RHOADS ORATION

December 3, 2012
College of Physicians
Philadelphia
SOURCES: SEVERAL

• Many thoughts are my own
• Some graphs & pictures are from:
  – “The Pearl of the Cote – the Great Wines of Vosne-Romanee” by Alan Meadows. 2010
• Some quotes, are from these books:
  – “The Personal MBA: Master the Art of Business” by Josh Kaufman
  – “The End of Illness” by David B. Agus
  – “The Great Thoughts” by George Seldes
• Other sources
  – David Brooks, NY Times
  – American College of Surgeons Bulletins
  – Cited throughout the talk
I suspect many of you are here for a perspective on a seemingly successful career, and out of general interest, not to learn about surgery.

The presumption is that having had a degree of success in a long career, I will have a perspective containing a few things of interest, with insights into how it was done – for what that is worth. The talk is, I believe more about a look at a life in surgery with a distinct plastic/facial reconstructive surgery slant --- the panorama of a career in that field.

So, the only way I know how to approach this is to show you the journey, and a very personal view of some of what I believe are truths in the pursuit of quality.
• Parallels in two nearly lifelong passions of mine are considerable, fascinating, and instructive:
  – Such parallels could be drawn to a number of quality endeavors, but are striking in these two fields that I know well. Great wine as well as outstanding plastic surgery are manifestations of both beauty & quality.
  – And yes, there are rare exceptional outliers to what I will say – in surgery more than wine

• Finally, clear bias toward some things I love: where I live, my medical center, and a very special type of grape & part of the world.
SPECIAL THANKS

• Renata & my family – for everything
  -Anne Schoemaker for her thoughts and suggestions
  -Nelson Shanks for much inspiration in our 40 yrs of friendship together
• My partners, CF fellows, & PI Surg residents through 42 years at Penn
TERROIR and the CULTIVATION of QUALITY

Linton A. Whitaker, MD
Professor of Surgery (Plastic Surgery)
Chief of Plastic Surgery Emeritus
The Children's Hospital of Philadelphia
Hospital of the University of Pennsylvania
Founder & Director,
Edwin & Fannie Gray Hall Center for Human Appearance
University of Pennsylvania Health System
WHY TERROIR?

• A French term denoting the special characteristics of place that geography, geology (soil) and microclimate (weather) bestow on a particular product; now most often grapes for wine, esp Burgundy
  – Belief that the land and location where grapes are grown imparts a unique quality specific to that region.

• Terroir as it relates to this talk, and as I see it, to (plastic) surgery, refers to the total environment which, if favorable, is a major asset, but still needing cultivation
WHY WINE?

• Because I know quite a lot about it as well as surgery, parallels are many, and learning about wines has been meaningful & fascinating to me, and I hope, today, to you.
• Both high quality wines and surgeons are prized and sought after
  • Wine at the top of quality is among the most precious of products in the world; rare and expensive. Pl surg

  — Great wines and quality surgeons require painstaking cultivation, tend to reach their peak in 4 to 5 decades of life, then may start to decline (?).
SURGERY and WINE: THEY RELATE HISTORICALLY

*SURGERY, earliest known: ~3,000 yrs ago (Danube Basin + Egypt): trepination

**WINE, Classical Greece (“wine dark sea”), ~3,000 yrs ago: general reference

* PL SURG, earliest, ~2,600 yrs ago (600 BCE; Susruta – nose): “specialized”

**WINE, first hierarchy known, 2,000+ yrs ago: 1st century A.D.: “special”, Campania --> Falernum wine. Romans favorite


THE MESSAGE & THE QUESTION

• Quality development leads to success (& honors) in programs & life, and to DRC* quality in wines.
  - As noted, top quality wines sought at least back to Roman times, and now world wide w Asian markets exploding.

• What does it take to make programs/ surgeons/ wines of excellence?
  -> a look at quality end products in both, and the parallels in their development

* to be explained
PERSONALIZING: SOME OF THE MAJOR FORCES THAT MOTIVATED ME AS I NOW SEE THEM

• “The deepest principle in human nature is the craving to be appreciated”.
  William James; physician, psychologist, writer (late 19th c)

  or

  “the quest for significance” that we all seek


• And: desire ----
  - A desire to excel
  - (A fear of not)
BOOKS THAT WERE STRONG INFLUENCES ON ME: BEFORE & DURING MEDICAL SCHOOL & LATER

• “The Life of William Osler” by Harvey Cushing
  McGill, Penn

• “The Life of Harvey Cushing” by John Fulton
  (Pl Surg) “Neurosurg” (Craniofacial)

• “Aequanimitas With Other Addresses” by Sir William Osler
• “The Quiet Art” by Robert Coope
• “Religio Medici” by Sir Thomas Browne
MY INVOLVEMENTS IN TWO WORLDS:
PARALLEL BEGINNINGS & EVOLUTIONS

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>WINE</th>
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<tbody>
<tr>
<td>1958: MEDICAL SCHOOL</td>
<td>Tulane NEW ORLEANS</td>
</tr>
<tr>
<td>1962: INTERNSHIP</td>
<td>McGill MONTREAL</td>
</tr>
<tr>
<td>1963: Captain, US Army</td>
<td>GERMANY</td>
</tr>
<tr>
<td>1965: SURGERY</td>
<td>Dartmouth</td>
</tr>
<tr>
<td>1969: PLASTIC SURGERY</td>
<td>Penn</td>
</tr>
<tr>
<td>1972: CF SURGERY</td>
<td>FRANCE</td>
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</tbody>
</table>
MY TERROIR

• Philadelphia (Geography): Great traditions & institutions, inspiring environment
• Penn(Soil): Quality, opportunity, & a high expectation/achiever environment.
• People (Climate): Several inspiring, many motivating

Impossible for me to have done what I did without the right terroir
First in the United States:
Bank, Insurance Co, Stock Exchange
Daily newspaper & magazine
Law firm & teaching of law
Medical School, Hospital,
Children’s Hosp, University Hosp
Beginnings of the nation itself
& it’s first flag
etc., etc., etc
A SETTING FOR QUALITY WINE CULTIVATION: DOMAINE ROMANEE CONTI (DRC): 7 vineyards
SPECIFIC SETTINGS *(TERROIR)* FOR QUALITY DEVELOPMENT

D R C

PENN MEDICINE

HUP

CHOP
MAJOR PROFESSIONAL INFLUENCES
ON ME
TERROIR

• 2 FIRST CLASS HOSPITALS (HUP & CHOP) & A GREAT EDU INSTITUTION (PENN)

• PEOPLE: Tanzer (Dartmouth), Ivy, Randall;
  Penn Surgeons: Koop, Rhoads, Barker, & others incl some nurses

• PENN PLASTIC SURGERY:
  FACULTY, RESIDENTS, & CF FELLOWS
  FROM 1969 - PRESENT
INFLUENCES & FOUNDATIONS OF PENN PLASTIC SURGERY PHILOSOPHY

TERROIR

- QUAKER/PHILADELPHIA/PENN INFLUENCE: CONSENSUS, COOPERATIVENESS, CONGENIALITY, TRUST, QUALITY
- PENN DEPARTMENTAL AND DIVISIONAL HISTORY OF WORKING TOGETHER & STRONG SURGERY TRADITIONS
- LEADERS as CARETAKERS --- OF GREAT INSTITUTIONS AND TRADITIONS
MY JOURNEY TO C F: I
(& SKELETAL FOCUS)

• Pl Surg Residency, Penn/CHOP -> Rx pts w clefts &/or hand problems. Nothing for total face. Finished residency June, 1971 -> Faculty, Penn
• Oct, 1971, ASPS, Montreal. Tessier. Eureka moment! We met
PHILADELPHIA
Fall, 1972

Paul Tessier
MY JOURNEY TO C F: II

• Fall, 1972, first cases w Tessier in Phila,
  – then began on my own.
  – Tessier to Phila 3x over next 3 yrs.
  – back to Paris 2 more times, once w Joe Murray and me alone for several days
• Started C F fellowship, 1974
• Started applying surgery to *aesthetic* pts late 1970s
MY DEVELOPMENT/ EVOLUTION/INSPIRATION-

- **Environment** (Penn & People); sl resistance to CF--- then total support -> team created -> pt flow & focus began
- **Fellowship & research** followed w HUP & CHOP support: funding fellowship, providing first fellows, lab space, encouragement
- **ICFC** & top quality places -- healthy competition
- **Ideas** generated from pts -> infant cf surg, aseth skel, applic to aging, details cf (e.g. canthopexy) --all resulted from pt flow
ICFC* : 1972 →

5 WORLD CLASS SURGEON COLLEAGUES
JACKSON (Glasgow), MARCHAC (Paris), MONASTERIO (Mexico City), MUNRO (Toronto), SALYER (Dallas)

• We selected each other in the belief that we were the leading edge of CF (right or wrong)
• We challenged each other
• We measured ourselves against each other and competed for patients and recognition on the national and international scenes
• We met regularly and were brutally honest- improving each other in understanding of cf surgery and of living life as a surgeon in general.
• We respected each other (perhaps not always?)

*International Craniofacial Club (celebrated 40th anniv Mexico City June 2012)
MY DEVELOPMENT, EVOLUTION, INSPIRATION

AAWPS

FOUNDERS: Achauer, Alpert, Bostwick, Lesavoy, Little, Spear, Salyer
San Diego; San Francisco; Atlanta; Los Angeles; Washington, D.C.; Dallas; Whitaker
Philadelphia
CULTIVATION of QUALITY PEOPLE AND PROGRAMS, AS I SEE IT

• SELECT --- BEST POSSIBLE PEOPLE,
  – THEN TRAIN, STARTING EARLY & CORRECTLY
  – BRING OUT THEIR BEST, AND THEY WILL BRING OUT YOURS

• CONTINUALLY CRITICALLY ASSESS RESULTS
  - & CHANGE

• EXPERIENCE - MAXIMIZE
PARALLELS: THE CULTIVATION OF WINE/A SURGEON

THE VINE

Winter Bud
College/Interest

Green Tip
Medical School

First Leaves
Surgery Residency

Flower Buds
Plastic Surgery Residency

Grape Bunches
Craniofacial/Specialty Fellowship

Distinct Fruit Set
Craniofacial/Specialty Surgeon

Now the refining process
DEVELOPING QUALITY: TEACHING & MENTORSHIP

• “Self education is, I firmly believe, the only education there is”. Isaac Asimov. Professor of Education Boston University; & author of > 500 books

• HOWEVER: Guidance, inspiration, respectful competitiveness, esp early; relations & communication, later – keys in our field, along with continuing self education.
PENN PLASTIC SURGERY
THE PROGRAMS: CULTIVATING QUALITY
TEACHING & MENTORING

• RESIDENCY: 1956 – 2012; 130 TRAINEES (1987-2005 : 45)
  – PRECEPTORSHIP (Ivy): 1930s – 1950s
  – THEN 5 CHIEFS:

• FELLOWSHIPS:
  – MICROSURGERY: 2005 - 2012; 12 TRAINEES

• FACULTY (23) & HOSPITALS (8)
  – CORE, HUP & CHOP: 12 CURRENT
“Evolving over time is the mark of a truly great wine—and one of the glories of a great Burgundy”
Jay Mcinerney in: “The Juice: Vinous Veritas”

and a quality Surgeon ---Whitaker‟s thoughts
ON THE SUCCESS OF THE PROGRAMS & PEOPLE:
MY BELIEFS & PHILOSOPHY

• I didn’t create successful people. I simply accepted the right ones in the right place, and now claim some credit for their success

• Put the right people in the right framework and positions, turn them loose, and support them

• **Work in & on something greater than one’s self**
  – Have a “worthwhile vision” and cultivate into something that will continue to grow, evolve, & *create*
LEADERSHIP
PENN PLASTIC SURGERY

- IVY, (DORRANCE): ~ 1920, Preceptorship
  - Graduate & CHOP ?PGH

- ROYSTER: 1956 - 1969, formal residency begun
  - HUP & CHOP: ? GRADUATE
  - 16 RESIDENTS ; 1 PRECEPTEE (1953)

  - 23 RESIDENTS

- RANDALL: 1979 – 1987
  - 26 RESIDENTS

  - 45 RESIDENTS

- SERLETTI: 2005 ----
  - 16 RESIDENTS (& COUNTING)
ESSENTIAL RELATIONS
IN MY JOURNEY:
CORE PENN FACULTY

HENRY ROYSTER: 1946 - 1969
PETER RANDALL: 1953 - 1996
HERNDON LEHR: 1958 - 1979
WILLIAM GRAHAM: 1967 – 1971
RALPH HAMILTON: 1967 - 1996

SCOTT BARTLETT: 1987 – PRESENT
DAVID LOW: 1989 - PRESENT
LOUIS BUCKY: 1995 - 2008
BEN CHANG: 1995 - PRESENT
RICHARD KIRSCHNER: 1998 – Feb, 2010
MY JOURNEY
TO LEADERSHIP POSITIONS
& AS I SEE IT, THE DEVELOPMENT OF QUALITY

• Identified area of passionate interest; focused on this to try to become “the best”
• Worked! Continuing eval surg w personal records; Wrote: to solidify & clarify ideas;
Traveled: took every opportunity to meet innovators & be involved in relevant programs

— Through these efforts, ideas generated, for surgery, fellowship, residency, programs, CHA.
LEADERSHIP:
MY IMPORTANT ADMINISTRATIVE CONTRIBUTIONS

— CHIEF: CHOP, HUP,
PLASTIC SURGERY PENN, OVERALL
— FOUNDOING & DEVELOPING:
CRANIOFACIAL PROGRAM, PENN
— FOUNDOING & DEVELOPING
CENTER FOR HUMAN APPEARANCE
LEADERSHIP
PHILOSOPHY & TRADITION: WORKING TOGETHER

CLEFT PALATE PROGRAM    FIRST IN THE COUNTRY
MULTIPLE SPECIALTIES WORKING TOGETHER : Dr. Ivy

CRANIOFACIAL PROGRAM
w MULTIPLE SPECIALTIES COOPERATING,
CENTER FOR HUMAN APPEARANCE
SIMILAR BASIS
# THE FOUNDATION: THE CF PTS *

**MY PERSONAL EXPERIENCE BY DIAGNOSIS**

1972 - 2010

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRANIOSYNOSTOSIS</td>
<td>540</td>
</tr>
<tr>
<td>- Complex</td>
<td>365</td>
</tr>
<tr>
<td>- Single Suture</td>
<td>185</td>
</tr>
<tr>
<td>CF CLEFTS</td>
<td>324</td>
</tr>
<tr>
<td>- ORH</td>
<td>73</td>
</tr>
<tr>
<td>- MFD</td>
<td>53</td>
</tr>
<tr>
<td>- HFM</td>
<td>198</td>
</tr>
<tr>
<td>TRAUMA (CRANIOORBITAL)</td>
<td>240</td>
</tr>
<tr>
<td>TUMORS (CRANIOORBITAL)</td>
<td>68</td>
</tr>
<tr>
<td>OTHER (CRANIOORBITAL)</td>
<td>262</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1434</strong></td>
</tr>
</tbody>
</table>

*CRANIOORBITAL ONLY: PROCEDURES > 2,000*
TOTAL EXPERIENCE

PROBLEMS >2000 CF OPERATIONS

• DEATH 0
• BRAIN INJURY 1
• BLINDNESS 0
• PARALYSIS 0

--------------------------------------

• RE OPERATIONS ~ 30% (~430)
• INFECTIONS ~ 3%
EXPERIENCES IN PENN CF PROGRAM

A FEW PRINCIPLES

LEARNED FROM ALL OF THIS*

*In a sense knowledge shrinks as wisdom grows; for details are swallowed up in principles”

Alfred North Whitehead
British philosopher & mathematician
In the final analysis, it's all about the psychology.
BIOLOGICAL BOUNDARIES
IN FACIAL SKELETAL RESTRUCTURING
WHY SOME BONE PERSISTS & OTHER DISAPPEARS
PRINCIPLES OF FACIAL SKELETAL RESTRUCTURING

- **RESTORING** BOUNDARY
  - USE ANY AUTOGENOUS BONE

- **EXTENDING** BOUNDARY (or AUGMENTATION)
  - SEGMENT SHIFT
  - ALLOPLAST
PRINCIPLE
LIMITED USE OF ALLOPLAST
SEGMENT SHIFTS WHERE POSSIBLE
ALLOPLAST WHERE NOT
PRINCIPLES

RESTORING BOUNDARY
ANY AUTOGENOUS BONE
WILL DO
PRINCIPLES

SOFT TISSUE
THE FINAL DETERMINANT
MY MOST IMPORTANT SURGICAL CONTRIBUTIONS:

EARLY INVOLVEMENT IN DEVELOPMENT THESE FIELDS (ALL SKULL/FACE RELATED)

• INFANT CRANIOFACIAL
  – TECHNIQUES & SAFETY MEASURES

• AESTHETIC SURGERY OF THE FACIAL SKELETON

• BONE/SOFT TISSUE RELATIONS: AGING FACE
AESTHETIC SURGERY
OF THE FACIAL SKELETON

THE CONVERGENCE OF RECONSTRUCTIVE
& AESTHETIC SURGERY OF THE FACE
SOME OF THE POSSIBILITIES IN ASCFS:
LIMITED MAJOR OSTEOTOMIES & HOSPITALIZATION
BONE/SOFT TISSUE RELATIONS AGING FACE
RECONSTRUCTIVE TO COSMETIC IS A SPECTRUM:
THE PURELY COSMETIC END OF THE SPECTRUM

BRIGHT CREEK
LEADERSHIP
PHILOSOPHY & TRADITION: WORKING TOGETHER

CLEFT PALATE PROGRAM
FIRST IN THE COUNTRY –
MULTIPLE SPECIALTIES WORKING TOGETHER: Dr. Ivy

CRANIOFACIAL PROGRAM
w MULTIPLE SPECIALTIES COOPERATING,

CENTER FOR HUMAN APPEARANCE
SIMILAR BASIS
EDWIN & FANNIE GRAY HALL
CENTER FOR HUMAN APPEARANCE

FOUNDED 1987

• APPEARANCE FUNDAMENTAL & of PRIMARY IMPORTANCE
• PURPOSE: EXPANDING UNDERSTANDING & TREATMENT
• WORKING PHILOSOPHY:
  – RECONSTRUCTIVE & AESTHETIC: COMPLEMENT ONE ANOTHER

6 CORE SPECIALTIES: *INTERACTING / COOPERATING*

PL SURG, DERM, OPH, OMFS, PSYCH, ENT
& NOW MORE
• FIRST CENTER (1987) IN MAJOR ACADEMIC SETTING DEDICATED TO SERIOUS INTERDISCIPLINARY STUDY & TREATMENT OF APPEARANCE: HALL TRUST 1994
  – INCORPORATES FIELDS w MAJOR INTEREST IN APPEARANCE
    • BIRTH THRU OLD AGE
    • ENTIRE BODY
    • PHYSICAL & PSYCHOLOGICAL
• PROVIDES ADDITIONAL FUNDS FOR ACADEMIC PURPOSES
  – SEED GRANTS, RESEARCH
  – SYMPOSIA 2 X ANNUALLY (ONE RESEARCH; ONE CLINICAL)
  – PROGRAM AID INTERNATIONALLY: E EUROPE; AFRICA; CHINA -> CHAC
---> BEYOND TRADITIONAL CHA
DISRUPTIVE INNOVATION
Clayton Christensen; Harvard Business School. Concept of how otherwise well managed professions fail to deal w technological change.

• *SURGERY’S RISE (late 19th & most of 20th c): STEADY TECHNICAL
 & TECHNOLOGICAL INNOVATIONS DEFINED MODERN
 EVOLUTION;  BUT, DECREASING, LAST 2 DECADES,
 e.g. cardiac , vascular, g i, etc.

• *“DISTINCTIONS BETWEEN SURGERY & MEDICINE
INCREASINGLY OBSOLETE” (lasers, injectables, topicals, etc)
  – FOR SURGEONS TRAINING MUST BE LONG ENOUGH TO UNDERSTAND
  INTANGIBLES, BEYOND TECHNICAL .
  – DISTINGUISH WHEN OPTIMAL SURG VS MED CARE- & HOW

* Rosenberg,L, MD & Schlich, T, MD:
BEYOND TRADITIONAL CHA

CHA CONFERENCES 2012-2013

Sept 11  “Functional & Aesthetic Considerations for Maxillofacial Reconstruction in Companion Animals”
    John Lewis, VMD;  Asst Prof Dentistry & Oral Surgery.
    Ryan Veterinary Hosp U of P

Jan 8  “The Real Thing: the Model in the Mirror”.
    Wendy Steiner, PhD. Professor & Chair of English.
    U of P

Symposium: Nov 1 & 2, 2013
APPEARANCE ∞ IDENTITY
A Transdisciplinary Conference
ON CULTIVATING QUALITY -> EXCELLENCE

• “It is the sense of care – of voluminous attention to detail – that makes things matter” Robert Hughes. “Rome”

• “Great things are not done by impulse but by a series of small things brought together” Vincent van Gogh

Provide a framework of high expectations and appropriate rewards; then constant, persistent, focused work

NO SECRETS
REFINING & FINESSE

- CONSTANT ASSESSING  -  CULTIVATING
- CONSTANT LEARNING  -  GROWING
- MAXIMIZE EXPERIENCE  -  REFINING
  – MATURE IT AND APPLY IT
QUALITY PRODUCTS AT THE PEAK:
RAREST, MOST EXPENSIVE WINES IN THE WORLD*
*FROM DATA BASE OF 4.6 M WINE OFFERINGS FROM >32,300 STORES MID 2011

2011 sales: 8 of 10 most expensive & sought after = Burgundies

<table>
<thead>
<tr>
<th></th>
<th>Avg pr/btl</th>
<th>max pr/btl</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Romanee-Conti (DRC)</td>
<td>$10,777</td>
</tr>
<tr>
<td>7.</td>
<td>Grand Echezeaux (DRC)</td>
<td>$ 3,252</td>
</tr>
<tr>
<td>10.</td>
<td>La Tache (DRC)</td>
<td>$ 2,493</td>
</tr>
</tbody>
</table>
La Romanee-Conti
“the best wine in the world”*

• “The best”. WHY? By virtue of positioning - history, geography, specifics of location of vineyard (immediately adjacent vineyards not nearly as valuable), details of development, rarity (4.4 acres), mystique
  – Taste “that indescribable thing”, “masterpieces of equilibrium”, “powerful, not big”
  – Constant monitoring and effort to improve (dug up entire vineyard & started over. 7 yrs to 1st new wine)
  – Maintaining consistency & quality – and marketing, the right way

• Note: “the best” may not exist with either wines or surgeons - but does by perception

*“MORE INTELLIGENT LIFE” MAGAZINE - & MULTIPLE OTHER SOURCES
SUMMATION

• FIND THE TERROIR
• CULTIVATE
  Control quantity; focus on quality
• FROM MATURING -> MATURITY
  Aging (experience) improves – up to a point
• THEN - MAKE THE PRODUCT KNOWN:
  Personal relations, speaking, publishing, marketing (right kind - honest best light),
  and delivering consistent quality
• AND – CONTINUE TO EVOLVE
  “Nothing is as vulnerable as entrenched success” Mitt Romney
THE REWARDS
PROGRAMS - & *SOMETIMES* -- SELF

- SATISFACTION OF HAVING DONE SOMETHING MEANINGFUL
- WORKING IN STIMULATING ENVIRONMENTS
- RECOGNITION IN MANY WAYS (program & - ? self)
  - LECTURESHIPS
  - ENDOWED CHAIRS
  - SUPPORT FOR PROJECTS
- ORGANIZATIONS /PARTICIPATIONS OTHERWISE UNLIKELY
  - Opportunities (hobbies, other)
- MONEY – (programs & - ? self)
MY RECURRENT THOUGHTS/THEMES
IN THE JOURNEY

on the personal pursuit of excellence in surgery & training programs,
– “I want to be the best. I want my institution, my service, my surgery to be the best”
– The problems associated with some outcomes in surgery always influenced/weighed on me, more than the triumphs – and thus the desire to never have them again
– A desire to help people, & work together to improve
  -> evolution of CF program & CHA concept
IN HINDSIGHT AS I SEE IT

KEY FACTORS IN THE PATHWAY

• A partner/spouse that completely supports you. But never neglect her/him
• Work intensly: Determine the core professional focus and spend at least 75% of your professional time on that — for 25+ yrs
• Choose interests that enhance what you do but take you completely away. For me: wine, art, mountains/skiing, streams/trout fishing.
THANKS-- for the privilege

END