Western Trauma Association  
Past President Interview  
R. Christie Wray, Jr., MD interviewing Bob Neviaser, MD  
March 4, 1999

Dr. Wray: First, why don’t you just tell us a little about your educational background probably starting with college?

Dr. Neviaser: Well, I got my Bachelors from Princeton in 1958 and my MD from Jefferson in 1962. I spent two years in general surgery at Cornell and then did three years of orthopedics at Orthopedic Hospital, Columbia Presbyterian Medical Center. I went into the military as we all did in those days and spent a year in Vietnam. I was in the Navy so we took care of the Marines. I came back and did a fellowship in hand surgery at Orthopedic Hospital, Los Angeles and then embarked on my academic career.

Dr. Wray: Bob how did you initially become interested in the Western Trauma Association?

Dr. Neviaser: David Bradford, who was a resident with me in Columbia. David and I are the same age but he had gone in the military before he could start his orthopedics. So I was a senior resident when he was a junior resident. But we knew each other well. He knew I like to ski and he was a member of the Western Trauma. So he suggested that I come to a meeting and become a member which I did.

Dr. Wray: David eventually became President of Western Trauma Association as I recall.

Dr. Neviaser: That is correct. I was his program chairman.

Dr. Wray: Describe, if you can recall, an early meeting. What specialists were coming to the meeting? What was the general make-up of the scientific program?

Dr. Neviaser: The early meetings were somewhat different than the current. There were, as you probably already know, people that had actually been in longer than I have. Founding members I am sure. It stared mostly with guys in private practice who had done residencies together and knew each other. There were contingents mostly from the Midwest, a few from the east and a lot from Nebraska, Kansas and so forth. A lot of the papers when I first got in were case reports. There were a few guys from bigger institutions who gave more formalized papers but there were a lot of mixed specialties. It was dominated at that time by orthopedic surgeons, not by general surgeons, and of course there was no such thing then as a trauma surgeon. There were a significant number of plastic surgeons as well. In fact, with the membership restrictions at that time, the big concern was that we had too many orthopedists. So those of us who had fellowships in hand surgery were given a special category of hand surgery in order to try to keep orthopedics from topping out. The meetings were somewhat informal. They
were very friendly, very small and for a number of years we had a membership limit of 100 with no more than 25% from any one specialty and we couldn’t even get to a 100 members.

**Dr. Wray:** You say the number of people coming to the meeting was fairly small. Do you remember roughly how many would be at an average scientific session?

**Dr. Neviaser:** Probably no more than 70 at most. In the earlier days it would be down around 60, got up to around 70. For a number of years if we had attendance in the 70’s we considered that a good turnout.

**Dr. Wray:** What were the social activities like and were families and children coming to the meetings then?

**Dr. Neviaser:** Social activities were more extensive than they are now. When I first got in most of those fellows were a little bit older than I. Many of their children were already grown, not a lot of them attended. We brought our children early in the game and others began to bring theirs as they got in. Many of those were a little bit younger than we were. So there were a lot of children after the first few years when I was a member. There were social activities revolving around families. We used to usually have a sleigh ride dinner. When you got to the place you would sit around and after dinner and drinks people would start singing songs the old style, around the campfire type of thing. It was a lot of fun. We got to know everybody very well and families were encouraged more and more through the years.

**Dr. Wray:** How did you get involved in the organizational structure of the association?

**Dr. Neviaser:** Well, like many organizations when you get involved in the administrative end of things it is because someone you know or are friendly with is already in. You get involved. I started out by becoming a member of the Executive Committee, an at large member. Bill Olsen and Bob Rutherford were good friends of mine as you know and they nominated me for secretary. I served in that capacity for I think it was three years and then the natural progression of things was to move up the ladder. I guess my real involvement started when I was program chairman for David Bradford. I guess David was president around, I forgot when it was but that was when it first started and then after that I became an at large member and then voted up to secretary. As secretary I revised the bylaws and began to keep more accurate records of people’s attendance, submission of abstracts and so forth because it was loosely adhered to for the longest time. Then as I say, moved up the ranks.

**Dr. Wray:** David was actually president in 1981 and the meeting was at Jackson Hole. Now on that issue, do you have some particularly memorable experiences with particular persons in the organization or particular issues that strike you?
Dr. Neviaser: I think there were a number of things that we had in the earlier times that you don’t have now and I think part of it is the size of the organization. You’ve also seen organizations grow from relatively small organizations to very large organizations and I am not characterizing this as a very large organization. One of the things that used to be most enjoyable at the meeting was that people would stand up and literally almost attack one another as you recall over things they disagreed with. I was always friendly and going back and forth was really enjoyable and I think people got to know each other quickly that way and you got to respect one another’s opinions that way. It was much more exchange of ideas in the discussion period as opposed today’s when, it’s more like these large national organizations were you have the formal presentation and a brief discussion and not too many people are very willing to disagree in public at least not vigorously. I think a lot of that started out when guys like Gene Moore and Ken Maddox got into the organization and battled back and forth and a lot of other people did similar sorts of things. It was friendly but people were honest about it. I think those would probably be the most memorable parts of it.

Dr. Wray: Are there particularly memorable skiing experiences you would be willing to share?

Dr. Neviaser: Well, there were a lot of – over the years as you know we have skied a lot with Bill and Joanie and Bob and Kay Rutherford and you have skied with us. Andy Palmer skied with us at first. He was superb and still is a superb skier. Some of the funnier things were one year at Jackson Hole, Dwight Webster brought along his family and his daughter was on the junior national circuit and went with the pacesetter down the second course and he was really cocky as he was going down and there she was right with him and he kept turning and expecting to lose this younger girl and she was right there with him almost beating him and he was embarrassed. The guys at the top at the time said now that’s the way to ski. That was one of the funnier things. That was the same year Bruce Farris brought new skis and bindings and on the same course broke his leg. Of course, there is the tragic death of Earl at Snowbird. I was actually going up on the lift and I saw someone lying on the snow, I didn’t know it was Earl. Of course there were a lot of people around him. We thought there was simply some sort of injury obviously but it turned out not to be.

There were a lot of memorable people who are no longer here. Guys like Bob Edmonson, Lucci, Kevin Ryan, a California contingent. Bill Wilson is retired and dropped out and doesn’t come anymore. Maddox never lasted very long. I don’t think he was much of a skier anyway. But he did bring in David Feliciano. Trips over to Grand Targhee when we went to Jackson Hole. Take the day over to Targhee and we had a grand time over at Targhee because it was remote, no one could get there except by the bus from Jackson and the place was wide open. There were a lot of fun times.

Dr. Wray: Are there any things that you would like to tell future members of the Western Trauma Association who might one day read or listen to this?
Dr. Neviaser: Oh, I don’t know that I have any sage advice for them. I think the organization has changed but that’s the nature of organizations in general. We’ve talked for years about maintaining a multi-specialty flavor and not changing the proportion of trauma surgeons being too dominant but I think that has probably already happened and I don’t think you can turn the clock back. I don’t know the other specialties like plastic or ENT or neurology or neurosurgery but as we discussed the other day from the orthopedic point of view you are not likely to increase the orthopedic involvement very much. There is too much competition in the orthopedic world because of numerous continuing education courses that occur, a lot of them in ski areas. The information they get there is of far more value than what they get here. Trauma has evolved into what we used to think of as isolated extremity or facial trauma to the multi-trauma concept and a lot of this multi-trauma concept, more or less, non-trauma surgeons don’t deal with it. As a result, scientific content is of little interest to us.