

Birth of a New Society: American Head and Neck Society Challenges for the Future

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It has been a distinct honor and privilege for me to serve as a copresident of the new American Head and Neck Society. This has been a highlight of my academic career, and I would like to thank my wife and family for their support. I have been closely associated with the Society of Head and Neck Surgeons (SHNS) since 1982 and have had the honor of serving in various capacities, including as secretary, for 4 years. If you do not like somebody—make him secretary! However, serving the society gave me an opportunity to develop friendships with many head and neck surgeons around the world.

I have been privileged to be a part of the merger process of the 2 major head and neck societies in the United States. I thought it would be interesting to trace our history, where we came from, how this merger occurred, and where we will be going in the future.

During the period that I served the Society of Head and Neck Surgeons, I was closely associated with leaders in head and neck surgery, both from general surgery and otolaryngology backgrounds. I was extremely fortunate to have received my head and neck training at Memorial Sloan-Kettering Cancer Center under the tutelage of 3 giants: Drs Jatin P. Shah, Ronald H. Spiro, and Elliot W. Strong. As I developed my career and became more interested in head and neck surgery, I was extremely impressed with the head and neck surgeons who possessed alternate training backgrounds. Such teachers as Drs Eugene Myers, Helmuth Goepfert, Hugh Biller, Bruce Pearson, and many others made a tremendous impact on my growth as a head and neck surgeon. Although I did not have the opportunity to work directly with Drs Joseph Ogura, John Conley, and George Sisson, these individuals, leaders in the field, have trained a large number of head and neck surgeons with an otolaryngological background.

Many in the audience are probably not completely familiar with the merger and foundation of the new single head and neck society in the United States. This address will deal mainly with the history of both head and neck societies and the merger process.

THE SOCIETY OF HEAD AND NECK SURGEONS

Hayes Martin was probably the first surgeon to use the term, “head and neck surgery,” but the first chief of the Head and Neck Service at Memorial Sloan-Kettering Cancer Center was Dr Henry Janeway (1914-1921). Among the many head and neck surgeons of his time, Dr Hayes Martin stands out as the “father of modern head and neck surgery” in the United States. He led the Head and Neck Service as chief at Memorial Sloan-Kettering Cancer Center in New York City, for almost a quarter of a century, from 1934 to 1957, and trained many head and neck surgeons worldwide.¹

The Society of Head and Neck Surgeons was founded under the leadership of Drs Hayes Martin, William McComb, Grant Ward, and others in 1952. In planning the society, Dr Martin first consulted with Dr Ward, a creative leader in head and neck surgery at Johns Hopkins Hospital in Baltimore, Md. Hayes Martin had already developed a firm foundation of head and neck training and specialty, and in the management of diseases of the head and neck. Together, Drs Martin, Ward, and McComb composed a list of 50 surgeons, from all areas of the United States and who had been trained by Drs Martin and Ward, to serve as founding members of the SHNS. The Society of Head and Neck Surgeons was then dominated by general surgeons who did not open the door warmly to surgeons with an otolaryngological background. With this in mind, otolaryngological surgeons Drs John Conley, George Sisson, and others founded

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the American Society for Head and Neck Surgery (ASHNS) in 1958.²

The first organizational meeting of the SHNS was held in the spring of 1954. Bylaws were adopted, plans were made for annual meetings, and officers were elected. The founding members elected Dr Hayes Martin as the first president and he served for 3 years. Dr Grant Ward was the president for the following 2 years. Membership grew as more interest in the field of head and neck surgery developed and as an increasing number of patients were successfully treated by surgical methods.

Any surgeon who performed a large number of head and neck operations qualified for nomination to membership in the Society of Head and Neck Surgeons. At that time, as well as in recent years, the active membership roster included leaders in this field from various specialties of general surgery, plastic surgery, and otolaryngology who represented the United States, Canada, and many other countries. A large foreign corresponding membership attested to the worldwide interest and activity of the SHNS.

It is interesting to look at the status of head and neck surgery in hospitals in the United States during that time. Dr Arthur G. James, chairman of the Post-Graduate Committee of the Society of Head and Neck Surgeons, along with members of the Committee (Drs Jean Friedman, Mason Moffit, Samuel Persik, Kenneth Pickrell, and Danly Slaughter) published a report regarding the status of head and neck surgery in the United States.³ A questionnaire was prepared by the society and sent to chiefs of surgical services in 213 hospitals throughout the United States. Their conclusions were: (1) Most of the head and neck operations in the 176 hospitals that participated in the poll were performed on the general surgical services; (2) in these 176 institutions, very little effective, organized training in head and neck surgery was offered to the ear, nose, and throat residents (ENT); (3) Most surgical chiefs thought that a general surgical background was essential for postgraduate training in head and neck surgery. In fact, 40% stated that the full general Surgical Board accreditation should be required.

Clearly, credit goes to some of the leaders in otolaryngology-head and neck surgery (specifically, Drs Ogura, Sisson, and Conley) for organizing training in head and neck surgery and for providing opportunities to the otolaryngology residents.²

The original scientific papers of the SHNS were published in the *American Journal of Surgery*. In his presidential address at the seventh annual meeting of the Society of Head and Neck Surgeons in 1961, Arnold Kremen, of Minneapolis, Minn, wrote⁴:

Following the original organizing sessions of the Society, annual scientific meetings have grown progressively in stature, importance and attendance. Reflecting the high caliber of its scientific program, in the past year arrangements were made with the *American Journal of Surgery*, to publish annually the papers and scientific proceedings of the Society.

To accommodate the large number of papers and to conciliate the often-overburdened reader, all papers will be concise and succinct, skeletonized of extraneous material and limited to five pages. Since we count in our membership most of the eminent teachers, investigators and practitioners of surgery in the

head and neck area who will be making reports of their work, the reader should be able to look with confidence to this annual head and neck issue to keep abreast of progress, contributions, and controversy of this challenging field of surgery.

The association between the *American Journal of Surgery* and the Society of Head and Neck Surgeons was very strong, with annual scientific publications in the October issue of the journal. It was a ready reference source for those interested in head and neck surgery.⁵

As the society grew, many plastic surgeons joined the organization, bringing with them a special interest in head and neck oncological surgery and reconstructive surgery. Backamjian popularized the deltopectoral flap. The head and neck services at MD Anderson, in Houston, Tex, Memorial Sloan-Kettering Cancer Center, and Roswell Park Cancer Institute in Buffalo, NY, became world recognized under the leadership of Drs Richard Jesse, Elliot W. Strong, and Donald Shedd, respectively.

THE AMERICAN SOCIETY FOR HEAD AND NECK SURGERY

It is also interesting to look at the history of the American Society for Head and Neck Surgery. Otolaryngology was established as a separate board specialty in 1924. Most of the otolaryngologists at that time were occupied in managing infections of the sinuses, pharynx, and middle ear.⁶ The training programs in ENT were primarily focused on issues related to infections as well as on endoscopic procedures of the larynx, bronchus, and esophagus. This preoccupation of ENT surgeons with infectious and inflammatory diseases, many of which presented with acute, life-threatening situations, served as a barrier to their engaging in tumor surgery, a field in which their general surgery colleagues were more involved. The training of otolaryngologists at that time was devoid of basic surgical skills and they were less prepared to manage patients with head and neck tumors.⁶ Their initial contributions to the field of head and neck surgery were in the field of laryngeal cancer, because of their skills in endoscopic procedures. Otolaryngologists subsequently made significant contributions to the management of laryngeal cancer through the development of partial vertical laryngectomy for glottic cancer, supraglottic laryngectomy, and near-total laryngectomy for advanced laryngeal tumors. The names of Alonzo, Ogura, Som, Biller, and Pearson are repeatedly quoted in the literature.

By the middle of the 20th century, there was a growing desire by otolaryngologists to become more involved in head and neck oncologic procedures. However, the SHNS did not welcome the otolaryngologists. Therefore, many of the otolaryngologists took it upon themselves to make the commitment to head and neck surgery through the ENT programs.

In the spring of 1957, 6 young otolaryngologists who were attending the third annual meeting of the Society of Head and Neck Surgeons congregated to discuss how they could become more involved and recognized for their interest in head and neck surgery. These 6 young men were Drs Franklin Keim, John Lore, John Lewis, Edwin

Cocke, William Tribble, and George Sisson.² Edwin Cocke was the only otolaryngologist who was a member of the SHNS at the associate level, and John Conley was being considered by the society as a very special case for membership. These 6 young men, popularly called the “Young Turks,” discussed the problem of nonrecognition in otolaryngology and the inability to become fully recognized members of the SHNS. There was considerable discussion regarding the formation of a new society. Established under the auspices of the American Academy of Ophthalmology and Otolaryngology, a study group was organized called the Committee on Head and Neck Surgery. Dr Leroy Schall was appointed the first chairman of this group.⁶ Very strong opinions were expressed during its meetings and, eventually, a new organization was established called the American Society for Head and Neck Surgery. The qualifications of membership were defined and the first meeting of the American Society for Head and Neck Surgery was held in Hot Springs, Va. Dr John Conley was asked to serve as the first president of the organization and the first annual meeting was held later that year, on October 12, 1959, at the Palmer House in Chicago, Ill.²

TWO HEAD AND NECK SOCIETIES: BRIDGING THE GAP

Over the years, both societies became well established and essentially ran parallel to each other—one dominated by general surgeons and surgical oncologists, while the other was led by otolaryngologists. In the early years of the history of the American Society for Head and Neck Surgery, its members were fighting to gain recognition and legitimacy for their area of expertise—a legitimacy that was being challenged by members of the SHNS. The mind-set of “that other society” and “us vs them” continued for quite some time. Although significant hostility and distrust was evident in members of both organizations, rational individuals from each group had recognized that the 2 societies possessed similar goals and objectives.

Despite that initial sense of rivalry and lack of mutual respect, the general feeling between the societies changed over the years in a remarkable way. The societies started to interact on an occasional basis, and the leaders of both organizations slowly realized the need to join forces. The 2 groups began to hold their annual meetings concurrently and, from the scientific contents of these combined meetings, it was evident that the programs were best when the 2 societies worked together.

One of the early steps in bridging the gap between the 2 groups was the agreement to share educational opportunities, which led to a definite structure and criteria for training head and neck surgeons. Dr Jack Lore deserves much of the credit for developing fellowship training in head and neck oncological surgery. He was the first to head the Joint Training Council of the 2 societies, to develop the criteria for training head and neck surgeons, as well as being the president of both societies.⁷ Dr Harry Southwick, representing the Society of Head and Neck Surgeons, was also instrumental in helping to establish this committee.

Joint meetings became a function of the 2 societies as the 20th century progressed. The first successful joint meeting was held in 1973 in Hot Springs, followed by a meeting in San Diego, Calif, in 1976, and one in Toronto, Ontario, in 1978. Each of these meetings was extremely successful, well attended, and presented outstanding programs. Subsequent joint meetings were held in Phoenix, Ariz, in 1981, Puerto Rico in 1985, and the last, in Palm Beach, Fla, in 1998.

The success of these joint meetings motivated both of the societies to develop international meetings. Under the leadership of Dr Paul Chretien, the First International Head and Neck Meeting was organized in Baltimore during the hot summer of July 1984. The attendance was excellent and the scientific exchange was outstanding. It became quite apparent that, regardless of the subspecialty background training, head and neck surgery could stand as a unique specialty with a training background from general surgery, otolaryngology, or plastic surgery.

The First International Research Meeting was organized by Dr Greg Wolf in 1981 and was subsequently held in Arlington, Va, in 1986. It, too, was a great success.

In 1984, under the leadership of Dr Jatin P. Shah, the SHNS began organizing annual head and neck workshops prior to the clinical congress of the American College of Surgeons. These workshops were a great success, and within the next few years, the American Society for Head and Neck Surgery joined with the SHNS in creating scientific programs that were excellent and highly successful. This brought both groups of head and neck surgeons together and members of both organizations began to understand that regardless of what your training background is, head and neck surgery is a specialty by itself and there is no reason to grumble about each other. Rather, both societies should work together hand in hand.

THE MERGER

The organizers of the head and neck workshops were mindful of the sensitivities of both organizations and the faculties were chosen for their expertise, rather than their subspecialty or societal background. This brought a number of individuals together and tremendous mutual respect and admiration developed. As time went by, leaders of both organizations finally began to ask themselves, “Why not have 1 society, rather than 2 competing societies?” Even though the issues of merger, unification, and amalgamation had been discussed as early as 1960, the first meeting to formally discuss these issues was held on October 15, 1989, in Atlanta during the Annual Head and Neck Surgery Workshop. I was fortunate to have been present for this dinner meeting. The leaders of both organizations sat together and there was an admirable exchange of ideas and thoughts regarding amalgamation. A few issues, such as the choice of an official journal, concerns about membership, and issues related to the Executive Council seemed to be major obstacles and the issue of amalgamation was postponed.

There was considerable discussion between 1990 and 1993 among the societies and their executive councils

regarding amalgamation. Both societies had appointed an Amalgamation Committee. Members chosen from the American Society of Head and Neck Surgery were Drs George Sisson, Dale Rice, Nick Cassisi, Jim Suen, and Helmuth Goepfert; while Drs Oscar Guillaumondegui, Ronald Spiro, Jack Coleman, Ted Young, and Jatin Shah represented the SHNS. It is interesting to look at the correspondence from that time; in 1 correspondence to the members, Helmuth Goepfert wrote:

The subject of amalgamation, bonding, coalition, combination, integration, liaison, merger, or union of the 2 head and neck societies is again under consideration, discussion, evaluation and scrutiny by the members of the Council as well as the constituents of both societies. Each Council has elected a task force to consider, deliberate, ponder, study, think and weigh the subject's pros and cons.

A joint-editorial about the subject of amalgamation was published in the March issue of *Head and Neck* in 1990, authored by Drs Helmuth Goepfert, Bill Fee, and Jatin Shah.⁸ In their editorial they wrote:

Many have espoused the notion that this merger is a subversive attempt by one society to take over the other. Certainly, this feeling can not [sic] be dismissed, but as 'head and neck surgeons' we should view ourselves as equals regardless of background and strive to provide a forum for all. Others have stated that the competition generated by 2 individual societies is basically healthy. While this may be true, the competition for survival may destroy both of us, with disregard to the reasons for our existence.

In addition, these authors raised issues related to the journal, the Executive Council, and the potential leadership.

There was strong feeling among many members of the SHNS to revisit this issue and, interestingly, in 1993 there was a panel discussion on the subject of unification at the annual meeting of the SHNS.

I started to attend the annual meetings of the American Academy of Otolaryngology–Head and Neck Surgery (AAOHNS) in 1986. During these meetings, it became obvious to me that there was a group of individuals specifically interested in head and neck surgery who could learn a lot from an exchange of ideas and mutual experience. I continued to attend the annual meeting of the AAOHNS and was able to participate in the scientific programs, instructional courses, and scientific exhibits and poster presentations. I also developed excellent friendship with members from the so-called other group.

Over the past 6 to 7 years, the discussion continued among the members of the SHNS for unification and there was considerable support, from both national and international members. Many senior members (Drs Strong, Shah, Larson, and Ted Young) were also supportive of this idea, again, in the interest of education and the growth of head and neck surgery in the United States. After the 1996 International Meeting in Toronto, the leaders of the SHNS seriously considered the merger of the 2 organizations and preliminary discussions between the 2 groups began. There was an initial exchange about this idea between members of both organizations, predominantly between Drs Jatin Shah and Ernest Weymuller and other Executive Council members which was met with

a warm response from both sides. A preliminary meeting of the leaders of the SHNS was held in November of 1996 in New York, attended by Drs John Saunders, Ronald Spiro, Keith Heller, and Ashok Shaha. Similar discussions were arranged by the leaders of the American Society of Head and Neck Surgery and the idea of merging the 2 societies was welcomed by both groups. Of course, many issues still needed to be resolved, including the journal and the past traditions of each society.

Meetings were held between leaders of both organizations, where they deliberated the issues among themselves and then jointly with each other. During the 1997 annual meeting of the SHNS the issue of a merger was openly discussed at the Business Meeting in Cancun, Mexico, and heartily received by those attending. The international corresponding members of the SHNS were also receptive to the idea of the unification of the 2 societies. In July 1997, Drs John Saunders, Ronald Spiro, Charles Cummings, and Jonas Johnson met on an informal basis to iron out many of the controversial and sensitive issues. A meeting of the Implementation Committee was held on August 13, 1997, in Washington, DC, and various issues related to amalgamation were discussed. Legal counsel was provided by Thomas Roha from Washington, DC, and meetings were held amongst both societies in conjunction with legal counsel representing the interests of each society. The committees were very sensitive to the issues pertaining to their individual societies.

THE MERGER AGREEMENT

The basic concepts of the implementation agreement were to form a single society with a new name; the preservation of each society's heritage and history; and the continued input from each society to the governance of a future single society. The Implementation Committee members were Drs Ronald Spiro, Keith Heller, Jesus Medina, John Saunders, and Ashok R. Shaha from the Society of Head and Neck Surgeons, while the American Society for Head and Neck Surgery was represented by Drs Charles Cummings, Jonas Johnson, Dale Rice, Tom Robbins, and Nick Cassisi. There was considerable discussion regarding the name of the new society, since there were strong feelings about the multidisciplinary involvement and international representation.

The merger of the 2 societies included:

- Renaming of the American Society for Head and Neck Surgery to the American Head and Neck Society with revisions of its Certificate of Incorporation. The American Head and Neck Society will become the successor to both the American Society for Head and Neck Surgery and the Society of Head and Neck Surgeons.
- Restating the mission statement of the society to reflect an emphasis on oncology.
- Amending the constitution and bylaws of the American Society for Head and Neck Surgery to bring the best of both societies' bylaws together into a single document, with respect to membership and governance. The most important changes include:
 1. A temporary expansion of the council by including all of the present Society of Head and Neck Surgeons executive council members.

THE NEW SOCIETY

2. Expansion of the future council of the American Head and Neck Society to 18 members by increasing the number of at-large members to 9 to better represent the larger society.

3. Automatically making current members of the SHNS (in all categories) members of the new American Head and Neck Society.

4. Preservation of the history and heritage of both the American Society for Head and Neck Surgery and the SHNS.

5. Providing equitable governance during 1998 and 1999 by having the elected president of each organization serve a 6-month term as president of the American Head and Neck Society to comply with New York State Law. During this year, they will function (as much as possible) as copresidents.

6. Amending the Articles of Incorporation of the Society of Head and Neck Surgeons to allow the transfer of funds to the American Head and Neck Society, transfer of the Society of Head and Neck Surgeons' Research and Education Foundation to the American Head and Neck Society, and an affirmative vote of the SHNS membership to dissolve the society contingent on the acceptance of the membership of American Society for Head and Neck Surgery of the changes of the certificate of incorporation, mission statement, and constitution and bylaws.

Final implementation of this agreement involved the approval of both executive councils on October 13, 1997, in Chicago, followed by an affirmative vote by the membership of each society. The SHNS members approved a resolution to dissolve the society and transfer the Operating and Research Foundation assets to the new American Head and Neck Society, contingent on the approval by the council of the American Society of Head and Neck Surgeons of the changes outlined above. These actions then required a two-thirds vote of approval by each society's membership.

The above issues were accepted by the Implementation Committee on August 15, 1997. They were voted on by the individual executive councils during the meeting of the Clinical Congress of the American College of Surgeons and, subsequently, on October 13, 1997, in Chicago, with an affirmative vote from the membership of each society. In the Chicago meeting, it was decided that the 2 societies would merge to form the new American Head and Neck Society after the approval of the membership at the annual business meeting in Palm Beach, Fla, during the spring of 1998.

I am pleased to have had the distinct honor of being the last elected president of the SHNS and the first copresident of the new American Head and Neck Society. A similar honor goes to Tom Robbins. The mission of the new society is:

To promote and advance the knowledge of prevention, diagnosis, treatment and rehabilitation of neoplasms and other diseases of the head and neck; to promote and advance research in diseases of the head and neck; and to promote and advance the highest professional and ethical standards.

Dr John Saunders gets distinct credit for integrating the bylaws of the 2 societies to form the bylaws for the new American Head and Neck Society.

Although we have now become 1 society, it is extremely important for us to develop philosophies in the interest of enriching our new society. While I would not want to micromanage the new American Head and Neck Society, I feel very strongly about expressing my opinions regarding the growth of the new society. Having been actively involved in both organizations for the past 15 to 20 years, I believe it is important for the leaders to appreciate and respect each other, regardless of their training background. It is also important for otolaryngologists and general surgeons to do away with our cultural differences and to develop a new culture of head and neck surgery and head and neck surgeons.

Both Tom Robbins and myself, along with our untiring secretary, Jonas Johnson, and president-elect, Jesus Medina, have made sincere efforts to establish the new American Head and Neck Society on a firm footing, with day-to-day support from Robin Wagner. We have respected each other's specialty background and have tried to preserve our heritage as best as possible. We have made every attempt to resolve differences by mutual understanding and with a common goal in mind—the development of head and neck surgery and the development of the American Head and Neck Society.

With this in mind, I feel we have made tremendous progress and I am quite confident that the future leaders will continue to do the same. We have learned over the years that differences can be resolved by joint discussions, understanding, and being open to “giving in” on certain issues.

THE FUTURE

Although it would be difficult for me to bring up many issues in front of our society, certain points are very important.

As I mentioned previously, the constitution needs to be revisited, with regular bylaw changes. We need to revisit the issue of the council and, probably, the board of governors. The annual meetings, which have been extremely successful up to this time, need to be restructured for their scientific program and site selection. Extra podium time is vitally necessary to attract more scientific presentations. We must get the younger members actively involved in the society's activities and scientific presentations, eliminating the philosophy of the “old boys' club.”

After considerable discussion and reviewing multiple requests for proposals, the Executive Council selected the *Archives of Otolaryngology—Head and Neck Surgery* as the official journal of the new society. Obviously, this contract is only for 3 years and the issue will be revisited in the coming 2 years. In addition, our current membership exceeds 1600 surgeons. We need to promote membership to all those who are actively interested and practicing head and neck surgery, as well as promoting membership to international colleagues.

The main goal of our new society should be the improvement in training of head and neck surgeons and translational research in head and neck surgery. Keeping these

goals in mind, the American Head and Neck Society needs to work very closely with other related organizations with a similar interest in head and neck surgery, such as the American Academy of Otolaryngology–Head and Neck Surgery and the Society of Surgical Oncology.

Over the last 2 decades, the Joint Training Council has done an outstanding job under the leadership of Drs John Lore, Helmuth Goepfert, Jatin Shah, Robert Byers, and Paul Levine. The council worked closely with both organizations in creating an outstanding program for training head and neck surgeons, and developing guidelines for the training programs. This well-oiled machine has resulted in 22 organized and certified head and neck training centers in this country. If many of us were to start our fellowships today, I am quite confident that we would be much better head and neck surgeons. There is now a special emphasis in the areas of head and neck basic science research, reconstructive surgery, and biostatistics. I have been fortunate to have been nominated as the new secretary/treasurer of the Training Council for Head and Neck Oncology. I will continue to work with the council members to strengthen the Training Council and the fellowship structure.

What we as a society need to do now is to make certain that we are able to maintain the high standards of each of these programs and to strive to add new ones to the current list. We must make sure there continues to be outstanding training opportunities available to all graduates interested in head and neck surgery. We need to inculcate in the young generation that head and neck surgery is a specialty by itself and that it is open to graduates of all residency backgrounds, including general surgery, plastic surgery, and otolaryngology.

Many issues related to the training of maxillofacial surgeons still remain to be resolved. Maxillofacial surgery, a specialty by itself, is still in its infancy in the United States. However, in other areas of the world, especially Europe, maxillofacial surgery still carries a major burden of head and neck surgery. In developing interactions with this group, we need to continue to adhere to stringent criteria for approval of our training programs. This will provide many opportunities for the new trainees to learn head and neck and maxillofacial surgery from leaders in both fields. The only way a trainee can truly learn head and neck surgery is by active interaction in the operating room and case conferences, not just from textbooks or journals.

Each training program needs to develop a spectrum of educational activities and offer greater opportunities for their graduates. Research in the training of head and neck surgeons remains a major issue. Almost every institution now has facilities for translational research, molecular biology, and other laboratories for head and neck surgery. We particularly need to make certain that our graduates get appropriate training in all these fields of research and in grant writing. Special courses may even be arranged, as currently organized through the American Academy of Otolaryngology–Head and Neck Surgery.

The Research Committee of the American Head and Neck Society should be reinforced with active participation of basic scientists and laboratory-oriented clini-

cians. One goal of the society and council should be to integrate from “bench to bedside,” which will integrate new findings of research into clinical practice. The society has already developed a research fund that will be extremely helpful for young investigators. Voluntary donations and special corporate support need to be sought to provide more substantial research grants. We need to identify new avenues to help this research fund to grow, which will allow us to allocate more research funding. The American Head and Neck Society needs to work closely with the American Academy of Otolaryngology–Head and Neck Surgery to stimulate more research-funding proposals. Dr Randal Weber has done a wonderful job as chairman of the Research Committee, developing many new activities and streamlining the awards process.

Even though every organization has a number of committees, we need to revise our committee structure. It is interesting to note that the executive councils generally met for 8 to 10 hours. We were recently able to complete the business of the Executive Council in 4 to 5 hours. Certain committees are vital to the very existence of the society, such as the Membership, Program, Education, and Research Committees. In examining their importance, I feel we need to strengthen the Program and Education Committees. Under the leadership of Dr Jatin Shah, the Society of Head and Neck Surgeons developed an excellent Education Committee, which I chaired for 3 years. During that period, many educational programs were developed, including a head and neck workshop, breakfast panels, and video sessions, all of which were extremely well received.

The Society of Surgical Oncology has recently developed several educational programs for their members. In emulating them, the Program Committee needs to consider the American Head and Neck Society members' spectrum of interests, including basic research and clinical areas. Recent advances should be discussed in panel format, so that the membership is provided an appropriate update on current research and research facilities. Active participation in this field of head and neck surgery by otolaryngologists and maxillofacial surgeons is relatively new, and the critical issues of general and plastic surgeons also need to be kept in mind. I am afraid that over the next few years the interest of the plastic surgeons, as well as their commitment and contributions to this subspecialty, may decrease. However, we as an organization need to support and develop reconstructive programs with the help of plastic surgeons.

Turf battles will surely continue, and I do not know if there are any definite answers to these problems. However, the onus is on the society to resolve these issues and to develop a strong, unified organization for the specialty of head and neck surgery. Head and neck surgery is still the domain of general surgeons in other parts of the world, with only a recent interest by otolaryngologists. The American Head and Neck Society can act as a mentor organization for head and neck surgery worldwide, stating: “United We Stand.” We need to set an example of ecumenical practice and mutual respect.

Our society needs to interact with other organizations, such as the Society of Surgical Oncology (SSO),

the American Academy of Otolaryngology–Head and Neck Surgery (AAOHNS), the American Radium Society (ARS), the American Society for Therapeutic Radiology and Oncology (ASTRO), and the American Society of Clinical Oncology (ASCO). The exact format in which we should interact is unclear at this time and difficult to define. Regardless, the leaders of our society also need to actively participate in the activities of other organizations. This will help us build our new society into a truly multidisciplinary organization. Radiotherapists and medical oncologists clearly play a very important role. They need to be actively involved in the multidisciplinary management of head and neck cancer and have active involvement in our society. One of the major responsibilities for the American Head and Neck Society in the future is to continue its leadership worldwide in the field of head and neck surgery. This will mean active participation in other national organizations, including the International Federation of Head and Neck Oncologic Society.

Again, credit goes to Dr Jatin Shah for single-handedly carrying out the activities of the International Federation as its secretary general. The first meeting of the International Federation of Head and Neck Oncologic Society was held under the leadership of Dr Ashok Mehta in Bombay, India, in December 1997, and the second meeting will be held through the efforts of the Brazilian Head and Neck Society in Rio de Janeiro in the year 2002. The current membership of the International Federation involves approximately 25 countries and the directory of the International Federation's members is being collated in Dr Shah's office.

Obviously, we need to set new goals. Now that we have successfully resolved our internal conflicts, we need to reach out and help in the rapid growth of this new organization. Remember, the past cannot be changed, but the future is what we want it to be.

Ladies and gentlemen, it has been a privilege for me to serve the new American Head and Neck Society as co-president. I thank you very much.

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REFERENCES

1. Shah JP. The making of a speciality. *Am J Surg.* 1998;176:398-403.
2. Sisson GA. The head and neck story. *Am Soc Head Neck Surg.* 1983;1-114.
3. James AG. The status of head and neck surgery in hospitals approved for four-year residency training. *Am J Surg.* 1958;96:24-26.
4. Kremen A. Presidential address: seventh Annual Meeting. *Am J Surg.* 1961;102:745-746.
5. Shah JP. The making of a head and neck surgeon: presidential address. *Am J Surg.* 1991;162:284-287.
6. Robbins KT, Shaha A. A tale of two head and neck societies. *Bull Am Coll Surg.* 1999;84(7):12-18.
7. Lore JM Jr. Dabbling in head and neck oncology: a plea for added qualifications. *Arch Otolaryngol Head Neck Surg.* 1987;113:1165-1168.
8. Goepfert H, Fee WE, Shah JP. Amalgamation [editorial]. *Head Neck.* 1990;12:105-109.