokes acute pancreatitis with the transpapillary passage of a gallstone. We then took this model to the rat in order to determine the relationship between the ileus of pancreatitis and the infectious complications of pancreatitis. And that is where we are now, still trying to understand why necrotizing pancreatitis in its lethal form is associated with multiple organ failure and a septic death from organisms that ordinarily reside within the lumen of the intestinal tract.

These snippets from our work in the laboratory have helped us manage patients with both acute and

chronic pancreatitis. I early adopted the “wait and see” approach to the management of necrotizing pancreatitis and have pretty much divided my effort in palliating the pain of chronic pancreatitis with a Puestow or a Whipple procedure. I regret that I did not come out to visit with you to learn the Frey procedure, because it appears to be superior to the Puestow, and equally effective to that described by Hans Beger and his group. I am too old now to start over learning how to treat pancreatitis; therefore I spend most of my time in the mountains, winter and summer.

Just a word about the Pancreas Club: I have always enjoyed attending its meetings. Unfortunately I usually had a conflict with other things going on at the American Gastroenterology Association in years past, and now do not arrive usually until Monday because of Maja’s illness. It is a wonderful meeting, and a great place for the younger people to present their work and discuss future directions in the study and treatment of pancreatic disease. There is much left to do, and I hope that it remains active and vigorous in its professional and social activities. Our thanks go to you and Bill for getting things going, and sticking with it during the lean years. Thanks for asking me to participate in documenting the history of the development of the organization.

Frank Moody, M.D.
Emeritus Professor of Surgery
The University of Texas Medical Center at Houston
Houston, Texas

I first became interested in the pancreas as a medical student in the 1960s. I worked for a year in the physiology laboratory of Professor R.A. Gregory who was then in the process of isolating and purifying the hormone gastrin and elucidating its chemical structure. My responsibility was to evaluate the efficacy of these gastrin extracts on gastric and pancreatic secretion in dogs. Professor Gregory always emphasized the challenges that the pancreas presents, both in terms of its anatomy in the retroperitoneum, making exposure difficult, combined with its close association with vital major vascular structures. He believed that much remained to be learned from a study of the pancreas in both animals and humans.

A few years later I was a junior resident at Alder Hey Children’s Hospital in Liverpool and collected six cases of acute pancreatitis in children. A review of the institution’s experience of some 18 patients led to my first publication ever. This was of sufficient interest at the time, so that it was included in the prestigious monograph, “Progress in Pediatric Surgery,” edited by Professor P.P. Rickham of Children’s

Hospital in Zurich. Within the next few years, I came under the influence of Lord Smith of Marlow (then only plain Rodney Smith). He was truly a master surgeon and taught me many technical tricks when operating on the pancreas. I subsequently moved from Europe through Johns Hopkins to the University of Chicago. There I was very fortunate to have two super mentors, David Skinner and George Block, who were instrumental in obtaining funding for my studies on the pancreas.

I first attended the Pancreas Club meeting at the invitation of Dr. Charles Frey and Dr. Larry Carey. I came under the influence of pioneers in pancreatic surgery such as John Howard and the late Ken Warren, the late Tom White, and Isadore Cohn, to name only a few. I renewed my friendship with several of my contemporaries and made new ones with individuals like John Cameron, Andy Warshaw, Edward Bradley III, the late John Ranson, Howard Reber, and several others. Since that time I have watched the Pancreas Club grow exponentially with the influx of established international surgeons and young recruits from all parts of the world. I have not missed one meeting (at least the dinner) over the past 26 years. I still find the tenor and atmosphere of the meeting to be conducive to learning. I would be remiss if I did not take this opportunity to thank all the members of the Pancreas Club, both past and present, for contributing to my understanding of this most challenging organ.

A.R. Moossa, M.D.
Professor and Chairman
Department of Surgery
University of California San Diego Medical Center
San Diego, California

I often ask myself, what was the greatest lesson that Mario Selli, my tutor and mentor at the beginning of my academic career at the University of Pisa, left with me, and every time I find the same answer: “*a full commitment to taking care of challenging cases.*” Indeed, during the 25 years that I had the opportunity to work with Professor Selli, I witnessed his complete dedication to patient care and, probably thanks to his extraordinary surgical skills, his continuous willingness to deal with the most difficult and challenging cases. As a result, he accumulated a vast experience with the pancreas, thus initiating a school of pancreatic surgery.

With this background, it was natural for me to develop as a pancreatic surgeon treating both inflammatory and neoplastic diseases. Over the years I strived to combine a very busy, continuously growing,

clinical activity with a parallel development of research opportunities for the young surgeons and the researchers working in my group. Laboratory activities were implemented, and a multidisciplinary team was constructed and continuously updated. Considering that pancreatic diseases are relatively rare, I tried to organize a large-volume center, thus hopefully offering to basic researchers as well as to surgeons enough material and experience for them to become proficient in this very challenging field. All efforts were made to obtain “state-of-the-art” equipment, although I retained the philosophy of my master—that experience in the field is important to achieve good results with pancreatic surgery and indeed is fundamental in formulating operative strategies and managing postoperative complications. Finally, in 1996 I started a program of pancreas transplantation, which quickly attained a very large volume and high success rates, thus completing the commitment of our group to the pancreas. I became acquainted with the Pancreas Club along this route, and I was immediately attracted by the outstanding scientific level of its annual conferences, which were always held in an informal, family-like atmosphere despite the attendance of the most prestigious pancreatologists from all over the globe. Indeed, different from any other surgical society I have been involved in, the meetings of the Pancreas Club, despite the unequalled scientific level, more closely resemble informal gatherings of old school friends than official medical conferences. Recently, several young members of our faculty have joined the Pancreas Club, and they too, were fascinated by the same unique mixture of high science and friendship. The enthusiasm that I found in my young co-workers reinforced my conviction that the Pancreas Club is really a “special” medical society. I am honored to be a member of the Pancreas Club.

*Franco Mosco, M.D.
Professor and Chairman
Division of General Surgery
University of Pisa
Pisa, Italy*

I first became affiliated with the Pancreas Club in 1988 while working in the laboratory of Ray Joehl here at Northwestern University Medical School. My two fondest memories of the Pancreas Club are as follows:

1. I thought it was wonderful the first time I attended the annual dinner and some of the more senior members got up and told jokes (some of which were a bit “off color” but funny nonetheless). I thought to myself, “Any organization

- that can encourage this type of behavior should be taking care of folks who drink too much.”
2. My second memory is of the first time I attended a session in the Charity Hospital Operating Amphitheater. I thought to myself, “We must be a really important organization since we got to meet in this historic, cold, dank, malodorous room.” My laboratory technician and resident were duly impressed.

*Kenric Murayama, M.D.
Department of Surgery
Northwestern University Medical School
Chicago, Illinois*

I moved to Rochester from 1993 to 1994 to spend 2 years with Mike Sarr in his laboratory and work on the “physiology of the transplanted intestine.” Later that year Mike dragged me to the Pancreas Club meeting, which was taking place at Charity Hospital in New Orleans. Because I had never been to the Pancreas Club before, and because I had never seen it on the DDW/SSAT program, I thought Mike was on to some boring meeting that would be dominated by guys discussing some esoteric issues.

Because of a prevailing school of thought in my residency program, we did not do much besides pancreas transplantation. Moreover, I was mocked during Morbidity and Mortality conference because I used the word “necrosectomy” as I quoted an article by Professors Beger and Buechler. As a chief resident I thought there was nothing more to learn about the pancreas. I was wrong. Spending that Sunday in the freezing operating theater of Charity Hospital, I rubbed shoulders with and learned from leaders in the field of pancreatic surgery. The exchange of information was free and uninhibited by rank, age, or experience. I have been attending the Pancreas Club since then, and I bring my residents and fellows and faculty partners to the meeting every year.

*Michael Murr, M.D.
Professor of Surgery
Department of Surgery
University of South Florida
Tampa, Florida*

My academic interest in matters pancreatic began early and has persisted throughout my career. My interest in pancreatic trauma began shortly after I arrived at Charity Hospital, New Orleans, for my first post-residency job. Young academic surgeons at Charity Hospital developed an interest in trauma almost out of self-defense. Trauma was pervasive and

dominated the lives of the residents. Charity Hospital had for years been among the one or two most productive institutions for the study of the clinical management of trauma. Early on, I developed a healthy respect for injuries to this treacherous organ, and it was this interest that led to my most memorable and traumatic “pancreatic experience.”

In 1970, stimulated by a successful case (what else?), a resident colleague and I reviewed the recent cases of severe pancreatic trauma managed at Charity Hospital by means of pancreaticoduodenectomy. We found five cases (the largest series reported to that date). We recorded a 60% survival rate, which compared favorably with other less drastic approaches to these severe injuries. In a youthful state of macho exuberance, we concluded that the Whipple procedure was an underutilized weapon in the trauma surgeon’s arsenal and that it deserved wider application. We wrote this conclusion into an abstract and sent it off to the American Association for Surgery of Trauma (AAST). It was my first try there (I later served as President). A few weeks later I was delighted to receive a phone call from my old friend, mentor, and hero, Bill Fitts (William T.). As editor of the *Journal of Trauma*, Bill was an ex officio member of the program committee and had been present at its deliberations. He told me my paper had been accepted (putting me on cloud nine), and then brought me abruptly back to earth with a splash of very cold water. A brief explanatory digression is needed here.

Charity Hospital is shared by two medical schools, which have maintained a vigorous rivalry over the years. By tradition (if not by formal agreement), each school has been free to mine the clinical records of Charity Hospital for whatever data were there, whether or not members of the reporting school had managed the patients. This often produced reports that included clinical databases of awesome size, and this was often a good thing. Unfortunately it was also the genesis of this story.

While I was busily preparing my paper on the use of the Whipple procedure in pancreatic trauma, Ted Drapanas and one of his residents were preparing a paper on pancreatic trauma. (Ted was chair of the department at “the other school,” Tulane.) Ted had developed a fondness for Roux-en-Y pancreaticojejunostomy in the management of severe injuries. He called it a “living sucker.” He had concluded that this would suffice for almost all pancreatic injuries and that pancreaticoduodenectomy was not needed in the management of pancreatic trauma. They wrote this into an abstract, which they had sent off to the AAST.

When the program committee of the AAST considered these two abstracts with polar opposite conclusions, it provoked great amusement. Not only

had two vigorous competitors reached opposite conclusions, but as the savvy members of the committee realized, we had done it using the same database! Their obvious response was to accept both papers and moreover to schedule them back-to-back on the program. I am surprised I didn’t hear the cackling laughter in New Orleans emanating from their hotel room.

I survived. I experienced substantial anxiety over locking horns with Ted Drapanas who carried substantially more academic clout than I did. In the end, both papers were well received. (We had both softened our conclusions.) I had the consolation of seeing the “living sucker” more or less discarded. I learned a lot from the experience, and it did give me my first opportunity to make a presentation to an organization that had an important impact on my career.

Francis C. Nance, M.D.
Chairman, Department of Surgery
St. Barnabas Medical Center, and Professor of Surgery
University of Medicine and Dentistry of New Jersey—
Newark
Newark, New Jersey

My first memory of the pancreas and pancreatic diseases was encountering patients with acute pancreatitis in medical school. Having already made the decision to pursue a career in surgery, I was repeatedly advised that acute pancreatitis represented the one entity that might yield examination findings consistent with acute abdomen, but which under no circumstances should be operated on. The imagined disaster that one might meet should one operate on a patient with acute pancreatitis was repeatedly emphasized. I thus remember a sense of dread over what was hidden deep in the retroperitoneum. I was also struck during medical school by the fact that the means of imaging the pancreas at that time were meager. I had the interesting timing of being in medical school and in my early residency just as ultrasound and subsequently CT scanning and ERCP were developed. Thus in some regard I feel as if the first years of my career might be viewed as the dark ages of pancreatic surgery, at least in regard to imaging and accessing the pancreas. I have been the beneficiary of each of the new developments in imaging.

When I joined the residency at New York University Medical Center and Bellevue Hospital, I knew that Dr. John Ranson was one of the distinguished members of that faculty, but I had honestly not given any thought at that time to pursuing a career in pancreatology. As you might imagine, the management of patients with diseases of the pancreas was

fairly well driven by protocol under John Ranson's supervision. Every patient admitted to Bellevue Hospital with a diagnosis of pancreatitis was admitted to the surgical service. Every patient with a diagnosis of acute pancreatitis had the same list of tests and imaging. As a consequence of this, my first 2 years of surgical training were fairly well saturated with experiences in diseases of the pancreas. I would hesitate to say that those experiences solidified my interest in the pancreas. It certainly played a role in my gathering increasing experience with the pancreas. John Ranson had a very elaborate system for managing patients with necrotizing pancreatitis, with countless large drains coming from every part of the patient's abdomen. These patients soon became a full-time job for junior residents. The patients were confined to the ICU for prolonged periods and unfortunately their outcomes were not always good.

A memory that sticks firmly in my mind during my residency took place when I was a junior resident and a patient with a diagnosis of chronic pancreatitis was deemed a candidate for a Whipple resection. The patient was at Bellevue Hospital and the chief resident had enlisted the assistance of the assigned faculty for that service during that month. That surgeon was certainly a capable surgeon but had little prior experience with surgery for the pancreas. I was a postgraduate year 3 resident and I recall holding retractors and watching the repeated process of dissecting for perhaps 1 cm followed by uncontrolled hemorrhage. After taking approximately half an hour to correct the hemorrhage, we proceeded again to dissect 1 cm more and spend another half hour trying to stop the hemorrhage. This cycle was repeated many times, and finally the decision was made to ask one of our more capable technical surgeons to come and assist our group. This was a gentleman named Kenneth Eng, M.D. Like magic he began to dissect simply by saying "if this structure is this and this structure is that, then the space in between must be safe." In finding the correct plane, suddenly there was no hemorrhage.

Most of us who are interested in the pancreas find the anatomy involved in a pancreaticoduodenectomy to be enchanting. I will say that having these structures appear out of the fibrosis and scarring and prior misadventures in this operation, the elegance of the anatomy and the elegance of the dissection stick in my mind still. I suspect that this may have been when my sincere interest in the pancreas was engendered. At any rate, as a consequence of this I became a bit of a pest, hunting up as many patients with pancreatic disease that required operation as I could possibly find. I remember repeatedly having John Ranson raise

one eyebrow as I reported a patient that I had discovered and he would agree to participate in those procedures with me. As it became clear that I wanted to pursue a career in academic medicine, I pursued a clinical fellowship in pancreatic surgery. I wrote to the Mayo Clinic, the Lahey Clinic, the University of Cincinnati, the University of California San Francisco, and many others. I sent at least 10 letters and each of the institutions wrote cordially but explained that they did not offer clinical training as a fellowship in pancreatic surgery. In any event, I then developed a strategy of doing basic research on the pancreas as an introduction to my academic career. This is when I met Jim Thompson and thus began my career in surgery and pancreatology at the University Texas Medical Branch at Galveston. Having as a foundation all of the physiology and biochemistry involved in pancreatic diseases and in the pancreas was an excellent start. An interesting and unpredicted outcome of my times in Galveston was having Jim Thompson assign me to the supervision of a flexible endoscopy service. It was through this service that I acquired the skills in ERCP very early in my career, and I must say that this added skill has played a role in allowing me the opportunity to manage a wide variety of patients with pancreatic disease.

The first Pancreas Club meeting I ever attended was in 1981 when I was still a resident. John Ranson had sensed my interest and mentioned to me that there was something called the Pancreas Club. I admit this seemed fairly casual and I did not expect anything very elaborate. I did not attend the dinner but I did go to one of the sessions that day. I remember seeing many of the major names in surgery of the pancreas and I remember being impressed with the quality of the science. After starting my career in Galveston, I became a regular attendee at the Pancreas Club in the United States. Through attendance at these meetings, I established a relationship with Charlie Frey, and I must say that I consider my association with Charlie to be a major source of success for me in the world of the pancreas. He was always very generous in offering me participation in the activities of the Pancreas Club. Very early in my career I was a zealot for the concept of fellowship training in diseases of the pancreas. I talked Charlie into permitting me to send out a questionnaire to the entire membership regarding fellowships in surgery for the pancreas. As I look back on that questionnaire, I am impressed that not much has changed over the years as far as the likelihood of finding a fellowship training in this area. I haven't quite given up on the idea that fellowship training in this area is a very reasonable endeavor.

I began attending the Pancreas Club regularly in 1987, I believe. Each year I more firmly believe that the Pancreas Club routinely offers a quality of scientific program that is matched by few other societies. For those particularly interested in the pancreas it is my belief that this meeting combines high-quality scientific clinical research with the major individuals in the world of surgery for the pancreas. The international participation in our Pancreas Club is remarkable. By my association with the Pancreas Club, I feel as if I am a member of an interesting family or union that spans the globe.

I do not believe it was the first dinner I attended, but I do remember attending a dinner at Elmo Cerise's home in the beautiful Charles Street section of New Orleans. The ride on the trolley car sticks in my mind and the elegant house that Elmo shared with us for the dinner was spectacular. It firmly established in my memory the significance of those dinners in our yearly meeting.

Perhaps the most fulfilling memory of the Pancreas Club is continuing to see young energetic members who are just starting their careers and who are making significant contributions to the literature on the surgical management of pancreatic diseases and in the scientific evolution of the processes involved in these diseases. There are a number of societies that routinely attract the senior surgeons who have had great success and recognition, and there certainly are societies that attract some of the youngest academic surgeons just beginning their careers. The Pancreas Club is unique in that it routinely attracts participants at all levels of experience and achievement. Charlie Frey was very generous with me early in my career by permitting my participation in the program committee. This measure was instrumental in introducing me to all of the individuals who were producing important information regarding the pancreas. Having benefited from this kind of association, I am motivated to find the young individuals who are being productive in their work on the pancreas and try to provide them with the same kind of encouragement and support. When compared to oversized meetings with countless sessions dispersed throughout a city and always on a staggering spectrum of subjects, I think the focus and the simplicity of the Pancreas Club is most appealing. Whatever spell it is that enchants each of us who has chosen to be devoted to diseases of the pancreas, that spell is well preserved by the Pancreas Club.

*William Nealon, M.D.
Professor of Surgery
Department of Surgery
The University of Texas Medical Branch
Galveston, Texas*

In 1980 the chairman of the Department of Surgery at Tampere University Hospital suggested that I look at the pancreas specimens obtained from patients undergoing formal resection for acute necrotizing pancreatitis. That was because I had some experiences working in the Department of Pathology for a while. That is how I became interested in the pathophysiology of pancreatitis and also the treatment and diagnoses of this challenging disease. Because I recognized within a few years that there is no way to learn more about pancreatitis other than gaining a greater understanding of the pathophysiology, I applied to join John Cameron's group in Baltimore to study pathophysiology. I spent a couple of years there beginning in 1989 and have had an increasing interest in pancreatitis ever since.

The first time I visited the Pancreas Club was in 1990 in San Antonio, TX. At that time I became a member of the Pancreas Club.

I had heard about the Pancreas Club from Dr. Cameron. My first experiences were very encouraging, which is why I decided to attend this meeting every time I come to DDW. Since that time, I have missed only one or two meetings during the past 12 years.

I will always remember the San Antonio meeting, which was my first Pancreas Club meeting. At that time I had never been to the meeting and I thought it was held in the same location as DDW. So I went on the morning that the Pancreas Club meeting was scheduled to take place and found nothing there. In addition, nobody seemed to know anything about the Pancreas Club meeting or its location. I attempted to contact Dr. Cameron who was on his way and could not be reached. So I decided to call his wife back in Baltimore who kindly referred me to the University Hospital. I came a little late but did not miss anything important. (*if missing the second donut for breakfast is not considered important.*)

I have enjoyed Pancreas Club meetings, both scientifically and socially, a great deal. Discussions with famous pancreatic surgeons both from the United States and other parts of the world are highlights of the meetings of the Pancreas Club.

*Isto Nordback, M.D.
Professor and Chairman
Department of Surgery
Tampere University Hospital
Tampere, Finland*

My interest in the pancreas began as a fifth-year surgical resident when I had the opportunity to care for two very sick patients with necrotizing pancreatitis in adjoining beds in the ICU. Interestingly, there

were two very clinically similar patients across the hall, except they had a diagnosis of gram-negative sepsis. On the basis of their daily flow sheets, chest x-ray films, and laboratory results, none could be distinguished from the others, with the exception of elevations in amylase and lipase levels in two of them. From that day on, I have been convinced that the systemic disease associated with acute pancreatitis shares a common etiology with sepsis.

As luck would have it, I have a background in immunology, and the “in” topic at that time (around 1990) was inflammatory mediators and the new category of mediators termed cytokines. When I finished my residency in 1991, I joined the faculty of the University of South Florida and decided to make investigating the role of cytokines in the development of acute pancreatitis my priority as a surgical investigator.

My first experiments were designed to establish an animal model of pancreatitis and to correlate this model with human disease. I collected about two dozen serum samples from humans with pancreatitis and then induced pancreatitis in (many!) rats and mice (and a few dogs). The results of this early study were presented at my first visit to the Pancreas Club in 1992—under the careful scrutiny of my mentor and boss, Lary Carey (a founding member of the Pancreas Club). As luck would have it, the studies of cytokines within pancreatitis have gone well and have led to four national grants, a handful of industry grants, four patents, and more than 200 publications specifically on this topic.

The Pancreas Club has been a wonderful venue for discussion and even challenges to my work, and without a doubt, these meetings have greatly influenced the direction of my work. I, and all of the talented people who have worked in my laboratory, have been very fortunate to have been chosen to discuss our work every year since 1992, and no doubt we will continue to support this great group for years to come.

James Norman, M.D.
Professor of Surgery
Department of Surgery
University of South Florida
Tampa, Florida

Like most things in life, my path to studying pancreatic tumors was serendipitous. My primary interest was peptic ulcer disease. However, as I had trained under Dr. Zollinger and gastrinomas produce ulcers, when I arrived in Los Angeles, I was quickly asked to see patients with presumable gastrinomas. What

utterly surprised me was the number of cases that began to appear, because even at Ohio State these cases were rare, and I never thought that I would see more than one or two in my career.

It was a patient with multiple endocrine neoplasm type I who initially piqued my interest. He had both marked hypercalcemia and acid secretion. After removing most of his parathyroids, his calcemia reverted to normal and his acid secretion was reduced 80%! We were amazed and this led to studies both in humans and in the ferret with Dr. Nicola Basso that showed the stimulatory effect of calcium on gastrin secretion from these tumors and the potentiating effect of calcium on gastrin extract-stimulated acid secretion.

Dr. Bruce Stabile and I noted, contrary to current thought at that time, that most of these tumors appeared on the right side of the abdomen, were contained in lymph nodes, and behaved benignly such that simple removal cured some patients. Dr. Stabile’s landmark presentation of the “gastrinoma triangle” changed both the clinical and therapeutic approach to these tumors while presenting an even bigger issue, namely, why were these tumors in the area of the triangle and not more randomly distributed throughout the pancreas?

“At this point, the riddle of the location of gastrinomas had become my primary interest. The key insight was made by Dr. Thomas Howard, who suggested that if the tumors were of ventral pancreatic bud origin, then their location in the triangle could be explained by the rotation of the ventral bud during development. If this were true then a number of testable predictions could be made. In a period of wonderfully exciting and feverish activity, he and Dr. Mark Sawicki and I were delighted about how many of the predictions were borne out by the data that subsequently followed, which led us to postulate a theory of their origin.

And so it was the clinical experience with these unique pancreatic tumors that stimulated our thinking and investigations and developed my abiding interest in them.

Edward Passaro, Jr., M.D.
Emeritus Professor of Surgery
UCLA
Chief of Surgical Services
Los Angeles VA Medical Center
Los Angeles, California

While I was a student, I was impressed by the rapid progress of cardiac surgery due to extracorporeal circulation: surgery was changing the lives of many

people who previously had been seriously ill. However, after I received my medical degree, I realized that there were too many senior surgeons interested in cardiac surgery in the surgical department that I chose because I was working under the guidance and supervision of Professor Piergiuseppe Cevese, a man with a great surgical skill. While working as a junior volunteer assistant, I was asked to prepare, for research purposes, a model of chronic biliary fistula in the rat to study bile secretion after truncal vagotomy. I realized that it was easy to prepare also a model of chronic pancreatic fistula and I was fascinated by the complexity of the regulation of the exocrine pancreatic secretion.

I attended my first meeting of the Pancreas Club in 1992 at UCSF. Since then, I have regularly participated in all meetings of the Pancreas Club. Dr. Fabrizio Michelassi suggested that I present to the Pancreas Club the preliminary data from a prospective randomized multicenter study of standard vs. extended lymphadenectomy; I had been coordinating my findings in Italy since March 1991. It was a great experience for me to have friendly discussions with the giants of pancreatology whose papers contributed so much to my knowledge in the field of pancreatic diseases.

I was impressed by the dinner in the Pacific Room on the fifty-second floor of the Bank of America Center. I was astonished by the bird's-eye view of the San Francisco Bay and the Golden Gate Bridge, but Kenneth Warren's talk was even better.

The main focus of the Pancreas Club is the result of the presence of almost all different specialists interested in pancreatic diseases. You can present everything from basic science to experimental studies, to imaging, to medical and surgical problems, and you can find someone who is knowledgeable in that specific field.

Sergio Pedrazzoli, M.D.

Professor and Chairman

Department of Science, Medicine, and Surgery

Semeiotica Chirurgica

Univisita degli Studi di Padova

Padova, Italy

I have a vivid memory that can answer most of the questions you posed. First of all, I initially became interested in the Pancreas Club when I joined the University of California San Francisco. As you know, I have been interested in the pancreas itself all of my life, but the Pancreas Club became important to me as I joined Larry Way in July of 1970. At that time he told me "without a question you ought to go to the next Pancreas Club meeting."

Although my first Pancreas Club meeting was during DDW in 1980 in Salt Lake City, I remember it very vividly. There were very few of us. It used to be a very informal club and, as such, a very pleasant one to attend. The presentations were well discussed and I enjoyed that meeting very much. Subsequently I attended all Pancreas Club meetings until I became heavily involved in the SSAT. The Pancreas Club meetings were held at a distance from the postgraduate course of the SSAT. It was no longer possible for me to attend both.

I have a special recollection, as I am sure you do, about two Pancreas Club meetings. One is the meeting that was held in San Francisco in 1986 where you appointed me chair of the local arrangements committee. At that time I had planned a beautiful luncheon in the gardens of the VA overlooking the Golden Gate Bridge and had sent a letter (which I hope you have—I do not) to all the members inviting them to this "beautiful lunch with a view of the Golden Gate Bridge." Little did I know that fog is a problem in that area. As you would expect, the day of the Pancreas Club meeting the fog was so thick that you needed a knife to cut through it. The meeting could not be held outside the cafeteria or we would have frozen. Therefore, instead of holding the lunch "in the beautiful gardens overlooking the Golden Gate Bridge" the lunch was held in the VA cafeteria that smelled of french fries, fried food, and heavy-duty smoke. That evening, as you will remember, I had advertised a dinner "atop the clouds, overlooking the city of San Francisco. At that time you accused me of lying, as we were sitting at the top of the Bank of America unable to see San Francisco because the clouds were below us. I believe you will still remember my remarks on that occasion. I made the statement that "San Francisco could be seen slightly through a veil just like the body of a beautiful woman could be seen through her nightwear or a beautiful gown." That statement might have been OK in 1986 but I don't think it could be put in a book in 2001 or I would be run out of town!

I also remember a meeting in Louisiana when you and I traveled together and met in Denver. You came from Sacramento and I came from San Francisco. We changed flights and, as I recall, we spent a considerable amount of time chatting about life and the pursuit of happiness.

Carlos Pelligrini, M.D.

The Henry N. Harkins Professor and Chairman

Department of Surgery

University of Washington School of Medicine

Seattle, Washington

From Hot to Cold: My Personal Road to the Pancreas

My interest in the pancreas developed in a round-about fashion, arising from the influences of gifted individuals in unexpected places. As a third-year medical student at the University of Hawaii, my initial plan was to return as a general practitioner to my home on the island of Guam. Quite unexpectedly, I became captivated with the prospect of pursuing the "art and craft" of the practice of surgery. My subsequent decision to pursue a career in academics led me away from these tropical surroundings to a residency in the more temperate climate of Cincinnati, OH. During my internship, my father, suffering the progression of chronic ischemic cardiomyopathy, received a heart transplant at Stanford University. The year was 1982 and he was one of the early recipients of the new drug cyclosporine. His favorable outcome was characteristic of the dramatic improvement in transplant survival due to cyclosporine, which stirred much excitement among transplant centers. This pivotal event certainly kindled in me an interest in the field of transplantation. Later during residency I spent 2 years in the laboratory of Wes Alexander studying transplantation immunology. It was during these stimulating years working with Wes that I was convinced that the field of transplantation was the place to be.

My initial encounters with transplantation of the pancreas were as a surgical resident. At that time pancreas transplantation was being performed in only a few centers and was considered somewhat "on the fringe." Cincinnati was one of these "adventurous" centers that initiated a pancreas transplant program under the direction of Rino Munda, a talented and tireless surgeon. The impact of successful pancreas transplantation on the lives of patients with severe diabetes was truly amazing. However, the complications associated with immunosuppression in these high-risk patients often demonstrated the "agony and ecstasy" of this imperfect science.

After surgical residency, I migrated north to the cold climate of Minneapolis to begin a transplantation fellowship. The stimulating and creative intellectual environment among the collection of "free thinkers" in John Najarian's Department of Surgery was a great place to work and train. The undisputed center of the pancreas transplantation world has always been at the University of Minnesota. There I was fortunate to have the opportunity to work with David Sutherland, one of the freest of all thinkers among surgical circles. The clinical experience as a transplant fellow with him was invaluable and went a long way toward my development into a "pancreas aficionado."

As the saying goes, "Some like it hot!" Thus I have returned to warmer surroundings in California and continue to be involved in clinical pancreas transplantation in an effort to achieve an "insulin-free world."

*Richard Perez, M.D.
Associate Professor of Surgery
University of California School of Medicine
University of California Davis Medical Center
Sacramento, California*

Many of us who trained at Johns Hopkins in the 1970s and early 1980s became enamored of the pancreas because of John Cameron's enthusiasm for the gland. John joined the faculty in 1970 and interns that year and the next included Greg Bulkley, Fred Eckhauser, Mike Zinner, and myself. Also on the house staff during John's early faculty years were Jim Stezmann, Mike Sarr, Ross Postier, Dave McFadden, Keith Lillemoe, and Charlie Yeo. All of us fell for the pancreas as an organ to be studied to greater or lesser degrees, and we all became members of the Pancreas Club. What was happening at the time that led us all in this direction?

First, John was doing clinical studies on the role of antibiotics, nasogastric tubes, and hyperlipidemia in acute pancreatitis. We were all involved with these clinical studies and learned to do clinical research as residents. John also was pushing the limits with respect to autologous islet cell transplantation in patients with chronic pancreatitis. I still remember one case vividly, on which we scrubbed together, when I was a resident and instant portal hypertension developed immediately after injection of the crude islets into the portal vein. John also was working on the isolated perfused pancreas model, and we were all exposed to this work at research conferences.

With respect to my own career, I was quite sure when I began my residency at Hopkins that I was aiming for private practice, preferably near my home town in New Jersey. In 1979, when I was finishing, a job opened in the Summit Medical Group, which was exactly where I originally thought I wanted to practice. However, I remember asking the senior partner how they managed severe pancreatitis. He said that the town was small and these types of patients were transferred to New York so that a bad outcome would not be discussed at the country club. At that moment I knew for sure that private practice was not for me because I wanted to be caring for the sickest patients with pancreatitis.

In 1979 I went to UCLA to learn more about the pancreas from Bill Longmire. I'll never forget when he asked me after my first Whipple procedure as a junior faculty member whether I had preserved the pylorus. I admitted that I had not yet read his 1978 article but promised that I would preserve the pylorus whenever possible in the future and I have!

I believe that my first Pancreas Club meeting was during my first faculty year at UCLA. John Cameron, Russ Postier, and I had a paper in the SSAT program on risk factors in biliary tract surgery. John invited me to the Pancreas Club meeting in Salt Lake City in 1980, and I have rarely missed a meeting in the past 22 years.

Of course, the science and camaraderie at the meetings has been excellent. The opportunity to visit the many host institutions also has been a very positive aspect of the Club. Seeing the Pancreas Club grow into an outstanding international meeting with new blood has also been rewarding. Some of the most memorable aspects, however, have been at the luncheons and the banquets where the opportunity to see old friends and meet new ones always has been ideal. For many years, the "Ken Warren Show" after the banquet was one of the highlights of the year. For me, I will always also remember the evening in New York in the early 1980s when I sat next to Frank Glenn at the banquet. When I was a medical student at Cornell, he had already retired and I never had the opportunity to meet him before that night. I had read all of his papers on the biliary tract and had been introduced to pancreatobiliary disease by his disciples, Charley McSherry and Toby Thorbjarnarson, as a student. I know that these types of experiences have occurred for many at the Pancreas Club, and I am sure that they will continue to make the Club very special for many years to come.

*Henry Pitt, M.D.
Professor and Chairman
Department of Surgery
Medical College of Wisconsin
Milwaukee, Wisconsin*

When I was a third-year medical student, I did many of my clerkships at Cook County Hospital, including my surgery rotation. The annual meeting of the Illinois Surgical Society was hosted by County Hospital while I was there as a student. The host institution puts on wet clinics in the operating room. This is still done today and follows the same format. Surgeons on staff at the host hospital perform challenging operations while respected surgeons with experience in that particular procedure provide comment

and criticism. Dr. Charles Puestow was one of the commentators on a pancreas procedure. This was the only time I got to see Dr. Puestow because he retired and died before I became a resident. Needless to say, I was struck by this special luminary in pancreatic surgery and the respect he commanded among the other surgeons.

Cook County Hospital had an avid interest in pancreatic disease with Bob Freeark and Frank Folk having written papers on angiography for pancreatic trauma and on the problems of recurrent pseudocysts. Pancreatic surgery was uncommon at this time and the residents I worked with were always looking for a patient who would be a candidate for a Whipple resection. I didn't get to see this operation as a student, but I did have a patient who developed a pancreatic pseudocyst after an attack of severe pancreatitis. I was able to participate in his care, and this stimulated me to choose pancreatic pseudocysts as the topic for a paper I was required to write during the clerkship. About five years ago, the surgeon who was my attending faculty advisor and who had graded the paper came across it when sorting out his office. He sent it back to me so I still have this review, which was done in the early 1970s. A number of things have changed over the years in treating this problem, but surgeons still remain very interested in it.

When I completed the medical school, I started by residency at Barnes Hospital in St. Louis where I worked with Eugene Bricker and Harvey Butcher. Both were master surgeons but with different temperaments. I still remember Dr. Bricker being unfazed when encountering a colon cancer extensively invading the duodenum. Without hesitation he adroitly performed an en bloc resection including a pancreatoduodenectomy. After 2 years in St. Louis, I returned to Chicago to complete my residency at Loyola and Hines. Here I got the opportunity to care for a number of patients with chronic pancreatitis and other complications of inflammatory disease. Dr. Herbert Geenen encouraged me to review the institutional experience with pancreatic duct drainage procedures for chronic pancreatitis. This started a lifelong interest in the surgical treatment of this problem. It also gave me the rudimentary tools to ask important questions and follow clinical activities to a meaningful conclusion.

I also worked with Dr. Ed. Paloyan. I remember a patient with an insulinoma whom we cared for who had an isolated lesion in the head of the gland. We enucleated this insulinoma and everything went well until the fifth or sixth day after the operation when she began having problems. We drained a collection and she eventually had to come back for pseudocyst drainage, which I also got to do. He encouraged me

on an academic career and to continue my interest in the pancreas. He advised me to spend a year abroad working in clinical and basic research.

In 1979 and 1989 I spent a year at Hammersmith Hospital with Dick Welbourn. I worked in the laboratory of Steve Bloom and Julia Pollack on gut and pancreatic hormone physiology. This gave me a greater appreciation of utilizing the laboratory to bring back information of clinical usefulness. My career was thus focused on inflammatory disease of the pancreas, and endocrine physiology and neoplasms of the pancreas. With this interest I have naturally gravitated toward the Pancreas Club and began to present papers there.

I have always thought this was a special organization with a friendliness and camaraderie of people with shared interests. Like all of the members in the group, I am most appreciative for all the efforts you and Bill Schiller put in to keep this club going for so many years. I am happy that your efforts have been rewarded and the group appears self-sustaining and vibrant.

*Richard Prinz, M.D.
Helen Shedd Keith Professor and Chairman
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Chicago, Illinois*

Tribute to John Ranson

John H. C. Ranson, born in Bangalore, India, in 1938, the son of missionaries, was one of the three signers of the papers of incorporation of the Pancreas Club, Inc., in East Lansing, MI in 1975. (See History of the Pancreas Club, Inc.) Returning to England in 1945, John's family 3 years later moved to New York City. He attended the Groton School in Connecticut. On graduation he took his undergraduate studies at Oriel College, Oxford, followed by an M.A. in physiology, B.M., B.Ch.. After a stint at St. Bartholomew's Hospital in London, he completed his surgical residency training at Bellevue Hospital and New York University Medical Center. He then joined the faculty of New York University. Frank Spencer and Arthur Localio were his mentors. He became director of the Division of General Surgery and director of the Residency Training Program at the New York University Department of Surgery, the S. Arthur

Localio professor of surgery, and chairman of the House Staff Committee.

John's clinical and research interests were in gastrointestinal surgery and focused on the liver, biliary tract, and pancreas. He was the author and co-author of 79 original publications, eight selected summaries in gastroenterology, 47 book chapters, two books, and one film in the American College of Surgeons library. He was an Alpha Omega Alpha fellow, treasurer of the James the IV Association of Surgeons, and served successive terms as secretary and president of SSAT. He received the Hammond Citation for Distinguished Service from the New York State Medical Society and the Rousing-Tschering Medal of the Danish Medical Society. He was a vestryman and lay reader of St. James' Church of New York and a Knight of the Order of St. John of Jerusalem. He was a member of every important surgical society in the United States, including the American Surgical Association, the Southern Surgical Association, and the SSAT, as well as the Royal Society of Medicine in London. He was on the editorial board of the *American Journal of Surgery*, the *British Journal of Surgery*, *Pancreas*, and the *International Journal of Pancreatology*.

John made many original contributions to our knowledge of gastrointestinal disease. He was a pioneer in our understanding of severe pancreatitis. In clinical studies he noted the frequency and severity of pulmonary insufficiency, the incidence and nature of coagulation deficiencies, the optimal timing of biliary surgery, and the role of the CT scan in managing pancreatitis. In the research laboratory, he and his colleagues studied complement metabolism and chemotaxis. Additionally, he examined the relationship of pseudocysts, to splenic vein thrombosis and left-sided portal hypertension.

Although John made many other contributions to the management of gastrointestinal disease, his best known contributions relate to the use of long-term therapeutic peritoneal lavage in patients with severe pancreatitis, and the grave prognostic signs of pancreatitis, better known as the Ranson signs. The Ranson signs of severity applicable to patients with acute pancreatitis constituted a remarkable achievement. Published in 1974, they are still widely used today. Based on astute clinical observations and later validated statistically in 1977, the Ranson signs stand as a monument to John's brilliance as a clinical investigator.

John was a close friend and inspiration to many of the members of the Pancreas Club and played a prominent role in its activities, as a presenter and discussant at the annual meetings, trusted advisor on

matters of policy, local arrangements chairman, and incorporator of the club.

*Charles Frey, M.D.
Emeritus Professor of Surgery
University of California
Davis Medical Center
Sacramento, California*

I applaud you and Bill Schiller for soliciting personal vignettes about our fond memories of the Pancreas Club. Needless to say, the Pancreas Club has generally been the high point of DDW every year. Certainly it is downhill from Sunday's dinners, although come to think of it, the usual storytelling and jokes at the end of the meal make it hard to go downhill much further.

I first became interested in the pancreas at Johns Hopkins as a medical student treating John Cameron's patients who had pancreatitis. When I came to Massachusetts General in 1978, I immediately latched on to Andy Warshaw as he had written several interesting papers that I had reviewed as a medical student. My association with Andy became a huge influence on my subsequent career. Although I had done research in gastric physiology with Bill Silen as a resident, my heart and soul were always with the pancreas and when I joined the staff in 1986 at Massachusetts General Hospital, I chose to collaborate with Andy and strengthen the effort in research of pancreatic diseases at our institution. I became fascinated by the potential to reverse the course of pancreatitis with early intervention and focused on the role of the microcirculation as well as modes of trypsinogen activation in the early phases of the disease. Since Andy travels so extensively, a side benefit of being his gnome in the laboratory was a chance to cover his practice and subsequently establish my own large referral base for pancreatic problems.

I was introduced to the Pancreas Club in 1988 and was told that it would provide freewheeling discussion about controversial topics, particularly in the afternoon sessions. I was certainly not disappointed through the years. As a young faculty member, I sat in awe of the "giants of the pancreas" dealing with the fine points of staging pancreatic cancer, surgery for chronic pancreatitis, and of course the treatment of pancreatic necrosis. I learned much more from these discussions than from any paper I had heard presented either at the Pancreas Club or DDW. Furthermore, the dinners provided a wonderful opportunity to "get down and dirty" with the key figures in the field. I know of no meeting that is quite like the Pancreas Club, especially once people loosen their

ties and take off their jackets after lunch. Often the most valuable material one can assimilate is the material that does not appear on the printed page, and this certainly was true from my prospective of the Pancreas Club. As my subsequent career has turned to more and more minimally invasive surgery, it becomes harder to attend each Pancreas Club meeting but I try to get there for at least part of the day every year.

*David Rattner, M.D.
Chief, Division of Gastrointestinal and General Surgery
Department of Surgery
Professor of Surgery, Harvard Medical School
Massachusetts General Hospital, Boston, Massachusetts*

My interest in the Pancreas Club began as a third-year medical student at the University of Pennsylvania in 1961 to 1962. I was intrigued by its physiology and the diseases that affected it, and especially by how little was known about these things. As a resident in surgery at Penn, I had the opportunity in 1966 to undertake a 4-year NIH-sponsored fellowship, which allowed me to study a very basic question about the mechanisms of pancreatic bicarbonate secretion. I will always remember a trip I took before I started in the laboratory work to meet with Henry Janowitz at Mount Sinai Hospital in New York City. He was a world authority on pancreatic physiology, and it was he who encouraged me to undertake the project, which became the main focus of those research years (a micropuncture study of pancreatic electrolyte secretion.) I remain convinced that the opportunity provided by that NIH training grant and the guidance and kind support from Dr. Janowitz were the two things that most influenced my later career.

I first began to attend meetings of the Pancreas Club in the late 1960s and probably have never missed one since that time. Although I always learned from the presentations, in the earlier years, I was at least as excited about the opportunity to see "up close" some of the famous people in the field. I was especially intrigued and amused by the "frank discussions" that many of the senior members would engage in following some of the presentations. These meetings did much to put a human face on many of my pancreas heroes.

*Howard A. Reber, M.D.
Professor and Vice Chairman
Department of Surgery
University of California Los Angeles School of Medicine
Los Angeles, California*

Tribute to Max Rittenbury

Max Sanford Rittenbury was born in Bailey, NC on December 16, 1928. He attended the Citadel on a football scholarship and obtained his Doctor of Medicine degree from the Medical College of Virginia (MCV) in 1953. He served his internship in surgery at the National Naval Medical Center Bethesda. He completed his surgical training at MCV in 1962 and worked with Dr. David Hume in the nascent field of renal transplantation. He also served in research fellowship positions in the United States Public Health Service from 1960 to 1964. He joined the faculty at the Medical University of South Carolina (MUSC) in 1962, where he continued his long-standing clinical and research interests in pancreatitis, burn and trauma care, surgical nutrition, and surgery for morbid obesity. He developed the first Burn and Trauma Units at MUSC in 1970. His work in pre-hospital trauma care led to the development of the Emergency Medical Transportation Services in South Carolina. He had a long interest in surgical education and served as program director in general surgery for many years. His curriculum vitae lists his position as secretary of the Pancreas Club from 1970 to 1974. He was a busy and productive clinical member of the Department of Surgery until his death in 1994.

The Pancreas Club

My recollection from talking to Dr. Anderson was that when Dr. Anderson was appointed president of the Medical College of Ohio, he passed the Pancreas Club leadership onto Max. Max held that role for about 1 year and thereafter Charlie Frey and Bill Schiller resurrected the Pancreas Club. Dr. Anderson said that Max reported that he did not have a meeting in 1974 because there was no interest. No one sent in any abstracts, Max said. But Dr. Anderson said that Max never sent out a request for abstracts or set a meeting date. Dr. Paul O'Brien said that Max and Dr. Anderson were great friends in the early days of the Pancreas Club but that relationship soured after Dr. Anderson arrived in Charleston to head the Department of Surgery. When Curtis Artz died unexpectedly, shortly thereafter Dr. Anderson was thrust into the department chairmanship role and maintained a cordial and professional relationship with Max. Max's most memorable contribution to the department was hosting the annual Christmas party at which he served a famous punch, the recipe for which was perfected in David Hume's laboratory at MCV. The punch led to such raucous parties that the surgery group was banned from the MCV campus during

Max's time in Richmond. When they moved the party to the Valentine Museum with the same outcome, there was an outcry in the community led by a lead editorial in the *Richmond Times-Dispatch* that raged at the wild havoc created by the MCV surgeons in Richmond's most hallowed museum. Interestingly, Max's curriculum vitae does not list his Pancreas Club presidency.

*David Adams, M.D.
Professor of Surgery
Medical University South Carolina
Charleston, South Carolina*

I became interested in the pancreas and in pancreatic disease when I was an intern in General Surgery at the Montreal General Hospital in 1979. At the time, a very close uncle of mine was dying of pancreatic cancer. This was also the first time I had contact with Dr. Alan Thompson, his surgeon. Dr. Thompson was a former member of the Pancreas Club and was the hospital's pancreatic surgeon. I thought he was the one with all the interesting and complicated cases. He and Dr. Rea Brown, his protégé, took me under their wing and I quickly became convinced that a career in pancreatic disease was my calling. Under the supervision of Dr. Brown, I developed a laboratory research program in pancreatic cell biology that led to a Ph.D. upon completion of my residency 1985.

In 1985 I began a fellowship in Transplant Surgery at the University of Michigan, where I was introduced to Dr. Fred Eckhauser, the chief of gastrointestinal surgery, and another member of the Pancreas Club. Although I spent most of my time either on the transplant service or in the laboratory, I did manage to operate with Fred on his pancreatic cases. It was Fred who invited me to my first Pancreas Club meeting in 1987. I found that meeting quite exhilarating, and it only confirmed my decision to pursue a career that dealt with some aspect of pancreatic disease. I was impressed by the camaraderie of the gathering and the free-flowing exchange of ideas in an atmosphere that was totally lacking in the sometimes overly aggressive demeanor of more traditional surgical meetings.

Today I am professor of surgery and medicine and director of the Division of Surgical Research at the McGill University Health Center, where I function in a clinical capacity as the hospital's principal pancreatic surgeon. In addition, I oversee a pancreatic research program that includes investigations of adult pancreatic

stem cells, mechanisms of islet cell differentiation, islet cell apoptosis, and pancreatic cell plasticity.

Lawrence Rosenberg, M.D.
Professor of Surgery and Medicine
Director of the Division of Surgical Research
Department of Surgery
McGill University
Montreal, Canada

My first knowledge of the existence of the Pancreas Club came with the primitive death of my mother of a diarrheal disease labeled as “chronic pancreatitis.” I suspect, in retrospect, that she may have had an endocrine tumor. Later, when I was in Cambridge, the assay for insulin became available and I did a study on endocrine and exocrine pancreatic function in chronic pancreatitis, which appeared in an early edition of *Gut*, to further stimulate my interest.

When I went to the United States as a training fellow, the data on pancreatic enzymatic protein biosynthesis were just coming out; my contribution was to attempt to reproduce Pavlovian dog studies in humans. The idea was that qualitative pancreatizing enzyme output is influenced by diet (i.e., a protein-rich diet produces a juice rich in proteolytic enzymes and vice versa for a carbohydrate-rich diet—the herbivore vs. carnivore story). There was some suggestive data from laboratory animals.

Accordingly I, along with a few others, put ourselves on an isocaloric diet, which was either a protein-rich or carbohydrate-rich diet. Using a double-lumen tube, pancreatic function tests were done and repeated after each diet with secretin and pancreozymin stimulation. The dietary fat content was kept constant throughout each diet.

The results were interesting. First, although the total caloric intake was kept constant throughout (2500 calories/day), all of us found it difficult to complete the high-protein/low-carbohydrate diet fortnight because of feeling satiated. Conversely, we were constantly feeling hungry on the high-carbohydrate/low-protein regimen. This has something to do with circulating nitrogen levels, I guess.

The shifts in pancreatic enzyme outputs were present but minimal, and I learned that very artificial diets are difficult to sustain and repeated intubation with a double-lumen tube is very uncomfortable. My conclusion was that, after all, man is not a rat.

However, this publication and my membership in the European Pancreatic Club, the American Pancreatic Association, the Pancreas Club, and being a founding member of the Pancreatic Society of Great Britain and Ireland and the International Association

of Pancreatology brought me interests and worldwide friends, as you know.

Martin Sarnar, M.D.
Professor of Medicine
University College Hospital
London, United Kingdom

Thanks for asking me for input on the history of the Pancreas Club. I am but a youngster in the history of this, but I will give you my thoughts.

Most of my interest in the pancreas and its diseases stemmed from training at Johns Hopkins where I learned the pancreas is “God’s organ” and that anytime you have the chance to feel the pancreas, you should do it (but gently). The phrase “don’t fiddle with the pancreas because it will cause further problems” is an appropriate one (it is usually said “don’t fiddle with the pancreas” except “fiddle” is replaced by a word starting with the letter “P”). I think one of my most memorable patients was a 30-year-old alcoholic reading *JET* magazine who had a palpable football in his abdomen of necrotizing pancreatitis. We operated on him and boy did he get sick. We were finally able to make him healthy but it was a long road. There is nothing more interesting than necrotizing pancreatitis and the havoc that an uncontrolled pancreatic leak in the retroperitoneum can cause. One person actually told me that it probably shouldn’t be called “God’s organ” because in older mythology, gods did not necessarily try to protect man as our current God does.

I attended my first Pancreas Club meeting in 1984 in New Orleans. I was working in John Cameron’s laboratory, and we presented a paper on the effects of an oxygen-derived free radical scavenger on pancreatitis. What amazed me most at this meeting is that I saw what I thought were the leading pancreatologists and pancreatic surgeons of the time—Drs. Frey, Cameron, Bradley, Warshaw, Moosa, Carey, Traverso, Dreiling, T.T. White, Howard, and many others. I couldn’t believe that all of them would congregate in the same place to discuss the diseases of “God’s organ.” I was hooked, just as I have hooked several of my past laboratory fellows. I especially liked that people could ask questions. It was not necessarily a “nasty meeting,” and there was a lot of discussion that went on—not only about research but about clinical problems as well. The dinner in the evening was even more enjoyable. This is really why I go.

What I remember most about the first dinner is that everyone was friendly, they talked to me, and the after-dinner jokes and short vignettes. Some of those were truly ones to be remembered, especially

some of the somewhat vulgar jokes by Dr. Warren (a yearly event!) and some poignant ones by Roger Keith, Andy Warshaw, and many others. I just felt comfortable in this group.

*Michael Sarr, M.D.
Professor and Chairman
Division of General and Gastrointestinal Surgery
Department of Surgery
Mayo School of Medicine
Rochester, Minnesota*

My interest in the pancreas began when I had Professor John M. Howard as a research fellow in his surgical department at Hahnemann Medical College, Philadelphia, in 1970. Before I had met him, I was an instructor of the First Department of Surgery, Osaka City University Medical School. I was studying pancreatic allograft transplantation in our surgical department. Although Professor Idezuki and his group had reported that a dog allograft had survived for 168 days, we were unable to get such good results.

When I heard that Professor Idezuki had returned to Japan from the University of Minnesota, I went to meet him, and discussed my results of pancreatic allografts in dogs with him. During our discussion, Dr. Idezuki recommended that I go to the United States to study pancreatic allotransplantation, and suggested Professor Howard's surgical department at Hahnemann Medical College, which was seeking a research fellow. Fortunately Professor Howard gave me a chance to study in his surgical department. When I arrived at Hahnemann Medical College and discussed with him the protocol of my work in his surgical department, he suggested that I do research on the pancreas. He asked me to study pancreatic elastase under normal and pathologic conditions. Pancreatic elastase was my first topic of pancreatic research. Since then, I have studied both clinical and pathological conditions of the pancreas in the surgical department of Hahnemann Medical College. In 1971, while I was in Philadelphia, Professor Howard held a meeting of the Pancreas Club at the Sheraton Hotel, and gave me a chance to participate and present my work at the meeting. This was my first participation in the Pancreas Club proceedings. I think that the Japanese did not know about the meeting of the Pancreas Club at the time.

Since my return to Japan in 1972 from Hahnemann Medical School, I have continued to study the pancreas. In 1973, I received a letter of invitation to participate in the meeting of the American Pancreatic Study Group (now the American Pancreatic Association) from Professor Webster, which was to be held

at the Drake Hotel in Chicago, with the help of Professor Howard's recommendation. Many Japanese investigators participate in the meeting of the American Pancreatic Association at the present time, but I could not find any Japanese investigators to participate in 1973. Since then, I have participated in the American Pancreatic Association almost every year. Through the meeting of the American Pancreatic Association, I have had the opportunity to meet famous pancreatologists in the United States, who gave me a variety of information and cooperation in my studies on the pancreas. In 1983, I was invited to participate in the European Pancreatic Club meeting by Professor Scuro (President of the European Pancreatic Club) in Verona, Italy. I brought correspondence from the Japan Pancreas Society written by the President, Professor Honjo.

In 1984, I presented our work at the meeting of the International Association of Pancreatology in Cascais, Portugal. Drs. Tsuchiya and Takeuchi held meetings of the International Association of Pancreatology in Nagasaki in 1990 and Tokyo in 1998. Both meetings were successful. In 1998, I served as secretary general and chairman of the program committee. I have served as an officer in various pancreas societies and editor of various journals related to the pancreas.

I am now serving as the executive director of the Pancreas Research Foundation of Japan. My responsibility in the Foundation is to promote young investigators to have an interest in pancreatic studies in Japan. I spend most of my time in studies of the pancreas. I love the pancreas.

*Katsuke Satake, M.D.
Honorary President, Professor of Surgery
Minami Ashiyahama Hospital
Ashiya, Japan*

When I was a medical student at Northwestern University in Chicago, I became aware of the studies on pancreatitis being performed by Marion C. Anderson, M.D., who was a young surgical attending at the time. I elected to remain at Northwestern for my surgical training during which time I participated in the surgical care of many of Dr. Anderson's pancreatitis patients. As I approached the mid-level of my training, I made the decision that I would take an extra year as a surgical fellow to study pancreatic disease. Unknown to me at the time was the occurrence of the first meeting of the Pancreas Club in May 1966, which happened while I was on affiliation at Children's Memorial Hospital for pediatric surgery.

Nonetheless, in July 1966, I embarked on a 1-year surgical research commitment with Dr. Anderson as

my mentor. We studied pancreatic disease both clinically and in the animal laboratory and over the course of the year published 10 papers concerning this problem. I attended my first Pancreas Club meeting in June 1967, in Philadelphia, where we traded information and ideas and attended an outdoor barbecue at the home of Dr. John Howard. Needless to say, my interest continued during my Chief Resident year and included the experience of assisting in a pancreatic operation for the American College of Surgeons televised surgical procedure program as part of their annual meeting. My attendance at the third Pancreas Club meeting in San Francisco in 1968 preceded my 2-year tour of duty in the United States Army, following which I joined Dr. Anderson at the newly formed Medical College of Ohio in Toledo, in August 1970.

My studies of pancreatic microcirculation continued, allowing me to publish a rather comprehensive paper showing the difference between the pancreatic microcirculation of a normal experimental animal pancreas compared to that of the inflamed pancreas. Also, a paper reviewing the different forms of experimental pancreatitis was authored during that time period, and I began my collaboration with Dr. Dale Bockman, which resulted in three papers on the electron microscopy of experimental pancreatitis.

In 1974 there was no Pancreas Club meeting, which afforded me the opportunity to resurrect the organization as a cochairman with Drs. Charles F. Frey. Ultimately we were to organize 21 Pancreas Club meetings. The many friendships that originated during this period have been a source of both personal and professional satisfaction. My friendship with Charlie Frey over this period of time has also meant a lot to me and over the past few years we have celebrated birthdays together, since that of my wife Beverlee and Charlie are a mere day apart. The poem regarding the Pancreas Club and the SSAT read by my wife Beverlee at Antoine's in 1991 was an artistic highlight, which we still chuckle about.

While my last pancreas paper was published in 1989, I continue to have an interest in pancreatic disease, which most recently involved summarization of all of the available programs of the Pancreas Club as my contribution to the history of the organization.

*William R. Schiller, M.D.
Professor of Surgery
Southern Illinois School of Medicine (Retired)
Santa Fe, New Mexico*

I attended my first meeting of the Pancreas Club in 1997, in Bethesda, MD, when I was an intern

in the general surgery program at Johns Hopkins. I remember the date because I still have the program syllabus sitting on my shelf among memorabilia from other highlights (or what I consider highlights) in my short career.

My love of the pancreas developed and grew with my love of surgery. As a third-year medical student at Hopkins, if you fall in love with surgery, you don't have much choice. I did my general surgery rotation on the Halsted service and fell in love with the operating room. One of the first cases I saw was a young teenager who suffered a gunshot wound to the epigastrium with stomach and distal pancreatic injuries. It was my first glimpse at what I was quickly informed was "God's organ" and given my interest at some ungodly hour in the morning, I was offered a premier position holding retractors in the following day's pancreatoduodenectomy. From that moment on I was hooked. I spent a month as a subintern on the service of Drs. John Cameron, Charles Yeo, Keith Littlemoe, and Henry Pitt, where they fostered my interest and encouraged me to pursue clinical research in pancreatic cancer.

During my intern year, my first paper was accepted by the SSAT for presentation in Washington, DC. It was then that Dr. Yeo invited me to the Pancreas Club. I was thrilled. I remember telling my mother about it and I recall her saying, "I can't believe there is such a thing as the Pancreas Club, and worse, I can't believe you want to go!" But she proudly went on to tell all her friends (who also cannot believe it exists). I've had many subsequent opportunities to attend the Pancreas Club. Although every year is nice, my first Pancreas Club meeting was the most exciting. I felt privileged to be in the company of so many people whose work was famous in my area of interest. The Pancreas Club has provided me with the opportunity to get to know some of the leaders in pancreatic surgery around the country and the world. I feel that the Pancreas Club welcomed me as a new member and has fostered my interest in pancreatic surgery along with my mentors at Hopkins. I'm proud to be a member of the Pancreas Club and look forward to future meetings and the mentorship of members as my career develops.

*Taylor Sobn, M.D.
Resident in Surgery
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Baltimore, Maryland*

My decision to devote my career to the exploration of pancreatic diseases was pure serendipity—the

result of a series of fortunate and unexpected events that occurred by accident. The first occurred when I began my surgical residency working in the UCSF research laboratories at Ft. Miley in San Francisco. There I was influenced by a young academic surgeon, Dr. Al Hall, and an established biochemist, Dr. Thomas Singer. Dr. Singer introduced me to the world of protein and enzyme chemistry by sponsoring a study of the serine protease inhibitor phenylmethylsulfonyl fluoride which, he hoped, might be useful in the treatment of acute pancreatitis. Dr. Hall tweaked my interest in pancreatitis by pointing out that we could send a man to the moon and transplant the heart but we knew essentially nothing about the pancreas and pancreatitis. The research project involving phenylmethylsulfonyl fluoride yielded only negative results—that is, that the compound could not be used clinically because, in addition to inhibiting trypsin and chymotrypsin, it also inhibited cholinesterase and was, therefore, toxic. The effect of Dr. Hall's somewhat off-hand comment, however, proved to be longer lasting.

The next serendipitous event occurred while I was Dr. William Silen's chief resident in surgery at Boston's Beth Israel Hospital. For unexplained reasons, we encountered a virtual epidemic of patients with pancreatic diseases and, in the process of caring for them Dr. Silen taught me the intricacies of operating on the pancreas. He also inspired me to enter academic surgery and made it possible for me to pursue a research fellowship at the Weizmann Institute of Science in Israel.

The third serendipitous event that influenced me to pursue pancreatic research occurred during that research fellowship. At the time, I was working with Dr. Alex Levitzki. Levitzki, a young biochemist who was interested in the allosteric regulation of enzyme activity. Many enzymes are regulated by smaller molecules, which bind to the enzyme and alter its catalytic activity, usually by causing a conformational change in the enzyme protein. Dr. Levitzki was studying one of the simplest of allosteric enzymes—pancreatic amylase—and its regulation by chloride ion. As a result of my work with Dr. Levitzki, I became an expert in the biophysics of a pancreatic enzyme—amylase.

After completing my research fellowship at the Weizmann Institute, I returned to Boston to begin my career in academic surgery. Dr. Silen helped me start a laboratory and secure research funds, and my earliest projects focused on the allosteric regulation of adenylate cyclase activity by hormones, primarily α - and β -adrenergic catecholamines. Although interesting and challenging, the adrenergic regulation of adenylate cyclase activity (in platelets, no less) was completely unrelated to my clinical interests in

gastrointestinal and pancreatic surgery. To bridge that gap, I also began a series of pilot studies designed to evaluate models of experimental pancreatitis in laboratory animals with the hope of identifying the early events that underlie the development of clinical pancreatitis. Unexpectedly, those pilot studies proved to be very productive and, in short order, I was able to obtain research support for my pancreatitis studies and to shift the emphasis of my laboratory toward those studies.

The final serendipitous event influencing my career choice occurred several years later when, for mysterious reasons, I developed a pancreatic head mass and underwent a pancreaticoduodenectomy with the preoperative diagnosis of pancreatic cancer. Fortunately for me, the operation was a success and the preoperative diagnosis was incorrect—the specimen revealed only severe chronic pancreatitis which, in the absence of an identifiable cause, has been considered to be idiopathic. In a bizarre twist of fate, I find myself in the strange position of being considered an “expert” when it comes to understanding the causes of pancreatitis yet having the disease myself and not knowing why I have it. This humbling experience has further confirmed my decision to pursue investigations focusing on pancreatitis and to search for the events that underlie the development of this strange disease.

*Michael Steer, M.D.
Professor of Surgery
Harvard Medical School
Department of Surgery
Beth Israel Hospital
Boston, Massachusetts*

My interest in the Pancreas Club goes all the way back to high school. In 1959, when the first oral antiglycemic agents were available, Dr. Jack P. Otz had made arrangements for me to do some animal studies at the National Institutes of Health. As part of my science fair project, I performed pancreatectomies in rabbits (my first surgical procedure ever) and demonstrated that oral agents were not effective in a totally “pancreatized” animal. That project went on to win the state science fair and went to the national science fair in Flint, MI.

My first recollection of attending a Pancreas Club meeting was in Chicago in 1982. Dr. Harry Hale, of Phoenix, invited me to be his guest. I enjoyed the format so much that I have attended every meeting thereafter (18 consecutive).

I consider the Pancreas Club one of the most enjoyable, informative, and educational highlights of the surgical year. Besides the medical interactions,

my wife and I have become very close personal friends with many of my participants and members of the Pancreas Club.

My most vivid and enjoyable memory was the dinner held in New Orleans at Antoine's sponsored by Francis Nance. At that time, we were relatively new to the club but were fortunate enough to be sitting with Bill Schiller, Roger and Nancy Keith, and Andy and Brenda Warshaw. We have become lifelong friends.

Every year I give a talk to the departing residents and I emphasize the necessity of continuing their medical and surgical education. I often refer to my experiences with the Pancreas Club as to the reason why they should plan to attend at least one meeting yearly and participate in professional and social programs. It will be a long and meaningful experience for them and their wives.

Robert Stephens, M.D.
Professor of Surgery
University of Arizona School of Medicine
Good Samaritan Hospital
Phoenix, Arizona

During the first 2 years of my residency, I made a decision to become involved in pancreatic disease. Drs. Noboru Noto and Jun Matsumoto, who were on staff at Aomori Prefecture Central Hospital, gave me training in general surgery and encouraged me to go into academic surgery. Because they were the members of the Pancreas Group of the First Department of Surgery, Tohoku University, organized by Professor Toshio Sato, they taught me about clinical problems relating to the pancreas, biliary tract, and liver and about the research studies that they were involved with at Tohoku University Hospital as academic surgeons. Since we generally return to the University Hospital after finishing our primary training in general surgery at city hospitals, Dr. Noto wrote a letter of recommendation to Dr. Seiki Matsuno in the First Department of Surgery at Tohoku University Hospital, so that I could receive training after my third year. Although I hoped to become a member of the Pancreas Group, it was very difficult to qualify because eight of 12 residents also wanted to belong to the Pancreas Group. Without the favorable and generous decision of Professor Sato, I could not be involved in the study of pancreatic disease.

After returning to the University Hospital, we usually start working toward a Ph.D. beginning in the second year. Dr. Hidemi Yamauchi gave me a project relating to pulmonary insufficiency in acute pancreatitis. I read books published by Professors Bradley and

Ranson in order to build up my research projects. During that period, Dr. Goro Kakizaki introduced me to Professor Fujiwara in the Department of Pediatrics at Iwate Medical School; he was working on a suitable therapy for idiopathic respiratory distress syndrome using artificial surfactant. Professor Fujiwara kindly supplied me with this artificial surfactant and guided me in my studies. I finally completed my thesis, "Insufficiency of Respiratory Function in Acute Pancreatitis, Especially Relating to Pulmonary Surfactant." After receiving my Ph.D., I continued my experiments with the support of the cardiovascular surgery team to clarify the existence of myocardial depressant factor in acute pancreatitis.

I resumed my clinical training and joined the staff of the First Department of Surgery, under the direction of Professor Matsuno, after the retirement of Professor Sato. Professor Matsuno kindly gave me the chance to continue my academic work at McGill University, Montreal General Hospital. It was a big turning point for me to get into the field of vascular surgery, microcirculation, and angiogenesis. I performed vascular surgery twice a week using a dog and created anastomoses in a femoral artery using a venous graft. Professor Takeshi Karino gave me projects relating to the mechanism of reocclusion of bypass grafts for ischemic heart disease. We analyzed the flow pattern around the anastomoses and finally determined that the intimal thickening was stimulated by low shear stress resulting from recirculating flow. During my stay in North America, I attended a meeting of the Pancreas Club in New Orleans in 1991 and presented a study relating to pulmonary failure in acute pancreatitis. I met Dr. Michel Gagner who worked at Montreal University and dreamed of performing operations using a surgical robot. Both of us still have our collaboration project in robotic surgery between New York City and Sendai. I was happy to see Professor Frey, who provided a research opportunity for Professor Matsuno in Sacramento at the University of California-Davis Medical Center. I still remember that Professor Reber specifically reported on the studies in Japan relating to better survival outcome after surgical resection for pancreatic cancer and that there was some discussion about Japanese results. I was very impressed not only by the high level of the studies and discussions but also by the outstanding personalities of the American doctors I met at the Pancreas Club. I continue to attend the Pancreas Club because of these good memories and the excellent dinners, such as the one hosted by Professor Warshaw at the New England Aquarium in Boston.

After returning to Sendai, I started to prepare for my study of pancreatic microcirculation with Dr. Kazuhiko

Shibuya. He was the first doctor to receive a Ph.D. for the thesis relating to microcirculatory derangement in acute pancreatitis. This project progressed rapidly aided by Drs. Jun-ichiro Yamauchi and Hanming Chen from Taiwan. I was very happy to present these data at an international symposium where Drs. Frey and Reber gave me wonderful comments. At the same time, I was eager to establish the system in order to analyze tumor angiogenesis in a mice skin-fold chamber model. Without the outstanding skill of Dr. Liangao Ding from Beijing and a Romanian research fellow, Dr. Lucian Lozonschi, I could not have established this sophisticated system. Dr. Ding observed the process of liver metastasis and clarified the mechanical entrapment of cancer cells due to their bigger size compared to the sinusoid canal. Dr. Lucian evaluated the antiangiogenesis strategy for pancreatic cancer and demonstrated that it worked. I had moved in the direction of pancreatic cancer and wanted to set up projects of gene analysis in order to clarify the biological character of pancreatic cancer. Professor Akira Horii fortunately moved to our university, and we agreed to form an active team to study pancreatic cancer. We are proud of what we have contributed by our academic studies revealing the character of pancreatic cancer. We would also like to acknowledge Drs. Mitsuhiro Kimura, Tadayoshi Abe, Toshimasa Yatsuoka, Tadaaki Yokoyama, Hiroko Inoue, and Liviu Lefter for their hard work. I would like to make a few comments about the genetic alterations causing pancreatic cancer, such as p53, p16, and SMAD4. Furthermore, these alterations make the character of pancreatic cancer worse, resulting in more angiogenesis, invasiveness, and poor prognosis. Dr. Dan Duda also contributed the success of these projects. We are now in the process of establishing a system of microarray study and we hope to clarify the mechanism of drug resistance of pancreatic cancer against Gemzar.

As a surgeon attempting to challenge pancreatic cancer, I feel that additional weapons besides surgery are needed to fight this disease. The paper published in *Science* by Professor Frank McCormick and his group is impressive and makes me want to rush to find an oncolytic replication-competent adenovirus. Professor Hirofumi Hamada, Sapporo Medical College, and I made a decision to produce the original vector system after their presentation at the International Conference. Drs. Fuyuhiko Motoi, Masaru Oonuma, Hisashi Abe, Yuko Saitoh, and Shoji Fukuyama were involved in this project and finally established a new gene therapy by combing replication-competent adenovirus and a 5-FU converting enzyme gene. We are now eager to apply this gene therapy strategy in pancreatic cancer with the collaboration of the group in London.

Since we do not have any effective therapeutic strategies for patients with pancreatic cancer accompanied by liver metastasis, we are trying to develop immunotherapy using dendritic cells. After approval from the ethics committee, we have now started novel immunotherapy using dendritic cells harvested from the patients themselves. Professor Michael Lotze in Pittsburgh supported our project and trained Drs. Hiromune Shimamura and Shin-ichi Egawa. We have achieved some encouraging results: one of 10 patients survived 18 months and one patient is still alive after more than 24 months. We are now analyzing the immunologic response after dendritic cell therapy and are eager to use tumor-specific antigens in pancreatic cancer. We are collaborating with Professor Yutaka Kawakami, of Keio University, and Drs. Masanori Akada and Shigeo Okada, who have already reported on a couple of candidate antigens for a future protocol.

The Pancreas Club meetings encouraged me to think about pancreatic disease and academic research and are responsible for me becoming an academic surgeon at the University. I hope we can advance our understanding of modern pancreatology through laboratory and clinical research, and continue the exchange of new results and the development of new collaborative associations with participants from all over the world who attend the Pancreas Club.

*Makoto Sunamura, M.D., Ph.D.
Associate Professor of Surgery
First Department of Surgery
Tohoku University School of Medicine
Sendai, Japan*

My interest in the pancreas began in the Mayo laboratory of Dr. George Hallenbeck. Under his guidance and utilizing canine subjects, a project was completed that led to an M.S. thesis entitled "The Effect of Pancreatectomy on Gastric Secretory Inhibition Caused by Acidification of Duodenal Contents." After completing my fellowship, I returned to his laboratory for another year. Dr. Hallenbeck had a most inquisitive mind and an extraordinary talent for experimental design.

My first academic appointment was Dr. Robert Zollinger's Department of Surgery at Ohio State University, where interest in the pancreas was expected! Dr. Zollinger was a wonderful mentor. He taught me much about the pancreas and more about life.

I can't tell you when I first attended a Pancreas Club meeting but each meeting, like the most recent

one in San Francisco, has been both informative and stimulating. Thank you Drs. Frey and Schiller.

*Neil Thomford, M.D.
Professor of Surgery
Department of Surgery
Medical College of Ohio
Toledo, Ohio*

I became interested in the inhibition of gastric acid secretion as a third-year medical student at UCLA in 1972 because of exposure to Morton Grossman's Center for Ulcer Research (CURE), which was at that time headquartered at UCLA's affiliate, Wadsworth VA Hospital. I was amazed to see that pancreatic duct ligation resulted in an increase in gastric acid secretion and asked why. Little interest was expressed in the pancreatic side of this observation, but Ronald Tompkins, then a junior faculty member, seemed to know more about the pancreas than others I had asked. On a weekly basis, groups of rotating third-year medical students would meet with a professor as they progressed through their surgery rotation. During one of these sessions, Dr. Tompkins freely discussed the pancreas as he had much clinical and laboratory experience at Ohio State University under Dr. Zollinger. I began to sense that few surgeons knew much about (or cared much for) the pancreas. That was one of my attractions to general surgery.

I was fortunate to "match" at UCLA for my surgery residency in 1973 because there were two surgeons there who cared about the pancreas—Drs. Tompkins and William Longmire. The attraction to the unknown pancreas became stronger. One of my co-residents nicknamed me "Captain Amylase." The reason was my initial studies in the animal laboratory of how to assess the severity of large animal pancreatitis using both serum and urine amylase. I did not take time off during residency to pursue these studies but worked them into the 24-hour days inasmuch as the animal laboratory was open to me at any time. I discovered that few had written about how dogs normally have high serum amylase levels (about 1000) and do not secrete amylase in the urine, even though the serum amylase after duct ligation was greater than 25,000. Even then dogs do not experience much in the way of clinical signs of pancreatitis! Wow. My third paper on this subject (published in *J Surg Res* 1976) and I presented it to the American Pancreatic Association in Chicago in 1975. At the suggestion of Ron Tompkins, my second national presentation was to the Pancreas Club in May 1976, which was held in Miami Beach, FL. This talk was entitled "Evaluation of the Amylase Creatinine Clearance Ratio Without

Pancreatitis Following Cardiopulmonary Bypass." I remember Dave Dreiling in the audience. I joined the Pancreas Club at that meeting. Here was a select group who knew and cared about the pancreas! Andy Warshaw was a young faculty member at Massachusetts General Hospital then and I was impressed with how the older members of the Pancreas Club asked his opinion about pancreatic enigmas at the meeting.

During this period I was a third-year resident and my sought-after advisors, as well as co-authors, were Drs. Tompkins and William Longmire. They both gave me advice, facilitated access to the animal laboratory, and Dr. Longmire provided funding. I became interested in autotransplantation of dog islets into the spleen and liver and accomplished a successful dog model following the procedure of Dr. Mirkovitch of Lausanne, Switzerland. Donald Morton was later to tell me that I spent more money on these lab projects while I was a resident than he received from Dr. Longmire (at the about the same time) to set up the first Division of Surgical Oncology at UCLA.

The dog islet cell studies led to an interest in chronic pancreatitis as islet salvage became feasible for human application after total pancreatectomy for severe chronic pancreatitis. Dr. Longmire and I performed the second procedure of its kind in humans approximately 6 months after David Sutherland and John Najarian performed the first one in Minneapolis (the latter on Valentine's Day of 1976). The slurry of these cells was full of contaminants that resulted in severe hypotension after placement into the portal vein. None of these cases ($n = 3$) were able to avoid the need for exogenous insulin (Human pancreatic autotransplantation following total pancreaticoduodenectomy. *Ann Surg* 1981;193:191–195). Soon after our second case of human autotransplantation, John Cameron was to pursue these studies with the same vigor, but we all eventually gave up as sufficient viable cells could not be preserved to prevent diabetes after total pancreatectomy and the patients (as well as experimental animals) experienced a significant systemic hypotension and simultaneous portal hypertension. I later spent 5 years during my United States Army commitment doing research on how these cells caused severe hypotension—the reason was "pancreatic shock factor, or PSF. It was only coincidental that I was assigned to the Presidio of San Francisco (PSF). While there I had to do other research to justify side studies in porcine pancreatic shock factor so I developed a nonanesthetized hypovolemic pig shock model to replace the standard model of the era—the inappropriately used anesthetized canine hypovolemic shock model of Lefer. The new model was used to test resuscitation solutions as physiologic and hypertonic saline solutions for the battlefield. After a million dollars worth of studies in

pigs, these data were published in the *Journal of Trauma* in 1986.

A note about the pylorus-preserving pancreaticoduodenectomy is appropriate here. During the fourth year of surgery residency, it was traditional to spend 3 months as Dr. Longmire's resident. My time with him just happened to coincide with the aforementioned exciting pancreatic studies and his interest in chronic pancreatitis. Dr. Longmire was performing pancreaticoduodenectomy for removing the "pacemaker" of chronic pancreatitis. He could not justify continuing to remove the distal half of the stomach in these cases. During the first attempt to preserve the stomach and first part of the duodenum in such a case, the duodenum became cyanotic and the procedure was converted to a hemigastrectomy. (This happens regularly to me at present and does not interfere with a successful anastomosis.) Another case of alcohol-induced chronic pancreatitis was done the next week, and we were able to preserve the stomach and the duodenum without cyanosis on February 28, 1977. The patient was discharged on the postoperative day 146.

The foregoing occurrences permanently afflicted me with pancreatophilia between the years 1972 and 1977.

*Bill Traverso, M.D.
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When I was in medical school and before I started my surgery rotation, I started reading Dunphy's textbook (now Way's textbook) to get prepared for what was coming. I read about "Abdominal Surgery" and for some reason I took great interest in the chapter on the pancreas. I remember that I found myself immersed in this chapter, and I also remember that I was looking at the references, taking note of the names I saw there, such as Drs. Frey, Bradley, Rattner, Moosa, Cameron, Warshaw, and others. As this attraction increased, naturally the authors in the references became special figures more and more in my mind. It was 1984 then. I had to write a paper during my surgery rotation and I chose the topic "Islet Cell Tumors of the Pancreas." This was only a small review based on textbooks and some reviews in the literature, but my research for the preparation of this little paper was one of my most memorable periods in medical school. Now that I look back, I still don't know what really attracted me so much in this "Pancreas" chapter then; maybe it was that the pancreas is "God's organ," as I was about to find out

later by my future mentor, Mike Sarr. For the summer of 1984, I had applied for a summer surgery rotation at Massachusetts General Hospital and I was accepted. Although I was assigned to Dr. Malt's team, it so happened that I was pulled into Dr. Washaw's team as a second assistant for some of his cases. I could not have designed anything better for myself, even if I was asked for. Dr. Warshaw was treating cases of pancreatic disease and this entire "atmosphere" that I was in because of my readings and my paper a few months earlier materialized in the operating room, and I was actually touching the pancreas and helping in an operation on it (or at least trying to help!!!). This rotation did it for good! However, the interest became solid involvement after I met Dr. Mike Sarr during my residency at the Mayo Clinic. That is when I started working on and publishing papers and then treating more and more cases of pancreatic disease. This is my personal story, Dr. Frey. For me it has been a great journey so far, and what follows is a vignette or a funny story.

It was the Pancreas Club of 1993 in Boston. I was in my second year in residency at the Mayo Clinic and my very first true paper on pancreas ("Gastrointestinal Fistulae After Operative Treatment of Necrotizing Pancreatitis") had been accepted as an oral presentation. For me this was then unbelievable. I was about to make an oral presentation before an audience, members of which I had a great and deep admiration for since 1984 and these were only increasing. I was extremely nervous. It was my first Pancreas Club and DDW. I did not know that the Pancreas Club was in a venue other than that of DDW. Mike Sarr had told me that I did not have to show up for the morning session, but I should be there for the afternoon session, so I showed up with my slides and my notes at the Boston Convention Center at noon. I asked where the Pancreas Club was taking place; a lady at the registration desk tried to help me very willingly and looked at the DDW Program Book from cover to cover and found nothing. There was no "Pancreas Club." She asked around, nobody was aware of such a meeting. Time was passing, my nervousness was rapidly increasing, and the Pancreas Club was nowhere to be found. I incidentally saw a couple of Mayo surgery residents and I asked them with some hope; they were of no help. Then I asked for Dr. Keith Kelly, who was my chairman at Mayo and the SSAT president for that year. He came over to the registration desk, he was very calm as always, and he looked in the Program Book as well with no result. The time was already close to 2:30 PM and I was visibly sweating. Dr. Kelly asked me to wait there until he came back. He asked around and eventually found someone who told

him that yes there was a “kind of a side meeting somewhere else in Boston” and suggested Dr. Rattner as the most likely person to get some information from. So he came back to me and said exactly that in his own very calm and no-problem way. The Pancreas Club was “somewhere else in Boston.” The time was past 3 PM and I was close to a heart attack holding my slides and notes in my hands and imagining all the big names I had developed a tremendous respect for to fingerpoint at me as the black sheep. Dr. Kelly found Dr. Rattner’s hotel, he called himself and talked with Dr. Rattner’s wife to find out that the Pancreas Club meeting was taking place at the Massachusetts General Burn Center. I was speechless, panicked, sitting somewhere, and sweating. I found whatever energy was left in me and ran out of the Convention Center looking for a cab. It was already close to 5 PM. On the way to the Burn Center I was almost crying. I had made such an effort all of these previous years that had culminated at that point in an oral presentation before the people I considered my “enlightened guides” in a field that I had loved since 1984, and I had the feeling that now I had destroyed everything, all this effort and every prospect that might have ever existed for my future involvement with the pancreas. “And also,” I thought, “what will Dr. Sarr think about me?” “Not only will he never let me work on any other paper, but he may kick me out of the program.” I was absolutely convinced that my involvement with the pancreas was over and very afraid that my surgery residency may be in serious danger. I got out of the cab, walked in the Burn Center, and it was empty. I walked out feeling devastated. A few yards away, I saw Mike Sarr with his wife Barb walking around. I was scared. I hurried toward him preparing my apology. I took a big breath to start apologizing; he stopped me with a smile, calmed me down, and said “It’s OK. Your paper was scheduled to be the last one, and we were running late; most people actually were happy to find out that the last paper would not be presented.” I do not know how much of a relief this was, but what really made me feel better was his attitude about it and that he sincerely reassured me. It took me a while to recover from that day. Later on, I realized that he was right. I wrote a lot more papers on pancreatic surgery, I had several other oral presentations in the Pancreas Club, and later I found myself as a session moderator for 3 years in a row.

*Gregory Tsiotis, M.D.
Agia Paraskevi
Athens, Greece*

After 5 years of surgical training at the Kyoto University Hospital, I was appointed assistant and worked with Dr. Ichio Honjo as his subordinate in 1957. Dr. Honjo’s specialty had been the surgery of the liver, biliary tract, and pancreas, and he had been promoted to professor of surgery at Kyoto Hospital in 1965. As he had been a well-known, skillful surgeon, quite a few patients with pancreatic diseases, especially pancreatic cancer, had gathered mostly from the western part of Japan. In 1969 I accepted the professorship of the Second Department of Surgery at Nagasaki University, where surgery for the pancreas had never been performed and the pancreas had been an untouchable organ for surgeons there. I performed my first pancreatoduodenectomy in Nagasaki in 1969. Thereafter the number of patients with pancreatic disorders at the University Hospital increased.

According to my notes, the year that I first attended a meeting of the Pancreas Club was 1984, the date was Sunday, May 20, and the venue was Louisiana State University Medical Center. I cannot recall who told about the club and invited me to attend; it was either Dr. Thomas White, Dr. Frank Moody, or Dr. Charley Frey. Before the Pancreas Club meeting, the Sixth International Billing Association meeting was held in Houston from May 17 to 19. I had participated in the IBA and then moved to New Orleans where DDW was held May 20 to 23. During DDW I had another important commitment. It was the first organizing committee of the International Association for Study of Pancreas, which had been organized by Dr. Orlando Bardalo. This committee meeting was held on May 22 at the Tauro Infirmary of Mount Sinai Hospital in New Orleans. On behalf of Dr. Horjo, I attended.

In 1982 I had participated in the American Pancreatic Association. The presentations were so basic and fundamental that I just could not follow them. In contrast, the Pancreas Club dealt with mostly clinical problems. I felt that it was not only instructive but also stimulating.

*Ryoichi Tsuchiya, M.D., F.A.C.S.
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Nagasaki, Japan*

I had my first exposure to pancreatic surgery as a medical student at the University of Chicago. In truth, I never actually saw the pancreas in a living patient, but I did have faith in its existence. The closest I got to seeing the pancreas was during a

laparotomy for presumed pancreatic cancer. I can still remember the colorful yet accurate terminology with which George Block described his assessment of the patient's prognosis when he discovered carcinomatosis. On each surgical service through which I rotated, whether it was liver transplantation or cardiac, I was warned by my teachers, "Whatever you do, don't ever **** with the pancreas." Thus I became intrigued by this elusive and feared organ. However, I concluded that the pancreas was beyond the reach of surgical intervention and would therefore play only a minor role in my career.

You can imagine my surprise when on my first day as an intern on the Blue Surgery Service at UCLA, four pancreaticoduodenectomies were scheduled to be performed simultaneously (by Ron Tompkins, Mike Zinner, Howard Reber, and Joel Roslyn). I was even more surprised to be invited into Dr. Roslyn's operating room to perform the jejunojejunal and gastrojejunal anastomoses. I had seen the pancreas. During my chief residency, Dr. Reber and I performed a large volume of pancreatic surgery. The procedures went so smoothly and the postoperative morbidity was so low that I concluded pancreatic surgery had become routine. Reality hit me when I became a young faculty surgeon at the Brigham and Women's Hospital. I now appreciate the difficulty of pancreatic cancer surgery. More important, I now have long-term follow-up of my patients, which is to say that I now see that even those patients who sail through surgery ultimately succumb to the reality of pancreatic cancer.

I am convinced that pancreatic cancer is among the greatest medical challenges we face; therefore I have initiated a research program designed to identify new therapeutic targets for this disease. I just heard a speech by Dr. Eschenbach, the new director of the National Cancer Institute, in which he articulated his vision that by the year 2015 all cancer death and suffering in this country will be eradicated. If we believe accomplishing this goal is possible, then this is what we must do. For if we do not, patients will suffer and lives will be lost.

I look forward to the year 2015.

*Edward Whang, M.D.
Associate Professor of Surgery
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My interest in surgery of the pancreas was a natural consequence of the large volume of pancreatic pathology to which I was exposed to during my 6-year residency at the Henry Ford Hospital.

I assisted in the first total pancreatectomy for adenocarcinoma of the pancreas in which the patient survived. He lived for several months, complaining of abdominal pain during the latter months of his life. I assumed the pain was evidence of the recurrent tumor, but he also had a gastrojejunal ulcer. This patient's course was reported after I left the Henry Ford Hospital by surgeons who remained at the hospital.

I admitted a man in the early hours of the morning who became gravely ill after an all-night party. He was admitted to a bed near a hand basin. The nurse reported to me the next morning that the patient went to the basin frequently during the night and drank a large volume of water. A blood sugar level at that time revealed a very high level of glucose. He was an immediate diabetic. He had a stormy course but recovered, and lived as a permanent diabetic.

I reported this case along with several patients from the literature, who became immediate permanent diabetics as a result of severe acute pancreatitis. Another patient with massive pancreatic necrosis required surgical removal of his necrotic pancreas. He recovered and remained in normal health but required about 35 units of insulin daily. It is interesting to note that the daily insulin requirement is about 35 units for patients who have had a total surgical pancreatectomy.

When I joined the surgical staff of the Lahey Clinic in 1945, I was exposed to a large volume of pancreatic disease. As a consequence, I was privileged to treat a large variety of pancreatic pathology and to report much of this exposure in the literature.

My recollection of my initial contact with the Pancreas Club is vaguely confusing. I recall an informal group of about 10 to 15 physicians and surgeons meeting at a long table in a hotel room in Chicago, discussing pancreatic problems; I recall no conclusions. Subsequently I attended almost every meeting of the Pancreas Club except for the last two.

My current recollections of the Pancreas Club are how small and informal meetings were as compared to the current impressive organization in terms of numbers and its international scope and worldwide influence.

One episode that I remember well with respect to meetings is as follows:

The organization had grown to a size that required a room large enough to use a public address system. When the meeting was called to order, the public address system did not work. The meeting had to be moved to another room. Charlie Frye said, "Ken Warren's voice would be sufficient to cover the interval." He apparently thought I was going to talk about the pancreas. Instead I told some jokes until the room was ready. Some of the jokes must have been amusing

because some jokes became a not uncommon feature of later banquets.

At a recent meeting one of the members saw me in a corridor and told me that his guest fellow asked him who that old gray-haired surgeon was who was arguing with Hans Beger. He told them I was some old guy from Boston named Ken Warren.

The surprising success of the Pancreas Club was due in no small measure to the prolonged leadership of Charles Frey and Bill Schiller. They may take just pride in its growth and vitality.

*Kenneth Warren, M.D.
Emeritus Professor of Surgery
Harvard Medical School
Lahay Clinic
Wellesley Hills, Massachusetts*

I joined the Section on Gastroenterology at the National Institutes of Health as a clinical associate in 1965 following my postgraduate year 2 in surgery. I was the first surgeon in the unit and had chosen it because they were treating liver disease. By the time I arrived, there was more of a focus on the pancreas related to pancreatic exocrine insufficiency and hyperparathyroidism (another interest of the National Institute of Arthritis and Metabolic Diseases at that time) and that was the beginning. In the late 1960s, after I returned to residency at Massachusetts General Hospital (MGH), Mike Levitt at the University of Minnesota wrote about the amylase-creatinine clearance ratio, and I did a clinical study of its specificity for pancreatitis when I became chief resident at MGH in 1971. We had a lot of pancreatitis on our wards. By the time I joined the staff in 1972, I had had three articles on pancreatitis, pseudocysts, and abscesses, published in the *New England Journal of Medicine*, making me an instant authority, however unsubstantiated. In the next few years, ultrasound, ERCP, CT, and percutaneous biopsy were introduced, making clinical study of the pancreas much more accurate. In 1976 Alex Walt, moderator of an American College of Surgeons symposium, had been much amused by my anecdote about the resident who said to me, "Dr. Warsaw, I have never seen the pancreas, but I believe in it." That was no longer the case. Simultaneously I had joined the staff of MGH, started a laboratory, developed a polyacrylamide gel electrophoresis (PAGE) technique for discriminating amylase isoenzymes, and wrung the juices out of it in differentiating the various causes of hypermylasemia. I succeeded

in attracting David Rattner, a succession of foreign research fellows (including Carlos Fernandez-del Castillo), established strong ties to Ulm and Heidelberg, added animal models, and added cancer to the projects.

You ask why, as chairman of surgery at MGH, I devoted substantial resources to the study of the pancreas. Very early in my career I remember commenting, only partly tongue-in-cheek, that I chose to work on the pancreas because it was the last organ nobody else had claimed. It became my career. On assuming the chairmanship, I have not increased but only maintained my support of the work on the pancreas. The pancreas had done well by me and was an important basis for choosing me, rather than the other way around. Sorry to disappoint you, but there was no historic step. The time for John Cameron and me had simply come. We had outlasted the cardiac and transplant guys and lived to see gastrointestinal surgery (our brand of it) once again recognized as central to surgical departments.

I do not remember when I first started attending Pancreas Club meetings. I suspect it was in the late 1970s. I became a regular because the club was small, informal, vibrant, and focused on what I cared most about. It provided contact with colleagues who are the most pertinent to my interest and the regular "pancreas mafia" group was exciting to argue with. We were young and similar and growing in the field together and willing to roll up our sleeves and disagree in public. It is interesting, in retrospect, to see how far apart our views were back then and how close they have become with gathering the facts and experience to replace opinions. Aside from you, Dr. Schiller, and Dr. Moody, there were Drs. Cameron, Bradley, Ranson, and Moossa, among other regulars, who were later supplemented by Drs. Beger, Buechler, and the growing foreign contingent. Now we have the "youngsters," Drs. Sarr, Bell, Nealon and many more.

The Pancreas Club dinners have always been a highlight. The social interaction with the "giants," Ken Warren among them, the camaraderie that developed, and the terrible jokes (Warren again plus Roger Keith—the worst) gave a humanity to the serious side of our work.

Finally the informal structure was perhaps one of the most notable features of the Pancreas Club. Because you and Bill were the perennial leaders, there was never a temptation to strut or jockey for position or run for office. We were all there for simpler and

stronger reasons: we cared about the pancreas. Thank goodness it was not about hemorrhoids.

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Tribute to Thomas Taylor White

It is rare for the term “a giant of a man” to be accurately descriptive in both the literal and figurative sense. But the term does apply well to the memory of T.T. White (or Too Tall White, as he was affectionately known whenever his head made contact with the operating room lights). Born in New York City in 1920, son of a prominent surgeon, Tom’s education included Harvard University and New York University School of Medicine. Residency training was completed at Bellevue Hospital. Tom’s initial interest in the pancreas was stimulated by a Valentine Mott Fellowship at Columbia and later by a Guggenheim Fellowship in Lyon, France, with Dr. P. Mallet-Guy. Tom then returned to Seattle with his wife, Barbara, and began a long and remarkable career combining a busy private practice at Swedish Medical Center and a part-time university practice with a full-time basic science research laboratory at the University of Washington Medical Center. His bibliography includes numerous articles based on this triad of clinical and research activity.

Tom’s towering presence at many national and international conferences was always appreciated; he loved to travel and he loved to express carefully chosen comments that always reached the heart of a presentation. Tom is particularly well remembered by the residents of Swedish Hospital and the University of Washington and by fellows from many nations who spent time with him in both his laboratory and his clinical practice. They shared in his knowledge and in his and Barbara’s wonderful hospitality; they left Seattle stimulated, mentored, and filled with rich and affectionate memories. Tom also reached out to younger pancreatologists and generously offered encouragement, friendship, help, and advice when requested. Tom’s untimely death in 1988 cut short a remarkable career; even then he was planning the next trip, the next paper, the next technique to identify a marker for pancreatic malignancy. A giant of a man.

*Michael Hart, M.D.
Seattle, Washington*

Adventures with Tom White

My first trip to an International Conference in Japan was followed by several days of sightseeing accompanied by some of the younger surgical faculty from Tohoku University who acted as guides. This latter sightseeing tour had been arranged by Dr. White, through Dr. Toshio Sato, for Tom and myself. Tom, whose Japanese was as nonexistent as mine, kindly invited me to accompany him on the tour. We climbed mountains, gazed at multicolored lakes (the result of volcanic activity, we were told), stayed in traditional Japanese hotels, and experienced everything from entertainment by geisha ladies to the traditional hot baths. On our return to Sendai, Tom and I had a free morning before our return to the United States. Tom asked me would I like to accompany him while he did some shopping. I said fine and asked if he was looking for anything in particular. He explained that he and Barbara had a cabin on one of the shoulders of Mount Rainer that had an outdoor privy. In the spring and fall it could get very cold and he wanted to find a toilet seat with a battery-operated built-in warmer. He said Japan is the only place you can get one of these devices. Off we went to one of the large department stores. You can, I’m sure, imagine the picture of Tom trying to explain in English to the Japanese sales people who spoke no English what he had in mind. Gesticulations and crude drawings were no more effective than the spoken word. Tom would then get passed to ever higher echelons of the sales force, but even after “talking” to five or six people, he found no one who spoke English sufficiently well to understand his request. This experience was repeated at two additional department stores. Undaunted, Tom hit pay dirt in the fourth store we visited when we encountered a man who spoke English. The tale ends happily with Tom returning to Seattle with his battery-operated toilet seat!!

*Charles Frey, M.D.
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Sacramento, California*

My interest in the pancreas and pancreatic research was initially stimulated as a component of my early investigations into nutritional support and its relation to endocrine-pancreatic stimulation. My opportunity to put into practice my specific interest in the nutritional support patients with pancreatic disease was greatly enhanced by the arrival of Dr. Charles Frey as my partner in gastrointestinal surgery at UC Davis

Medical Center. As everyone knows, Dr. Frey attracted an incredible volume of patients with pancreatic disease to UC Davis Medical Center. Our partnership providing care to these challenging patients, particularly those with necrotizing pancreatitis, was most productive and gratifying.

The Pancreas Club has long been an outstanding forum for review of the clinical aspects of this program as well as the basic issues relative to endocrine-pancreatic function. It has been my great privilege and honor to participate in the activities of the Pancreas Club.

*Bruce Wolfe, M.D.
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University of California School of Medicine
Chief of Gastrointestinal Surgery
University of California Davis Medical Center
Sacramento, California*

I first became interested in the pancreas as a medical student here at Johns Hopkins. To be quite honest, I am not sure that prior to medical school I had any clear knowledge that the pancreas existed! I saw several patients with pancreatic diseases during my Basic Surgical Clerkship at Hopkins, took care of several patients with pancreatitis at the Baltimore VA Hospital, but was mainly steered toward the gland by my association with John Cameron who at the time was working in the laboratory on a canine model of pancreatitis and operating on the pancreas. At the completion of medical school, I was fortunate enough to train here at Hopkins and I began my surgical training interested in all facets of surgery. My research year took me to the Downstate Medical Center in Brooklyn, NY, where under the mentorship of Michael Zinner, Bernie Jaffee, and Dana Andersen, I was exposed to gastrointestinal hormone physiology, radioimmunoassay, and an interesting isolated perfused small animal model of the pancreas that Dana Andersen was working on. When I completed my training, I received a Clinician Scientist Award under the mentorship of Michael Zinner, who had returned to Hopkins, and for the first few years in the laboratory we worked on basic physiology of both the gastrointestinal tract and the pancreas.

I first attended the Pancreas Club meeting that was held in New Orleans, which was hosted by Elmo Cerise in 1988. I went to the meeting at the urging of Drs. Cameron and Zinner, and very much enjoyed the program. One year later, I submitted my first abstract to the Pancreas Club. That abstract was entitled "Pancreatic Structure and Glucose Tolerance in

a Longitudinal Study of Experimental Pancreatitis-Induced Diabetes." This material was presented at the meeting at the Washington Hilton in 1989, and subsequently I have made every effort to attend Pancreas Club meetings.

Over the years we have presented scientific work dealing with basic pancreatic physiology, pancreatic carcinogenesis, surgery for pancreatic cancer, surgery for chronic pancreatitis, and interventions trying to reduce complications related to pancreatic surgery.

I have enjoyed seeing the group grow, become more internationally flavored, and I have noted an elevation in the overall level of science presented at the meetings. Under the direction of Drs. Schiller, Frey, Sarr, Nealon, Traverso, and others, the Pancreas Club has grown to be one of my favorite meetings of the year. Where else can you attend a high-powered pancreas meeting over a 9-hour period, see dozens of terrific posters and talks, have a collegial lunch talking about the pancreas, and then be treated to a spectacular dinner, surrounded by colleagues all with a very focused interest on such a fine gland?

One final comment: Those members of the Pancreas Club who never had an opportunity to visit Charlie Frey in Sacramento and be treated to his hospitality have missed out on a terrific experience. I was privileged to be invited to a symposium organized in Dr. Frey's honor at the time of his "retirement" from clinical activities. This 2-day affair included several speakers and provided me with a notable, valuable, and conversation-starting memento. How many of you have a T-shirt, bright yellow in color, with an illustration of the pancreas on the front and with the following writing on the back: "I love the pancreas"? This T-shirt generates comments every time it is worn.

*Charles Yeo, M.D.
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The Johns Hopkins School of Medicine
Baltimore, Maryland*

My interest in the pancreas started when I was a medical student at SUNY Downstate Medical Center when I worked in the gastrointestinal surgery laboratory, and met Drs. Dana Andersen and Mike Zinner. This was a great time; the department of surgery was led by Dr. Bernie Jaffe. We studied a new gastrointestinal hormone GIP, whose functions were about as confusing as the source of its acronym. GIP, GLP, insulin, gastrin, and everything in gastrointestinal endocrinology seemed to center around the pancreas, and I got hooked. Dr. Charles Brunicaudi, then a star resident, and I were even able to scheme up an

experiment that introduced the “entero-adrenal axis,” which of course originated from the pancreas, proving to me that this organ was the seat of everything in surgery.

Although I was diverted to motility studies during my residency, I focused my attention back to the pancreas as a junior attending. It had everything an academic surgeon wanted—a benign disease that was the most difficult to diagnose and treat; the last frontier in the battle of “incurable” cancers; technically challenging but gratifying surgery; and finally a basic researcher’s dream. It remains a “black box,” which has only partially been opened.

As a gastrointestinal surgeon, the meeting to attend has always been Digestive Disease Week. Induction into the American Gastroenterologic Association and the Society for Surgery of the Alimentary Tract were milestones for me, whereas the Pancreas Club was a natural organization to join because of its relationship to these organizations; it has been one of my favorites because of its small size, informality, international flavor, camaraderie, and fun. Attending our eclectic “club” is always reinvigorating.

*Michael E. Zenilman, M.D., F.A.C.S.
Chairman, Department of Surgery
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My interest in the pancreas dates back to medical school days. I was fortunate enough to have gone to medical school at the University of Florida at a time when the great surgeon and physiologist, Lester Dragstead, had moved to Florida at the end of his career to teach at the medical school. Although I had no idea who he was or how important his contributions had been, I was struck by the elegance of physiology of the gastrointestinal tract, and it became a lifelong interest of mine.

However, my real interest in the pancreas comes from an important mentor—John Cameron. John has been a friend, teacher, and most importantly a mentor for 30 years. I came to Johns Hopkins in 1971 to start my internship and my earliest recollection was John. He easily leaves an indelible mark on many. He had been on the staff for a year or two after having completed his Halsted Chief Residency, and he was doing what most junior attendings do—that is, lymph node biopsies or operate on nearly dead people. He, of course, did both masterfully. John has had a career interest in the pancreas and his interest was infectious. We operated on as many cases of pancreatic disease

as possible, and it was during that time that John was perfecting his techniques for improving the outcomes of patients undergoing pancreaticoduodenectomy—the Whipple procedure. My recollection of these operations when I was a junior house officer was they were “intense.” There were no fixed retractors and the operations were very long. However, the ability to operate on this complex organ was truly a treat that we all competed to do. John also introduced us to the incredible world of pancreatitis and how much that meant taking complete care of the sickest patients in the hospital. I owe a lot to John and will forever be in his debt for helping guide and direct my career.

The second person who influenced my career was the person who introduced me to the Pancreas Club, Bernie Jaffe. I went to work for him in 1980 in Brooklyn, NY, and continued my interest in gastrointestinal physiology with a new emphasis on gastrointestinal hormones. Where was the richest source of these newly discovered ensemble peptides—the pancreas. We began presenting our work at the Club and I discovered the wonderful environment that the Club provided. I continued to look forward to the day’s meeting and the evening’s meal that always signifies the beginning of DDW. It is and will remain one of the best meetings I go to each year. It is an opportunity to renew old friendships, exchange ideas, and learn new things.

*Michael J. Zinner, M.D.
Surgeon and Chief
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Tribute to Alan Thompson, M.D.: A Founding Member

By Lawrence Rosenberg

Alan Thompson returned from the World War II in 1946 and entered into a residency program at McGill University (Royal Victoria Hospital) in surgery—although he apparently spent at least half his time in pathology. In 1949, he was sent to Ohio State University to work for a year with Dr. Robert Zollinger. He returned in 1950 and completed his residency in General Surgery in 1953 at the Royal Victoria Hospital and Montreal Children’s hospital. During the latter part of his training, he conducted research on the pathogenesis of acute pancreatitis.

This work focused on two areas: (1) the effect of denervation on the induction and severity of acute pancreatitis (it seems to have made the gland less susceptible to inflammation); and (2) the systemic administration of protease inhibitors (e.g., Trasylol) in the treatment of acute pancreatitis. This work was presented at the Surgical Forum of the American College of Surgeons. His introduction to the Pancreas Club occurred when he was brought to the meeting by Fraser Gurd.

After his training, he was taken on staff at Montreal General Hospital where he developed a busy general surgery practice specializing in the pancreas. He rose to become surgeon-in-chief in the early 1970s. He is best known locally for his having begun a legacy of pancreatic research, which persists to this day at McGill.

EDITOR'S NOTE: Alan Thompson, now in his 80s, lives mostly at his country cottage north of Montreal and is an active skier.