
The West's Premier Surgical Society

(A History of Reno Surgical Society)

By Phyllis Cudek

Reno Surgical Society was established before continuing medical education was a requirement for licensure and before the age of super specialization. Its founding members were interested in a social organization that required scientific presentations at its meetings. The following history will recount the ascension and decline of the society. Its records, photographs, and scrapbooks are stored in the University of Nevada School of Medicine archives.

An exploding population in Nevada in recent years has impacted the Reno medical community as well as all other facets of life. We all realize that changes in the delivery of healthcare has impacted patient/physician consultation and interaction. The personal connections between physicians have also been changed. Fortunately, this was not always so. In 1948 the Reno Surgical

Society was founded in order to facilitate professional information exchange and camaraderie among the increasing number of surgical specialists who were entering the community.

The history of the Reno Surgical Society begins with the eleven founding members. They were: Drs. Ernest Mack, Kenneth McLean, Vernon Cantlon, Edward Cantlon, V. Mueller, Fred Anderson, T. Clair Harper, J. P. Tuttle, R. Wyman, Louis Lombardi, and Wesley Hall, Sr. These first members were "cutting" physicians only. However, membership grew, and included allied surgical specialties from other fields: pathology, anesthesiology, and radiology.

The major requirement for membership in the group was that each member must present a paper on a topic of general

medical interest. Initially meetings were luncheons, but this quickly became a dinner format for convenience of the physicians. Originally members paid their own way, but in the early 1950s the hosted dinner evolved. The host was rotated between members who chose the site for the meeting. Eugene's Restaurant on Virginia Street in the early years and then Vario's Restaurant also on Virginia Street were both popular gathering places. The host paid for dinner and drinks (and cigars) for members and their guests.

By 1950 the group had expanded to include an annual meeting with a well-known guest medical speaker. At that time there were virtually no small accessible meetings other than the Utah Surgical group in Ogden, which was, in fact, the model for the Reno Surgical Society. To illustrate the small size of our community, it was not until 1950 that telephone numbers expanded to five digits. The original programs were quite remarkable for some of their well-known speakers, such as, Dr. Michael DeBakey, and others.



In the early 1960's: From left: Drs. John Cline, Michael DeBakey, Wesley Hall, and Bill O'Brien.

In 1952 membership was growing. The third annual meeting was held in conjunction with the Nevada State Medical Association; an intermittent association that was to last for the next 10 years. Because Reno Surgical Society met only in Reno at the time, local sponsors included some of the "Downtown Clubs" such as Harold's, Harrah's, Riverside, and the Mapes.

Occasionally speakers deviated from medical topics as time passed. An example was a talk given by Walton Powell, a noted fly-casting champion and maker of bamboo fly rods. In 1953 Raymond "Pappy" Smith, founder of Harold's Club, delivered comments regarding gaming in Reno, "A Gambler Speaks."

In 1954 the annual meeting attracted 200 people with speakers from Philadelphia, San Francisco, and Boston. In 1956 meeting program covers were enhanced by local photographs produced by Grace Cantlon, the sister of the Drs. Cantlon; an avid photographer. As early as 1956 the programs addressed the role of nutrition in cardiovascular

disease and the relation of animal fat in the causation of atherosclerosis. The subject is relevant today.

By 1960 members numbered 44, and membership required board certification or equivalent training—and that 60% of one's practice be surgical in nature. Originally only one dissenting vote was needed to block membership; this was subsequently changed to 90% approval of the polled membership.

Perhaps the 1960s, 1970s, and 1980s can be defined as a somewhat "golden age" in the history of the group. Reno grew in population, but not so rapidly that medicine and its personality was compromised. Meeting places varied to include Coney Island Restaurant, Peppermill Casino, Hidden Valley Country Club, Johnny's Little Italy Restaurant, and Yen Cheng Restaurant. The tradition of cigars for everyone after dinner continued. And Dr. Fred Boyden continued to tell his well-known "shaggy dog" jokes. The order of the evening

became cocktails, the speaker to maintain the attention of the audience, and then dinner.

Sadly, however, as the years passed, interest dwindled among the Reno physicians and good medical programs were harder to arrange. It was also becoming more difficult to get busy doctors together and members began retiring. However, eventually membership was expanded to include family practitioners,

In 1961 continuing medical education credits were offered for the first time. However, the annual meeting was discontinued. At a later meeting, Governor Grant Sawyer would praise Reno's physicians, noting that they had dispensed approximately \$2,000,000 in free care to local residents.

Reno became the center of American medicine in the 1970s when Dr. Wesley Hall, Sr. past president of Reno Surgical Society and Nevada State Medical Association became president of the American Medical Association. Yet, Reno Surgical Society attendance declined. So, in order to stimulate interest, prominent speakers were invited to some monthly meetings. Thus membership increased to over 100 members. This increased popularity of monthly meetings led to the adoption of two hosts to divide the cost of meetings.

A few of the subjects presented over the years at Reno Surgical Society meetings included: metal prosthesis in orthopedic surgery, radiological treatment of carcinoma of the breast, stomach cancer, medical legislative problems, biological warfare, peptic ulcer, blood alcohol content, space age medicine, trauma systems, anesthesia, medical malpractice, Medicare participation, aging, and cost of surgery.

In the 1980s annual meetings were held at various locations, such as North Lake Tahoe where the guest speaker was Covert Bailey, renown exercise physiologist and nutritionist, Silverado Country Club in Napa Valley, again with Covert Bailey, Furnace Creek in Death Valley, and Yosemite National Park featuring Reno pathologists who spoke about the tragic chartered airplane crash in Reno in 1983.

Unfortunately after about 1987 the keeping of scrapbooks and records regarding the activities of the organization, were discontinued, although some meetings did continue.

1998 was a landmark year for Reno Surgical Society. It celebrated its 50th year in existence. Dr. H. Treat Cafferata, surgeon, and a past president, spoke of the history of the organization and showed numerous slides dating back to the beginning of the group in 1948.

THE JAPANESE IN AMERICA - A HISTORICAL PERSPECTIVE

By Ken Maehara, Ph.D.

This is the second article about Japanese in America and will culminate in an article about health conditions in Japanese internment camps.

"...when foreigners, after looking about for some other country in which they can obtain more happiness, give a preference for ours, it is proof of attachment which ought to excite our confidence and affection." Benjamin Franklin

From 1633 to 1868, Japanese were prohibited from entering or leaving Japan as dictated by the ruling Tokugawa shogunate. Thus, the majority of Japanese entering the United States during this period were shipwrecked fishermen who were rescued by western sailing vessels.

The first naturalized Japanese citizen was Hizoko Hamada who was rescued at sea by an American ship

Treasured photos depicting enjoyable, enlightening, and humorous times brought back many memories. Dr. Cafferata says, "A number of talented individuals have presided over this organization which I believe has provided a significant benefit to this community. It is unfortunate that there are not more records of the events of the past decade."

At the present time, 2005, there are 65 members, one-third of whom are retired from practice. However, continued sub-specialization and the complexities of medicine have led to many changes in the Reno Surgical Society. Thus the organization will disband at the end of 2005 or in early 2006.

in 1850 . He was brought to America and studied in Baltimore, Maryland. His naturalization was a rarity, however, because the Naturalization Act of 1790 prohibited all but "free white persons" from becoming naturalized citizens. This form of prejudice was no more evident than in the case of Dr. Jokichi Takamine who isolated epinephrine (adrenaline) at Johns Hopkins University at the turn of the century. He was denied citizenship, even though he was a long time resident of the United States. Probably the most famous of the early immigrants was Manjiro Nakahama who was rescued by an American

whaling ship in 1843. He was educated in Fairhaven, Massachusetts and served as the American interpreter when the first Japanese delegation visited the United States.

After the overthrow of the Tokugawa regime and into the early 1900s, immigration of first generation Japanese (Issei) saw the establishment of Buddhist Churches, publication of Japanese language newspapers, conversion of barren land into fertile farmland, etc. As the number of Japanese in the United States increased with accompanying success in their business ventures, a campaign of racism and prejudice against this group began and increased in its supporters. The term "yellow peril" was coined in the early 1900s and anti-Japanese organizations such as the Oriental Exclusion League were formed which campaigned against the Japanese population throughout California and other western states.

Prejudice against the Japanese was pervasive throughout the community. Incidents of prejudice to the Japanese included the following :

In 1906 the San Francisco School Board placed 93 children of Japanese ancestry into a segregated school. Twenty-five of these children were U.S. born citizens. This order was rescinded a year later by President Theodore Roosevelt.

The Alien Land Laws of California (1913) prohibited the ownership of land by those "aliens" who were ineligible for citizenship. This was followed by similar laws in the western states of Washington, Oregon, Idaho, Montana, and Arizona.

In 1922, the Cable Act was passed, which automatically terminated a U.S. born woman's citizenship if she married a

“person ineligible for citizenship.” This act was repealed in 1936.

In the case of *Ozawa vs. U.S.* (1922), the Supreme Court unanimously rejected the naturalization of Japanese immigrants. The reasoning was that Japanese could not assimilate with white Americans. This decision upheld previous Court decisions in 1889 and 1893, which denied citizenship to Chinese immigrants.

In 1924 Congress passed the Asian Exclusion Act which prohibited any further immigration of Japanese to the United States.

In 1925 a Massachusetts District Court approved the naturalization of Hidemitsu Toyota, a 10-year veteran of the U.S. Coast Guard. This decision was later overturned by the U.S.

Court of Appeals and upheld by the U.S. Supreme Court.

On February 19, 1942, President Roosevelt signed Executive Order 9066 which put into motion the relocation and internment of Japanese. Within a month West Coast areas had been identified from which residents of Japanese ancestry would eventually be relocated. The Wartime Civilian Control Administration (WCCA) was established by the military to handle the forced relocation and the War Relocation Authority (WRA) was the civilian agency responsible for overall administration of the internment camps.

The next issue will be devoted to life in the internment camps.

A letter from a reader.

Regarding: Traditional Great Basin Herbal Medicine (Summer 2005)

“I notice a large number of these plants were used to treat venereal disease and/or rheumatism. I am wondering if sexually transmitted disease (STD) were known to be very common or just difficult to treat effectively.” S.J. Smith, M.D.

Editor's response: *STD was common in some tribes and because of social practices these diseases were also transmitted to visiting non-Indians. The number of remedies reflects the ineffectiveness of treatment. Obviously antibiotics changed this. On the other hand, many remedies were effective. For example, ephedra was effective in treating respiratory infections. Other effective remedies were developed by trial and error over many generations.*