For the inaugural issue of Hepatology Communications, the new Editor-in-Chief has asked me to write an article for the Members Corner to include recollections of personal experiences from my time of greatest activity in the American Association for the Study of Liver Diseases (AASLD). This is to be an informal message (no references are cited) aimed mainly at the newer members of this, our favorite, scientific organization who have not had an opportunity to know, as I have, some of the wonderful and remarkable hepatologists and other scientists who created this new discipline in medicine.

My principal focus will be on the decade of the 1970s when I served on the Governing Board, a time when AASLD had become ripe for change. It had begun as a small private group of friends meeting in 1948 in the library of the Hektoen Institute for Medical Research of the Cook County Hospital in Chicago, hosted by Dr. Hans Popper. The Macy Conference on liver injury of 1943 stimulated a postwar series of informal exchange of ideas among scientists at meetings of the Central Society for Clinical Research at the Drake Hotel in Chicago. The issues concerned the problem of viral hepatitis in the armed forces in World War II and applying serum enzymology to diagnose liver injury. At a second Hektoen meeting held in November 1949, which was attended by 46 scientists, Popper led the group to agree on a formal organization to begin in 1950 as the Association for the Study of Liver Diseases (ASLD), with Leon Schiff its first president, Fred Hoffbauer vice-president, Robert Kark treasurer, and himself as secretary. Dr. Popper is shown in Fig. 1 at his favorite work as an hepatic pathologist.

ASLD quickly grew to exceed the space in the Hektoen library, and later meetings were held elsewhere in Chicago. The organization in 1953 was renamed to add “American” to indicate clearly that it was a national society. Of the founders (Table 1), Hans Popper was the early driving force, but he remained as secretary for many years and only gave in to collegial pressure to become president in 1963. He kept minutes, appointed councilors, and generally ran the meetings behind the scenes, while a succession of his friends and trainees were ostensibly in the chair. He recounted his views of the early history of the formation and startup of the AASLD in Hepatology in
December 1982, and details of his life were outlined in his obituary in that journal by Rudi Schmid and Steve Schenker in November 1989.

Each of these men deserves a special article for his work and interests, but it is notable that they worked in different disciplines when hepatology was still being thought of as a branch of gastroenterology. From the beginning, as reflected in the minutes of the Council (later called the Governing Board) meetings, they worked very closely together in discussing issues, planning meetings, and building interest in hepatology.

The work of the founders was followed by a period of development and further growth in the 1960s. I had started attending annual meetings in 1959 when working with Kurt Isselbacher at the Massachusetts General Hospital on the mechanisms of small intestinal absorption of fats. In 1966, I became official AASLD member #434 and was chosen (by Popper) to be a new councilor at the 1969 meeting. The Developers (Table 2) in the late 1960s solidified the principles and facilitated growth of the little club into an international scientific society. They formulated a new constitution specifying a small Governing Board, including a president, vice-president, secretary, treasurer, and three councilors, that was approved by the membership in 1972. Service on the Board was for a nominal 9 years: 3 years as a councilor, followed by 1 year each as vice-president, president, and past-president, and 3 years on what was called the Scope Committee, formerly called the Steering Committee. The Board composition changed each year, usually with one person leaving and a new person coming in (Table 3). Consequently, members became very well acquainted with each other. I was closely acquainted on the Board with the four presidents from years 1966-1969, ten presidents from years 1970-1979, and four councilors elected for 1976-1979 (Jim Boyer, Steve Schenker, Willis Maddrey, Lee Forker). Of special note, Bill Summerskill, selected to serve the year after I served, died suddenly and unexpectedly in March 1977, and I was asked to fill his unexpired terms. Thus, I actually served 10 years on the Governing Board and worked on it with a total of 18 men (no women yet at that time) who at some time were presidents of the AASLD. I knew personally all 10 founding and next 10 developing presidents. This was an extraordinary experience indeed. The gradual progression from selection as a new councilor, through the presidency, and afterward on the Scope Committee allowed a full appreciation of trends and policy changes as they evolved (Table 4).

Around 1972, as we listened to the arguments and discussion at Board meetings, Bill Summerskill (Fig. 2) and I grew impatient to initiate change when our time came for authority to do so. For those who did not know him, Bill was an outstanding hepatologist chosen as a councilor for the Governing Board in 1970, and we quickly found that we agreed on what needed to be done. Bill was born in London in 1926, the son of an ophthalmologist. He was educated at Harrow and Oxford and went on to St. Mary’s Hospital Medical School and the Royal Postgraduate Medical School where he worked with Dame Sheila Sherlock on the pathogenesis of hepatic coma and portal-systemic encephalopathy, establishing his reputation in clinical research.
He had wide interests and was culturally diverse. He credited Shakespeare with the first description of hepatic encephalopathy in the alcoholic Sir Andrew Aguecheek, who believed his wits were harmed by eating too much beef. In 1959 he was invited to develop a new gastroenterology unit at the Mayo Clinic and subsequently built one of the best gastroenterology departments in the world. He continued in active research, particularly on chronic hepatitis and the treatment of cirrhosis, and was the author of some 130 original papers and many chapters in monographs and textbooks. It is perhaps paradoxical that one so remarkably English should have made his greatest mark in the Midwest of the United States. At the time of his death, aged only 51 years, Bill Summerskill was directing the gastroenterology unit as a professor of medicine at the Mayo Medical School, University of Minnesota.

We planned to implement several much-needed changes in AASLD operations, beginning in 1974 when I was president and he the vice-president. This also happened to be the twenty-fifth anniversary year. The changes we co-conspired to envision were:

1. Establishment of an annual course, beginning with a classic clinical pathological conference (CPC) for 1974 (Senior).
2. Creation of a lay foundation and fund raising to support research and patient education, to be developed by Burt Combes in 1976).
3. Initiation by Win Arias of a new journal, finally decided in 1980.

| Table 2. The Developers |
|-------------------------|
| Year | President | Year | President |
| 1960 | George B. Gabuzda | 1965 | Rudi Schmid |
| 1961 | Stanley Hartroft | 1966 | Robert E. Shank |
| 1962 | Hugh R. Buff | 1967 | Kurt J. Isselbacher |
| 1963 | Hans Popper | 1968 | Carroll M. Leevy |
| 1964 | Telfer B. Reynolds | 1969 | Archie M. Baggenstoss |

| Table 3. Service on AASLD Governing Board 1970-1979 |
|-----------------------------------------------|
| 1970 | 1971 | 1972 | 1973 | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 |
| Scope committee | RES | KJI | CML | AHB | RCB | AGR | BJC | HOC | JRS | JRS* |
| Scope committee | KJI | CML | AHB | RCB | AGR | BJC | HOC | JRS | JRS* | IMA |
| Scope committee | CML | AHB | RCB | AGR | BJC | HOC | JRS | WHJS | IMA | F_S |
| Post-president | AHB | RCB | AGR | BJC | HOC | JRS | WHJS | IMA | F_S | R_Z |
| President | RCB | AGR | BJC | HOC | JRS | WHJS | IMA | F_S | R_Z | HJF |
| Vice-president | AGR | BJC | HOC | JRS | WHJS | IMA | F_S | R_Z | HJF | JLB |
| Senior councilor | BJC | HOC | JRS | WHJS | IMA | F_S | R_Z | HJF | JLB | S_S |
| Junior councilor | HOC | JRS | WHJS | IMA | F_S | R_Z | HJF | JLB | S_S | WCM |
| New councilor | JRS | WHJS | IMA | F_S | R_Z | HJF | JLB | S_S | WCM | ELF |

NOTE: Presidents’ names are abbreviated to initials (see lists above for full names; _ if no middle name). The asterisks show JRS to serve extra terms after the unexpected sudden death of Bill Summerskill in March 1977. Note that the senior scope committeeeman drops off the top horizontal row and one new councilor is added to the bottom row each year.
Aim 1) At that time, there was no money available, and the annual budget when Dr. Harold Conn was president was only about $5,000. Space at the aging and crumbling Chicago Sheraton Hotel was not suitable. We arranged a move to the Ambassador East and West, also in Chicago, that had sufficient space and was glad to have a new organization reserve space for 2 years. My inquiry into what it would cost to set up a CPC as the first course, obtain tissue blocks, make up glass slides, print clinical narratives, distribution, and advertising came to about $30,000. If we set a registration fee at $50, it would require 600 paid registrants. Brashly, I borrowed that amount from a local bank, and we embarked on setting it up in 1973. Our faculty for teaching was superb, including Hans Popper, Gerald Klatskin, Dame Sheila Sherlock, and others of our distinguished members. The course was a great success, with about 900 paid registrants and an income of $45,000 that paid off the loan and all our bills and left $15,000 as a nest egg for the second course by Bill Summerskill in 1975. These annual postgraduate courses have continued to the present, to the excellent program for 2016 organized by Anna Lok and Marc Ghany.

Aim 2) The second new objective was to establish a lay foundation for money raising to support research and patient education. A development committee chaired by Burt Combes (Fig. 3), who had been the AASLD president in 1972 and was serving as a junior member of the Scope Committee in 1974-1975, nominated him and he agreed to direct that aim. Burt was born in New York City in 1927, went to college and medical school at Columbia, did his residency and a research fellowship at Presbyterian Hospital, and continued his initial scientific studies at University College Hospital Medical School in London. Burt joined the emerging University of Texas Southwestern Medical School faculty where he established and directed the liver section of the gastroenterology program. Burt was a superb clinician deeply devoted to the care of sick patients. He was characteristically soft spoken, erudite, logical, and very persuasive. His initial studies dealt with the metabolism of various forms of bromosulfophthalein as a marker of membrane transport. His more clinical studies were to define prognostic factors in acute liver failure. On the national scene, Burt was instrumental in developing the guiding principles for collaboration between the academic community and interested lay public in promoting research in liver disease; this led to starting the American Liver Foundation (ALF) in 1976. When he retired in 2009, control of the ALF had drifted away from the AASLD to an independent group now headquartered in New York City and a new foundation, the American Liver Foundation, was initiated. Its genesis may be described elsewhere or later in this new publication. Burt died November 23, 2013.
Aim 3) A new journal, *Hepatology*, was to be developed under the dynamic leadership of Win Arias (Fig. 4). He chaired the publication committee and served as the first editor. As described by him in 2006 in his reflections on the first 5 years of *Hepatology*, 1981-1986, he outlined the process used to start a new journal from scratch and make it a success—which it has been. Ada Gelnick, his editorial assistant, quipped that “creating a new journal is probably the closest a man can get to parturition.” Win is still very active in research as a Senior Scientist, National Institutes of Health, at age 90.

Others may judge the wisdom of the three transformative projects undertaken in the mid to late 1970s, but they appear to have been very successful. A final note is the logo (Fig 5), which was taken from a little diagram I scrawled on the back of an envelope some unknown date back then.