

A Journey Through the Decades 1930 - 2005



A HISTORY OF

The Florida Society of Dermatology and Dermatologic Surgery





**The FSDDS Serves To Promote the
Highest Quality of Dermatologic Care in Florida.**

The purpose of the FSDDS is to serve as an advocate for Florida dermatologists and their patients to promote excellence in dermatologic care, ensure the highest standards for dermatologic practice and medical education, and to enhance the quality and availability of dermatologic healthcare to all Floridians.

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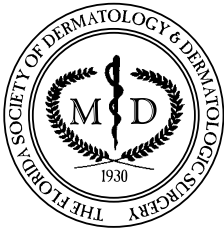
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June 2005

Dear FSDDS Members:

Congratulations to our society on its 75th anniversary. I hope you enjoy this commemorative book, which highlights many of the achievements and memorable events in our society's history. We are grateful to our six founding father dermatologists who had the foresight to establish our society in which Florida dermatologists could meet to advance their education and improve patient care. Indeed, we can take much pride in our society's accomplishments over the years.

By looking at the past may each of us be inspired to make a difference for the future generations.



Sincerely yours,

Craig J. Eichler, M.D.

FSDDS President

Past Presidents

1930	Joseph Lee Kirby-Smith, M.D.	1968	William Bruce, M.D.
1931	Joseph Lee Kirby-Smith, M.D.	1969	Richard Flatt, M.D.
1932	Joseph Lee Kirby-Smith, M.D.	1970	J. John Goodman, M.D.
1933	Elmo D. French, M.D.	1971	A. Robert Goddard, M.D.
1934	Elmo D. French, M.D.	1972	Tobias R. Funt, M.D.
1935	Joseph Lee Kirby-Smith, M.D.	1973	Robert G. Weber, M.D.
1936	Joseph Lee Kirby-Smith, M.D.	1974	Charles Dugan, M.D.
1937	C.A. Andrews, M.D.	1975	Hillard Halpryn, M.D.
1938	Elmo D. French, M.D.	1976	Wilfred Little, M.D.
1939	Elmo D. French, M.D.	1977	Louis Simonson, M.D.
1940	Alan Brown, M.D.	1978	Daniel Roberts, M.D.
1941	Wiley M. Sams, M.D.	1979	Henry Menn, M.D.
1942	Wiley M. Sams, M.D.	1980	Richard Helfman, M.D.
1943	Wiley M. Sams, M.D.	1981	M. Brittain Moore, M.D.
1944	J. Frank Wilson, M.D.	1982	Harold Seder, M.D.
1945	J. Frank Wilson, M.D.	1983	Sorrel S. Resnik, M.D.
1946	S.F. Ricker, M.D.	1984	Roger S. Golomb, M.D.
1947	Lauren M. Sompayrac, M.D.	1985	Charles R. Snyder, M.D.
1948	C.A. Andrews, M.D.	1986	David R. Arrowsmith, M.D.
1949	J. Frank Wilson, M.D.	1987	Lawrence T. Wagers, M.D.
1950	Wesley W. Wilson, M.D.	1988	Richard J. Feinstein, M.D.
1951	Rothwell Lefholtz, M.D.	1989	J. Kent Bartruff, M.D.
1952	Lewis Capland, M.D.	1990	Clifford W. Lober, M.D.
1953	Morris Waisman, M.D.	1991	Luis T. Menendez, M.D.
1954	Hollis F. Garrard, M.D.	1992	William I. Roth, M.D.
1955	Joseph Hundley, M.D.	1993	Alexander P. Kowalczyk, M.D.
1956	Joseph Farrington, M.D.	1994	Neil A. Fenske, M.D.
1957	Louis C. Skinner, M.D.	1995	Steven P. Rosenberg, M.D.
1958	Meyer Yanowitz, M.D.	1996	Lisa D. Zack, M.D.
1959	Kenneth Weiler, M.D.	1997	W. Christopher Duncan, M.D.
1960	Jack H. Bowen, M.D.	1998	Roger S. Golomb, M.D.
1961	Jack H. Bowen, M.D.	1999	Mark R. Kaiser, M.D.
1962	Meyer Yanowitz, M.D.	2000	Armand B. Cognetta, Jr., M.D.
1963	Stuart C. Smith, M.D.	2001	David T. Harvey, M.D.
1964	William Eysters, M.D.	2002	Mark S. Nestor, M.D., Ph.D.
1965	John Hicks, M.D.	2003	Charles Perniciaro, M.D.
1966	Arthur Appleyard, M.D.	2004	Craig J. Eichler, M.D.
1967	Helen Dexter, M.D.		

Past Awards Recipients

Practitioner of the Year Award

Created in 1973, this award is presented each year to an FSDDS member who exhibits a long-standing commitment to the highest quality in patient care and leadership in the practice of dermatology. Past recipients include:

1973	Wiley M. Sams, M.D.
1974	Morris Waisman, M.D.
1975	Lauren M. Sompayrac, M.D.
1976	Joseph Farrington, M.D.
1977	Jack H. Bowen, M.D.
1978	Lewis Capland, M.D.
1979	Meyer Yanowitz, M.D.
1980	Louis C. Skinner, Jr., M.D.
1981	Joseph Hundley, M.D.
1982	Stuart C. Smith, M.D.
1983	John Hicks, M.D.
1984	Robert G. Weber, M.D.
1985	Henry Menn, M.D.
1986	Harvey Blank, M.D.
1987	Tobias R. Funt, M.D.
1988	Morris Waisman, M.D.
1989	Philip Catalano, M.D.
1990	M. Brittain Moore, Jr., M.D.
1991	Wilfred D. Little, Jr., M.D.
1992	Daniel Roberts, M.D.
1993	Charles Dugan, M.D.
1994	Steven P. Rosenberg, M.D.
1995	Pedro Barquin, M.D.
1996	Franklin Flowers, M.D.
1997	Sorrel S. Resnik, M.D.
1998	Harold Rabinovitz, M.D.
1999	Neil A. Fenske, M.D.
2000	Mark E. Unis, M.D.
2001	Francisco A. Kerdel, M.D.
2002	Terrence A. Cronin, Sr., M.D.
2003	John W. White, Jr., M.D.
2004	Lawrence A. Schachner, M.D.

Distinguished Service Award

Created in 1995, this award is presented to an FSDDS member who exhibits outstanding leadership and dedication, and makes an extraordinary contribution to the society and the profession. Past recipients include:

1995	Clifford W. Lober, M.D.
1996	Oscar Hevia, M.D.
1997	Steven P. Rosenberg, M.D.
1998	Armand B. Cognetta, Jr., M.D.
2000	Mark S. Nestor, M.D., Ph.D.
2000	Roger S. Golomb, M.D.
2002	Mark R. Kaiser, M.D.
2003	David T. Harvey, M.D.
2004	L. Frank Glass, M.D.



MINUTES OF THE FIRST MEETING

June 6, 1930

Meeting called to order with Dr. J.L.Kirby-Smith in the chair as temporary chairman. The following men were present at this organization meeting, and constitute the charter membership of this Society:- Dr. J.L.Kirby-Smith of Jacksonville Florida; Dr. Elmo D. French of Miami Florida; Dr. C.A.Andrews of Tampa Florida; Dr.J.J. Sexton of Tampa Florida; Dr. E.A.Blinn of Jacksonville Florida; and Dr. J.Frank Wilson of Jacksonville Florida.

The tentative name adopted was the "Florida Society of Dermatology and Syphilology".

Two drafts of rules and by-laws were submitted and read by the Chairman and a proposal was made that the Secretary make a draft combining the best points of each and mail a copy to each of the members for study in regards to corrections or additions, the rules and by-laws to be voted on at the next meeting.

There was a round-table discussion of all the cases presented at the morning clinic.

It was moved and adopted that the next meeting be held in Tampa Florida on Sunday, September 28th, 1930. It was moved and adopted that a Chairman be selected for each meeting from the town in which this meeting is to be held. Dr. C.A.Andrews of Tampa was selected Chairman of the next meeting. Dr. J.Frank Wilson was elected Secretary for the ensuing year.

Meeting adjourned.

1930

Max Theiler develops yellow fever vaccine; Planet Pluto discovered

1931

Empire State Building completed; Paul Karrer isolates vitamin A; *The Good Earth* by Pearl Buck

1932

Researchers discover riboflavin; James Chadwick discovers the neutron; *Brave New World* by Aldous Huxley

1933

Pres. Roosevelt & The New Deal; Adolf Hitler rises to power

A Journey Through the Decades

1930 - 1939

The first meeting of what was to become the Florida Society of Dermatology and Syphilology was held on June 8, 1930. The group was comprised of Dr. J.L. Kirby-Smith of Jacksonville, Dr. Elmo D. French of Miami, Dr. C.A. Andrews of Tampa, Dr. J.J. Saxton of Tampa, Dr. T.A. Blinn of Jacksonville and Dr. J. Frank Wilson of Jacksonville. These six men constituted the charter membership of the organization. The chairmanship of the organization rotated among the members, with the member hosting the meeting serving as chair. Dr. J.F. Wilson served as the first secretary of the society and recorded the minutes for each meeting. The Constitution and Bylaws were accepted at the second meeting of the society on September 28, 1930, officially establishing the Florida Society of Dermatology and Syphilology. Minutes of the early meetings of the society show the terms “society” and “association” being used interchangeably, although the Constitution indicates the official name of the group to be “Florida Society of Dermatology and Syphilology.”

Early meetings of the society were dominated by the presentation of case studies by members. The main

activity of the society was dermatologists meeting to share challenging cases and to receive input on treatment modalities. Society business focused mainly on standards and procedures for approving members and managing the society’s resources.

The first recorded legislative activity of the society came in 1933. Dr. Kirby-Smith proposed a resolution to the Florida Legislature to restrict the use of x-ray, radium and other electro-therapeutic methods to qualified members of the medical profession. After discussion it was decided to handle this issue by referring it to the Committee on Legislation and Public Policy of the Florida Medical Association.

1935 marked a change in the society’s leadership structure with the election of the first president, Dr. J.L. Kirby-Smith.

An interesting anecdote from 1936: Dues payable to the Permanent Committee of the International League of Dermatology were 28 cents per member. It was decided by a passed motion that each member would pay his own dues.

In 1937, Dr. Kirby-Smith recommended assessing

1934

A. Butenandt isolates the male hormone; Hitler becomes Führer of Germany

1935

Gerhard Domagk discovers Protosil, the first sulfa drug, and uses it to treat streptococcal infections; *Porgy & Bess* by Gershwin; Pres. Roosevelt signs U.S. Social Security Act & Wealth Tax

1936

BBC inaugurates television service; *Gone With the Wind* by Margaret Mitchell; Spanish Civil War (to 1939)

1937

National Cancer Institute founded; Hindenberg airship disaster



—TIMES-UNION PHOTO

Kirby-Smith Portrait Unveiled

A portrait of Duval County's first dermatologist, Dr. Joseph Lee Kirby-Smith, is unveiled by his widow, Mrs. Kirby-Smith, at a meeting of the Duval Medical Society Tuesday night as Joseph Farrington looks on. The portrait was a gift to the Duval Medical Society for its new auditorium from the Jacksonville Dermatological Society, of which Dr. Farrington is a past president. Dr. Kirby-Smith was the son of famed Confederate Gen. Edmund Kirby-Smith.

1938

March of Dimes for polio research funding; Otto Hahn finds evidence of nuclear fission; Benny Goodman & Jazz

1939

DDT synthesized; *The Grapes of Wrath* by John Steinbeck; World War II begins

1940

First electron microscope; *For Whom the Bell Tolls* by Ernest Hemingway; Churchill becomes British Prime Minister; Penicillin tested

1941

McMillan & Seaborg discover Plutonium; Siege of Leningrad; *Citizen Kane* film by Orson Welles



annual dues to defray the expense of a secretary to record the minutes and discussions of case studies. He suggested that the minutes could be kept in a permanent form and perhaps submitted to the *State Journal*, which would have “advertising” value for dermatologists. In the discussion that followed it was pointed out that very few people were competent to record the discussions and the expense would be considerable. Some members even doubted the value of keeping a permanent record of the case study discussions. It was decided to omit

the case studies from the official record “except in the event members were notified in advance of a particular subject or interesting case to be discussed.” The subject of dues was not officially acted upon.

The April 30, 1939, minutes contain the first reference to a membership assessment of fees to fund the society’s business. A scientific exhibit at the State Medical meeting cost \$21.50. Rather than divide that expense among the members, it was decided to collect an assessment of \$5 per member.

A Journey Through the Decades 1940 - 1949

The 1944 annual meeting had members questioning whether or not the society should continue to meet in light of the war (World War II). After some discussion the members decided to continue their quarterly meetings and planned to next meet in Miami. During the meeting the society recognized its members who were serving in the Armed Forces: Lewis Caplan (Army), Rothwell Lefholtz (Army), Buist Litterer (Navy) and Lauren Sompayrac (Navy).

The next annual meeting for which minutes are available is 1946. The war is no longer mentioned, and the meeting seems devoted to internal “housekeeping”

measures. A motion by Dr. Buist Litterer was made and passed to require members to have one year of formal training in dermatology and syphilology and one year of continuous practice in Florida. The measure was somewhat controversial, passing by a nine-five vote. Dr. S.F. Ricker appointed a committee (Drs. Wiley Sams, Lauren Sompayrac and Wesley Wilson) to recommend changes to the Constitution and Bylaws of the society.

It is interesting to note the expenses of the society that year: \$16.05 for 500 sheets of stationery and envelopes, which left a balance in the treasury of \$66.99! The member assessment that year was \$5.00.

1942	1943	1944	1945
Manhattan Project - Fermi splits atom; <i>L'Etranger</i> by Albert Camus; Mass murder of Jews in Europe begins	<i>Casablanca</i> with Humphrey Bogart and Ingrid Bergman; Swiss chemist Hofmann discovers LSD	Selman Waksman discovers streptomycin; First jet airplane; Assassination attempt on Hitler fails	First atomic bomb detonated; <i>Animal Farm</i> by George Orwell; World War II ends; United Nations established



In 1947 the society developed a standard membership application form. An interesting note: The minutes read “The Secretary was instructed to send application forms to all *men* who had applied for membership ...” (emphasis added; today we would expect the minutes to read “physicians,” “doctors” or “dermatologists”). Three men were approved for membership by the Membership Committee that year.

Fee schedules were as important in the 1940s as they are today. A new fee schedule by the Veterans Administration warranted an interim report between the 1947 and 1948 annual meetings. The fee schedule was approved by a committee of the Florida State Medical Association, which had no representation of the dermatological society. Many society members believed the return visit fees were not in keeping with the average office visit fee of a qualified specialist. The more things change, the more they stay the same!

1948 saw five new members accepted into the society, and the Bylaws continued to evolve, usually regarding how members were to be approved. Dr. Frank Wilson made a motion that Article 5 of the Bylaws be amended to read, “An applicant who is eligible for the examinations of the Board of Dermatology will be eligible for Membership after practicing for one year in the State of Florida.” The treasury continued to dwindle—to \$42.44 after expenses for postage and printing application forms.

Qualifications for membership continued to change, and members expressed the need to make revisions to the Bylaws. A special meeting was called for September 4, 1949. During this meeting Dr. F. Wilson appointed a committee (Drs. Lauren Sompayrac, Joseph Farrington and Wiley Sams) to rewrite the Bylaws concerning membership to present at the next annual meeting for a vote by the members. So the issue of Bylaws changes made its way into the next decade ...

1946	1947	1948	1949
ENIAC - first fully electronic computer; Nuremberg Trials; Winston Churchill's "Iron Curtain" speech	Chloromycetin discovered; Transistor invented; Dead Sea Scrolls discovered	Gandhi assassination; Marshall Plan; Israel established as independent state	NATO signed; Apartheid established in South Africa; Mao Tse-tung proclaims People's Republic of China

A Journey Through the Decades

1950 - 1959

The highlight of the 1950 annual meeting was approval of changes to the Constitution regarding membership. Five members were inducted that year, two regular and three associate. The treasury report noted minimal activity, with only \$4.16 in expenses, leaving a balance of \$44.40. Twenty-seven case studies were presented, which comprised the majority of the meeting.

In 1951, Dr. Lewis Skinner made a motion that might seem strange to us now: He moved that the dermatologists of Cuba be invited to the 1952 annual meeting as guests of the society. A full eight years before Castro's revolution and rise to power, what was only a "rubberstamp" decision then (the motion was routinely approved with no indication of discussion) shows us how much history has changed our view of the world and its political realities. We also recognize a societal shift in attitudes toward the public expression of religion when we read the following resolution to recognize the life of a deceased colleague:

*A RESOLUTION BY THE FLORIDA SOCIETY OF
DERMATOLOGY AND SYPHILOLOGY AT THE
REGULAR MEETING ON APRIL 22, 1951*

WHEREAS: Death claimed Elmo D. French, M.D., on October 24, 1950 thus removing from us a man of such stalwart stature and of such great value to the Society that it behooves us as fellow members of the Florida Society of Dermatology and Syphilology to express, so far as words can, our appreciation for his character, his life and his work.

THEREFORE BE IT RESOLVED: By the Florida Society of Dermatology and Syphilology in regular session assembled,

FIRST, that we consider the Medical Profession and this Society in particular has lost one of its best qualified, skillful, devoted and beloved members whose passion to serve his Lord and humanity drove him to self forgetfulness and sacrifice truly Christlike;

SECOND, that the life of this truly great, good man—great in his scholarly attainment and

1950	1951	1952	1953
Terramycin discovered; Researchers say smoking causes lung cancer; Sen. McCarthy begins anti-Communism campaign; Korean War begins	Flouride found to prevent cavities; Heart-lung machine developed; Color television invented; <i>The African Queen</i> with Humphrey Bogart & Katharine Hepburn	Major polio epidemic sweeps U.S.; Jonas Salk develops polio vaccine; External cardiac pacemaker developed; First hydrogen bomb exploded; Elizabeth II named Queen of Great Britain	First successful open heart surgery using heart-lung machine; Watson & Crick decipher DNA structure; Khrushchev rises to power in the USSR; Korean War ends



skill as a practitioner of the healing arts, great in the integrity of his interest and devotion to his community and fellow citizens—affords an example most worthy of honor and emulation;

THIRD, that we extend to the bereaved family assurance of our genuine sympathy, and commend them to the Great Physician for solace;

FOURTH, that these resolutions become a part of the official records of this Society, and that a copy of these be sent to Mrs. French.

The 1951 roster of members boasted 23 regular members (fellows) and three associate members.

The 1952 annual meeting was routine, with 22 case studies presented, officers elected for the coming year and members approved (two fellows and two associates). The treasury stood at \$40.03, and the members voted to prorate the expenses of the annual cocktail party among the members who attended. The 1953 minutes reflected similar activities. Of note was the continued interest in having Cuban dermatologists attend the society's meetings and having Florida doctors travel to Cuba for that group's meetings.

1953 saw a proposal to change the Bylaws to require annual "dues" rather than annual "assessments." In

the meantime, a \$3 assessment was passed to cover expenses for 1953 and 1954. The 1954 balance in the treasury stood at \$23.29.

In 1955, the secretary-treasurer (Dr. Joseph Farrington) initiated discussion on ways to improve the method of financing the activities of the society. Dr. Lauren Sompayrac made a motion that annual dues of \$5 be collected from each member of the society; that \$5 be collected in advance from each member attending the annual cocktail party; and that \$5 be collected in advance from each member attending the annual dinner meeting. The motion passed.

It was recorded without fanfare, but it seems that the first woman member of the society was accepted in 1955: Dr. Helen Dexter. The midpoint of the decade also saw another revision to the Constitution regarding membership. Beginning April 1, 1950, the society had four categories of membership: fellows; associates; affiliates; and honorary. Fellows were now required to be certified by the American Board of Dermatology. Associates were non-certified, fulltime practitioners; and affiliates were part-time practitioners.

1956 saw a shift in focus at the society's annual meeting. While the members still enjoyed a discussion of case studies, a larger portion of the meeting was devoted to regulatory/economic issues. The Blue Shield of Florida had written a letter to the society, asking if the society had a standing committee with

1954	1955	1956	1957
School segregation declared unconstitutional in U.S.; Laos & Cambodia gain independence	European Union established; AFL & CIO merge; Civil Rights Movement - Montgomery, AL, bus boycott	Cuban Revolution & Fidel Castro rises to power; Israel invades the Sinai Peninsula; Elvis Presley appears on <i>The Ed Sullivan Show</i>	USSR launches Sputnik; <i>Westside Story</i> premieres on Broadway



rotating membership to handle medical economics matters for the organization. The membership voted to establish an Economics Committee (Drs. Lauren Sompayrac (chair), Jack Bowen and Lewis Capland).

The membership had immediate concerns for the committee to address. Dr. Wiley Sams reported a problem with Blue Shield payment for biopsies. Under the current ruling, only biopsies performed in hospitals were paid. This was creating a needless number of hospital admissions. Dr. Joseph Farrington suggested that Blue Shield should broaden X-ray therapy coverage to include the treatment of skin cancer.

1956 also saw some significant changes to the society's structure. The fiscal year was changed to run from June 30 to July 1, and a motion was made to change the name of the society to the Florida Society of Dermatology. No discussion was recorded as to the reasons for these changes.

Earlier changes to the financing of the society began to bear fruit in 1956. The treasury stood at \$223.02 after all expenses.

An interesting anecdote from 1956: The society endorsed the need for a book on poisonous plants in Florida, to be edited by the Mortons, head of collectanea of the University of Miami. The cost of editing was not to be borne by the society.

Economics discussions continued during the 1957 annual meeting. The extended discussion showed a shift in the society's focus. While still conducting a clinical meeting, the society began to work more

on practice management and regulatory issues. Dr. Jack Bowen made a motion that a charge of \$25 instead of \$10 be made for an industrial consultation and/or the first visit of a person being treated under the Florida Industrial Compensation Act. Considerable discussion followed Dr. Bowen's motion. Dr. Wiley Sams said it was his practice to call the insurance companies to discuss the case with them. If a case was only for consultation, he sent a fee for consultation.

He did not treat the case unless authorized to do so and thus had had no difficulties with insurance carriers. Dr. Edward Abbey commented that it was easier to obtain authorizations in a large city like Miami (Dr. Sams' city) where most insurance carriers had offices. It was a problem for smaller cities where these offices were not available. Dr. Bowen's motion failed, but another motion by Dr. Lauren Sompayrac passed. The successful motion (amended by Dr. Sams) read that a minimum fee of \$25 would be charged where indicated in difficult compensation cases.



Morris Waisman, M.D.
FSD President 1953



Dr. Sompayrac, chair of the Economics Committee, made a report of the committee's activities for the year. He suggested that the committee contact Blue Shield each year to discuss problems. Members raised problems with payment for biopsies and the treatment of multiple ephitheliomas. A motion was made and passed to ask Blue Shield to pay \$10 for a skin biopsy, whether it was performed inpatient or outpatient. And so the political arm of the society continued to strengthen as members became more focused on the influence they could have as a group of physicians. The society's finances continued to grow as well. Receipts for the year were \$755.70, with expenses of \$494.44.

In 1957 the name of the organization was officially changed to the Florida Society of Dermatology.

The 1958 annual meeting was held in conjunction with the Southeastern Dermatologic Association. The

economics committee report continued to dominate the meeting. At issue this year was a proposed fee schedule for Blue Shield (members were against fixed fees) and

Blue Shield's proposed changes to increase to \$6,000 the yearly income of families holding Blue Shield contracts. The society decided to send a letter to the Reference Committee on Blue Shield prior to the annual meeting of the Florida Medical Association, informing the FMA of the society's stand on the proposed changes.

Membership in the society continued to grow. In July 1958, the society boasted 33 fellows, five associates and one affiliate. The treasury balance stood at \$379.53.

Business continued as usual in 1959. Interestingly, nothing was mentioned about the Cuban Revolution and Castro's rise to power. Perhaps it is only in hindsight that we recognize world events for what they are.



***Joseph Farrington, M.D.
FSD President 1956***

1958

U.S. launches Explorer I satellite; *Dr. Zhivago* by Boris Pasternak; Iran revolution ends monarchy

1959

USSR sends unmanned ship to the moon; Robert Noyce develops first microchip; Hawaii becomes 50th state

1960

U.S. scientists develop laser device; Kennedy/Nixon debates televised; U-2 spy plane shot down over USSR

1961

Alan Shepard - first American in space; Bay of Pigs invasion; *Catch 22* by Joseph Heller

A Journey Through the Decades

1960 - 1969

At the beginning of this decade, society membership was stronger than ever, with 40 fellows, six associates and one affiliate. In 1960, receipts had grown to \$949.53, with expenses of \$511.04. The treasury reflected the society's new strength in numbers, with a balance of \$438.49.

First mentioned in the 1959 minutes, the "Committee of 17" was serving as an advisory group to Blue Shield. A special committee of five members was being developed in connection with the Florida Medical Association's new Constitution, which was being voted on by various county medical societies. This special committee would have the authority to review and change fee schedules in the Blue Shield general schedule. Economic issues in 1960 included charging \$1 for filing 2nd and subsequent insurance claims as well as charging fees for progress reports for Industrial Compensation cases. Also mentioned was a pending contract for federal employees with Blue Shield.

A dramatic change occurred in the 1961 annual meeting: The minutes, which usually ran from one to two pages, suddenly jumped to five full pages. Adding to this increase was

the fact that the type size *decreased* from pica to elite (a typewriter's pica equates to a computer's 12 point size, elite to 10). Something new was happening in the society ...

After routine business, the Economics Committee was given the floor. The committee had appeared before the Committee of the Florida Medical Association to discuss the society's fee schedule. The committee's recommendations were

1. *Representation of all medical groups at all discussions of fee schedules with voting participation for each division of medicine as recognized by the FMA.*
2. *Consideration of fee schedules affecting dermatology with the society's committee.*
3. *Deliberations and establishment of fee schedules would be better handled through the specialty groups, including all divisions of medicine.*
4. *Clarification of fee for removal of plantar warts.*
5. *Fee for removal of benign tumors should be the same, irrespective of modality.*

1962

Thalidomide babies;
Cuban Missile Crisis; John
Glenn orbits Earth

1963

Martin Luther King
Jr. speech - "I Have a
Dream"; JFK assassinated

1964

LBJ elected president; The
Beatles come to the U.S.;
The Warren Commission
rejects conspiracy theory
in JFK's death

1965

Medicare & Medicaid
created; Watts riots in
Los Angeles; *The Sound of
Music* with Julie Andrews;
Vietnam War escalates;
Cigarette warning labels
required



Even though all three members of the Economics Committee, along with Dr. William Croom of the Committee of 17, had attended, the committee believed it did not get a fair hearing at the meeting with the Florida Medical Association, and Dr. Lauren Sompayrac, chair of the committee, had sent a letter to Dr. Zellner, chairman of fee schedules for the FMA, expressing this dissatisfaction. Dr. Zellner's response was that specialty groups should poll their membership for their opinions and send letters in advance of FMA meetings to his attention.

Dr. Croom reported on irregularities with Blue Shield fee schedules and payments. Fees varied for the same operation, and various medical groups employed a wide variety of treatments. Six procedures commonly performed by dermatologists carried a total charge of \$312,000 to Blue Shield in one year; however, only 15 percent of these claims allegedly had been paid to dermatologists! The minutes noted, "This fact is highly questionable and should be verified." Indeed!

Dr. Joseph Farrington continued the Economics Committee's presentation, discussing the realities of in-



***W. Christopher Duncan, M.D., FSD President 1997;
and Richard Flatt, M.D., FSD President 1969***

dustrial medicine. Correspondence between Dr. Bowen, president of the Florida Dermatologic Society, and Mr. Speh, director of the Workmen's Compensation Division of the Industrial Commission of the state of Florida, was read into the record. In his letter, Dr. Bowen called for clarification of the compensation fee schedule:

1. *Why does radiology have an "A&A" schedule and other divisions of medicine do not, including dermatology?*
2. *Why must a patient be referred by another*

1966	1967	1968	1969
Ronald Reagan elected governor of California; <i>Star Trek</i> with William Shatner & Leonard Nimoy; <i>Miranda v. Arizona</i>	First coronary bypass using patient's vein; Thurgood Marshall named to Supreme Court; Apollo 12 fire kills three astronauts	MLK Jr. and Robert Kennedy assassinated; Richard Nixon elected president; 2001: A Space Odyssey	Apollo 11 - 1st manned mission to the moon; Mylai massacre Woodstock festival; Golda Meir becomes Israeli premier



doctor before a dermatologist is considered a specialist or consultant?

3. *Why did the Industrial Commission arbitrarily rule that dermatologists could not submit their bills under "A&A" schedules?*
4. *On what grounds does the Industrial Commission prevent the free choice of physician by the patient?*

Mr. Speh's reply, in summary:

1. *Omitted any answer why radiology is treated differently from other divisions of medicine.*
2. *A dermatologist cannot submit a fee on an "A&A" for he is either a consultant in which case his first fee is \$15 and \$4 for office visits if he continues to treat the patient; or if he sees a patient not referred by another doctor, then he is considered an attending physician and as such will receive \$6.50 for first visit and reports and \$4 for visits thereafter.*
3. *The employer has the right to determine who treats an employee as long as the employer pays for the service.*
4. *Mr. Speh further conceded that any remedial action should be taken up with the FMA.*

Dr. Sompayrac wrote a letter to Dr. Leo Wachtel, president of the FMA, stating that the consultation fee for the first visit should be \$15 and \$6 thereafter, because industrial cases required more work than regular dermatologic cases.

The society also addressed the legal issues of the 1960 fee schedule, asking Mr. Gray, attorney for the FMA:

1. *Has the fee schedule of 1960 binding force?*
2. *Is the secretary complying with industrial law?*
3. *Is this fee schedule interfering with industrial law, and does it constitute price fixing?*

Members of the society met with the Reference Committee of the FMA, which handled industrial fee

schedules. The members explained the society's position that the new fee schedule had arbitrarily dropped dermatologists from the schedule without consulting with or receiving input from dermatologists. The new fee schedule was not acceptable to the society.

It was becoming clear to the Florida Society of Dermatology that it needed representation at the FMA, specifically on the House of Delegates. This expanded activity would require greater funding, and it was suggested that dues be raised from \$5 to \$25 or that a special assessment of \$20 be made to fund the society's expanded efforts to achieve a fair fee schedule. In the meantime, by a passed motion, society members were directed to bill insurance companies \$15 for the initial visit and \$6 for each visit thereafter. If lesser amounts were paid, members were directed to send letters of protest to the insurance company. The society was flexing its advocacy muscles in a big way.

The 1962 reports continued to be filled with news about the work of the Economics Committee. The committee continued to exert its influence with the FMA and gained ground in getting more representation.

Of special note, the minutes and its attachments referenced several times the president's "Derm News" report, forerunner of the society's official newsletter. In his report President Jack Bowen summarized the many successes of the organization, making gains in the area of reimbursement; however, the clinical and political aspects of dermatology remained a priority as well. Excerpted from Dr. Bowen's president's report:

It is my feeling that Dermatology will excel or fail depending on this Medical Specialty's success in the scientific field. All other problems are remotely secondary to this vital and stimulating challenge of improving one's self in the scientific arena. Therefore, I would like to suggest and recommend to you to



authorize, organize, and develop a Scientific Committee. This would be a standing committee of this Society.

... Perhaps the greatest hole in our professional armor lies in the many facets where our specialty joins that of other divisions of medicine. It is here where we should exert a great deal of effort to refresh our understanding of the histology, pathology, function and treatment of disease processes in organs and systems that show any cutaneous manifestations or significance. Emphasis on new developments should be stressed.

New drugs are being presented to the medical profession in a staggering number. ... we as dermatologists must have a good knowledge of those drugs ..., including allergic eruptions of the skin. ... we need a central clearing medium that could ... publish from time to time a compilation of the individuals' experiences and arrive at tentative conclusions long before this knowledge appears in general publications. A Scientific Committee could serve this useful purpose.

Dr. Bowen also suggested using the Scientific Committee to educate the public. "We must create in the minds of this body (the general public) that the dermatologist is the best bet to get well of ... skin problems."

Regarding the FMA, Dr. Bowen said, "We must have a voice, preferably multiple voices, in the House of Delegates of the FMA, for here lies the last word on all official decisions made by the FMA."

In 1963, the society made great gains in its meetings with the Industrial Commission, establishing a Florida Relative Value Program and a Florida Advisory

Committee made up of Florida doctors. It was also agreed that there "should be no printed fee schedule, which makes the report the same as the A&A Schedule so that fees normally charged shall be submitted and the specialties shall be recognized."

The Scientific Committee was "feeling its way along" and had established as its primary duty to improve the public relations of dermatologists. To that end, the committee had produced a dermatology page in the *State Journal*.

Another innovation in 1963 was to begin holding an interim meeting of the society. The first interim meeting was held August 31-September 1 in Jacksonville, with 29 members attending. The program was scientific and social in nature, allowing members an additional opportunity to meet with one another in a different part of the state. (Annual meetings were held in South Florida.)

Work continued in 1964 on the fee schedule issue. Lack of representation continued to be an issue. The second interim meeting was held in Orlando, its success making it a likely tradition.

An interesting anecdote from 1964: Members were asked their reactions to a tobacco company advertising at the convention. Emotions were mixed and no official action was taken.

In 1965, President William Eyster, M.D., described the functions of the society:

1. *Representation of the society in a unified voice of the minority groups of medicine; and*
2. *Further education of our members.*

Dr. Eyster urged expansion of the society's education program to include proficiencies in plastic and reconstructive surgery, continued expansion of teaching and a continued interim meeting.

1965 also brought a new problem to the society, but a good one to be had: Dues were accumulating and since meeting costs were borne by the members who attended,



the treasury was getting large enough to be “eyed by the Revenue Department.” It was decided to use some of the funds to invite visiting professors to participate in the annual meeting. Also, dues were decreased to \$15.

That year, incoming President John Hicks, M.D., indicated his desire to incorporate the society.

An interim meeting was held on January 22-23, 1966, in Clearwater. Unlike previous interim meetings, this one included a special meeting called to discuss the Prevailing Fee Schedule proposed by the Florida Medical Association. Under the FMA’s Prevailing Fee Schedule, all FMA members would be polled for each individual’s normal fees and charges. These would be used to establish an individual profile of fees for each physician. If a physician’s fee profile fell within a 90-percent bracket of other physicians, he (or she) would be considered a participating member of Blue Shield and would be paid his (or her) regular fees directly. If an individual’s profile was above the 90-percent bracket, he (or she) would be considered a nonparticipating member. For nonparticipating members, the standard set fee would be paid to the patient, leaving the patient to settle the balance of the bill with the physician.

1966 brought an interesting turn of events. After reducing dues in 1965 because the treasury was growing

too large, the society found its meetings becoming more expensive and projected a possible loss. Dues were raised—not just back to the 1964 rate of \$25, but all the way to \$50! The minutes did not indicate any discussion, so it is not known how this increase was viewed by the members in attendance.

I came to Florida in 1955, and it was some years later that I became president of the Florida Society of Dermatology. In those days the group was small, with a few doctors from Jacksonville, Orlando, Tallahassee, Ft. Lauderdale and the west coast. Miami had about 10 dermatologists at that time.

The format for the annual meeting was usually from Friday afternoon until noon Sunday. Some years we met in concert with the Florida Medical Association, and some years independently. Saturday morning was for papers by the members, followed by a nice luncheon. Sunday morning we often saw live cases at a hospital, followed by discussions. Saturday night we had a nice banquet, either at the hotel or sometimes at the home of a member. I remember having a social on a Saturday night at my home, and it seemed that everyone in the state attended. Once we had a meeting in Puerto Rico; that was fun.

When Dr. Harvey Blank became professor in 1955, the medical school was very helpful in our meetings. Most meetings were in Miami because of the large hotels on the beach. Often we would have more attendees than the internists. Dermatologists have long been good at attending meetings. We had no visiting professor at the time, and the cost of the banquet was \$10 or \$15. Everyone knew each other by their first names. Wives were a vital part of the Saturday evening banquet.

I am 84 years old. I am in good health. I play golf twice weekly and duplicate bridge two-to-three times weekly. I have one son, Bryan, who is a dermatologist in Ocala. I still attend Grand Rounds at Jackson Memorial Hospital each Wednesday morning and like to read dermatology on the Internet. I have many fond memories of our association when it was small.

John H. Hicks, M.D.
FSD President, 1965

The Economics Committee brought good news in 1966. The FMA had dropped its Fee Schedule Study and had decided to use “usual and customary” fees as a basis of payment. Still, the society stressed the need to continue to become more united and prepared



to defend dermatologists' excellent results in the surgery of skin as compared to other fields.

An interesting anecdote from 1966: The FSD's first woman member, Dr. Helen Dexter, was elected vice president of the society.

In 1967 the Industrial Commission issued a letter stating that it would pay only for cutting operations and would refuse payments for destruction of lesions by other physical means such as dry ice, liquid nitrogen, etc. The society voted to solicit legal advice to determine if insurance companies would pay based on method or on procedure (what was done for the patient). Another important item of business was the vote to redraw the society's Constitution to conform to the American Academy of Dermatology. The motion was somewhat controversial, with a vote of 22 for and five against.

The minutes of the 1967 minutes contained a veiled reference to the Vietnam War: The membership voted unanimously to suspend dues for members going into active duty.

Dr. Helen Dexter became the first woman president of the Florida Society of Dermatology by unanimous vote.

Work continued in 1968 on the Relative Fee Schedule. The FMA proposed a yearly revision of the schedule on the basis of what is charged

year by year in Florida. Also in 1968 we see the first mention of a "scope of practice" issue. A proposal was being forwarded to the Licensure Committee to limit

After receiving my medical degree from Columbia Physicians and Surgeons in New York City and my internship at Jersey City Hospital, I began my medical practice as an internist and practiced in New York and Cincinnati, Ohio. I completed a residency in dermatology at the University of Cincinnati Medical School. During World War II, when many of the doctors had left to serve in the armed forces, the hospitals called on the women physicians. I ran the emergency room at Cincinnati General Hospital at night so I could be with my children during the day. On the rare occasions when there were no patients, I slept in the "poison room," where treatments were kept for victims of poisoning.

My husband was a cardiologist in the Navy. While we were visiting my parents in Clearwater, Florida, my husband was asked to practice at Bay Pines VA Medical Center in St. Petersburg. So our family moved to Belleair in 1954, where I established a private practice in dermatology. I also served as a consultant at Bay Pines, Morton Plant Hospital in Clearwater and Passa Grille in St. Petersburg Beach.

I joined the Florida Society of Dermatology in 1955. I was the first woman member, and for a long time I was the only woman member. All of the men treated me very well, eventually voting me into positions of leadership. I became the first woman to be elected president of the society in 1967. I remember one of the doctors thought I might not know how to run a meeting (of course, I had conducted many meetings before), so he kindly pulled me aside and told me what he thought I should do. He was being chivalrous, so I didn't take offense! Everyone was very nice to me, and mostly I think they treated me just like "one of the men."

The practice of medicine has changed dramatically since those early days. Most people didn't know what "Dermatology" meant, so I put "Diseases of the Skin" on the sign outside my office. I also remember that when I first came to Florida, many of my patients were quite poor, but proud. I often received payment for my services in fruits, vegetables and fresh fish! A less amusing anecdote concerns race relations in the early 1950s. Integration was not yet the law in Florida, but I had an integrated waiting room. Some of my patients refused to sit in my waiting room, and I had a nurse who refused to address black patients as "Mr." or "Mrs." until I made it clear that she was required to do so. I suppose I was considered quite the "liberal" in those days!

Helen Dexter, M.D.
FSD President, 1967

chemerasure procedures to personnel trained in them, i.e., medical doctors.



In 1969 the Florida Relative Value Studies Committee was revising the fee schedule with an expanded category in special procedures. An indicator that the society had gained some ground in being represented in such matters: Dermatologists were expected to be surveyed about their procedures and charges so that information could be used in negotiations with third parties. Also, the Industrial Commission had been “forced” to accept the 1968 Relative Fee Schedule with a conversion

factor of 5.5 (the society had been prepared to accept 5.0) except for seven items, which included first OV, first HV, HV, IM injections and some physical therapy. These were given a lower conversion rate.

Society business in 1969 included a revision to the Bylaws. The board of directors was defined as the elected officers, the chairman of the Membership Committee and the immediate two past presidents.

A Journey Through the Decades 1970 - 1979

The year 1970 brought some good news regarding Workmen’s Compensation fees. (“Workmen’s,” not “Workers” was the term in use.) The Industrial Commission had raised fees to \$12 for the first office visit and \$8 plus cafeteria-style charges for visits thereafter. The consultation fee of \$25 was still in place if a patient was referred to the dermatologist by another physician or an insurance company.

The society issued some recommendations that year for how to best contract with hospitals:

1. *The activity the dermatologist is to perform is that of a physician only on the medical staff.*
2. *When the hospital bills the patient for the professional fee, the hospital must bill separately for and show on the statement sent to the patient the name of the doctor performing the service and the fee charged for the service. The monies received by the hospital must be made accountable to the general*

medical staff rather than to the hospital administrator.

The society also recommended a fee for service arrangement, rather than a fixed salary, so the dermatologist could retain some control over the income earned.

Problems still existed regarding Blue Shield, mainly over the way the company determined the fee schedule. Using a secret profile for each physician, Blue Shield had set customary fees for various areas of the state and would pay only up to that amount. Another concern was the lack of response by Blue Shield to physicians’ requests for information. It was requested that Blue Shield establish a public relations department to improve its communications with doctors and the public.

Medicare was reducing payment levels from 90 percent of usual and customary charges to 83 percent. In addition, Medicare was planning to establish a new 50 percent level profile. Much of the 1970 annual meeting was devoted to discussion of payment schedules. At the 1970 interim meeting it was reported that Medicare had reduced payments to 50 percent of usual



and customary charges. The basis for customary fees remained unchanged.

An interesting medical anecdote from 1970: Fluorouracil was mentioned as an experimental treatment of keratoses.

1971 marked the first time a legislative committee was mentioned in the annual meeting minutes. The report stated “there was no legislation before the Legislature that would effect (sic) Dermatologists in particular.”

Another first in 1971 was mention of something called a “Health Maintenance Organization.” Apparently, this type of organization was becoming “popular across the country.” HMOs were described as organizations that “propose to accept payment from government or insurance sources for the care of people under their protection. In return it hires doctors who work for the organization on a fee basis. The doctor must agree to abide by the rules, regulations and fees of the organiza-

tion.” One member expressed the opinion that the County Medical Societies should set up such organizations; otherwise other entrepreneurs—chiropractors, osteopaths or even laypeople—might set them up and hire doctors.

In 1972, Governor Lawton Chiles requested a list of officers and members of the society so he could keep the FSD informed on pertinent legislation. This request demonstrated the growing strength of the FSD as an information source to lawmakers.

Peer Review Committees were developed in 1972. These committees set guidelines for the way in which medical care was delivered. The most negative aspect of this system was that the guidelines were applied retrospectively, sometimes as

much as three years after the delivery of patient care. Primarily, physicians who were receiving large payments from Medicare were targeted for review. These physicians were compared to their peers for average



Tobias R. Funt, M.D.
FSD President 1972

1970	1971	1972	1973
Anwar Sadat elected president of Egypt; Kent State; First Earth Day	<i>Dirty Harry</i> with Clint Eastwood; Idi Amin seizes power in Uganda	Consumer Product Safety Act; Pres. Nixon visits China; Watergate; SALT I signed	Vietnam War ceasefire; October War between Egypt & Israel



patient costs, including number of office visits, hospital visits, laboratory studies and injections. If any of these were deemed excessive, the physician had to justify each procedure in each case. Failure to do so resulted in being judged over-utilized at a given percentage amount. This percentage was applied to all

1973 marked an advance in public relations for the society. The Public Relations Committee had reached an agreement with the Editorial Board of the *Journal of the Florida Medical Association (JFMA)* to have an entire issue devoted to articles by dermatologists in the state. (It took some time for the details regarding the

special edition to be worked out. Charles E. Dugan, M.D., was elected president of the society in 1974. In 1975, Dr. Dugan was invited to produce the first special edition for the *JFMA*, which was devoted to dermatology. This issue was published in 1976 and won first place among all publications in Florida that year. A well known artist of medical anatomy, Frank Netter, illustrated the cover, which received honorable mention. A second special dermatology edition was published in 1987. Dr. Richard

When I finished my dermatology training at the Mayo Clinic in 1956, Louis Brunsteng, M.D., a dermatologist on the staff of that institution, said to buy all the malpractice insurance I could (not because of any errors I had made) the day I opened practice. Admittedly he was a visionary of the future, and he forecast the plethora of lawsuits that would develop.

Therefore, when I became president of our society, I knew the first thing to do was to incorporate our society and give our members some protection against lawsuits when enacting the business of our society. Thus I assembled the legal team and, with some help from other members of the society, we were incorporated. I also had the privilege of rewriting the bylaws of our society at that time.

With any venture, it was easy to obtain the astute help of anyone in our society, and it appears to be as true today as it was in the past.

Robert G. Weber, M.D.
FSD President, 1973

past cases and required repayment by the physician. In addition, all future charges were most likely reduced by that percentage. The society recommended to its members that they keep very accurate and meaningful records for each patient, documenting any unusual treatments or procedures.

Feinstein was guest editor, and the dermatology department chairmen of the three medical schools in Florida were associate editors.)

Also in 1973, the feature “I Am Joe’s Skin” in *Reader’s Digest* was published and widely reprinted and distributed.

1974	1975	1976	1977
Crack cocaine; Pres. Nixon resigns	Microsoft founded	Gymnast Nadia Comaneci receives perfect score at Olympics; <i>Rocky</i> with Sylvester Stallone; Mao Tse-tung dies	Apple Computer founded; Elvis Presley dies; <i>Roots</i> premieres on television; <i>Star Wars</i>



Former FSD lobbyist Tim Deratany with Dan Roberts, M.D., FSD President 1978



***Charles Dugan, M.D.
FSD President 1974***



J. John Goodman, M.D., FSD President 1970; Louis Simonson, M.D., FSD President 1977; Richard J. Feinstein, M.D., FSD President 1988; and Richard Green, M.D.

1978

First test tube baby; Jonestown murder-suicide; Pope John Paul II; *Saturday Night Fever* with John Travolta

1979

Margaret Thatcher becomes British Prime Minister; John Wayne dies; Three Mile Island nuclear accident

1980

Iran-Iraq War begins; Ronald Reagan elected president; Saddam Hussein becomes president of Iraq; Sony Walkman; CNN begins broadcasting

1981

AIDS first recognized; IBM develops first personal computer



By 1973, Peer Review Committees had evolved into Professional Standards Review Organizations (PSRO), and Continuing Medical Education (CME) was being implemented as a requirement to continue in practice. The society formed a committee to study PSROs and their effect on the practice of dermatology.

FSD president in 1973, Dr. Robert Weber, wishing to protect members from legal actions that could arise out of society activities, laid the groundwork to incorporate the FSD and revised the by-laws. The next year, under Dr. Dugan's leadership, the FSD became incorporated and developed its seal. A gavel was purchased to be handed down to the incoming president from year to year. This same gavel is still used today.

The minutes of the 1977 annual meeting included an interesting paragraph regarding scope of practice:

Dr. Jack Bowen, representative to the March 26 meeting of the Joint Advisory Committee for Advanced and Specialized Nursing Practice, reported that the Nurse Practice Act would allow the Nurse Practitioner the expanded role of diagnosis, treatment, minor surgery, and essentially taking over the office practice of medicine.

I joined the FSD in January 1959. I was elected president of the society in 1974. During my presidency, we incorporated our society, made an emblem for our society, gave the president a gavel to hand down to the incoming president and got Dr. Terrence Cronin on our meeting for the first dermatologic surgery lecture.

In January 1975, I was invited to prepare a special issue for the *Journal of the Florida Medical Association*, which had not previously been done. This special issue was to be on dermatology. With the cooperation of our members and the help of my wife and secretary, Ruth Dugan, we put together this special issue in dermatology with 22 original articles from our members. I wrote an introduction explaining how this journal was organized, i.e., from the introduction by way of genetics, through the layers of the epidermis, dermis, subcutaneous tela, adipose tissue, muscle and serosa. The state reviewer sent me a note saying how well she liked the organization of our special issue. The *JFMA Special Issue in Dermatology* won first place among all publications in the state of Florida for that year. We also won honorable mention and just missed first place for our cover design (an illustration of a cube of skin), which was prepared for us by Frank Netter, world recognized best anatomical artist.

In 1993 I was honored as the Physician of the Year by the FSD. The rest of my honors came from the FSDS, which was founded by six of us at the FSD meeting in St. Augustine, Florida, in 1980. The FSDS is still going strong with Dr. Cronin as programming chairman.

In 1980 I was elected to the board of the American Society for Dermatologic Surgery for three years. At one of our meetings I introduced the Florida Society of Dermatologic Surgeons to the board as the only organization of its kind in America, and our goal was to upgrade the skills of dermatologic surgeons far above any other state in the Union.

The FSDS created a memorial lectureship in Ruth L. Dugan's name after her death in 1983. She was so capable and did so much for our society, and me especially, during my presidency and after.

Charles C. Dugan, M.D.
FSD President, 1974

Regarding societal matters, the FSD amended its Constitution to require continued membership in the Florida Medical Association and the applicable county medical society for a physician to remain an active member of the FSD.

An interesting medical anecdote from 1977: Members were asked for their opinions on whether coal-tar preparations should be over-the-counter or by prescription only.

In 1978, legislation seemed to take center stage.



Dr. Roberts, M.D. (FSD President 1978), and wife, Carol, at the Florida Capitol on Honor Doctors Day, March 2005. Dr. Roberts was sponsored by the Florida Medical Association and Senator Bill Posey to be Doctor of the Day for the state Senate. He treated eight dermatology patients at the Capitol clinic with appropriate referrals.

The stage was set for a successful year of increased membership and excellence of scientific and social programs in the subtropical environment of Captiva Island Resort. Each past meeting was carefully planned and made possible by dedicated leadership and members, especially those local to the twice-a-year meeting sites.

Two outstanding papers regarding cancer surgery were presented to our society by past president, Charles Dugan, of West Palm Beach, and Terrence Cronin, a young dermatologic surgeon from Melbourne. These were the first "surgical papers" accepted for presentation during our scientific programs.

Of interest, our interim meeting of clinical case presentations in October 1969, Cocoa Beach, Florida, was moderated by Morris Waisman, M.D., and co-chaired by Drs. Joe H. Lee, George Stroud and me. This was an occasion for a family experience to visit our Kennedy Space Center; but also a first meeting to obtain funds from pharmaceutical companies and to invite their executives and representatives to attend our social events. A good part of the success of each subsequent FSD meeting was indeed due to the generosity of the pharmaceutical industry.

Being president of the FSD was an honor, privilege and humbling experience for me and my wife, Carol, and an opportunity to renew friendships with our colleagues and welcome new members into our fold.

Thank you for this wonderful passage and awarding me the Practitioner of the Year Award in 1992. I am grateful and humbled to be a member of a society that has been a leader in dermatological innovation, scientific education, talented membership and socio-economic issues.

Daniel Roberts, M.D.
FSD President, 1978

The FSD opposed a bill that mandated a uniform insurance form that did not allow for attachments such as a "Control-o-Fax" pegboard receipt for the physician's portion of the insurance form. Also, nurse practitioners were making a bid to have complete autonomy of practice.

Up to this point in the society's history, the organization had been completely volunteer-run. During the 1978 interim meeting, President Daniel Roberts, M.D., broached the subject of hiring a company to provide

management and administrative support services for the FSD. (The subject wasn't again recorded in the minutes until 1984!)

Also in 1978 the society voted to oppose mandatory CME and recertifications.

Drs. Henry Menn and Daniel Roberts proposed a statewide skin cancer awareness week, based on a highly successful New Mexico program. The society voted to appropriate funds to initiate the program and to retain authority to govern these funds.



FLORIDA HOUSE OF REPRESENTATIVES

Tallahassee

Thomas L. Hazouri
Representative, 21st District

May 11, 1976

Committees:

Elections
Finance & Taxation
Growth & Energy

Bicentennial Commission
State Advisory Council on Community
Education, Vice Chairman

Reply to:
□ 3733 University Boulevard, West
Suite 104A
Jacksonville, Florida 32217
(904) 731-5590

X 222 House Office Building
Tallahassee, Florida 32304
(904) 488-0925

Dr. Joseph Farrington
1717 Woodmere Drive
Jacksonville, Florida 32205

Dear Dr. Farrington:

I want to take this opportunity to congratulate you on your recent selection as recipient of the Outstanding Dermatologist of the Year Award. I know that this honor is well-deserved, and that you are proud of this great distinction. Keep up the good work!

Enclosed is a copy of the announcement of your award as it appeared in today's Times-Union. I thought you might like to have an extra memento of this very special occasion. Again, congratulations to you, and the best of luck in all your endeavors.

Sincerely yours,

THOMAS L. HAZOURI
Representative, District 21

Fellows Honor Dr. Farrington

Dr. Joseph Farrington, Jacksonville dermatologist, is the recipient of the "outstanding dermatologist of the year" award.

The award was presented at the annual meeting of the Florida Society of Dermatology in conjunction with the annual meeting of the Florida Medical Association in Hollywood Beach.

The award reflects his years of devoted service to Florida dermatologists and his local community as an outstanding clinician in the practice of dermatology since 1948.

Dr. Farrington is a past president of the Florida Society, the Southeastern Society, and the Jacksonville Dermatology Society.



FSD members who were instrumental in founding the Florida Society of Dermatologic Surgery included Will Little, M.D.; Dan Roberts, M.D.; Jose Lara, M.D.; Jim Trimble, M.D.; Terrence Cronin, M.D.; and Leonard Lewis, M.D.

1982

AMA ban on physician advertising lifted; First permanent artificial heart transplant; Falklands War; *ET* directed by Stephen Spielberg

1983

Cellular phones; Sally Ride is 1st American woman in space; U.S. invades Granada

1984

Indian Prime Minister Indira Gandhi assassinated; HIV discovered; Brian Mulroney elected prime minister of Canada

1985

Scientists find hole in the ozone; Titanic found; Presidents Reagan (U.S.) and Gorbachev (U.S.S.R.) meet in Geneva; Achille Lauro hijacking

A Journey Through the Decades 1980 - 1989

The Dr. Norman Fogel Trust was established in 1980, with \$15,000 donated by friends of Dr. Fogel to the Dermatology Foundation of Miami. The moneys were earmarked to establish an annual Norman Fogel Lectureship at the society's annual meeting.

An interesting anecdote from 1980: a list of sponsors of the 1980 annual meeting—

Baker-Cummings

Cooper

Del Ray

Dermik

Dome

Hill

Hoechst-Roussel

Neutrogena

Person & Covey

Schering

Stiefel

Syntex

Westwood

In 1981 the society endorsed the FMA Council of Specialty Medicine's favorable position on a Medicare bill that stated that surgical procedures performed in an office setting would not be reimbursed at the hospital rate unless the physician performing the procedure had hospital-surgical privileges and was authorized to perform the

same procedure in an operating room. The FMA was also assisting in the revision of the CPT-4 terminology and code manual that year. FSD members were invited to send suggestions for changes of procedure codes or additions of new procedures.



Sorrel S. Resnik, M.D.
FSD President 1983

Legislative issues in 1981 included malpractice legal fees (a new law required the losing party to pay both plaintiff's and defendant's attorney's fees) and whether or not insurance companies would pay legal fees in addition to settlement judgments. One insurance company, Pimco, had indicated it would pay the fees. There was some discussion of a 15-year-old law regarding binding arbitration. An arbitration agreement could be included in the doctor-patient agreement and possibly used as a way to settle a potential malpractice claim. (In 1982, Pimco advised that it would accept binding arbitration

only if it wrote the arbitration rules.)

1982 saw the addition of collagen injections into the Relative Value Studies code system. It was recommended that the use of these injections be referred to as treatment of facial scars.



*David R. Arrowsmith,
M.D., FSD President 1986,
with daughter, Susan (left),
and wife, Judy*





Interesting medical anecdotes from 1982: Silicone use was illegal in the state of Florida unless the physician held an investigational permit; and PUVA was approved by the FDA for treatment of psoriasis.

1983 saw the establishment of the Residents Papers presentation at the FSD's annual meeting.

In 1984 the Ruth Dugan Memorial Fund lectureship was established. The first lecture was given on May 5, 1984, by guest speaker Hiram Sturm, M.D., of Atlanta, GA. Future Dugan lectures were to be given during the society's interim meetings.

During the 1984 interim meeting Dr. David Arrowsmith picked up a thread from the 1978 interim meeting when he discussed the possibility of hiring an executive director to manage the society. A report was due to be given at the next meeting of the FSD.

1985 brought important bad news and good news from the Florida Medical Association. The bad news first: A motion (supported by the FSD) to eliminate mandatory specialty recertification

by the FMA every three years was defeated. A positive move by the FMA was to permit each specialty a vote in its House of Delegates. Dr. Clifford Lober became the FSD's first delegate to the FMA. Also that year, the FMA requested five members of the



***Harvey Blank, M.D.,
1986 Practitioner of the Year, with wife, Joan***

FSD to serve as spokespersons on dermatologic issues in Tallahassee.

The issue of hiring an executive director moved forward in 1985. Members voted to approve the concept and established a ceiling of \$3,000 per year to fund the position. Mr. Robert Harvey was hired later that year

1986

Challenger space shuttle disaster; Chernobyl nuclear accident; Iran-Contra Affair

1987

Gorbachev coins "Glasnost" and "Perestroika"; Black Monday stock market crash

1988

George H.W. Bush elected president; Pan Am flight 103 blown up over Scotland; Iran-Iraq War ends

1989

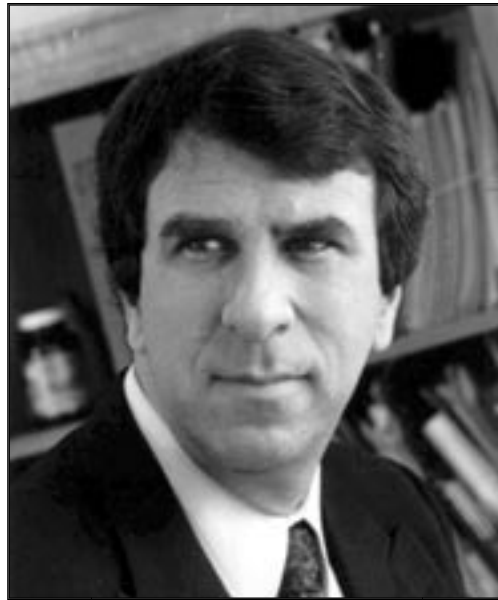
Dalai Lama receives Nobel Peace Prize; Tianamen Square protest; Berlin Wall falls



as the first executive director of the society. Society offices were established in Jacksonville.

1987 witnessed the beginnings of an insurance crisis in Florida. The annual meeting minutes for that year stated, “St. Paul is raising rates effective July 1st. Also, if this rate increase is not approved by the Insurance Commissioner, St. Paul plans to leave the state before year’s end.” The Florida Medical Association endorsed the Medical Incident Compensation Act (formerly known as the Barron Plan) and planned to conduct a survey of public opinion regarding the insurance crisis, followed up by a public information program.

Management of the society’s finances became more sophisticated in the mid-1980s. Accountability procedures were put into place regarding check signing, and a biennial audit was instituted. Due to increasing costs of hosting two large, statewide meeting each year, the Executive Council recommended raising dues in 1988 from \$75 to \$150 per year. This recommendation was amended to \$125 at the 1987 interim meeting. A trade-show (which sold out) was added to the annual meeting, helping to defray the meeting’s costs, and it was decided to add a nominal (\$25) fee for those attending the annual meeting dinner. Another



Richard J. Feinstein, M.D.
FSD President 1988

membership change was the addition of resident members of the society, with dues set at half the rate of regular dues. In 1989, regular dues were raised to \$150.

The relationship between the FSD and Blue Cross/Blue Shield seemed to improve during the 1980s. In 1988 the BC/BS requested dermatologists to serve as representatives to a Medicare committee so they could provide input to Medicare about technical questions concerning dermatology claims.

Legislative issues of interest in 1989 were mandatory assignment, increase in the licensing fee for physicians, and physician assistant prescribing.

One of the final actions of the decade was to add indemnification of officers and directors to the FSD’s Bylaws. This was expanded during the 1990s to include other volunteer leaders, such as committee chairs.

I think the main thing of interest during my presidency was that there was a joint meeting between the FSD (now FSDDS) and the FSDS. It was held at the hotel at Sea World. Notice of the meeting was mailed to out-of-state dermatologists, who were invited to attend. About 230 physicians attended, which I think was the largest number in attendance until recently when the FSDDS cosponsored the joint surgical meetings at South Beach.

Back when I was president, we had two meetings each year—one with the FMA and another at some resort for our annual meeting.

Lawrence T. Wagers, M.D.
FSD President, 1987



***Morris Waisman, M.D., FSD
President 1988 (left), receives the
1988 Practitioner of the Year Award.***



***Mark S. Nestor, M.D., Ph.D., FSDDS President 2002;
and Richard J. Feinstein, M.D., FSD President 1988***



Jane Robinson, M.D., and Frank Crittenden, M.D.



***Incoming President (1989) J.
Kent Bartruff, M.D., receives
the gavel from outgoing
President (1988) Richard J.
Feinstein, M.D.***



1999 board members pose for a photo (standing, left to right: Barry I. Resnik, M.D.; Maxine Tabas, M.D.; W. Christopher “Kit” Duncan, M.D.; Roger Golomb, M.D.; Charles Perniciaro, M.D.; David T. Harvey, M.D.; and seated, left to right: Steven P. Rosenberg, M.D.; Mark R. Kaiser, M.D.; and Armand B. Coggnetta, M.D.).

1990

Nelson Mandela freed in S. Africa; East and West Germany unite; Hubble space telescope; Iraq invades Kuwait

1991

Breakup of U.S.S.R.; First Gulf War; Indian Prime Minister Rajiv Gandhi assassinated

1992

Bill Clinton elected president; NAFTA signed; Rodney King - LA riots

1993

White rule in S. Africa ends; First World Trade Center bombing; Schindler's List; Waco siege

A Journey Through the Decades 1990 - 1999

An interesting anecdote from 1990: In the February 15, 1990, board of directors minutes Executive Director Harvey reported, "... this was the first time the financial report has been done on the computer."

Along with coming into the computer age, the 1990s showed tremendous growth in the finances of the society. At March 31, 1990, income was \$66,688, and expenses were \$57,258, leaving a balance of \$9,430. Think back to 1946, when the expenses of the society were only \$16.05 for 500 sheets of stationery and envelopes, which left a balance in the treasury of \$66.99!

We have followed the societal career of Dr. Helen Dexter, who became the first woman member in 1955 and the first woman president in 1966. She achieved another first in 1990 when she was awarded Life Member status.

A name change for the society was floated in 1990 when it was suggested that the society follow the example of the University of Miami and the University of Florida, which had changed their department names to Department of Dermatology and Cutaneous Surgery. Two name

were suggested: Florida Society of Dermatology and Cutaneous Surgery or Florida Society of Dermatologists and Cutaneous Surgeons. A straw vote was taken, and Florida Society of Dermatology and Cutaneous Surgery passed tentatively. An official name change would require a revision of the bylaws. The AAD also considered a name change in

1991—to either American Academy of Dermatology and Dermatologic Surgery or American Academy of Dermatology and Cutaneous Surgery. The FSD did not take a position on the matter.

The one legislative issue reported during the early 1990s was regulation of the tanning parlor industry. The FSD was successful in having a bill passed in 1991 to regulate tanning parlors, requiring written informed consent, appropriate signatures, eye guards, handrails,

parental consent and other measures. The society was gaining valuable experience in the state legislative arena that would serve it well in the years to come. The FSD also gained some insights into federal legislation when U.S. Senator Connie Mack introduced



Luis T. Menendez
FSD President 1991

a bill to give a tax break to individuals having certain cancer screenings done. His bill did not include skin cancer, and Dr. Clifford Lober wrote to the senator requesting this inclusion in the bill.

Another important issue surfaced in 1991. Physicians were advertising in the Yellow Pages, sometimes advertising services outside their fields of specialty. The FSD decided to refer such advertising to the FMA for its help in evaluating and remedying the situation, including possible reporting to Complaint Analysis at the Florida Department of Professional Regulation. If an FSD member appeared to be in violation, he or she was to be contacted first.

The society continued its public relations efforts, and it was suggested that each member should volunteer to teach one morning per year in a public school classroom on the dangers of excessive sun exposure. The idea of asking the Legislature to institute a State Skin Cancer Awareness Day was also proposed.

In 1992, the FSD board of directors proposed a bylaws change to strengthen the membership of the society:

... those physicians who practice dermatology or dermatopathology who have not satisfactorily completed an AMA

SUNDAY, September 1, 1991

The Orlando Sentinel

The best newspaper in Florida

The scars of summer

Deadly skin cancer haunts Daytona Beach lifeguards

By Mike Anderson
of the special team

DAYTONA BEACH — For decades, Volusia County lifeguards roamed the sun, basking themselves with baby oil and rubber to induce a tan that would make them the envy of the beach.

Cultivating their image as "sun men," many shunned umbrellas even as they hid the sting of sunburn on their shoulders.

Today, the much-demonstrated group — the nation's second-largest lifeguard force — has become a "perfect dish" example of what dermatologists have predicted for the past decade: Sun burns skin.

Sometimes, it's deadly.

Living despite personal remorse, the Orlando-based lifeguard force has more than 200 current and former Volusia County lifeguards who talked under the Daytona sun for at least one summer between the 1950s and today.

Among the findings:

- Nearly 40 percent reported mild to severe skin cancer problems, ranging from precancerous spots to common skin cancers to malignant tumors.
- Lifeguards have developed the disease at a much younger age than other people. The rate for skin cancer in the general population is 1 in 3, or 33 percent, and a little less for precancerous spots.
- One former lifeguard died from skin cancer in 1989, 10 years after he first spotted a bleeding mole on his chest at age 35.
- Those other former lifeguards have had malignant melanoma — the deadliest kind of skin cancer. That's almost double the incidence in the general population, where Americans have a 1 in 10 risk for malignant melanoma in their lifetime.
- One former lifeguard has had more than 200 skin cancers and precancerous spots treated, burned or cut out of his body in the past 30 years.
- Two lifeguards have been diagnosed with glaucoma, a squinted eye disorder that forms outside growths on the eye and can happen often.
- Two lifeguards have been diagnosed with thyroid cancer, a squinted eye disorder that forms outside growths on the eye and can happen often.
- County records show current and former lifeguards filed 24 workers' compensation claims for sun-related skin problems in the past five years, entered only to their claims for sprained muscles. Back injuries are mostly workers' most common ailment.

Medical and cancer prevention groups say little research has been done on the skin-cancer risk for outdoor workers such as lifeguards.

While not essential, the Sentinel's survey may be the first to focus on lifeguards.

One of the most common problems lifeguards described was an ongoing battle with "precancerous" spots that appear out of nowhere on arms, faces

and necks. The hard-to-define condition, known as actinic keratosis, can become fatal skin cancer if ignored.

Many other lifeguards have developed the two most common forms of skin cancer — basal and squamous cell carcinomas.

Lifeguards, however, are developing them at ages much younger than those seen in the general population.

"The thing that is important here is age," said Dr. Kenneth Kimmey, a dermatologist at the National Cancer Institute. "The lifeguards are a



Glory days. Daytona Beach, 1979. The lifeguard on the right may be discovered 10, 20 or even 30 years later when skin cancer appears.

approved residency in either dermatology or dermatopathology shall not be eligible for membership in the Society.

The purpose of the amendment was to deny membership to physicians who did a partial training in dermatology or a non-supervised training and then opened an office as a dermatologist. While the practice was not illegal, the society did not want such physicians to use society membership as a credential. The Bylaws change was approved unanimously during the 1993 annual meeting. Other business of note



at the 1993 annual meeting was a straw vote indicating members' support for hiring a lobbyist.

1993 also saw the beginnings of one of the most important issues ever to be addressed by dermatologists: direct access. In July of that year, the FSD sent a letter to all dermatologists and dermatologic surgeons in Florida asking them to contribute \$500 each and asking if they knew key contact persons in the Florida Legislature. Later that month, Dr. Clifford Lober attended the FMA Legislative Council meeting to inform them that the FSD/FSDS were going to request direct access to dermatology. The FMA, while respecting the FSD/FSDS position, had concerns: 1) The FSD/FSDS were going out on their own instead of through the FMA; 2) Other specialties might also go out on their own; and 3) the effort to gain direct access might bring out things that could be viewed as negative to family practice and general practitioners. The FSD/FSDS position was also presented to the AAD at its summer meeting.



***William I. Roth, M.D., FSD
President 1992, with wife, Betsy***

The FMA's lobbyist, Scott Brock, believed direct access could not be won and that the effort would only divide physicians. Family practitioner Terry McCoy, M.D., echoed that opinion and suggested a compromise so that patients with chronic skin conditions or family histories of skin cancer, or those treated repeatedly by another specialist without success, might have direct access to a dermatologist.

But dermatologists were not looking for primary care, but for direct access. It was decided to move forward with the initiative while keeping the lines of communication open with the FMA and family practitioners.

Another important issue was Medicare's review of liquid nitrogen (17000 series) and skin biopsy codes (11100 series). Focused medical review showed that Florida dermatologists were performing these procedures disproportionately more often than physicians nationwide. However, there were reasons why Florida might have had more premalignant and malignant conditions because: 1) there is more intense solar radiation in Florida, which causes cancerous and precancerous

1994

Rwanda genocide; Nelson Mandela elected president of S. Africa; O.J. Simpson arrested for double murder

1995

Oklahoma City bombing; Nerve gas in Tokyo subway; Israeli Prime Minister Yitzhak Rabin assassinated; Unabomber manifesto

1996

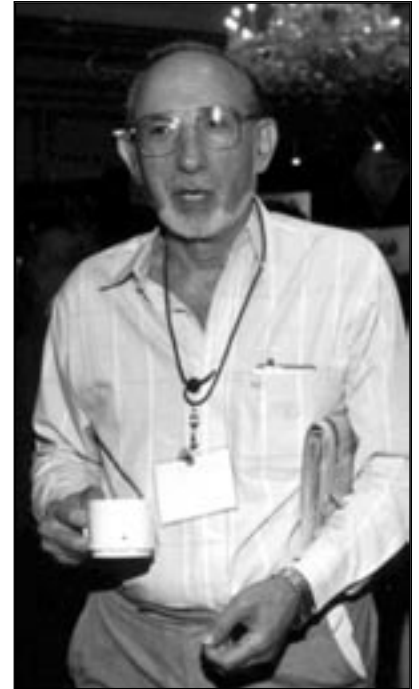
TWA flight 800 crash; Mad Cow disease; Taliban gains control of Afghanistan

1997

Hong Kong returns to Chinese rule; Tony Blair elected prime minister of United Kingdom; Mother Teresa dies; Princess Diana killed in car crash



The gavel changes hands (left to right): J. Kent Bartruff, M.D., FSD President 1989; and Clifford W. Lober, M.D., FSD President 1990



Gunter Kahn, M.D.



FSD Legislative Chair Steven P. Rosenberg, M.D., with then Florida Senator Mark Foley (now U.S. Congressman from Florida)



W. Christopher "Kit" Duncan, M.D., FSD President 1997, with wife, Evalyn



Steven P. Rosenberg, M.D., FSD President 1995; Louis Simonson, M.D., FSD President 1977; and Stuart Sobel, M.D.

Also in 1994, a Managed Care Committee was established to evaluate and make recommendations concerning managed care programs in Florida. Its mission was to inform society members of the specifics of Florida managed care programs as they affect dermatology and to make specific recommendations that the society might wish to communicate to individual or multiple managed health care plans. The committee could also act as a forum for problems that occur with managed care programs, interceding on behalf of society members. (Later, in 1995, it was decided that the committee should only address broad issues affecting dermatolo-

gists as a whole, rather than serve as a “grievance committee” for individual dermatologist’s problems.)

lesions; 2) Florida has a disproportionate percentage of “older” elderly; 3) most Floridians live within an hour or two of the beaches and have significant recreational exposure; and 4) there is increased awareness of skin cancer. In addition, the medical/legal crisis made it necessary to send all tissue for histologic examination to protect the physician from malpractice litigation.

Work continued on direct access in 1994. Drs. Cliff Lober, Steven Rosenberg and Alexander Kowalczyk were taking the lead on the issue, and Dr. Rosenberg was working to establish a political action committee to help fund the effort. The name of the PAC? PAC-Y-DERM. Dermatologists were asked for a voluntary contribution of \$200. The PAC was to remain separate from the Direct Access Account. Another positive development was the AAD’s support of the society’s efforts with its State Watch Project, which could supply additional funding.

One of my memories is how honored I was to be only the second woman president of the society (and perhaps one of the youngest at only 38 years of age).

I also have feelings of awe when I think of how Drs. Neal Fenske, Cliff Lober and Steve Rosenberg led our organization through difficult times so masterfully. Medicare was going to deny payment of pre-cancer treatment with liquid nitrogen, and Drs. Fenske, Lober and Rosenberg went up to Tallahassee to discuss how most dermatologists were not abusing the system when it came to treating these lesions. Eventually (I don’t think it was in my term) Medicare reversed its decision and changed the coding so dermatologists could indeed bill for treating these important lesions.

Lisa D. Zack, M.D.
FSD President, 1996

Another managed care issue was the fact that some HMO-approved labs did not have a dermatopathologist on staff. The society decided to send a letter to these HMOs putting on the record its concerns that pathology services at labs without dermatopathologists can lead to inaccurate and unreliable readings. This letter also asked that participating dermatologists have the choice of hav-



Peter M. Zies, M.D.; Luis T. Menendez, M.D., FSD President 1991; and Alfred D. Hernandez, M.D.

ing their specimens read by a dermatopathologist.

In 1995, several important societal changes took place:

1. *The FSD's logo was redesigned to remove references to the Florida Medical Association. This was at the request of the FMA to remove potential liabilities that might be associated with statements made by the FSD that could be inconsistent with established FMA policy.*
2. *The FSD board voted to relieve the Harvey Group Management Company of its responsibilities of managing the society and hired Harris Management Group.*
3. *It was decided to employ a CPA firm to evaluate the society's finances on a yearly basis.*
4. *The society began using an accrual accounting system to better track its finances.*

An interesting anecdote from 1996: President Steven Rosenberg, M.D., had telephone bills for his work on behalf of the society totaling almost \$1,000 — an indi-

cation of the tremendous growth in the scope of work of the society.

Another indicator of the society's growth was the hiring of legal counsel for the FSD. The FMA's legal counsel, Chris Nuland, was going into private practice, and the society retained his services. Members were urged to present their contracts to the Managed Care Committee prior to signing them so Mr. Nuland could review them.

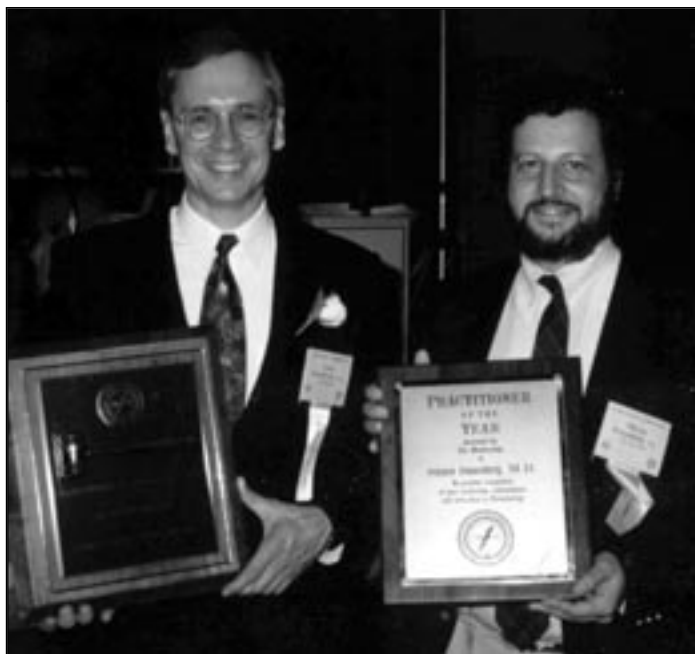
In 1997, the Direct Access to Dermatologists legislation passed both the House (86-22) and the Senate (28-11) and was signed by Governor Lawton Chiles. The society undertook a large-scale public relations program regarding direct access, providing health writers with press releases to help keep direct access in the headlines. In 1998, the society undertook an effort to ensure that any new provider programs would include direct access to dermatologists.

Another important legislative issue loomed—direct supervision of non-physicians using lasers and electrolysis. In 1998, it was expected that the electrologists and cosmetologists would try to pass legislation to allow them to use lasers without a physician's supervision. The FSD made it clear that it would oppose such a measure, and no legislation was filed.

The society also worked on legislation to require HMOs to pay "clean" claims within 35 days or pay 10 percent interest.



***Neil A. Fenske, M.D., FSD President
1994; and Charles V. Perniciaro, M.D.,
FSDDS President 2003***



***Alexander P. Kowalczyk, M.D., FSD President
1993; and Steven P. Rosenberg, M.D., 1994
Practitioner of the Year***



***Mark R. Kaiser, M.D., FSD President 1999, with
wife, Linda, and son, Michael***



***Steven P.
Rosenberg, M.D.
FSD
President
1995***



Stuart Sobel, M.D.; and Barry I. Resnik, M.D.



Direct Access to Dermatologists

Perhaps the greatest legislative accomplishment of the FSDDS's first 75 years has been the passage of the direct access law, under which patients in managed care plans have the right to bypass their "gatekeeper" and have direct access to a dermatologist for up to five annual visits office visits and unlimited minor procedures and testing.

While younger dermatologists may take for granted that a patient may be seen for reasons such as a skin cancer screening without a referral from a primary care physician, this was not always the case. Managed care companies bitterly opposed the legislation, arguing it would increase premiums by allowing an unrestricted flow of patients to dermatology specialists; such direct access, they argued, flew in the face of the very concept of managed case.

But the FSDDS and its allies eventually prevailed by convincing legislators that primary care physicians, while a wonderful and critical part of the healthcare delivery system, simply did not have the training or experience necessary to diagnose and treat skin cancer. Patient "horror stories" of misdiagnosis, including those of influential members of the Legislature, fueled the debate. Legislators came to the realization that direct access could actually decrease the overall cost of treating dermatological conditions.

Since going into effect in 1997, the direct access law has been under constant attack by the managed care industry. First, managed care plans developed non-HMO gatekeeper products that they argued were not subject to direct access, forcing the FSDDS to draft and pass subsequent legislation to clarify that all managed care patients, regardless of the type of plan, were entitled to enjoy the benefits of the law. The industry then tried to narrowly define "minor procedures and testing," forcing the FSDDS to intervene with the insurance commissioner to acknowledge that the Medicare definition of a minor procedure was universally applied. Ultimately, the managed care industry gave up its attempts to repeal or redefine the direct access law directly; rather, the industry now complains about all "mandates," arguing that patient-friendly laws, such as direct access for dermatology, breast reconstruction for breast cancer survivors, and the ability of new mothers to stay in the hospital for at least 24 hours, all unnecessarily drive up the cost of health insurance and therefore should all be repealed.

Now codified in Florida Statute 641.31(33), the passage of the direct access statute can be largely attributed to the efforts long-time FSDDS leader Steven Rosenberg, M.D., who championed the cause for many years before the final bill became effective in 1997. Also critical to the passage of the legislation were the efforts of the FSDDS lobbying team, led by former state Senator Tim Deratany and funded by the generous support of Florida dermatologists through Pac-Y-Derm, dermatology's political action committee. Finally, notwithstanding the efforts of those such as Dr. Rosenberg and Mr. Deratany, the law would not have become a reality without the persistence of Rep. Jim King of Jacksonville, who later went on to be elected to the Florida Senate and become its president; Representative Bill Posey, now a state senator; and Senator William "Doc" Myers.



With the increased political activity of the society, concerns about funding these activities into the future were mentioned in the 1997 minutes. In 1998 the society voted to increase the allowable assessment from \$25 to \$250 in any given year. In addition, the annual meeting planning committee and

management team worked hard to increase the number of exhibitors and sponsors at the annual meeting, and 1998's meeting boasted the largest number of exhibitors and sponsors in the society's history, helping to bolster the society's revenues. This trend continued into the next decade.

What is Direct Access?

In May 1997, the Florida legislature passed a law that allows patients to see dermatologists without a referral from a primary care physician.

How is Direct Access Being Implemented?

Since the law was passed, many patients have been able to see a dermatologist directly. This has resulted in faster diagnosis and treatment of skin conditions. As a result, many patients have saved money on co-payments and other costs. Many of our members have also been able to see a dermatologist directly. This has resulted in faster diagnosis and treatment of skin conditions. As a result, many patients have saved money on co-payments and other costs.

Does Direct Access Work?

No. In fact, it does not. Patients who see a dermatologist directly are often charged more than those who see a dermatologist through a primary care physician. This is because the dermatologist is not reimbursed by the insurance company for the visit. Patients who see a dermatologist through a primary care physician are often charged less than those who see a dermatologist directly. This is because the primary care physician is reimbursed by the insurance company for the visit.

qualified to treat skin conditions. With Direct Access, you go directly to your dermatologist where you receive better treatment at less cost.

How is Direct Access Being Implemented?

Since the law was passed, many patients have been able to see a dermatologist directly. This has resulted in faster diagnosis and treatment of skin conditions. As a result, many patients have saved money on co-payments and other costs. Many of our members have also been able to see a dermatologist directly. This has resulted in faster diagnosis and treatment of skin conditions. As a result, many patients have saved money on co-payments and other costs.

Please help the Florida Society of Dermatology in our fight to provide high quality health care for all Floridians.

What kind of training do dermatologists get?

After medical school and a year of hospital residency in general medicine, dermatologists have at least three more years of intensive medical and surgical training. Dermatology residency training focuses on the diagnosis, treatment and surgery of skin, hair, nails and mucous membranes (the "wet skin" of the mouth and genital area). Board-certified dermatologists have completed this training and passed a comprehensive test given by the American Board of Dermatology. Further specialization is often pursued in skin pathology and specialized techniques in skin cancer surgery and skin rejuvenation. About 8,500 board-certified dermatologists practice in the United States.

What role can a dermatologist play in the care of my skin?

A dermatologist can help you care for your skin in important ways:

Diagnosis — Dermatologists diagnose skin disease quickly and effectively by noting your symptoms and checking your skin. They then give you options for proven treatments. If you have any symptoms of skin disease, see a dermatologist as soon as possible.

Prevention — Dermatologists can also help you prevent unnecessary damage to your skin. They do this through education and by showing you how to examine your skin for signs of skin cancer or other skin problems.

Surgery — Dermatologists are also skin surgeons. The comprehensive medical education dermatologists receive includes special training which focuses on eradicating one of the deadliest forms of cancer—skin cancer. Dermatologists are uniquely trained to perform the difficult procedures of removing benign and malignant skin lesions. Many are also skilled in the rejuvenation of the skin and tissues.

Florida Society of Dermatology
1315 Beard Street, Tallahassee, FL 32303
Address Service Requested

Your Right To See The Physicians You Have Come To Know And Trust Is Threatened By Powerful Business And HMO Interests..

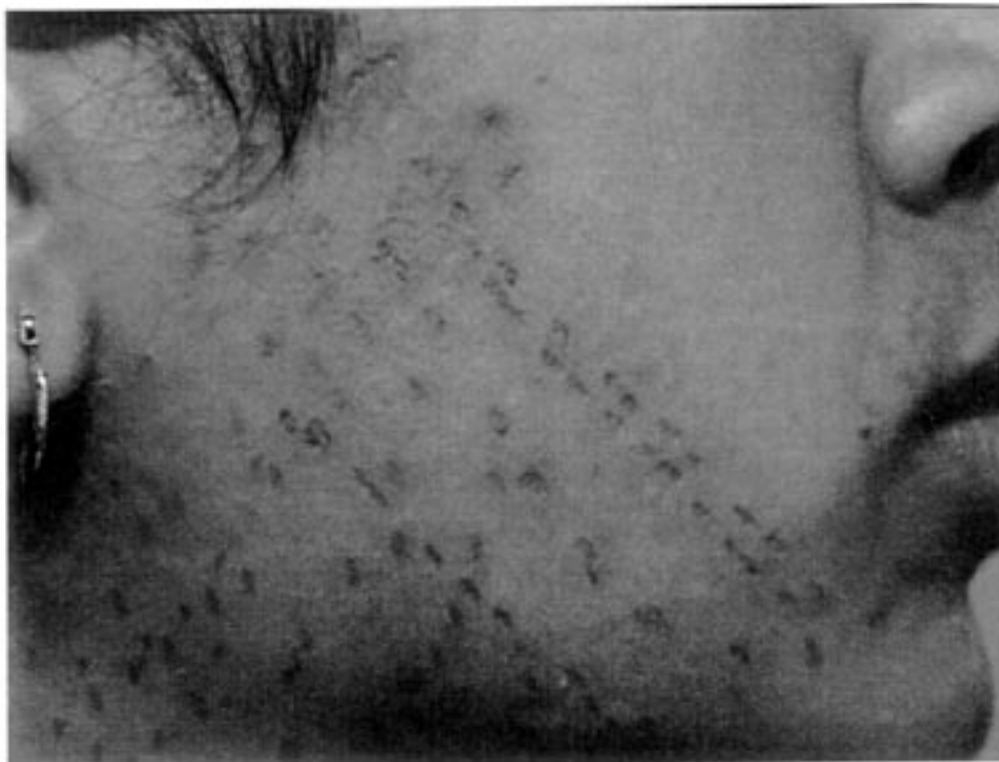
(Read inside to find out what you can do to protect your right to continue receiving the highest quality medical care.)

Informational brochure about direct access for FSD members' patients



THE FLORIDA SOCIETY OF DERMATOLOGY, INC.

**Lasers Are Powerful Medical Devices
That Should Only Be Operated Under The Direct
Supervision Of A Licensed Physician**



VOTE NO!

SB 2030 & HB 1659

Cover of an information packet for legislators, 2001 session

A Journey Through the Decades

2000 - 2005

The new millennium brought with it a record number of new members: Seventy-five dermatologists were accepted into the society in 2000. The FSD began an intensive membership campaign, asking all members to contact potential members and ask them to join the society. It was estimated that the FSD had as members 400 of the 700 practicing dermatologists in Florida.

In 2002 the name of the society was changed to “The Florida Society of Dermatology and Dermatologic Surgery.” This change was made because many of the society’s members were performing more surgical procedures, and the name better represented this fact to other concerned parties (including the Florida Legislature and the Florida Board of Medicine). Another important bylaws change

concerned the officers of the FSDDS. The members voted to establish the position of president-elect. The physician elected to the position of president-elect would automatically ascend to the position of president in the following year. Dr. Craig J. Eichler was elected the FSDDS’s first president-elect in 2003.

That same year the society enjoyed national recognition, financial growth and successful meetings. The FSDDS was recognized by the American Academy of Dermatology as a 2003 Model State Society. Further, the FSDDS was the only state society in the country

to receive model recognition for all ten criteria that the AAD reviews when making its awards.



***Christopher L. Nuland, Esquire
FSDDS General Counsel***

1998

Pres. Clinton impeached;
Email becomes popular;
India and Pakistan conduct
first nuclear tests

1999

First balloon flight around
the world; Pres. Clinton
acquitted; President Putin
replaces Boris Yeltsin as
president of Russia

2000

Human genome
sequenced; *dot.com*
bust; International Space
Station; George W. Bush
elected president

2001

Power blackouts in
California; September 11
attacks; Enron scandal;
Taliban defeated



In its inaugural year, the 2003 South Beach Symposium was a great example of FSDDS ideas in action. The 2003 SBS went from creation and approval of the idea at the September 2002 Strategic Planning Retreat to the holding of the first SBS on February 13-16, 2003. The symposium had almost 300 attendees and over 50 exhibitors. The 2003 FSDDS annual meeting experienced similar success, with over 200 attendees and 70 exhibitors. (At the 2004 annual business meeting the FSDDS decided to go forward with the sale of the SBS and to focus on its traditional meeting.)

Along with great success, the FSDDS met some challenges in 2003. The controversial issue of non-physician supervision took center stage that year. A series of motions regarding the position of the FSDDS on the non-physician supervision issue were presented during the 2003 annual meeting. The first motion was for the FSDDS to formally support the FMA's position, which endorsed the FSDDS's proposal to require direct supervision of new patients and

problems when seeing a dermatologist. (The FMA was going to recommend to the Florida Board of Medicine that supervision requirements be tightened for other specialties but didn't specify how.) The motion received

a second and was passed by an overwhelming majority on a show of hands, with only three members opposed.

The second motion was to support the hiring of a public relations firm to promote the FSDDS's position on the non-physician supervision issue to concerned parties and the general public in Florida. This motion passed by a strong majority on a show of hands, with 29 opposing member votes.

The third motion was to create a position statement to formulate a standard of care for patients by supervising physicians and their non-physician providers in dermatology offices. Following

several attempts, specific language could not be agreed upon at the meeting. Dr. Steve Rosenberg, legislative chair, suggested the FSDDS board of directors craft options for a position statement that could then be forwarded to the



***Armand B. Cognetta, Jr., M.D.,
FSD President 2000, receives
gavel from Mark R. Kaiser, M.D.,
FSD President 1999.***

2002

Common European currency - "Euro"; K-Mart and WorldCom file for bankruptcy; Bali nightclub bombing

2003

Columbia space shuttle tragedy; U.S. declares war on Iraq and captures Saddam Hussein; SARS epidemic

2004

Chechin school massacre; Tsunami in Asia kills over 150,000; Yasser Arafat dies; Free elections in Afghanistan

2005

Mahmoud Abbas is new Palestinian Authority president; Free elections held in Iraq; Pope John Paul II dies; Pope Benedict XIV is elected



***David T. Harvey, M.D., FSD President
2001; and Mark E. Unis, M.D., 2000
Practitioner of the Year***

full FSDDS membership for a vote. This motion passed by an overwhelming majority on a show of hands, with only one member opposed.

The FSDDS issued a survey to all members in 2003 to obtain a consensus on how the society should move forward on the non-physician supervision issue. Nearly 50 percent of the members responded, and the FSDDS board of directors adopted the following position, which received the greatest number of votes:

**Florida Society of
Dermatology and
Dermatologic Surgery
Recommended Standard of
Care for the Supervision of
Physician Extenders**

A dermatologist must at least

visually concur (in a face-to-face manner) with the clinical diagnosis and treatment plan for new patients and new dermatologic problems, as well as skin cancer examinations in existing patients. An appropriately trained and experienced physician extender (ARNPs, PAs), under these circumstances, can physically perform the history, concurrent examination, procedures, and treatment as long as there is the above concurrence of diagnosis and treatment by the dermatologist. Exceptions would include emergencies or new problems identified in follow-up patients when the dermatologist is not in the office. The dermatologist should then see these patients as soon as possible. Follow-up care for existing and ongoing problems, and follow-up treatments (e.g., medical treatments, skin cancer, AK, wart destruction) can be rendered

by the physician extender under indirect supervision (physician available by phone, etc.). Established patients with chronic problems, patients with problems not responding as expected to therapy, and patients whose conditions are worsening should be re-evaluated by the dermatologist



***Francisco A. Kerdel, M.D.,
2001 Practitioner of the Year***



Mark S. Nestor, M.D., Ph.D., FSDDS President 2002; Guinter Kahn, M.D.; and David Wagener

at regular intervals. Additionally, dermatologists should at least directly supervise (by his/her presence in the same office) significant cutaneous surgeries.

Later, in the spring 2005 edition of *Florida Derm News*, President Craig J. Eichler gave his thoughts on what had become a contentious issue for the society:

Many of you will recall that a while ago our society passed what it referred to as a "standard of care guidelines for physician extender supervision," which



Craig J. Eichler, FSDDS President 2004, with wife, Pam

essentially stated that all non-emergent new patients and problems should be evaluated by the dermatologist. Although it is my belief (as well as the two-thirds of the membership that voted for at least this much supervision requirement) that following these guidelines will be in the best interests of our patients, I do think we erred on referring to this as a "standard of care." Standard of care is determined in the courtroom; not by a majority vote of our membership. I am

particularly concerned that although these guidelines were supported by two-thirds of our society members who voted, referring to these as a standard of care alienated the other one-third of our membership. Nonetheless, even if not a standard of care, the information gained from this survey of our membership can be helpful in understanding dermatologists' views on what level of supervision is suitable.

On the other hand, almost every member of our society agrees that the indirect supervision of physician extenders in which the dermatologist is rarely if ever onsite is not appropriate. The opposition to present laws that allow for these satellite or "franchise" dermatology practices staffed solely by physician extenders has been voiced by the membership in each of the last



several annual business meetings. To many, these satellite clinics cross the line from using a PA or ARNP as a physician extender to that of a physician substitute. It is particularly remarkable that the supporters of such satellite clinics make claims that doing so is necessary to provide care in underserved areas, yet almost all of these satellite clinics are located in urban areas. Fittingly, our efforts in making changes have caught the attention of other medical societies in Florida and in the nation. For example, last year the family practitioners introduced legislation to make restrictions on supervision that also would prevent these types of satellite arrangements. Rather than having to go at it alone, we now will be able to work as a coalition with other groups in making positive changes.

Clearly the Florida Society of Dermatology and Dermatologic Surgery has enjoyed great success

I am quite honored to be asked to give a small vignette that has taken place in the history of the Florida Society of Dermatology and Dermatologic Surgeons.

This one goes back to the time when it was called just the Florida Society of Dermatology and there was essentially no interest in dermatologic surgery at all. I had come from California and met Dr. Chuck Dugan, who became president of the society in 1974. I discussed with him the approaches to skin cancer surgery that the California dermatologists had used. Dr. Dugan was quite interested and said he also was performing facial skin cancer surgery. He said at that time the Florida Society of Dermatology was mostly made up of academicians who were of a medical bent. Anyway, Chuck's lovely wife, Ruth, suggested that I give a talk on facial cancer surgery at the upcoming annual meeting. Since Dr. Dugan was president of the society at that time, he wanted to have a lot to do with making the program. When he presented this to the professors, he was told there was no space on the program for a surgical lecture, and, anyway, this was not dermatology.

At that time the meeting had a one-hour resident's forum in which poor residents were embarrassed to get up and give speeches on incredibly boring subjects. The only one I remember was a new agent to prevent prophase in the squamous epithelium of the toes of the Sri Lankan bandicoot. Anyway, Mrs. Dugan would not take "no" for an answer and said we needed to have surgical talks. Finally, the professors agreed that since the meeting started at 7:30 a.m., they would give us a slot at 6:30 a.m. for a surgical talk. They weren't worried about that because they figured no one would show up anyway.

At 6:30 a.m. Dr. Dugan introduced me, and I was surprised to find the room was filled with dermatologists who had a great interest in dermatologic surgery. From then on, we had surgical talks every year.

When Mrs. Dugan passed away, untimely in the early 1980s, Dr. Sorrel Resnik (president, 1983) was kind enough to suggest that we have a memorial lecture in her name, which would be the Ruth Dugan Memorial Lecture in Dermatologic Surgery.

Terrence A. Cronin, Sr.
FSDDS Practitioner of the Year, 2002

and has taken enormous strides since that first meeting of six physicians in 1930. We acknowledge their vision and are grateful for the legacy they inspired. Seventy-five years later, the society is now 540 members strong, enjoys a comprehensive membership benefits package, is recognized nationally for its effective legislative advocacy program and is leading the way for improved practice conditions for the state's dermatologists as well as quality skin healthcare for all Floridians.



Then and Now: Good Friends Gather at Society Meetings Over the Years



At the 1998 FSD Annual Meeting (standing, left to right: Charles Dugan, M.D.; Dan Roberts, M.D.; Rene Claire; Marcia Loewinger; and Robert Loewinger, M.D.; and seated, left to right: Cathy Cronin; Terrence Cronin, M.D.; and Carol Roberts)



At the 2005 American Academy of Dermatology Annual Meeting (standing, left to right: Dan Roberts, M.D.; Rene (Claire) Dugan; Terrence Cronin, M.D.; Carol Roberts; Charles Dugan, M.D.; Marcia Loewinger; and Robert Loewinger, M.D.; and seated: Cathy Cronin)

Florida's Medical Schools & Programs Made History...

Dermatology at the University of Florida

First Faculty: *Stanley Cullen, M.D.*
 Richard Childers, M.D.

In the 1970s and early 1980s Drs. Cullen and Childers gave lectures, held clinics and saw consultations on a part-time basis in addition to maintaining busy private practices. They were the first introduction that many medical students and house officers had to dermatology.

First Fulltime Faculty: *Kenneth Tomecki, M.D.*

Dr. Tomecki was the first fulltime faculty member. He left to become a professor in Cleveland at the Cleveland Clinic where he remains today.

Division Founders: *Franklin Flowers, M.D.*
 Elizabeth Sherertz, M.D.

Drs. Flowers and Sherertz joined the faculty at essentially the same time. They established clinics, held consultation rounds and gave regular lectures. Dr. Sherertz remained on faculty for about six years. During that period of time she received the "Teacher of the Year" award. She was highly regarded as a teacher, clinician and advisor. After leaving the University of Florida she went on to become professor and vice-chair at Wake Forest University.

Past Faculty: *Betsy Beers, M.D.*
 Kevin Chun, M.D.
 Michael Ford, M.D.
 Linda Golkar, M.D.
 Paul Harrison, M.D.
 Charles Johnson, M.D.
 Barbara Mathes, M.D.
 Doug Pearce, M.D.
 Marty Sawaya, M.D., Ph.D.
 Elizabeth Sherertz, M.D.
 Robert Skidmore, M.D.
 Charles Stoer, M.D.
 Kenneth Tomecki, M.D.

Current Faculty: *Erica Canova, M.D. (July 2005)*
 Franklin Flowers, M.D.
 Francisco Ramos-Caro, M.D.
 Stanton Wesson, M.D.

Dr. Ramos-Caro has been the most consistent of the University of Florida faculty. He has been a member for 16 years. He also served in 2004 as division chief. He remains active at the university as well as the Gainesville VA Medical Center.

Dr. Wesson is a retired 30-year veteran of the U.S. Navy. His principle interests are advising and teaching medical students. He also serves as director of the Dermatology Residency Training Program.



Dr. Canova will be our newest faculty in July 2005. She has a wide range of interests that include medical, surgical and cosmetic dermatology.

The program has six dermatology residents. In addition, we have two dermatopathologists (Henry Carag, M.D., and Ashraff Hassanein, M.D., Ph.D.) and a dermatopathology fellow.

University of Florida Dermatopathology Unit Gainesville, Florida

First description of CD-34 reactivity in pleomorphic fibromas of the skin.....	1998
Nodular hidradenoma of the leg	2000
Hypopigmented mycosis fungoides in childhood and adolescents	2000
Use of long-pulse width 1064 nm laser for non-facial, non-ablative resurfacing.....	2001
Almost complete absence of Melan-A expression in neurogenic neoplasia common to skin.....	2001
First description of the Thomsen-Friedenreich “T” antigen in sebaceous carcinoma.....	2001
Ultra-late erysipeloid angiotropic metastatic melanoma	2001
Recurrent myxoid vulvar polyps in patients with vulvar Crohn’s disease	2001
Treatment of primary limited extramammary Paget’s disease with Imiquimod 5% cream	2002
Aberrant beta-catenin expression in tumors expressing shadow cells.....	2003
Lichen planus actinicus.....	2003
Solitary primary cutaneous plasmacytoma	2003
Acral myxoinflammatory fibroblastic sarcoma: A low grade sarcoma that may be easily mistaken for granulomatous inflammation	2003
Cutaneous perivascular myoma	2003
p53 and Ki-67 expression in cutaneous squamous cell carcinoma and seborrheic keratosis	2003

Cutaneous manifestations of Kikuchi’s disease.....	2003
Immunohistochemical expression of HHV-8 latent nuclear antigen-1 and CD-34 as a discriminating factor between early Kaposi’s sarcoma and acroangiodermatitis.....	2003
Sebaceous carcinoma and the “T” antigen.....	2004
Beta-catenin expression in benign and malignant pilomatrix neoplasms	2004
Nephrogenic fibrosing dermopathy in pediatric population	2004
Association of vulvar malignant melanoma and lichen sclerosis in children.....	2004
Peritumoral fibrosis mimicking perineural invasion in Mohs micrographic surgery of basal cell and squamous cell carcinomas.....	2005
Nodular hidradenoma arising in nevus sebaceus of Jadassohn	2005
Focal regression-like changes in dysplastic back nevi	2005

University of Miami Department of Dermatology and Cutaneous Surgery

1950s	
First Staff and Residents	1957
Oral Anti-fungal: Griseofulvin.....	1959
First Electronmicroscope in Florida.....	1959
Skin Active for Steroid Metabolism	1959
1960s	
Etiology and Treatment for Erythrasma.....	1962
Fungus Diseases and Their Treatment	1964
Environmental Influence on Skin Infections.....	1965
Topical Thiabendazole for Creeping Eruption.....	1966
Wood’s Light to Detect Pseudomona Infections.....	1967
Cause of Pitted Keratolysis.....	1967
Histology of the Nail.....	1967



DTM Rapid Diagnostic Media for Fungal Infections.....	1969	Described Acute Lipodermatosclerosis.....	1992
Source of Fungal Infections Traced to Rats (Vietnam)...	1969	Grafts as Pharmacologic Agents	1993
Description/Prevention of Immersion Foot Syndrome ...	1969	Trap-hypothesis of Venous Ulcers	1993
1970s		Skin Moisturizer – Lipomoist	1993
First Pathologist in a Dermatology Department	1970	Hypoxia Stimulates Clonal Cell Growth	1994
Description of Pseudomonas Toe Web	1971	Causative Agent of Sea Bathers Itch.....	1994
First Mohs Unit in a Medical School.....	1971	Phosphatidyl Choline Penetrates Skin Rapidly.....	1995
Wet Terrain Infections (TriStar crash)	1972	Assessing Relative Health Services With Patients.....	1996
Flower Vase/Hospitals/Reservoirs Pathogens	1973	Topical Treatment to Reduce Blood Cholesterol	1996
Prostaglandin’s Role in Sunburn.....	1974	Cryotherapy for Psoriasis.....	1997
Systemic Gold Therapy of Pemphigus	1976	Method to Quantify Skin Induration.....	1997
Animal Model for Wound Healing	1978	Local Immune Response Modifiers for Scar Control	1998
Prostaglandin Synthesis by Skin.....	1978	Tissue Engineered Skin for Acute Wounds.....	1999
1980s		Health Services Research on Dermatology Inpatient Unit.....	1999
Inert Vehicles Affect Wound Healing.....	1980	2000s	
Staphylococcus Predominance in Childhood Pyoderma	1980	Tissue Engineered Skin for Epidermolysis Bullosa.....	2000
First Cutaneous Surgery Department	1982	Biofilms in Chronic Wounds.....	2001
Criteria – Skin Signs of Child Abuse.....	1985	Early Laser Treatment of Scars.....	2001
Model for Community Control of Scabies.....	1985	OTC Cyanoacrolate for Skin Injuries	2001
Sunlight’s Effects on the Immune System and Skin Cancer.....	1986	Pivotal Clinical Study for First Generic Mupirocin.....	2001
Eye Gnats Transmit Staph & Strep	1987	Platelet Derived Growth Factor for Acute Wounds	2001
Optimal Use of Occlusive Dressings	1988	Tissue Engineered Skin for Pediatric Transplant Patients	2003
Pediatric Dermatology Textbook	1988	First Comparative Data Supporting IVIG for TEN	2003
Tissue Engineered Skin for Fungal Model	1989	Demonstrated Sunlight Associated With Melanoma Development in Blacks and Hispanics	2004
1990s		Define Refractory Subset of Patients With PG	2004
First Oral Treatment for Scabies in AIDS Patients	1990	Reported Decrease in Vascular Disease in Patients With Psoriasis & Rheumatoid Arthritis Treated with MTX	2004
Treatment for Cryofibrinogenemia	1991	Quantified Mortality Risk in U.S. Population of Patients With TEN	2004
Pericapillary Fibrin in Venous Ulcers	1991		
Described the Pruritic Papular Eruption of AIDS	1992		
Treatment of Pruritic Papular Eruptions of AIDS.....	1992		



University of South Florida Department of Dermatology & Cutaneous Surgery Tampa, Florida

Dr. Neil A. Fenske, director of dermatology & cutaneous surgery, joined the faculty of the USF College of Medicine in July 1977 and became program director in 1978. He founded the residency training program, which began in 1980. Dr. Peter Donelan was the first resident and graduated in 1983. USF currently trains nine dermatology residents each year, in addition to a dermatopathology fellow.

Dr. Fenske is a recognized expert in skin aging, skin cancer and melanoma. He is joined by three other long-term, full-time dermatology faculty members: Dr. Philip Shenefelt (1987), Dr. L. Frank Glass (1990) and Dr. Jane Messina (1994).

Dr. Shenefelt is chief of dermatology at the James A. Haley VA Hospital. His areas of expertise include occupational and allergic contact dermatitis, epidemiology of the skin and hypnosis in dermatology.

Dr. Glass is chief of the dermatopathology service, which began in 1983. He is also program director of the dermatopathology fellowship. Dr. Glass' areas of expertise include melanoma and cutaneous T-cell lymphoma.

Dr. Jane Messina is chief of the dermatopathology laboratory and also performs the dermatopathology services at the H. Lee Moffitt Cancer Center.

The USF Dermatology & Cutaneous Surgery Program has 37 dedicated volunteer clinical faculty members, who are active in staffing teaching clinics with residents and medical students. Many of the current volunteer faculty members have been involved since the very beginning of the program.

The dermatology residency program participates in several different training sites, where the residents are exposed to a diverse patient population. The USF Medical Clinic is the main clinical site, with a satellite clinic located on Davis Island, near Tampa General Hospital, our primary teaching hospital. The dermatology residents and volunteer faculty service a Tampa General Hospital outpatient clinic for patients without medical insurance. In addition, the residents

train at two different VA hospitals, James A. Haley VA Hospital (1979) and Bay Pines VA Medical Center (1987). The program became affiliated with the H. Lee Moffitt Cancer Center in 1987, where faculty and residents are active participants in the clinical care and research endeavors of the Cutaneous Oncology Program, whose research on the role of lymphatic mapping and sentinel node biopsy for melanoma has revolutionized management of this disease.

Mayo Clinic Jacksonville Department of Dermatology Jacksonville, Florida

Dr. John (Jack) White founded the Department of Dermatology in 1986. Since then the department has grown to its present size of eight faculty members and six residents. The dermatology residency program was started in July 2000, and the first two graduates completed their training in June 2003. The current faculty includes the following consultants:

Dr. Donald P. Lookingbill is a general dermatologist and serves as chairman of the Department of Dermatology. Dermatological surgery services are provided by Dr. Henry Randle (director of the service) and Dr. Ali Hendi. Dermatopathology is headed by Dr. John S. Walsh who is also associate director of the residency-training program. The Occupational and Contact Dermatitis Clinic is directed by Dr. Janet F. Cheng. Dr. Virginia C. Hall runs the ultraviolet light unit and treats many of the psoriasis patients. Dr. James H. Keeling provides general dermatology care and is the director of the residency-training program. Dr. Pearl C. Kwong is the pediatric dermatologist and is located at the Nemours Clinic in Jacksonville—the pediatric affiliate for Mayo Clinic Jacksonville. Dr. Kwong provides the pediatric dermatology teaching to the dermatology residents.

In addition to patient care and teaching activities, faculty and residents are involved in ongoing clinical research activities. Clinical, education, and research activities at Mayo Clinic Jacksonville are closely aligned with those at the other two Mayo sites in Rochester, Minnesota, and Scottsdale, Arizona. Joint teaching conferences take place via teleconferences between the three sites at least several times per week.

Medicine Through the Years...

1930s

Medical discovery and disease trends

- 1932:** Researchers discover riboflavin, or vitamin B3.
- 1933:** Basil O'Connor, friend and advisor to President Franklin D. Roosevelt, begins to hold annual "President's Birthday Balls" to raise money for research and treatment of polio.
- 1935:** Gerhard Domagk discovers Protonsil, the first sulfa drug, and uses it to treat infections caused by streptococcus.
- 1937:** National Cancer Institute is founded.
- 1938:** National Institute for Infantile Paralysis is founded and begins March of Dimes campaigns to raise money for research and treatment of polio.
- 1935:** Group of consumer advocates split off from Consumers' Research Inc. to found a rival organization, Consumers' Union, which begins to publish its own magazine, *Consumers' Union Reports* (now known as *Consumer Reports*).
- 1936:** Ruth de Forrest Lamb publishes *American Chamber of Horrors: The Truth About Food and Drugs*, documenting dangers consumers face because food, drug and cosmetic industries are under-regulated. Food and Drug Administration's Division of Pharmacology begins first animal testing to determine risks from lead arsenate.
- 1937:** Elixir of sulfanilamide erroneously mixed with a poisonous solvent kills 107 people, many of them children, leading to increased demand for stronger drug safety laws.
- 1938:** Responding to a growing consumer movement, Congress passes two major pieces of legislation: the Wheeler-Lea Act, which allows the Federal Trade Commission to prosecute companies whose advertising deceives and harms consumers; and the Copeland Bill, which expands the Food and Drug Administration's power to regulate drug and food safety, and extends its oversight to include cosmetics.
- 1931:** The U.S. Supreme Court rules in *FTC vs. Raladam Co.*, a case involving the weight-reducing remedy Marmola, that the Federal Trade Commission has jurisdiction over advertising only when it directly harms business competitors, not simply because it injures consumers.
- 1933:** Arthur Kallet and Frederick Schlink publish *100,000,000 Guinea Pigs: Dangers in Everyday Foods, Drugs, and Cosmetics*, warning consumers against unsafe products in the marketplace; book becomes a Depression-era bestseller.



1940s

Medical discovery and disease trends

- 1940:** Howard Florey and Ernst Chain develop method to produce usable form of penicillin; a year later, first clinical trials of drug show it has remarkable ability to cure life threatening infections.
- 1944:** Selman Waksman discovers streptomycin, antibiotic effective against TB.
- 1946:** Diphenhydramine (generic for Benedryl) used for itching/hives.
- 1947:** Parke-Davis announces discovery of antibiotic Chloromycetin.

1950s

Medical discovery and disease trends

- 1950:** Pfizer announces discovery of antibiotic Terramycin.
American and British researchers publish papers presenting evidence that smoking causes lung cancer.
- 1951:** Major study documents flouride's role in preventing dental cavities.
- 1952:** Major polio epidemic sweeps United States. New drug Isoniazid developed, which proves useful in treating TB.
Richard Doll and Bradford Hill publish epidemiological study linking smoking and lung cancer.
Boston cardiologist Paul M. Zoll develops external cardiac pacemaker.
Hydrocortisone cream used to treat psoriasis.
- 1953:** Surgeons perform first successful open heart surgery using heart-lung machine at Jefferson Medical College in Philadelphia.
Dr. Jonas Salk successfully tests a polio vaccine.

- 1957:** Extensive study commissioned by American Cancer Society shows that heavy smoking significantly shortens life span.

Regulation of advertising and drugs

- 1957:** Vance Packard publishes *The Hidden Persuaders*, criticizing advertising industry for psychological manipulation of consumers.
- 1958:** John Kenneth Galbraith publishes *The Affluent Society*, arguing that advertising encourages unhealthy materialism in the United States. U.S. Congress passes a Food Additives Amendment requiring manufacturers to prove safety of new food additives; bill includes the Delaney Clause that bans approval of any food additive shown to cause cancer in humans or animals.

1960s

Medical discovery and disease trends

- 1961:** U.S. Public Health Service begins large scale use of Sabin vaccine.
- 1965:** U.S. Congress passes legislation creating Medicare and Medicaid.
- 1967:** Surgeon Rene Favaloro performs first coronary bypass operation using patient's vein in Cleveland, Ohio.

Regulation of advertising and drugs

- 1962:** Sleeping pill thalidomide taken by pregnant women in Western Europe is shown to have caused birth defects in their babies; FDA officials kept drug from being marketed in U.S. Consumer activist Rachel Carson publishes *Silent Spring*, documenting dangers of pesticide use to humans and wildlife. John F. Kennedy gives first speech by a U.S. president on the subject of consumer protection in which he enunciates a Consumer Bill of Rights.



The Kefauver-Harris Act gives the FDA greater control over prescription drugs, new drugs and experimental drugs, as well as oversight of prescription drug advertising.

1964: President Lyndon B. Johnson appoints Esther Peterson as first presidential advisor on consumer issues.

U.S. Surgeon General's Report on Smoking argues that smoking is a major health risk for cancer, cardiovascular disease and emphysema.

1965: Ralph Nader publishes *Unsafe at Any Speed*, charging that American automobile industry is neglecting consumer safety issues.

U.S. Congress passes law requiring label on cigarette packages: "Warning: Cigarette Smoking May Be Hazardous to Your Health."

1966: U.S. Congress passes Fair Packaging and Label Act, which strengthens requirements for accurate packaging information.

1967: Methotrexate used to treat psoriasis.

1970s

Medical discovery and disease trends

1974: PUVA used to treat psoriasis.

Regulation of advertising and drugs

1970: Food and Drug Administration requires first patient package insert to be included with oral contraceptives.

U.S. Congress bans cigarette advertising on television and radio (to take effect in 1971) and requires stronger health warning on cigarettes.

1971: Consumer activist Ralph Nader founds Public Citizen Inc.

1972: U.S. Congress passes Consumer Product Safety Act, which creates the Consumer Product Safety Commission to coordinate

and strengthen federal oversight of consumer safety issues.

Food and Drug Administration begins comprehensive review of efficacy of all over-the-counter drugs in order to assure the public. U.S. Congress passes Insect and Rodenticide Act.

1974: Food and Drug Administration begins requiring new food labeling that specifies full listing of all ingredients in each product.

1975: U.S. Congress passes legislation giving Federal Trade Commission new powers to set industrywide rules of conduct and to seek civil penalties against "knowing violators." FTC begins antitrust suit against American Medical Association, charging that its ban on physician advertising discourages competition and unfairly disadvantages consumers; after years of legal battling, the FTC wins the suit and as of 1982, AMA ban on physician advertising is lifted.

1980s

Medical discovery and disease trends

1982: Systemic retinoids used to treat psoriasis.

Regulation of advertising and drugs

1980: Food and Drug Administration begins to expand provision of patient package inserts for prescription drugs.

U.S. Congress passes Infant Formula Act, which requires minimum amounts of essential nutrients in commercially prepared baby foods.

1982: American Medical Association lifts ban on physician advertising after losing court battle with Federal Trade Commission. (See entry above, under 1975.)



1990s

Medical discovery and disease trends

- 1994:** Dovonex used to treat psoriasis.
- 1996:** Cyclosporin used to treat psoriasis (was previously used in transplants).
- 1998:** Narrow band UVB used to treat psoriasis.

Regulation of advertising and drugs

- 1990:** U.S. Congress passes Nutrition Labeling and Education Act requiring standardized listing of ingredients and serving sizes on food products.
- 1997:** FDA loosens restrictions on direct-to-consumer advertising of prescription drugs.

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A Journey Through the Decades, A History of The Florida Society of Dermatology and Dermatologic Surgery was compiled by Susan Trainor and based on records of the society as well as members' recollections and contributions of memorabilia.
